

# MIDDLE EAST HUMANITARIAN APPEAL

Six-month report



DISASTERS  
EMERGENCY  
COMMITTEE

October 2024 – April 2025

DEC  
MEMBER  
CHARITIES



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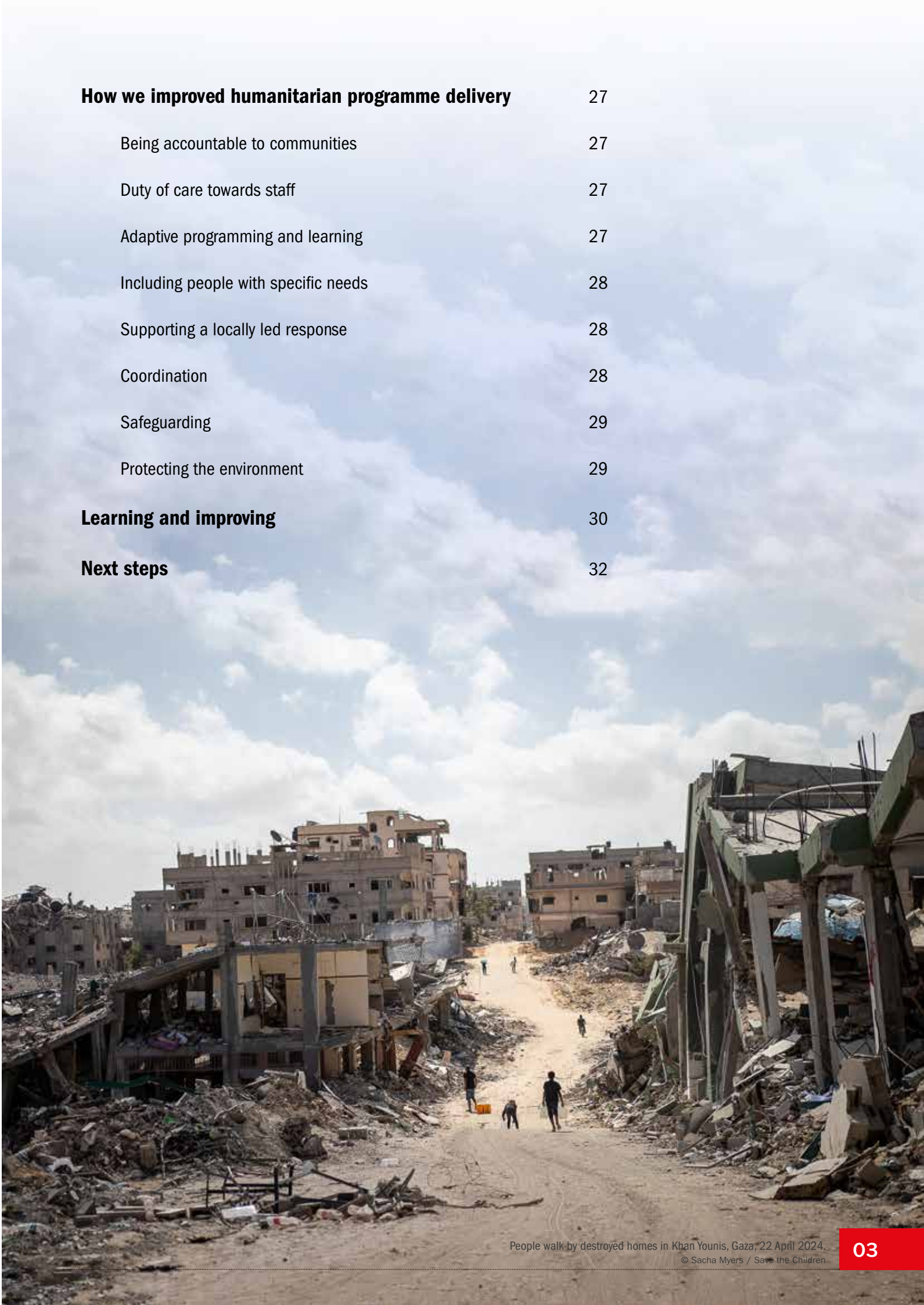
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Front cover: Aaliyah\* holds her daughter on the remains of a damaged building in Gaza, October 2024. The mother of six built a temporary shelter opposite her demolished house and depends entirely on aid to feed her family.

\*Name changed to protect identity

© DEC / Arete / Abdallah Alsayed







An aerial shot shows the scale of destruction in Gaza during the ceasefire in January 2025.  
© Alef Multimedia Company / Oxfam

# INTRODUCTION

This report covers the first six months of the response and explains how DEC member charities and their local partners have responded to the Middle East crisis, providing an overview and giving examples of what DEC funds have achieved in each location – Gaza, the West Bank, Lebanon, and Syria. It demonstrates how DEC funding has helped member charities and their local partners to respond to the immediate impact of the escalation of conflict and meet the needs of affected communities.

## Humanitarian context at appeal launch

Since October 2023, ongoing conflict across Gaza, Lebanon, the West Bank, and Syria, has resulted in tens of thousands of people being killed, and many more being injured. Families have been displaced, and millions across the region do not have enough food or clean water. The DEC Middle East Humanitarian Appeal focuses on supporting impacted communities across these four locations. In Gaza, intense conflict has left approximately 2.1 million people facing urgent humanitarian needs. During Phase 1, half of the population in Gaza experienced catastrophic food insecurity, and the repeated displacement of communities has exacerbated the already critical humanitarian crisis. Blockades and restricted access have significantly worsened the dire situation. Most DEC funds will be spent in Gaza where the humanitarian need is the greatest.

Across the region, vital infrastructure has been damaged, impacting water supplies, and in the West Bank, violence continues to displace Palestinians from their homes. In Lebanon, hundreds of thousands of people fled their homes due to the escalating violence, resulting in large numbers of Internally Displaced People (IDPs), and refugees crossing into Syria, a country in which essential services are already severely strained by decades of conflict and political instability. These three locations were included within the appeal scope in addition to Gaza due to the escalation of mass displacement, conflict, and impact of conflict on already struggling communities and services.

## Launch of the appeal

The DEC launched the Middle East Humanitarian Appeal on 17 October 2024, having monitored the devastating impact of the crisis in Gaza for over a year. Within two weeks, the appeal had raised more than £25 million.

The appeal was launched a year after the conflict intensified, during a time of extreme restrictions on humanitarian access and operations. Our appeal criteria were met when conflict escalated in Lebanon, with the confidence that our member charities would continue to be able to deliver aid at scale in the region. Despite numerous difficulties, such as a volatile security environment, population displacement, disrupted supply chains, logistical and bureaucratic obstacles, and critical fuel shortages, DEC members have continued to operate and deliver life-saving humanitarian assistance to affected communities in Gaza, Lebanon, the West Bank and Syria.

## Total raised

The DEC Middle East Humanitarian Appeal has raised £50.4 million as of 01/09/2025. Of this, £31.4 million was raised by the DEC, plus £10 million through the UK Government's Aid Match scheme. The remaining £9 million was raised by DEC member charities using DEC co-branding. Since the launch of the appeal, DEC member charities have been working directly and alongside local partners to utilise these funds through a needs-based approach.



A DEC member responding to the urgent needs of returnees and refugees entering Syria.  
© British Red CrossSyrian Arab Red Crescent

## Timeline of events in the DEC MEHA

Pre-appeal		Phase 1		Phase 2
<b>October 2023:</b> Conflict in Gaza escalates.	<b>23 September 2024:</b> The conflict in Lebanon escalates dramatically.	<b>17 October 2024:</b> The DEC launches the Middle East Humanitarian Appeal.	<b>March 2025:</b> A full scale blockade on supplies entering Gaza is imposed. Shortly after the conflict resumes at full scale.	
<b>September 2024:</b> A temporary pause in hostilities in Gaza lasts for only six days.	<b>October 2024:</b> More than 680,000 people in Lebanon are internally displaced.	<b>27 November 2024:</b> A ceasefire is agreed in Lebanon.	<b>30 April 2025:</b> End of the DEC's six month Phase 1 response.	
		<b>19 January 2025:</b> A temporary ceasefire agreement in Gaza comes into effect.		



# THE DEC FUNDED RESPONSE

DEC responses are split into two phases, Phase 1 and Phase 2 (see diagram below).

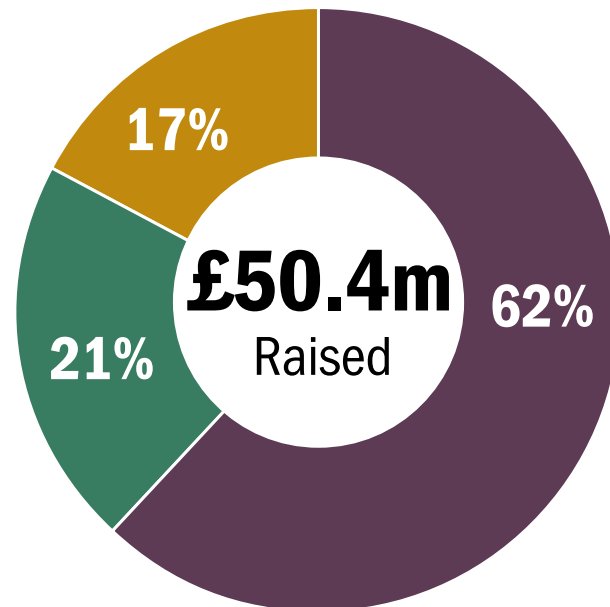


Phase 1 (first 6 months) funding is for immediate response activities and early recovery and reconstruction where appropriate.



Phase 2 (a further 18-30 months) funding is for recovery and reconstruction or ongoing emergency relief, depending on the nature of the crisis.

## Appeal income



DEC direct donors	£31.4 million
FCD0 Aid Match	£10 million
Member retained income	£9 million

\*The figures presented in this report are accurate as of the date of publication. However, potential reclassifications of expenditure between Phase 1 and Phase 2 of the response or between locations may result in minor future adjustments to the final reported Phase 1 expenditure

## DEC FUNDED RESPONSE

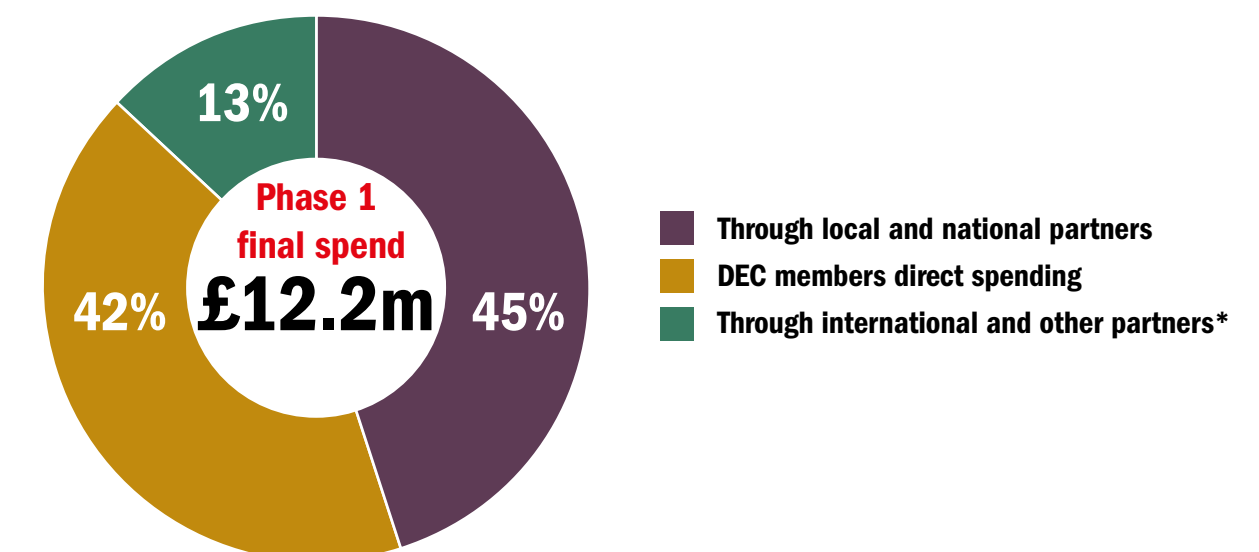
### Number of members by location

In Phase 1, 14 DEC members launched projects in Gaza, 13 in Lebanon, three in the West Bank, and three in Syria.



