

Research Study

Palestinian NGOs' Interventions in the Gaza Strip and the Challenges Facing Their Work



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Project: NGO Capacity Development and Resilience Project

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The Palestinian NGOs Network is (PNGO) an independent, democratic, civil society coalition that aims to support and empower Palestinian society by promoting the principles of democracy, justice, social and sustainable development, and respect for human rights. PNGO comprises approximately 147 NGOs in Palestine, including 71 in the Gaza Strip. It operates in various humanitarian, social, and developmental fields. PNGO was established to enhance cooperation, consultation, coordination, and networking among various civil society organizations and to serve as a link and reference framework for coordination among NGOs at the local, regional, and international levels.

PNGO extends its sincere thanks to the consulting team at SASTEC for their efforts in preparing this valuable research study, hoping that it will be a step towards strengthening the resilience of our people and building a better future.

**Study Preparation Team
Sastec Development Consulting Company**

Team Leader, Researcher and Statistician: Mr. Khalil Abdul Karim Miqdad

Researcher: Dr. Luay Nasr

Researcher: Dr. Nahed Abu Hammad

Session Facilitator: Dr. Rashad Khalil Shaat

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Executive Summary

This study aims to analyze and evaluate the interventions of Palestinian national and local organizations in the Gaza Strip during the genocide war that broke out on October 7, 2023, amid a severe humanitarian crisis that included widespread destruction of infrastructure, mass displacement, and the collapse of basic services, particularly in the health, education, water, and social protection sectors. The study is based on the role of national organizations as a key actor in the humanitarian response system, especially given the weak institutional capacities of official bodies and the security and political restrictions imposed on the Strip.

The study adopted a descriptive analytical approach using mixed methods. The study population included all national organizations operating in the southern governorates of the Gaza Strip (163 organizations), with a quantitative sample (60 organizations) and a qualitative sample (22 individual interviews and 4 focus groups). Quantitative data was collected through a seven-dimension questionnaire, while qualitative data was analyzed through interviews and focus groups to deepen understanding and interpret the results.

The results showed that the interventions of national organizations were characterized by rapid response and operational flexibility, focusing on urgent relief in the areas of food security, health, water and shelter, and psychosocial support, especially for women and children. However, there is a gap between the volume of needs and the level of response, with limited sustainability and coverage, and disparity in service quality and fairness of access, particularly in the education, mental health, rehabilitation, and shelter sectors.

Organizations also faced structural, organizational, and contextual challenges, including funding instability, depletion and dispersion of staff, damaged infrastructure, weak information systems, security and political restrictions, and complexities of coordination with other humanitarian actors. Coordination with international bodies was partially effective but did not achieve fairness or reduce duplication in service distribution.

The study concluded that national organizations possess field experience and strong social capital, but enhancing their effectiveness requires a systematic shift from fragmented emergency response to comprehensive approaches that link relief, early recovery, and resilience-building within a rights-based framework.

The study recommends strengthening institutional readiness, developing monitoring, evaluation, and learning systems, investing in digital transformation, improving coordination mechanisms and partnerships, providing flexible and long-term funding, and building the capacities of human resources, to contribute to improving the quality of humanitarian response and ensuring its sustainability and fairness, and enhancing organizations' ability to face future crises in the Gaza Strip.

Study Introduction and Problem Statement

Introduction

Palestinian national organizations are fundamental actors in the humanitarian response system in the Gaza Strip, particularly given the recurring contexts of armed conflict and the weak or absent institutional capacity of official bodies. The role of these organizations emerged unprecedentedly following the genocide war that broke out on October 7, 2023, which left a comprehensive humanitarian crisis characterized by widespread destruction of infrastructure, mass displacement of the population, and the near-total collapse of basic services, especially in the health, education, water, and social protection sectors. Facing this reality, local organizations engaged alongside international and UN institutions within humanitarian task forces and joint operations rooms, and rapidly redirected their programs and operational plans towards emergency response, including food relief, shelter, psychosocial support, protection, women's empowerment, support for children and youth, food security, and water and sanitation. These interventions demonstrated a high level of institutional resilience and adaptability to a complex environment marked by unprecedented security, logistical, and funding constraints, although the scale of the humanitarian catastrophe exceeded the operational and financial capacities of the organizations, contributing to the emergence of clear gaps between humanitarian needs and the capacity for effective and sustainable response.