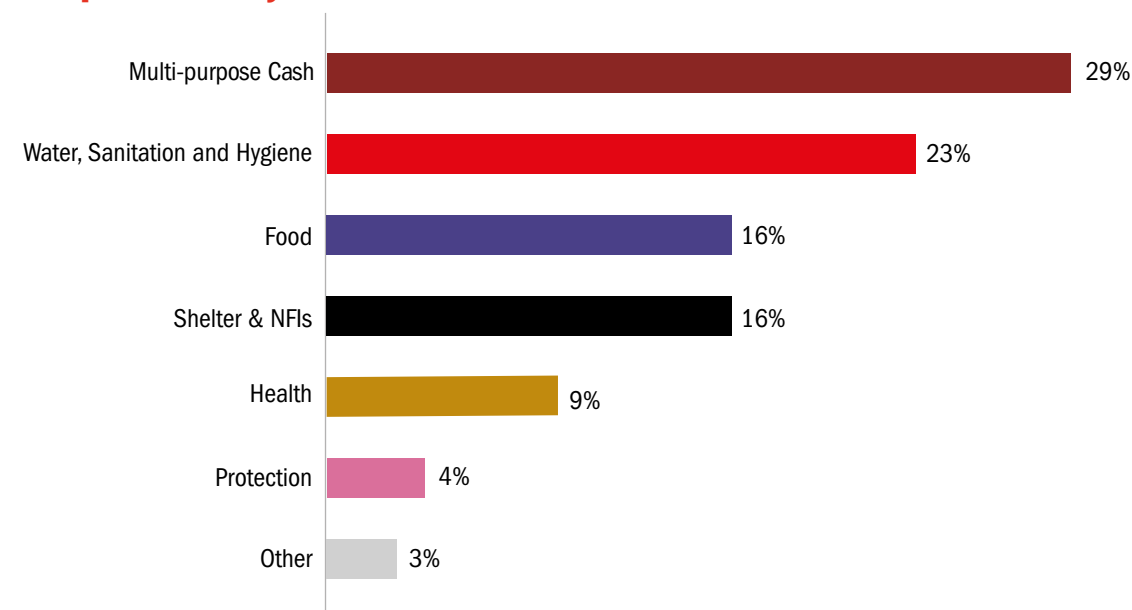
### Local and national partners

During Phase 1 of the response, DEC members worked with 25 local and national partners, and 4 international partners<sup>1</sup>.



<sup>1</sup> \*International or Other partners include partners such as International Health Partners (IHP) who are UK based.

Phase 1 expenditure by sector – across all locations



Meeting immediate needs

In Phase 1 of the response, DEC members and their local partners coordinated to deliver a total of 33 projects.

The priority items and services DEC member charities provided across the locations were:

- Multi-purpose cash assistance (MPCA), which provided cash payments or vouchers so that people could buy what they needed based on market supply.
- Gender responsive water, sanitation, and hygiene (WASH) products and services such as access to clean drinking water through water trucking.
- Culturally appropriate food parcels containing vital items, as well as hot meals provided for displaced communities in community kitchens.
- Shelter support through winter kits containing warm clothing and blankets for families, and mattresses for those without shelter.
- Healthcare support through medicines, provision of medical personnel and specialists, and critical supplies for those who are wounded or with chronic illnesses.
- Protection initiatives, primarily mental health and psychological support (MHPSS) such as counselling, as well as safe spaces for children, and group stress management session



A family continues to live amid the rubble of their destroyed home in Gaza, 9 August 2024.

© CARE

PHASE 1 – ACROSS ALL LOCATIONS

More than **429,000** people supported with improved access to drinking water

More than **487,000** people received food assistance, such as one or more hot meals or food baskets

More than **136,000** people reached with information about protection and access to gender-based violence services through a digital awareness-raising campaign

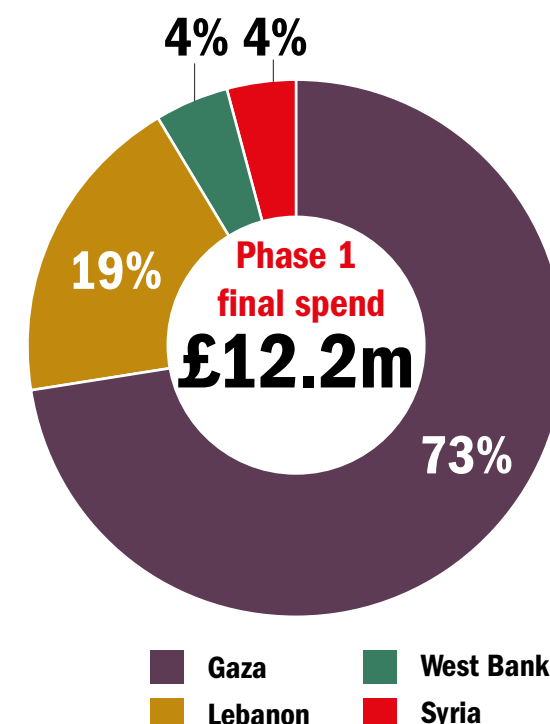
More than **107,000** people benefitted from support provided to healthcare facilities, including distribution of essential supplies, or other primary healthcare support

More than **86,000** people reached with essential hygiene items



Phase 1 expenditure by location

DEC funded nutritionally balanced meals are prepared for displaced families in Lebanon. © Concern Worldwide



Why most of the funds have been spent in Gaza

The humanitarian situation across the region due to the ongoing conflict remains critical, with exceptionally high humanitarian needs, and a prolonged context of forced dependence on aid. DEC members have prioritised the majority of funds to be spent in Gaza. The crisis in Gaza has been widely recognised by the humanitarian community as one of the most severe in the world. The entire population of Gaza requires humanitarian assistance to survive, with ongoing airstrikes and extremely restricted access for aid supplies impacting the humanitarian system's ability to provide support.

DEC member charities base their decisions on what aid to provide and where, depending on the needs on the ground and what other support is already being provided. For this crisis, DEC members and their local partners have been able to utilise DEC funds to sustain and/or scale up their existing responses. They have urgently worked to address some of the most life-threatening needs of the most affected communities in Gaza in a flexible and adaptable manner that responds effectively to the evolving complexities of the situation.

How we report our spending

During an appeal, most donations come straight to the DEC while others go directly to member charities. The DEC only oversees and reports on the donations that come directly to the charity, which for this appeal is £41.4 million. So far, the DEC has allocated £27.9 million to member charities, which will be spent over two years across the four locations<sup>2</sup>. This report explains how member charities and their partners are using DEC funds to support affected communities in Gaza, Lebanon, the West Bank, and Syria.

In Phase 1, £12.2 million was spent. A small percentage of funds are used to cover DEC fundraising, administration and operational costs<sup>3</sup>. These costs are crucial as they help the DEC to raise the money to fund its work, ensure that funds are spent well and make sure the charity runs efficiently and effectively.



A young volunteer with a women-led partner organisation prepares essential blankets and winter clothes for displaced families in Gaza.

© Wattan Media Network / ActionAid

<sup>2</sup> The DEC has made two allocations to members so far, amounting to £27.9 million. The DEC will make a third allocation, and possible further additional allocations, in Phase 2. This allows members to incorporate these amounts into regular budget updates as the response develops and evolves.

<sup>3</sup> <https://www.dec.org.uk/article/how-we-spend-and-allocate-your-money>



# DEC HUMANITARIAN RESPONSE: GAZA

## Humanitarian situation in Gaza

The ceasefire agreement in January 2025 offered an almost two-month window for humanitarian access, including the delivery of medical supplies and food aid. Renewed hostilities in March quickly reversed these gains, leading to widespread destruction and mass displacement, particularly in North Gaza. Since then, the conflict, which had already devastated infrastructure and services, intensified further, with more than 684,000 people newly displaced between March and June 2025.<sup>4</sup>

At the end of Phase 1 in April 2025, 1.1 million people, half of the population, were experiencing catastrophic food insecurity, with famine looming due to restricted aid access. The healthcare system was hit particularly hard. Almost all public hospitals ceased to function due to fuel shortages, infrastructure damage, and lack of medical supplies. The impact, both physical and mental, on humanitarian aid workers in Gaza is severe; they have faced significant danger to their lives, restricted access, and psychological trauma. Many have been risking their lives daily to deliver aid amid ongoing conflict and often, their own displacement. Since October 2023, at least 463 aid workers have been killed<sup>5</sup>.

■ In October 2024, 1.8 million people did not have enough to eat<sup>6</sup>. By April 2025, this had risen to 1.9 million people<sup>7</sup>.

■ By April 2025, at least 1.9 million people, or about 90 per cent of the population, were displaced in Gaza<sup>8</sup>.

At the beginning of the DEC response, over 42,700 Palestinians had been killed<sup>9</sup>. By April 2025, over 51,200 Palestinians had been killed<sup>10</sup>. Despite the scaling up of services during the ceasefire, the humanitarian need remains huge. Amid relentless ongoing conflict and severe access restrictions, aid needs in Gaza are accelerating at speed, far surpassing gains made in Phase 1.

## How DEC members responded in Gaza

Despite the blockade of humanitarian aid and the end of the ceasefire in March 2025, the Phase 1 budget for Gaza has been 100% spent, and most planned activities took place before the end of Phase 1. Only five member charities reported being unable to deliver or distribute all the planned items due to the blockade. Normally, the DEC does not finance pre-positioned stock, but given the exceptional circumstances, an exemption has been made. These non-perishable goods have been pre-positioned at the Gaza border and are ready for distribution as soon as access is granted. In such a challenging environment, this is a significant accomplishment. The main factors that have resulted in this achievement are:

- The critical role of local partners and staff working in Gaza, their impressive endurance and skills to continue responding despite continuous constraints, challenges and threat to life.
- Adaptive programming facilitated through DEC funding flexibility. Local teams and local partners were agile and quickly adapted their response to the complex and rapidly evolving humanitarian and security conditions. For example, two days after the ceasefire in January 2025 some members had already scaled up their activities in North Gaza.
- Community led approaches provided inclusive, trusted and flexible local responses.