Problem Statement

The problem of the study lies in this growing gap between escalating humanitarian needs and the capacity of national organizations to respond, within an extremely complex operating environment and ongoing security threats. This problem includes interconnected dimensions such as limited and unstable funding, disrupted coordination mechanisms among humanitarian actors, restricted humanitarian access, deteriorating infrastructure, displacement and dispersion of staff, disintegration of administrative structures, and psychological and physical pressure on teams, which affected the effectiveness and sustainability of interventions and their ability to achieve long-term impact. Studies and reports issued by the Palestinian NGOs Network and human rights institutions have indicated that organizations succeeded in saving lives and providing essential services during critical phases, but they faced challenges related to the quality and sustainability of interventions and adherence to humanitarian standards, particularly in the education, protection, and psychosocial recovery sectors, as well as weak coordination and data, complex financial and administrative procedures, and delayed response in some stages.

Accordingly, the study problem revolves around the following main question: **To what extent were national organizations in the Gaza Strip able to provide a fair, effective, and quality humanitarian response during the genocide war, what gaps and challenges did they face, and how can lessons learned be utilized to enhance their resilience and institutional preparedness for future crises?** Several sub-questions branch from the main question relating to the nature of humanitarian interventions, their level of effectiveness, needs assessment mechanisms, quality of services, coordination and partnerships, ensuring equitable access for vulnerable groups, the extent to which interventions align with actual needs, level of institutional preparedness, key challenges and gaps, and lessons learned to enhance future organizational resilience and effectiveness.

Study Objectives:

This study aims to analyze and evaluate the role of national organizations in the emergency humanitarian response during the genocide war on the Gaza Strip, measure the effectiveness of their interventions, and identify gaps, challenges, and lessons learned, in order to contribute to enhancing

their institutional preparedness and resilience in facing future crises. It seeks to achieve the following set of objectives:

1. Identify the nature of humanitarian interventions implemented by national organizations during the genocide war on the Gaza Strip, their areas of work, and their various roles in the emergency humanitarian response.
2. Evaluate the level of effectiveness of national organizations' interventions during the emergency response phase in terms of appropriateness, speed of implementation, and impact.
3. Analyze the mechanisms for identifying humanitarian needs adopted by national organizations, and methods of planning and implementing interventions during the emergency response phase.
4. Measure the level of efficiency, effectiveness, and quality of services provided by national organizations during the emergency response phase.
5. Analyze the level of coordination and partnerships between national organizations and government bodies, local organizations, and international institutions, and its impact on the effectiveness of humanitarian interventions.
6. Assess the ability of national organizations to ensure equitable and inclusive access for the most vulnerable and fragile groups when delivering humanitarian interventions.
7. Analyze the extent to which interventions implemented by national organizations responded to the actual and changing needs of the population in the Gaza Strip.
8. Evaluate the level of institutional capacities and preparedness of national organizations to deal with future crises.
9. Identify the most prominent challenges facing the work of national organizations during and after the genocide war, and analyze their impact on the continuity and quality of services provided to beneficiaries.
10. Extract the main gaps and lessons learned from the experience of national organizations in humanitarian response, and develop practical recommendations to enhance their resilience and effectiveness in future crises.

Significance of the Study

The theoretical significance of this study stems from its contribution to understanding the role of national organizations in managing humanitarian crises in fragile contexts such as the Gaza Strip after the genocide war, by analyzing their institutional preparedness and factors affecting the effectiveness of their response, thereby enhancing the design of more effective policies and strategies for future crises.

The practical significance lies in providing practical recommendations to enhance the performance of NGOs, through improving planning and rapid response, strengthening coordination between national and international bodies, designing sustainable interventions that meet the needs of affected groups, and building a more resilient and efficient local humanitarian system to deal with future challenges.