### NUMBER OF MEMBERS AND PARTNERS

**14** DEC members

**13** local and national partners

**3** international partners

**49%** of the total Gaza Phase 1 spend was spent through local and national partners

### TOTAL BUDGET AND EXPENDITURE

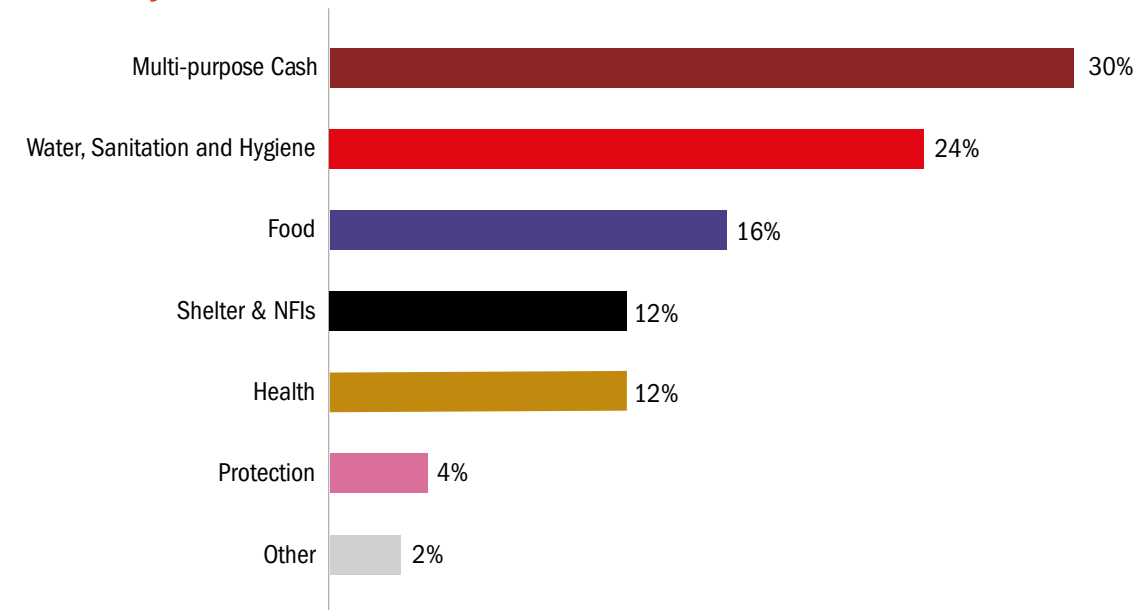
Phase 1 Gaza budget: **£8.7m**

Phase 1 Gaza final spend: **£8.9m**



A young girl receives treatment at a field hospital in central Gaza, 20 August 2024.

## Expenditure by Sector in Gaza



## Multi-purpose cash assistance (MPCA)



More than  
**25,000**  
people benefitted from receiving MPCA

During Phase 1, MPCA supported more than 25,000 people in meeting their immediate essential needs by providing unrestricted financial assistance. Families received 1,000 Israeli Shekel (NIS) per household, mostly via PayPal or Jawwal Pay. This figure aligns with the Survival Minimum Expenditure Basket (MEB) established by the Cash Working Group (CWG). This digital distribution mechanism enabled families, including those displaced or living in hard-to-reach areas, to safely and flexibly access cash, allowing them to address urgent needs such as food, shelter, medicine, and other essentials.

“A post-distribution monitoring survey from one member charity shows that 77% of households were able to meet at least some of their basic needs, with 33% able to meet all or most of them. This highlights the essential role of the MPCA in supporting survival and basic living conditions by reducing immediate financial pressure. The cash assistance was primarily used for essential items, with at least some of the cash being spent on the following: food, drinking water, medical expenses, and clothing and blankets. Notably, 66.3% of respondents identified food as their top spending priority, which highlights the critical contribution of MPCA to food security.”

For the MPCA interventions, a major challenge identified was related to the high commission costs charged by certain vendors when people went to access their cash. This reduced the reach and impact of the value of assistance. To adapt to rising vendors commissions, the CWG has also been exploring the general use of digital alternatives which are without commission costs, but uptake remains limited, and some vendors still do not accept these new forms of payment. Some member charities are supporting targeted households in opening e-wallets and overcoming all technical and operational challenges through induction workshops. By facilitating direct access to digital payments, this approach not only enhances financial inclusion but also empowers families to fully utilize their cash assistance without undue deductions. To promote digital tools toward vendors, some member charities are also pre-identifying MPCA vendors and helping them to adopt the e-wallet payment system, via awareness campaign, “on boarding” trainings and incentive.

The e-wallet system gives recipients flexible access to funds, enabling them to make electronic payments or withdraw the full or partial amount. This flexibility was particularly beneficial for displaced and highly mobile households who faced barriers to accessing physical cash or aid distributions. Following the renewed blockade on access for aid supplies on 2 March 2025, which halted the delivery of in-kind aid supplies in several areas, the digital cash system became even more vital. Despite supply chain disruptions and significant commodity price increases, MPCA remained one of the few viable channels in Phase 1 for reaching vulnerable populations in an active conflict such as Gaza.

MPCA has limited effectiveness for recipients if it is not associated with additional services and support, such as access to healthcare, clean water and sanitation, and protection. Availability and market price are issues for certain protein-rich food products, presenting as a constraint for recipients. Some foods were still affordable, such as tins, dried foods and certain vegetables.

<sup>4</sup> Humanitarian Situation Update #300 | Gaza Strip - Humanitarian Situation Update #300 | Gaza Strip [EN/AR/HE] | OCHA

<sup>5</sup> Humanitarian Situation Update #296 | Gaza Strip - Humanitarian Situation Update #296 | Gaza Strip [EN/HE] | OCHA

<sup>6</sup> <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1157985/?iso3=PSE>

<sup>7</sup> <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159596/?iso3=PSE>

<sup>8</sup> <https://www.unnwa.org/resources/reports/unnwa-situation-report-169-situation-gaza-strip-and-west-bank-including-east-jerusalem>

<sup>9</sup> <https://reliefweb.int/report/occupied-palestinian-territory/humanitarian-situation-update-231-gaza-strip-enarhe>

<sup>10</sup> <https://reliefweb.int/report/occupied-palestinian-territory/humanitarian-situation-update-282-gaza-strip-enarhe>



## WASH



More than  
**423,000**  
people benefitted from improved access to drinking water



More than  
**85,000**  
people benefitted from other water and sanitation support, including rehabilitation or construction of temporary latrines, provision of waste management services, or installation of community-based water storage tanks



A DEC member, with the support of UK DEC Appeal funding, has provided lifesaving water to more than 120,000 individuals in North Gaza and Gaza City.  
© Action Against Hunger

Most water stations have been damaged or are unable to operate at full capacity due to a lack of fuel and energy. In March 2025, UN agencies estimated that 1.8 million people – over half of them children – urgently need water, sanitation and hygiene assistance.

Five member charities successfully delivered water trucking services in Gaza throughout the reporting period. They coordinated with municipalities and the UN systems to ensure adequate service coverage, prioritising underserved areas. One member charity successfully reached 161,520 individuals, ensuring the provision of six litres of drinkable water per person per day in multiple locations, including Gaza City, Jabalia, An Naser, At Tuffah, Remal, Sheikh Radwan, and Jabalia Camp. Despite scaling up services during the ceasefire, many recipients fed back that the quantity of water distributed was still insufficient for their drinking and cooking needs.

More than 12,000 people benefited from receiving hygiene kits throughout Phase 1. The contents of these kits were tailored to address gender-specific needs and included sanitary pads, soap, shampoo, deodorant and razors. Kits were prioritised for displaced families, particularly those headed by women, older people and people with disabilities. Furthermore, hygiene promotion sessions were conducted to help prevent the spread of waterborne diseases and shelter cleaning services were provided in 14 overcrowded Emergency Designated Shelters (EDS), reducing the risk of disease outbreaks and improving sanitation conditions for displaced people. To improve sanitation conditions in IDP sites, one member charity and its partner built 28 disability inclusive latrines (10 in the south-east and 18 in the north).

## Food



More than  
**450,000**  
people received food assistance, such as hot meal distributions or provision of food baskets

The food security situation in Gaza is extremely dire and continues to deteriorate rapidly due to the blockade on supplies. During the ceasefire, some member charities were able to distribute food including hot meals and food vouchers. One member charity and its local partner established four women-led bakeries called “Khobz Al-Khair” (Bread of Goodness). This initiative helped to address the widespread shortage of bread – a staple of the Palestinian diet – by reactivating traditional clay ovens in four displacement camps. The bakeries produce around 8,000-9,000 loaves of bread daily, reaching 3,522 families (or 21,132 individuals). This initiative directly improved access to essential food, reaching the most vulnerable groups, and promoting practical, community-based solutions with rapid impact. Unfortunately, the four bakeries had to close in March 2025 due to the blockade.

Some member charities and their partners also distributed locally sourced fresh food parcels containing a variety of vegetables (such as tomatoes, eggplants, cucumbers, onions, potatoes, and lemons) to 11,877 people in Gaza City. The aim was to enhance nutrition and calorie intake amid displacement, addressing a gap often caused by the high cost of these items.

Small scale procurement of locally sourced produce was possible due to some local partners' previous work of supporting farmers, fostering local expertise and advancing agricultural self-reliance. They supported local farmers to continue to grow and harvest vegetables, and assisted the farmers in distributing their produce to the most vulnerable, including via contributing to the contents of food parcels in this programme. This ability to reach the agricultural networks inside Gaza and avoid external supply chains has enabled some food distributions to continue amid the blockade of items entering Gaza from outside.

One member distributed a total of 347,700 ready-to-eat individual meals in 67 Emergency Designated Shelters (EDS), providing displaced people who were unable to prepare food due to a lack of access to fuel, cooking facilities or safe shelter with food.



DEC member local partner delivers fresh vegetables in Gaza.  
© ActionAid

## Shelter and non-food items (NFI)



More than  
**31,000**  
people received shelter support items such as blankets and mattresses and/or personal items such as warm clothing

During the winter, freezing temperatures, relentless rain, and flooded shelters made living conditions for displaced families extremely difficult, as many live in makeshift conditions without adequate heating or insulation.

Despite substantial barriers to the entry of materials, 4,817 emergency shelter items (mattresses) were distributed to

## Health



More than  
**107,000**  
people benefitted from support provided to healthcare facilities, including distribution of essential supplies, or other primary healthcare support

During Phase 1, Gaza's health infrastructure was near to collapse. Only 19 of 36 hospitals remained partially functional amid severe supply shortages, staff exhaustion, and ongoing airstrikes. Nearly all hospitals were damaged or destroyed. Escalating hostilities and mass displacement further strained services, leaving North Gaza nearly devoid of healthcare facilities.

Some member charities and their partners are still supporting healthcare facilities including clinics and field hospitals, but with severely limited capabilities due to widespread critical shortages. Medical teams continue to operate, often without sufficient medicines, supplies, fuel or functional equipment. One member charity is supporting a field hospital in Rafah, and despite the blockade and airstrikes, this hospital continues to provide emergency surgical care, obstetric and gynaecological services, maternal and newborn care, and outpatient services. During the reporting period, the Emergency Department in the hospital remained open 24/7. The hospital also recorded a 50% increase in surgical procedures, though admissions decreased by 10%, likely reflecting access barriers due to ongoing hostilities.

One member charity and its partner established three sub-clinics providing primary healthcare services to 4,182 older people. These services were delivered by specialised staff who were trained to meet the unique needs of older people, including screening, referral, basic treatment, and medication dispensing. 150 individuals were also reached with assistive devices (such as four-point canes, knee supports, elbow supports, and ankle supports).

Through mobile clinics, some members also provided consultations, treatment, and essential medicines. Support covered a range of needs including communicable and non-

displaced families, primarily in North Gaza and Gaza City. This reached 8,331 individuals and helped stabilise returnees during a critical transitional period.

Clothing was also distributed to 4,247 vulnerable people in Gaza City and North Gaza as well as 2,060 winter clothing kits to boys and girls.

In addition, to improve access in North Gaza during the ceasefire, road cleaning activities were carried out in coordination with local municipalities. Framework agreements were also signed to initiate the collection of primary waste (manually collected by workers) and secondary waste (using bulldozers), resulting in the removal of 3,881 m3 and 1,301 metres of road cleared.



A patient undergoes surgery in a field hospital supported by DEC funds in Gaza.  
© Sarah Davies / ICRC / British Red Cross

communicable diseases, maternal care, trauma-related cases, and malnutrition.

One member established a Primary and Sexual Reproductive Health Services clinic where five trained health facilitators provided education during consultations, focusing on recognising signs of severe illness, hygiene practices (especially for girls), reproductive health for mothers, self-care practices, and understanding when and how to seek medical help. A network of community engagement workers, selected from the local community and trained by the health officer and medical team, extended culturally sensitive outreach to ensure equitable health education that reflected gender and age diversity.

The response also provided medical kits and Essential Health Packs (EHPs) to health facilities in Khan Younis and Deir Al Balah, supporting medical care for approximately 72,900 patients.



## Protection



More than  
**10,400**  
people reached with mental health and  
psychosocial support (MHPSS)

The need for mental health and psychosocial support remains critical due to the prolonged conflict. Trauma and post-traumatic stress disorder among all age groups is widespread, and destroyed infrastructure and limited access to care exacerbates vulnerabilities. Urgent and sustainable psychological support, as well as community resilience strategies, are vital. Unfortunately, setting up MHPSS activities in Gaza is complicated by insecurity, population displacement, movement and a lack of trained personnel. Only 4 member charities were in a position to implement MHPSS activities in Phase 1, meaning that the services put in place are not enough to meet the population's significant needs.

One member charity and its local partner provided a total of 2,000 structured psychosocial support sessions to 500 displaced families. These sessions were designed to support emotional recovery and stress management, particularly for children and caregivers, while promoting long-term coping strategies. Additionally, five large-scale recreational events were held, benefiting around 4,250 displaced people. These events offered safe spaces for play, self-expression, and psychological relief during ongoing hardship.

Another member charity and its local partner provided structured psychosocial support to 326 children. The sessions focused on emotional regulation, coping with fear and sadness, fostering a sense of safety and managing stress. In addition to group work, individual sessions were provided for children requiring further support. These included one-to-one therapy to address behavioural and psychological issues.

A mental health support specialist checks on a patient's wellbeing at a field hospital supported by DEC funds in Gaza.  
© ICRC / British Red Cross



## DEC HUMANITARIAN RESPONSE: WEST BANK



A Palestinian woman harvests her family's olive grove in the West Bank.  
© World Vision

### Humanitarian situation in the West Bank

During the reporting period, the West Bank saw intensified access restrictions, a surge in violence, and increased demolitions, severely impacting Palestinian communities and heightening humanitarian needs. In October 2024, 600,000 people were at risk of becoming food insecure. Previously stable areas became high-risk zones, disrupting services and straining community resilience amid a volatile and unpredictable operational context.

### How DEC members responded in the West Bank

Despite the challenges member charities and their local partners have achieved significant results in addressing the effects of the ongoing crisis in the West Bank. This was achieved primarily by delivering critical humanitarian assistance and strengthening community resilience across key sectors by rapidly implementing life-saving interventions, including support to newly displaced people and capacity building for local first responders.

### NUMBER OF MEMBERS AND PARTNERS

**3** DEC members

**1** local and national partner

**21%** of the total West Bank Phase 1 spend was spent through local and national partners

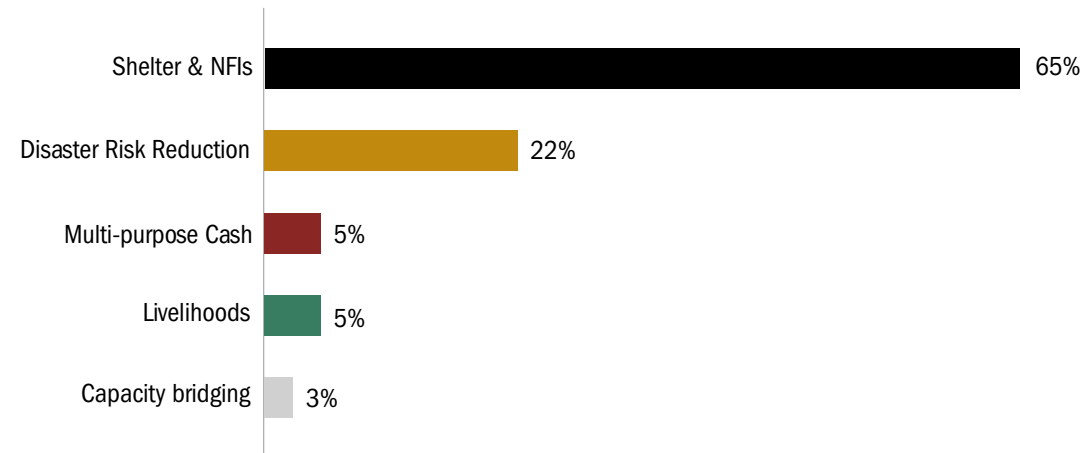
### TOTAL BUDGET AND EXPENDITURE

Phase 1 West Bank budget: **£513k**

Phase 1 West Bank final spend: **£510k**



## Expenditure by Sector



### Shelter and NFI

In coordination with local authorities, winterisation kits were distributed to particularly vulnerable families in two of the worst-impacted areas, in the Jenin and Tulkarm refugee camps. In Jenin, 500 blankets and 500 mattresses were given to 110 families (588 people), while in Tulkarm, 700 blankets and 300 mattresses were given to 270 families (1,426 people).

Feedback from previous distributions also indicated a high demand from caregivers for children's clothing as adult family members often deprioritised themselves in favour of their children. Cash vouchers for clothing were distributed by one member charity to the families of 940 children and another member charity distributed winter jackets to 13,687 vulnerable children contributing to their overall well-being and health.



More than **14,000** people supported with warm clothing, including winter coats for children and clothing vouchers

Interactive and accessible feedback systems are crucial when working with children. In this case a digital one was used and showed 98% satisfaction with the jackets they received.

### Disaster Risk Reduction (DRR)



**1,800** people reached through DRR initiatives, supporting local communities to respond to emergencies such as fires



**13** village councils and communities supported through training to more effectively respond to emergencies

Disaster Risk Reduction activities aimed to reduce community vulnerabilities to violence, such as the burning of fields and homes. However, due to movement restrictions, the fire brigades had limited or no access to certain target areas. To address this challenge, a joint effort was established. Communities provided volunteers and designated physical locations, and the existing fire brigades conducted training and registered the trained volunteers under the relevant department responsible in remote areas.

One member charity supplied the necessary equipment, and the lifesaving tools were provided to 18 village councils, 31 schools, and 6 Civil Defence centres across the West Bank. Additionally, four village councils from the North and Central West



A volunteer firefighter supported by a DEC member and DEC funds learns how to use fire fighting equipment.  
© World Vision

Bank received firefighting equipment to enhance their disaster preparedness, reaching a total of 1,838 individuals. A total of 115 volunteers from these councils were trained on the proper use of this equipment. Simultaneously, school-based emergency preparedness training sessions were conducted in 17 schools across East Bethlehem villages, reaching 1,275 individuals. In addition, 75 female facilitators from World Vision were trained in emergency response skills within Central Zone communities.

## Multi-purpose cash assistance (MPCA)



More than **1,300** people were reached with multi-purpose cash or voucher assistance to support emergency food needs

A total of 1,358 individuals from 197 households in the northern West Bank have been supported with multi-purpose vouchers. This included 52 disabled people and 49 pregnant or breastfeeding women. The initiative has improved access to essential, life-sustaining items for these households

## Livelihoods



More than **950** people reached with and vouchers for agricultural tools

As part of the livelihood activities, 100 households were provided with vouchers to replace stolen or damaged agricultural tools. An additional 100 vulnerable households were given livelihood vouchers to enhance their economic resilience, and one hundred farming families were given vouchers for agricultural tools.



One of the 300 Palestinian farmers supported by DEC funded cash assistance, stands with her family in their olive grove in the West Bank.  
© World Vision



# DEC HUMANITARIAN RESPONSE: LEBANON

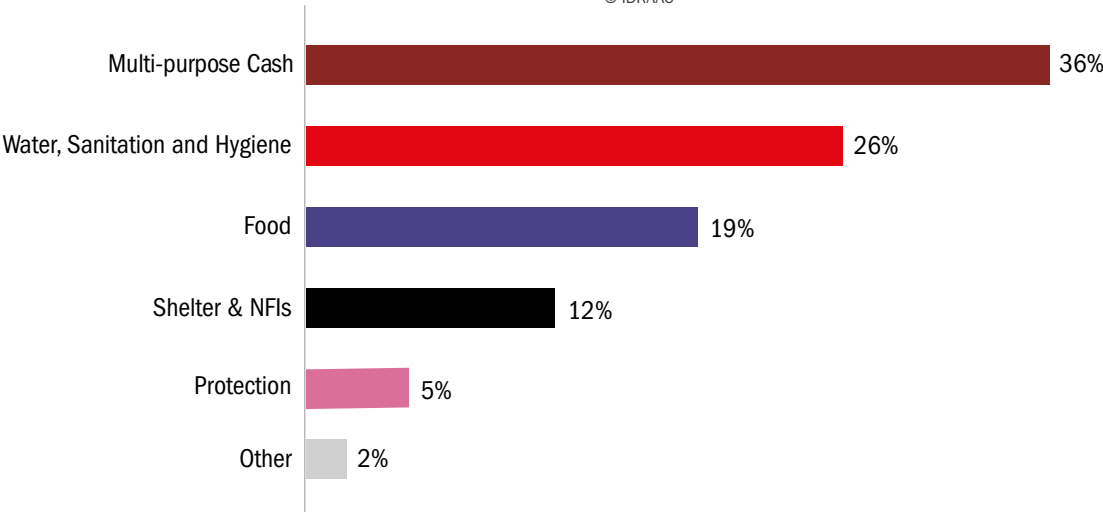
## Humanitarian situation in Lebanon

From September 2024, Lebanon’s ongoing economic crisis was compounded by intensified conflict, particularly in the south. By December, over 4,000 people had been killed, including 290 children<sup>11</sup>. A ceasefire brokered in November 2024 led to significantly reduced hostilities, although there have been continued reports of airstrikes and ceasefire violations. By the end of 2024, over 800,000 IDPs returned home, many to destroyed or damaged homes. More than 93,000 remain internally displaced as of March 2025<sup>12</sup>. Despite the decrease in hostilities, humanitarian need persists throughout the country due to inadequate shelter, damaged infrastructure, lack of clean water and healthcare services, and deteriorating food security.

## How DEC members responded in Lebanon

DEC members have focused on multi-purpose cash assistance due to active markets, and have supported displaced people with WASH provisions, particularly hygiene kits, and winter kits containing blankets and warm clothing, food parcels, and hot meals. Three months in to the DEC response, members and their local partners significantly shifted where they were targeting. They used needs assessments alongside updated information from local authorities on evolving humanitarian needs as people returned home due to the ceasefire. Member charities shifted their focus to supporting those who were returning to southern Lebanon, and those who remained displaced but were no longer living in collective shelters. Despite these changes, cash assistance remained the preferred method of support. The flexibility of DEC funds allowed members and their partners to best meet the needs of the affected communities.