Limitations of the study:

- Objective limitation: The study was limited to the study of the interventions of NGOs in the southern governorates of the State of Palestine and the challenges facing their work.
- Human Limitation: Workers in Palestinian NGOs.
- Institutional limitation: The study was carried out on NGOs active in the southern governorates.
- Spatial Limit: The Southern Governorates of the State of Palestine.
- Time Boundaries: The study covers the period from the pre-war to the post-war period, and includes

the collection of preliminary data about the study population and the conduct of relevant statistical analyses, during the period from 2023 (before the outbreak of the war in October) until the end of 2025.

Methodological framework of the study

The study adopted the descriptive analytical and mixed approach, which combines quantitative and qualitative research to understand the interventions of Palestinian national organizations during the emergency response phase. The study used two main sources for collecting information: secondary sources (local and international research, studies, articles, reports, and statistics), and primary sources which included quantitative data through an electronic questionnaire carefully designed and approved by the PNGO Network, and qualitative data collected through four focus groups and 22 in-depth individual interviews with experts and representatives of organizations in PNGO's six sectors.

The study population consisted of 163 national organizations in the southern governorates (members of the PNGO and its sectors) distributed across the health, rehabilitation, women, education, youth, agriculture and food security, and water and sanitation sectors. A comprehensive survey of all organizations was used, and the questionnaire was completed by 60 organizations, constituting a response sample of 36.8%, while qualitative data was collected from 25 organizations distributed across four focus groups according to sectors, in addition to individual interviews with 22 experts and representatives of organizations.

The questionnaire included 29 items distributed across seven dimensions covering interventions during urgent relief, early recovery, organizational readiness, challenges, coordination and partnerships, future institutional needs, and impact and resilience assessment, using a five-point Likert scale. The questionnaire demonstrated strong psychometric properties (Cronbach's alpha 0.89, reliability between 0.70–0.92). As for the qualitative data, including focus groups and individual interviews, a question guide was designed for all participant categories in the study.

Quantitative data was collected via an electronic questionnaire with daily follow-up and review to ensure accuracy, and cleaning of errors and outliers, while qualitative data was collected through detailed focus and individual interviews, which were recorded and transcribed for analysis. Descriptive and inferential statistical analysis was used for quantitative data using SPSS v26 software, while qualitative data was analyzed to extract main themes and crystallize findings. The study also adhered to ethical standards by maintaining confidentiality of information, obtaining prior consent for recordings, and ensuring participants were not exposed to any harm.

The study faced a number of practical difficulties, most notably time pressure on organization staff due to their involvement in the emergency response, limited time available for participation, mobility difficulties and weather conditions, poor responsiveness from some officials, in addition to challenges related to the security situation and frequent electricity and internet outages, as well as the high psychological pressure on humanitarian workers.

Study Results and Discussion

The study adopted the descriptive analytical and mixed approach, where quantitative data was collected using a questionnaire, and integrated with qualitative data extracted from focus groups and individual

interviews with experts and representatives of national organizations in the PNGO's six sectors. The number of organizations participating in the study was 60 national organizations from the southern governorates of the Gaza Strip. The majority of participants were male at 63.3%, while females constituted 36.7%. Participants' ages were distributed as follows: under 30 years (3.3%), 30–39 years (28.3%), 40–49 years (33.3%), 50–59 years (28.3%), and 60 years and above (6.7%). Regarding educational qualifications, 51.7% held a Bachelor's degree, 31.7% a Master's degree, and 16.7% a PhD, while years of service in the organization ranged between less than 5 years (13.3%), 5–10 years (18.3%), 10–20 years (18.3%), 15–20 years (18.3%), and more than 20 years (31.7%). Concerning governorates, participants were distributed across North (13.3%), Gaza (33.3%), Middle Area (28.3%), and Khan Yunis (25%).