## Expenditure by sector



## TOTAL BUDGET AND EXPENDITURE

Phase 1 budget:	£2.4m
Phase 1 expenditure:	£2.3m

## NUMBER OF MEMBERS AND PARTNERS

13 DEC members
9 local and national partners in Lebanon
40% of the total Lebanon Phase 1 expenditure was spent through local and national partners



Staff from a local partner charity distribute DEC funded aid to displaced families following the escalation of conflict in Lebanon.  
© IDRAAC


## Multi-purpose cash assistance (MPCA)

The majority of DEC members and their local partners have been focusing on providing MPCA. DEC members worked closely with local authorities and the response-wide working group to establish the amount and regularity of cash transfers within the existing market conditions. Despite some initial bureaucratic delays, DEC members and their local partners were able to reach displaced households with much needed flexible cash assistance.


One member and its local partner provided 820 conflict-affected households with one-off cash assistance of 200 USD in the Tripoli and Akkar areas. These families were initially IDPs, however, following the ceasefire, targeting was extended to returnees who were coming back to their homes, to ensure that support was fair and met evolving needs. Through a post-distribution monitoring (PDM) survey, the DEC member found that 99% of the households they surveyed reported that they were satisfied with the payment amount.

The village that another member targeted had been severely impacted by airstrikes, leaving numerous buildings and houses badly damaged. As displaced families returned following the ceasefire, many found their homes damaged and uninhabitable. Businesses owners were forced to shut down their shops due to the impact of the strikes, leaving them with no source of income. This DEC member, through their local partner, provided 2,080 people in the community with MPCA, reaching women, people with disabilities, and older people. The majority of those reached spent their money on food, followed by health-related expenses such as medicines.

## Water, Sanitation and Hygiene (WASH)



More than **65,000** people received essential hygiene and sanitation items



More than **14,000** people were reached with awareness-raising and hygiene information for caregivers

The ongoing conflict in Lebanon has severely affected water, sanitation and hygiene (WASH) facilities and has led to widespread damage to critical infrastructure and water networks. DEC members and their local partners have focused on delivering targeted WASH interventions. Their programmes have prioritised access to safe water, improving sanitation services, and providing hygiene kits for women and girls.

One DEC member supported 248 families, or 1,236 individuals, with essential hygiene supplies, in the form of hygiene kits. These kits adhered to the WASH sector standards and contained vital items such as soap, disinfectants, and sanitary products, which were essential to prevent disease transmission in overcrowded living conditions.



More than **15,600** people were reached with multi-purpose cash assistance



A mother of two received a \$100 cash voucher from a local partner charity supported by DEC funds, helping her make essential repairs to her home that was damaged during the conflict in Lebanon.  
© Carmen Yahchouchi / Fairpicture / DEC

Based on needs identified through the WASH sector and local authorities, another member utilised DEC funds to implement a critical infrastructure rehabilitation intervention in the Mreijeh suburb of Lebanon. Specifically, 350 meters of stormwater network were constructed to mitigate flooding during the rainy season and reduce the risk of mixing wastewater with potable water. Mreijeh had sustained repeated strikes during the conflict. This project responded directly to the needs of 3,800 people residing within the neighbourhood, and supported a total of 5,000 people indirectly in the surroundings facing environmental and health hazards.



DEC funded rehabilitation work is carried out on a stormwater system to prevent flooding and maintain access to clean water in a conflict-affected area of southern Beirut.  
© World Vision

<sup>11</sup> <https://www.unocha.org/publications/report/lebanon/flash-appeal-lebanon-covering-period-january-march-2025-january-2025-enar>  
<sup>12</sup> <https://reliefweb.int/report/lebanon/lebanon-flash-update-65-escalation-hostilities-lebanon-28-march-2025>





Local workers rehabilitate a stormwater system in a conflict-affected area of southern Beirut with support from a DEC member and DEC funds.  
© World Vision

## Food assistance



More than  
**35,000**  
people reached with food assistance,  
including the provision of ready to eat  
food parcels, hot meal distributions, and  
food baskets

In the initial months of the response, IDPs had no means of cooking or making fresh food. A priority was providing displaced communities with hot meals and ready-to-eat food parcels. Following the ceasefire, and as the collective shelters emptied, some DEC members pivoted their response to focus more on food packs containing items that families could cook with as they returned home.

One DEC member initially planned to distribute 1,400 meals per day across 5 collective shelters, but was able to scale up

and distribute 22,488 meals across 11 shelters. This member originally intended to rehabilitate WASH facilities in selected schools which were being used as collective shelters in the north of Lebanon, but after the ceasefire and following consultation with local stakeholders, the member adapted to address the food security needs of displaced families in their homes. The member, through their local partner, distributed 676 food parcels to 378 households in north Lebanon. This is a key example of DEC flexible and adaptive funding.

One member and their local partner provided food assistance at a community drop-in centre where meal preparation was carried out by 10 women, (IDPs and local volunteers). The kitchen was designed to promote a sense of community and inclusion, and specifically targeted displaced families and female-headed households. The women worked from 9am to 1pm each weekday, and were able to cook and eat nutritious foods, increasing their independence and autonomy. The centre provided designated staff to care for their children in a safe space, meaning that the mothers were able to fully participate in the programme.

## Shelter and Non-food Items (NFIs)



More than  
**5,300**  
people received clothing or other personal  
items



More than  
**5,000**  
people received items including  
winterisation kits, blankets, and fuel for  
collective shelters

Due to the large scale displacement crisis, there was an urgent need for adequate shelter and critical items such as mattresses, and warm clothing and blankets. Inside collective shelters, there was a vital need for pillows, heating stoves, fuel, winter clothes, and weatherproof sheeting. For families that have since returned home, many are displaced near their houses that have been damaged, still requiring crucial non-food items such as mattresses and kitchen sets.

One DEC member in the first months of the response provided fuel for collective shelters, to enable them to provide heating and run effectively. This reached 841 displaced people residing in the shelters. Due to the ceasefire, this DEC member charity then adapted their programme by pivoting these funds to provide



A volunteer distributes mattresses and blankets to displaced families in Lebanon.  
© Islamic Relief

flexible MPCA support for the displaced families, as they began to return home, so they could purchase items that they required. Another DEC member distributed a total of 1,600 mattresses for 461 displaced households in Tyre.

## Protection



More than  
**136,000**  
people reached with information about  
protection and access to gender-based  
violence services through a digital  
awareness-raising campaign



More than  
**4,500**  
people received protection support,  
including through mental health and  
psychosocial support sessions for children  
and caregivers as part of the  
establishment of Child-Friendly Spaces

The ongoing conflict has significantly heightened protection concerns, particularly for vulnerable groups such as women and children.

One DEC member and their local partner provided mental health and psychosocial support (MHPSS) and Explosive Ordnance Risk Education (EORE) in coordination with other aid organisations, for 3,575 affected children. The EORE sessions were delivered in areas where families had recently returned, and there was a significant risk of unexploded ordnance in the region. The sessions utilised interactive tools including storytelling and games, to educate the children on how to understand this topic. MHPSS sessions were provided with trained frontline workers, to support the children and enable them to work through the challenges they were facing.

Another DEC member and their local partner delivered psychosocial support sessions to 110 women in the south of Lebanon. The sessions were focused on trauma processing, parenting children in the context of a crisis, and emotional regulation. Those involved in the activities reported a significant change in their mental health, and expressed that they felt they were able to enact healthier coping strategies and improved communication with their children and families under an intensely stressful period and situation.



# DEC HUMANITARIAN RESPONSE: SYRIA

## Humanitarian situation in Syria

Since September 2024, the intensified conflict in Lebanon forced 200,000 people, mainly Syrian returnees and Lebanese refugees, into Syria. Over half were women and girls, and by mid-November, new arrivals into Syria from Lebanon exceeded 400,000. The Syrian government kept its borders open and local communities provided immediate support with shelter, food, and water. In December 2024, the political context shifted significantly. There was mass population movement; some returned to previously inaccessible areas of Syria, while others fled into northern Lebanon as a result of hostilities.

## How DEC members responded in Syria

In Phase 1, DEC members and their local partners were prioritising Idlib, Homs, Rural Damascus, Tartous, Hama, Raqqa, Hassakeh, and Deir Ez Zor, as these are the areas with the highest concentration of displaced persons affected by the Lebanon crisis, and those in most need of humanitarian support and interventions. They have supported affected communities with shelter, WASH, MPCA, and protection – through individual protection assistance, and protection awareness raising.

TOTAL BUDGET AND EXPENDITURE

Phase 1 budget:

£468k

Phase 1 expenditure:

£448k

NUMBER OF MEMBERS AND PARTNERS

3

DEC members

2

local and national partners in Syria

1

International partner in Syria

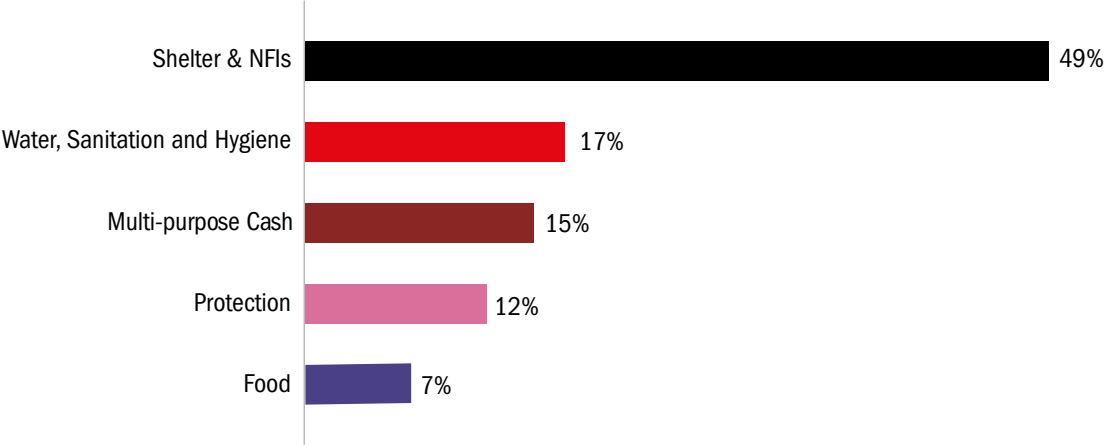
17%

of the total Syria Phase 1 expenditure was spent through local and national partners



A local partner of a DEC member charity distributes DEC funded winter items such as blankets and mattresses to families fleeing the escalation of conflict in Lebanon to Syria.  
© World Vision

## Expenditure by sector



## Shelter and Non-food Items (NFIs)

More than

7,000

people reached with shelter support, including through distribution of winterisation kits and personal items such as blankets

For people living in tents or inadequate shelters, access to warm clothing and blankets was essential for helping displaced families cope with the harsh weather.

One DEC member and their local partner distributed 762 winter kits containing blankets, to 2,676 people, including 59 persons

with disabilities. Another DEC member charity working in Deir Ez Zor distributed blankets, carpets, and mattresses to 1,765 people, which was significantly more than originally planned (1,000). This member found that tailoring the winter kits was crucial; through community consultation, those receiving the items reported that the standard NFI kits did not adequately meet the needs of larger families. Therefore, the DEC member and their local partner tailored the winterisation kits according to the family size they were targeting. This resulted in fairer distribution based on actual need, and reduced both waste and shortages of items.

## WASH

More than

9,000

people received personal hygiene items

In many of the affected areas in Syria, the primary source of drinking water for communities is through a public water network, many of which are poorly maintained or damaged. Displaced communities from Lebanon arriving into Syria were faced with little to no access to hygiene services or items, inadequate water

supplies for drinking, and overcrowded conditions with minimal privacy.

All three DEC members provided hygiene kits to displaced families who had entered Syria. One member distributed 1,390 family hygiene kits to 1,248 families, reaching a total of 6,418 people. In rural Damascus and Hama, another member and their local partner reached 514 families with hygiene kits containing soap, shampoo, toilet paper, and toothpaste. This enabled displaced communities in a complex environment with critical items to support their sanitation and dignity.

## Multi-purpose Cash Assistance (MPCA)

More than

3,200

people supported with multi-purpose cash assistance

Delivering multi-purpose cash assistance (MPCA) was a preferred method of assistance by one DEC member and their local partner, as new arrivals into Syria had a multitude of diverse and urgent needs.

The DEC member and their local partner provided timely assistance through MPCA for Syrian refugees returning from Lebanon to Raqqa in Northeast Syria. These families had migrated to Lebanon in search of better livelihood opportunities but were forced to return following the escalation of conflict in Lebanon. The DEC member charity distributed one-off emergency cash assistance with the value of \$120 per household, for 471 vulnerable families, reaching over 3,200 people, including 73 people with disabilities.



# CHALLENGES

## Gaza and the West Bank

During Phase 1 in Gaza and increasingly the West Bank, there were severe and escalating challenges to humanitarian access due to the ongoing conflict, such as:

**Insecurity and staff safety:** Security risks remained the most significant challenge. In Gaza, despite a two-month ceasefire, renewed conflict in March 2025 severely limited access to northern Gaza and triggered frequent evacuations. In the West Bank, particularly in the northern areas, the security situation deteriorated significantly, leading to an escalation of violence. Recurrent airstrikes, road closures and military activities resulted in:

- Delays and temporary suspensions to some activities, such as water trucking, food and NFI distributions and mobile clinics.
- The continuous relocation of planned activities to safe areas.
- Increased reliance on local field teams and mobile, community-based modalities to maintain operations.

Between October 2023 and June 2024, over 450 aid workers were killed. Ambulance missions, mobile clinics, water trucking and fixed-site operations have been hit, forcing member charities and local partners to suspend or adapt their activities.

To mitigate these risks, member charities and their local partners have:

- Adjusted their implementation plans, moving activities to safer zones and scaling down in areas with high security risks
- Increased coordination with UN OCHA, humanitarian stakeholders, community leaders, and local authorities
- Maintained strict adherence to security briefings and clearance systems, making real-time adjustments following escalation warnings or evacuation orders
- Set up remote programming in restricted areas, adaptive delivery mechanisms to minimise disruption, as well as scenario planning to anticipate and respond effectively to escalations
- Reduced staff exposure by consolidating operations and housing arrangements
- Maintained a reduced but essential staffing model to continue critical functions even under restricted conditions

**Procurement and access restrictions:** Between early March 2025 and the end of Phase 1, there was a total halt to the entry of humanitarian aid into Gaza due to intensified hostilities and the closure of the Rafah and Kareem Abu Salem crossings.

This has had direct operational consequences, such as:

- Extreme forced increase in the prices of basic goods in local markets, including food, medicine and construction

materials, making it difficult to meet the growing needs of vulnerable groups, especially during Ramadan and Eid al-Fitr

- The distribution of essential relief, including food, non-food items (NFIs) and hygiene kits, has ceased
- Essential medical supplies, particularly surgical kits, trauma care materials and pharmaceuticals, have been delayed
- Despite proactive procurement and readiness measures, pre-positioned supplies remain in storage facilities in Egypt, Jordan, and the West Bank, unable to enter Gaza

Fuel shortages resulting from border closures and restricted humanitarian access have also significantly impacted essential services such as hospitals, water desalination, water trucking, and food distribution. Hospitals have had to suspend or drastically reduce critical services such as dialysis and intensive care, and the cost of water trucking has soared (from 7.5 EUR/m³ to 34.99 EUR/m³).

Operational adaptations included:

- Early procurement and prepositioning: Critical supplies, such as medical supplies, were procured early in anticipation of inflation and border closures to prevent implementation delays
- Procuring locally when possible, partnering with local suppliers on Long-Term Agreements (LTAs), and decentralising logistics
- Strict rationing protocols for medicines and fuel (prioritisation of emergency and health services)
- Pre-financing of funds to local partners was also implemented to maintain financial readiness for any local procurement opportunities or when crossings reopened

**Diversion and looting:** During Phase 1, diversion and looting of humanitarian aid in Gaza remained a serious concern. Member charities continually assess and control the risks associated with diversion and measures that have been taken include:

- To apply strict security and safeguarding guidelines to maintain the safety of humanitarian goods and equipment
- To screen and check their employee, partner and supplier data against sanction lists
- To avoid blanket distributions and give priority to targeted distributions with vulnerability criteria verified/validated by Monitoring Evaluation teams and the community itself. Local partners also use their community and volunteer networks to carry out “dispersed” style distributions which do not require crowds of people, or large trucks standing at specific distribution sites
- To distribute items immediately upon arrival to avoid warehouse storage and potential risk of looting. If it’s not possible, products are securely stored in unmarked warehouses with appropriate security

- To purchase items from the local market without any international procurement and transborder transportation. In case of supply from outside Gaza to plan transport through secure lines of transport or coordinated movement with UNOCHA, Israeli authorities and the Logistic Cluster
- To establish agreements with suppliers to pay upon delivery/distribution, ensuring a more secure, transparent and efficient distribution process

**Population displacement:** in Gaza, frequent displacements and subsequent return movements following the temporary ceasefire (19 January – 18 March) and after the ceasefire required real-time adaptation in service delivery such as water trucking, MPCA, food distribution and health access.

To respond to repeated displacements and to preserve service continuity for recipients on the move, member charities implemented:

- Real-time tracking of population movements in coordination with local authorities
- Flexible aid distribution models, allowing rapid adaptation to shifting beneficiary locations
- MPCA platform allowing the continuation of cash transfers to displaced and returning households and ensuring coverage despite population movements

- Geographic expansion to include newly accessible zones where displaced populations had relocated
- Water Infrastructure Flexibility with water storage units installed in strategic locations, allowing to rapidly meet increasing demand and accommodate the incoming displaced persons
- Mobile health services to reach displaced populations returning to heavily affected areas during the cease fire

**Financial challenges:** Gaza is facing a severe liquidity crisis, with many worn banknotes no longer being accepted in the market. Consequently, both the community and humanitarian organisations are increasingly turning to digital money and e-wallets for transactions

Despite the severity and complexity of the situation, member charities and their partners have managed to sustain essential humanitarian operations by being flexible, dedicated and coordinated in their risk mitigation efforts. Nonetheless, many risks remain only partially mitigated due to access restrictions, active conflict, and political interference. The situation continues to demand dynamic adaptation, sustained advocacy to uphold humanitarian principles and ensure continued service delivery in the face of ongoing threats.



A DEC member charity delivers clean drinking water to displaced families in Gaza with support from DEC funds.  
© Action Against Hunger





DEC funded nutritionally balanced meals are prepared for displaced families in Lebanon.  
© Concern Worldwide

Lebanon

The evolving conflict in southern Lebanon has introduced additional challenges, including intermittent violence and new waves of displacement.

**Insecurity:** The security environment required heightened vigilance, particularly in high-risk areas such as Sayda and West Beqaa, where the threat of escalation remained a concern. Displaced populations were at risk due to continued reports of ceasefire violations. In March 2025, airstrikes targeted sites in Nabatieh, Baalbek-Hermel and Baalbek governates, as well as Beirut. Member charities and partners’ staff are regularly updated on context developments and followed safety protocols, including limited travel hours and coordination with local actors to ensure safe implementation.

**Bureaucratic constraints:** For several member charities, obtaining official approvals and access to municipalities with high return numbers took more time than was originally anticipated. Despite some delays, all planned activities were successfully completed.

**Community tensions:** Increased tensions between displaced and host communities were anticipated. Member charities and their partners engaged in regular and transparent communication with affected populations to mitigate tensions over resource distribution.

Syria

Despite the political changes, security remains volatile, and new administrative rules delayed the implementation of some activities.

**Security:** Continued tensions and security operations demanded adaptive planning to maintain activities.

**Economic volatility:** Fluctuations in exchange rates and liquidity shortages posed challenges to payment processes and MPCA. Flexible financial procedures, use of e-wallets, and ongoing monitoring by the member charities ensured timely programme delivery.

**Administrative constraints:** The collapse of the government in December 2024 disrupted existing governance structures, delaying coordination and planning for humanitarian operations. Some members had to renew their registration in the country and some delays occurred in obtaining necessary authorisations for some partners. The new National Transitional Authority reactivated the Humanitarian Action Coordination (HAC), enabling a gradual resumption of activities in early 2025.

HOW WE IMPROVED HUMANITARIAN PROGRAMME DELIVERY

Being accountable to communities

Members across the four locations set up and utilised complaints and feedback mechanisms as standard practice for affected communities to directly engage with DEC member charities and their local partners, primarily through toll free phone lines, suggestion boxes, and in some cases, focus group discussions.

Some member charities and their local partners worked alongside community-based organisations such as Community Protection Committees (CPCs), which conduct ongoing participatory assessments of needs, risks, and capabilities within their communities. These local organisations are best placed to identify urgent needs within their communities as well as those most vulnerable, and those not reached by other humanitarian support. During Phase 1, different projects have been conducted through the CPCs such as distribution of hot meals, access to water, access to healthcare, and displacement support. The use of CPCs and local structures also strengthened the efficiency and equity of delivery, ensuring inclusion of vulnerable groups.

One DEC member working in Gaza highlighted that through informal focus group discussions, the communities they were targeting expressed appreciation for the bread and vegetable distribution, and that these interventions had filled a crucial gap during an extremely challenging time for them and their families. The DEC member set up a women-led baking initiative, as outlined in the Gaza ‘Food’ section. Through focus group discussions, the women fed back to the DEC member and their local partner that their involvement in the initiative was especially valued; they expressed that the intervention enabled them to build community bonds and foster cooperation. Some of the recommendations for improvement that were received was to increase the quantities for larger families, and repeat the interventions as needs remain urgent. The DEC member took these insights on board and used learnings to improve future distributions and interactions with communities.

In Lebanon, one DEC member charity and their local partner strengthened their feedback and complaints mechanisms through real-time learning. Feedback from affected communities was collected through conversations, and as the programme progressed, a structure approach to collecting feedback was embedded, through an on-site suggestion box at a drop-in centre. A dedicated focal point was available during the distribution and at the centre to encourage participants to provide feedback and raise concerns. Among the community, there was a sense of mistrust regarding providing complaints and feedback, as some believed it may result in them not being able to access facilities, services, or aid distribution. The partner staff took steps to build trust through conversations with those accessing the services and explaining how the process of reporting worked. Feedback was logged and reviewed weekly, with all complaints being handled by accountability specialists, and actioned promptly.