The organizational results of the organizations showed that the sample included organizations working in seven sectors, with the highest percentage in the women and protection sector (73.3%), followed by education sectors (60%), youth (55%), agriculture and food security and water and sanitation (51.7%), health (43.3%), and rehabilitation and shelter (30%). Regarding years of operation for organizations, half of the surveyed organizations had been operating for more than 20 years, while it ranged between 6–10 years (16.7%) and between 10–20 years (13.3%). Concerning the number of employees or volunteers, the majority were medium-sized organizations (61.7%), with the number of employees/volunteers ranging between 1–50, while the percentage of large organizations was 26.7% and small organizations 11.7%. Most organizations covered several governorates to expand the scope of their services, with coverage rates reaching North (50%), Gaza (65%), Khan Yunis (63.3%), and Middle Area (75%), reflecting their keenness to reach the largest number of beneficiaries in multiple areas.

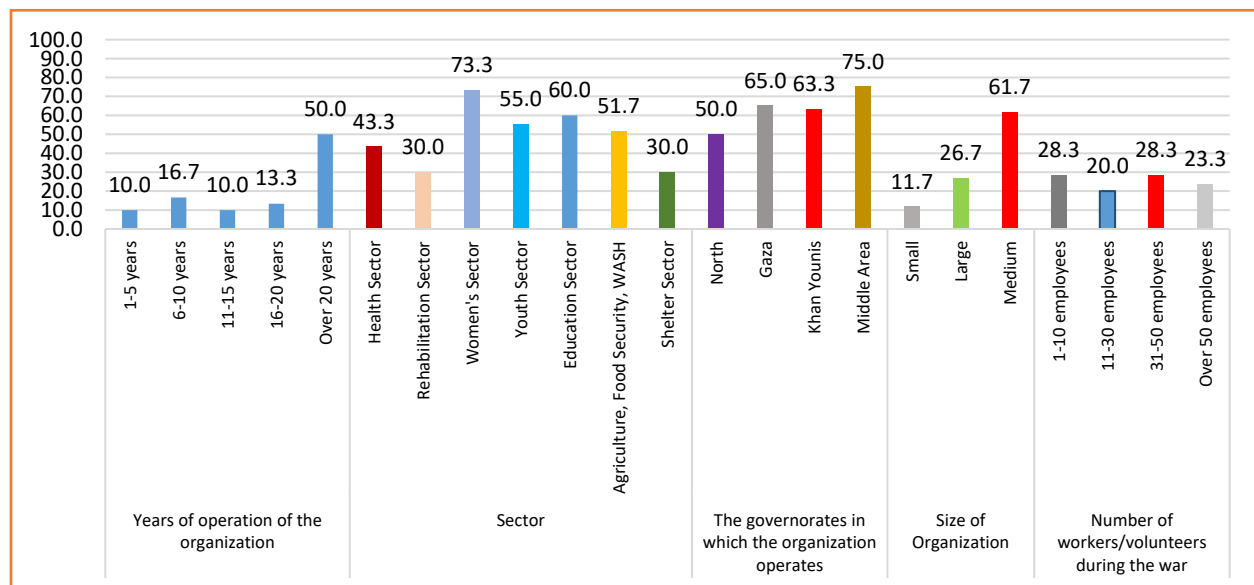


Figure (1) Organizational characteristics of the organizations participating in the study

Nature of Interventions During the Emergency Response Phase

Study results showed that Palestinian NGOs in Gaza demonstrated flexible, integrated responses during the genocide war, focusing on vulnerable groups (children, women, people with disabilities, affected farmers).

Health interventions included essential medical services, surgery, maternal/child health, mental health support, and nutrition through innovative models like field clinics.

Rehabilitation sector addressed emergency needs of people with disabilities through care, awareness, physical therapy, education, and psychosocial support.

Women's sector rapidly responded to psychological, social, and economic needs, integrating protection and psychosocial support with relief efforts.

Education sector ensured learning continuity through alternative spaces, integrating psychosocial support and providing basic needs for displaced families.

Youth sector implemented educational and recreational activities, psychosocial support, food distribution, and community cooperation initiatives.

Agriculture, food security, and WASH sector focused on farmer support, animal feed, agricultural inputs, food parcels, water well operation, and basic relief items.