Duty of care towards staff

Frontline staff in Gaza are working under great stress. Many have also been personally affected by the deaths of relatives and forced evacuation orders. In response, alongside clear and robust

security protocols, members have implemented various duty of care measures to support their teams and partner staff. These measures include:

- Professional psychosocial support sessions (online and in person) for frontline workers, including group and counselling services and regular HR check-ins,
- Peer support conducted in coordination with local specialists,
- Self-care training to help frontline workers to process their experiences and maintain professional resilience,
- Flexible working hours, adjusted workloads and rotation schedules to prevent burnout, as well as wellbeing and recreational days to allow staff time to rest and recover,
- Hardship allowances for the staff to cover the increasing cost of living due to the lack of any basic supplies and the distribution of hot meals to the staff and their families whenever possible,
- Safe commuting assistance, temporary housing support, distribution of basic supplies to staff,
- Use of anonymous feedback channels to allow staff to raise concerns internally in a safe and confidential manner.

To implement these services and support, the DEC includes staff care as part of its eligible costs under all funding streams, ensuring that humanitarian workers receive the necessary support.

Adaptive programming and learning

The DEC has provided flexible and adaptable funding to member charities to adjust according to exceedingly unpredictable on-the-ground realities. Between October 2024 and April 2025, Gaza saw immense contextual fluidity; DEC members and their local partners have stated that they have had to operate and plan on a ‘day-by-day’ basis, due to ever-changing bureaucratic, logistical and access challenges, and evacuation orders.

DEC members and their local partners, particularly in Gaza, have continued to prioritise adapting quickly and effectively to continue meeting the needs of affected communities. This has been undertaken by reallocating resources, changing target locations, working through local partners to maintain access, and reassessing priorities through consultation with community members where possible. In Lebanon, DEC members and their local partners adapted programme locations following the ceasefire in November 2024, ensuring they could target those who were leaving collective shelters and moving home, predominantly in the south of the country.

Through continuous monitoring and dialogue with affected communities, DEC members and their local partners have been able to remain agile and utilise the flexibility of DEC funds across the four locations to continue to support those in need of assistance and apply real-time learning to enhance and improve the response.



Including people with specific needs

Across all four locations, DEC member charities and their local partners have prioritised the most vulnerable communities and groups, ensuring that services and items are tailored to specific needs in each complex environment.

In Gaza, DEC members and their local partners utilised inclusive approaches to reach a diverse range of the affected population with appropriate support specifically, older persons, those with disabilities, women and girls, displaced households, and returnees. One DEC member and their local partner delivered essential and inclusive assistance to older people through addressing urgent health needs and improving access to life-saving services, such as assistive devices and medications for older people, NFI kits, and gender-sensitive hygiene kits. Additionally, the member and their local partner ensured that distribution points were accessible for those with disabilities and communication tools were gender sensitive.

Another DEC member charity and their local partner in Gaza supported and set up health clinics to provide the affected community with vital medicines and treatment. When setting the clinics up, the member's partner considered the specific needs of the community, and in particular, those with additional vulnerabilities such as injuries as a result of the conflict. The partner adapted the flooring of one clinic to make it more accessible and stable for those with mobility issues or disabilities. For those unable to reach the clinic, they set up mobile medical teams who deployed to different areas to reach displaced people who could not travel. This ensured those in remote areas with accessibility needs were supported with essential healthcare services and support. In the West Bank, one DEC member and their partner focused on a gender-sensitive approach during MPCA distribution, prioritising female-headed households, pregnant and lactating women, and women with children aged 6 months to 3 years.

In Lebanon, a DEC member charity and their local partner designed their programme to be highly responsive to the differing needs of vulnerable groups, ensuring that gender, age, and disability were considered throughout community consultation, design, and implementation. The member and their local partner delivered MHPSS sessions which were specifically structured to create culturally appropriate and emotionally safe environments for vulnerable individuals, such as older persons, women-headed households, and those without legal documentation, and participants were grouped in a way that established trust and confidentiality. Children were supported through MHPSS activities and games that were suited to their age group. In Syria, as a result of pre-existing high levels of need, DEC member charities also assisted a small number of host communities and households, alongside the new arrivals and Lebanese refugees, to support social cohesion and mitigate any tensions.

Supporting a locally led response

DEC member charities worked with 25 local or national partners across all four locations. These local partners have been pivotal in such a complex and evolving environment, as they are able to access communities and areas that would be otherwise challenging to reach, particularly in Gaza, and have strong,

pre-existing relationships with local authorities, and other key stakeholders on the ground.

In Gaza, for one DEC member, early and structured capacity-bridging initiatives and trainings with their local partner significantly streamlined the quality and speed of the humanitarian response, resulting in local partners having stronger systems in place to lead future responses. A DEC member charity worked closely with youth and community-led structures in Gaza, for example through a community protection committee and complaint response teams, and found these were particularly effective in reaching displaced people in access-restricted areas. Throughout DEC funded programmes, community leadership and local ownership was prioritised, supporting long-term resilience for potential future crises.

In Lebanon, one DEC member worked with a local partner who delivered the programme through its nine church partners across Lebanon, who utilised local knowledge and the existing church structures to reach those in need. This member offered technical, financial, and monitoring support, with the local partner managing the project management, procurement, and distribution of items, and relationship with the church partners. This approach ensured that community involvement was integrated into both the design and implementation of the programme, with the churches' already established presence being leveraged to ensure an efficient and contextually appropriate response.

Coordination

Across all locations, DEC member charities worked closely throughout Phase 1 with local partners, local authorities and structures, key stakeholders, and the UN, to deliver effective and targeted humanitarian responses. This was particularly critical in Gaza where bureaucratic, logistical, and operational obstacles presented constant challenges. One DEC member highlighted the critical role that coordination played in the response; strong collaboration across sectors, actors, the UN including UNRWA, and all levels of the humanitarian architecture was crucial in delivering timely assistance. When delivering cash, member charities maintained active engagement with the cash working group (CWG) to cross-check participant lists with the mechanism's database, ensuring complete coverage without duplication. CWG partners worked together to provide up to date information on liquidity trends and price fluctuations, which informed transfer values and assisted operational planning. Through close communication with Financial Service Providers, DEC member charities were able to monitor system functionality and resolve issues promptly, enabling digital payments to remain operational even when there were connectivity problems.

In Lebanon, one DEC member charity highlighted that their local partner participated in several coordination mechanisms, such as the UNHCR's Health Working Group, WHO's Health Working Group, the National Mental Health Programme Coordination Group under the Ministry of Public Health, and the Lebanon Response Plan and the Protection Cluster in Lebanon. Coordinating with these platforms were critical in aligning the programme with national priorities, preventing duplication, and maximising the reach and effectiveness of services. In Lebanon,

three DEC member charities were partnering with the same local partner to deliver cash interventions in various locations. To ensure the partner was not overburdened, the three DEC members held several coordination meetings and used the same rapid-needs assessment and PDM tools.

In Syria, one DEC member is an active part of the INGO forum and sub-national and sectoral coordination platforms, such as the CWG, WASH, Protection, GBV, and NFI clusters and sectors. The DEC member is also part of the Access and Security coordination mechanism with OCHA and the UN's Department of Safety and Security and are also a member of the resilience consortium in Aleppo. Through these platforms, the DEC member was able to maintain coordination during the DEC funded response, especially during the fragile and unstable period at the end of 2024 when the regime changed.

In the West Bank, one member charity effectively coordinated through preventing duplication in rapid-needs assessments. This was undertaken by using existing data from other programmes and contributing and utilising joint needs assessments, resulting in the response being targeted and evidence based. Local stakeholders and existing structures were crucial in determining key factors such as distribution quantities, through assessments carried out with community members and representatives.

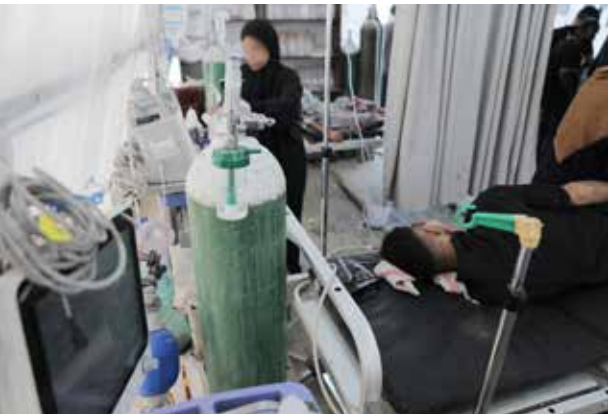
Safeguarding

All member charities maintain strong safeguarding policies and uphold a zero-tolerance approach to violence or abuse against children and adults within the communities they are targeting. DEC members charities actively work with local partners to enhance internal procedures, ensuring robust safeguarding mechanisms are in place to reduce the risk of harm, effectively addressing any concerns or issues that arise.

In Gaza, due to the volatile context, some member charities adopted hybrid monitoring systems combining centralised coordination out of Gaza, and training local teams and undertaking selective field visits, enabling continued data collection and feedback gathering despite access limitations. Community engagement was also adapted using mobile-based tools, SMS, WhatsApp, and banners, to inform recipients of schedules and complaints mechanisms.

In the West Bank, recipients faced potential risks such as settler attacks, checkpoint harassment, and other forms of violence, exploitation, and discrimination on their way to and from project activities in high-risk areas. Mitigation measures implemented included strengthened complaints and feedback mechanisms to address protection concerns, staff training on safeguarding protocols to uphold protection principles in such a complex context, and identification of safe distribution points and processes to mitigate risks for the vulnerable population.

In Lebanon, safeguarding risks were managed through rigorous adherence to organisational protocols, such as a robust case management and referral mechanism being utilised to identify and respond to safeguarding and protection concerns. DEC members conducted training on safeguarding, along with context-specific security briefings, resulting in strong mitigating measures around key risks to ensure the wellbeing and safety of member staff, local partners, and the affected communities.



A patient receives vital support from a DEC funded oxygen tank at a field hospital in Gaza. © Aya Matrabie / Fairpicture / DEC

Protecting the environment

Even in such a complex operational environment, DEC member charities have embedded environmental considerations into their programmes, to mitigated negative unintended impacts, and strengthen the affected communities' ability to cope with climate change. In Gaza and the West Bank, cropland has been lost, eco-systems and soil have been impacted due to conflict. Tons of rubble, containing heavy metals and unexploded ordnance pose huge environmental and long-term health hazards for communities.

To mitigate the environmental impact of humanitarian programming as much as possible, one DEC member in Gaza has supported local resilience through distribution fresh produce from small-scale farmers to contribute to both livelihoods of those impacted, and short supply chains, meaning there is a reduction on environmental impact of importing goods. One DEC member focused on improving water accessibilities among vulnerable communities. By distributing clean water and promoting hygiene practices, their interventions contributed to the sustainable use of water resources. Communities were provided with the tools and training on how to store water effectively and reduce water wastage; areas which are critical in a water-scarce region during conflict.

In Lebanon, one DEC member charity, when delivering NFIs, distributed 1,687kg of reusable clothing, ultimately saving 6,075kg of CO emissions and 10,125,000 litres of water, than if they distributed new items. Another DEC member and their local partner integrated solar energy systems in their drop-in centre to maximise renewable power sources and save energy.

In Syria, a DEC member charity and their local partner ensured that distribution activities did not contribute to waste problems in the target areas by developing reusable or recyclable packaging materials for kits they delivered for families. Through their operation and maintenance of water infrastructure, they worked closely with the chosen contractor to dispose safely of oil, and any worn out parts, to not contribute to polluting the affected areas.



# LEARNING AND IMPROVING

In all our appeals, the DEC commissions a Real-Time Response Review, which aims to inform programme adjustments, while also promoting accountability to affected communities. For this appeal, we carried out a joint review, alongside the Humanitarian Coalition (HC), who are the DEC's Canadian equivalents.

Data collection took place between mid-January and mid-February, during a period of reduced hostilities in Gaza following the declaration of a ceasefire. Using a layered methodology, the review combined in-depth interviews, focus group discussions, and secondary data analysis, focusing on priority sectors including MPCA, Water, Sanitation and Hygiene (WASH), Food Assistance, Health, Shelter and Protection, as well as several cross-cutting themes. The Response Review covered all appeal locations, despite significant operational challenges.

To support the Response Review, in April, the DEC and HC travelled to Amman, Jordan to meet with members and partners, as well as participate in hybrid workshops. These events provided an opportunity to run through the findings and recommendations for each appeal location, and how these can best be addressed during Phase Two of the appeal.

The trip was also an opportunity to identify key areas to focus on for the Collective Initiatives, which is a distinct funding stream that allows DEC members to collaborate on joint projects that seek to provide creative or innovative solutions to shared challenges. The Response Review findings were used to identify several priority areas that members can focus on when using this funding during Phase Two of the appeal, which were: expanding duty of care for member and partner staff, strengthening

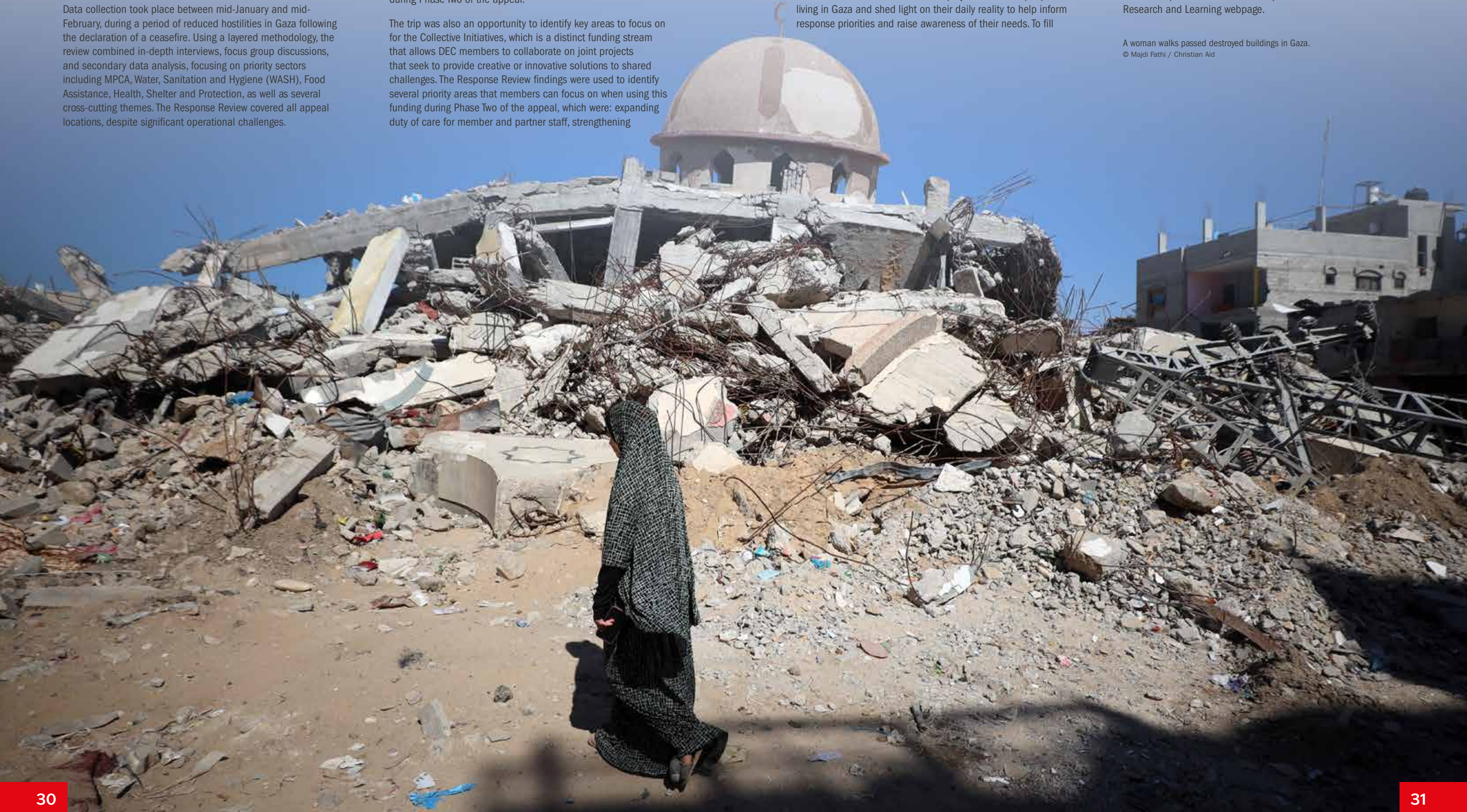
partnerships in extremely challenging circumstances, enhancing community engagement and participation, improving the inclusiveness of the response, and sectorial innovations.

Alongside this, the Response Review process highlighted that more work needs to be done to amplify the voices of people living in Gaza and shed light on their daily reality to help inform response priorities and raise awareness of their needs. To fill

this information gap, in Phase 2 of the appeal the DEC will be supporting work on community perceptions in Gaza, which can help inform our members' work and that of the wider response.

The report and executive summary (in both English and Arabic) for the Response Review has been published on the DEC's Research and Learning webpage.

A woman walks passed destroyed buildings in Gaza.  
© Majdi Fathi / Christian Aid

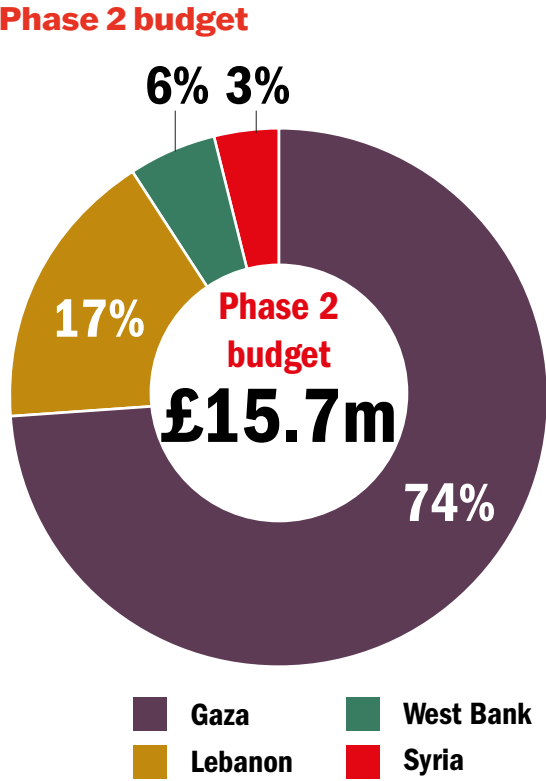




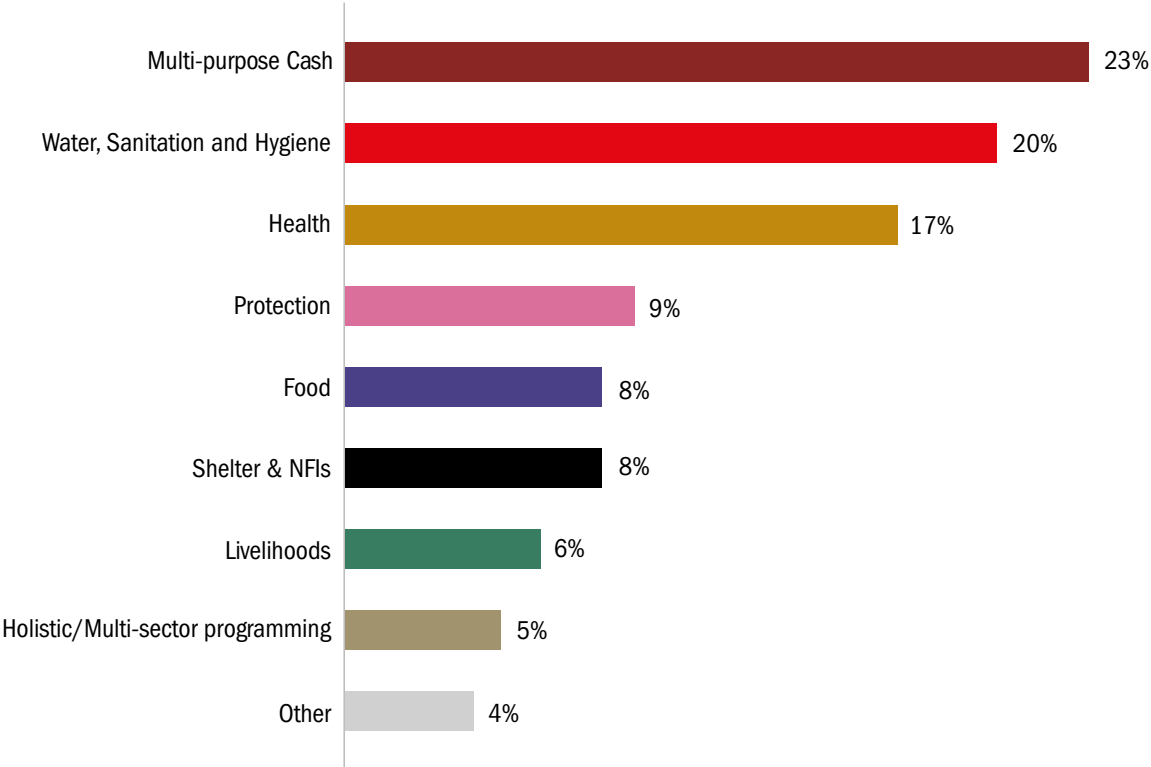
# NEXT STEPS

Phase 2 is now underway (from May 2025) and will continue until October 2026. DEC members and their local partners are still focusing on urgent and life-saving support in Gaza, given the ongoing conflict.

In Phase 2, 14 member charities and 15 local partners are implementing activities in Gaza. Given the humanitarian catastrophe most of the activities are lifesaving activities such as emergency health access, nutrition activities and water trucking. As the needs are dire and the space to operate for humanitarian actors severely compromised, the planned activities will require significant adaptation. In the West Bank, since May 2025, two more member charities are supporting the emergency response to the newly displaced population in Jenin and Tulkarm governorates. In Phase 2, 11 member charities are also responding in Lebanon, mostly in the south where access is now possible following the ceasefire in November 2024.



## Phase 2 budget – priority sectors



Humanitarian priorities remain similar: MPCA, WASH support, and shelter, with a few members introducing post-recovery and rehabilitation activities such as training, and small income generating activities. In Phase 2, only one member charity is implementing activities in Syria. DEC funding is designed to be flexible to allow member charities to adapt their programmes quickly, and plans may change according to the changing and evolving needs on the ground



A nurse administers an IV to a patient at a field hospital supported by DEC funds in Gaza.  
© Arete / British Red Cross



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