Shelter sector prioritized minimal protection and privacy for displaced families through temporary camps, tents, shelter centers, and distribution of mattresses and blankets with gender considerations.

Overall, interventions were urgent and temporary due to political restrictions, siege, and infrastructure destruction, yet demonstrated high institutional learning capacity and adaptation. Organizations adopted integrated models addressing physical, psychological, social, and economic dimensions, reflecting deep understanding of complex needs and highlighting the importance of developing long-term recovery strategies for sustainable service provision.

Table 1: Type of interventions implemented by organizations during the emergency response phase, target groups and models used by sector type

Sector	Target Group	Type of interventions	Innovative models/tools
Health	Children, Women, Families	Basic Medical Services, Surgical Care, Maternity Services, Mental Health, Nutrition	Mobile field clinics, integrating health with nutrition and protection
Rehabilitation (Persons with Disabilities)	Persons with disabilities, their families	Care, Education, Physiotherapy, Psychosocial Support, Distribution of Assistive Tools, Referral Management	Educational tents, vocational training programs, multi-sectoral support
Women	Women and girls, displaced women	Psychological and social support, protection, economic empowerment, cash and relief assistance	Integrated Comprehensive Programs Combining Psychological Support, Protection and Relief
Education	Children and youth	Alternative education, psychosocial support, distribution of school supplies, remedial education	Educational tents, temporary learning spaces
Youth	Children, youth, displaced families	Community Activities, Psychosocial Support, Food and Health Distribution, Entertainment	Local initiatives, youth camps, educational and entertainment days
Agriculture, Food Security, Water and Sanitation	Farmers, displaced families	Supporting agricultural inputs, fodder, cash assistance, distribution of food and health parcels, operation of wells, installation of desalination plants, latrines	Multisectoral interventions between agriculture, food security, water and shelter
Shelter	Displaced families, women without a	Distribution of tents, mattresses, tents, temporary camps, mobile	Collective shelters, temporary camps,

Evaluation of interventions during the emergency response phase

The results of the study showed that the level of response was generally weak compared to the scale of the enormous humanitarian needs. Interventions were assessed across seven main dimensions, including emergency relief, early recovery, organizational readiness and capacity, challenges, coordination and partnerships, future institutional needs, impact assessment and resilience building, across seven key sectors.

In the health sector, interventions recorded a weak level with a relative weight of 66.6%, with weak emergency relief (56.5%) and early recovery (66.3%), while the dimension of future institutional needs stood out (77.5%) as an expression of organizations' awareness of the need to enhance their future capabilities.

The rehabilitation sector for persons with disabilities was also weak (65%), with a significant weakness in emergency response and early recovery, while there was a high awareness of future institutional needs (83.9%).

In the women's sector, the response was weak with a relative weight of 61.4%, with a severe weakness in immediate interventions and coordination between actors, while the dimension of future institutional needs was high (82.5%), reflecting the awareness of organizations of the importance of investing in the sector's capacities in the future.

Similarly, the education sector recorded a weak level (66.5%), with limited emergency interventions and early recovery, while a significant relative weight of future institutional needs (81.5%).

The youth sector had an overall level of response of 61.8%, with weak emergency interventions and coordination, and an increase in future institutional needs (82.1%), indicating future development potential.

In the agriculture, food security, and water and sanitation sectors, the overall level of response was weak (63.6%), with weak emergency interventions and inter-agency coordination, while some attempts to measure impact and build resilience (70.1%) showed as well as recognition of future institutional needs (68.8%).

The shelter sector achieved a relatively average level (70%), with weak emergency interventions and early recovery, but showed higher relative institutional capacities (72.6%-78.5%), partially reflected in the effectiveness of interventions despite environmental and political constraints.

Overall, the overall results at the level of all sectors showed a weak emergency response of Palestinian NGOs (63%), with a severe weakness in immediate interventions and early recovery, and weak coordination and partnerships, in contrast to a high awareness of future institutional needs (79.5%), reflecting a clear awareness among organizations of the importance of developing their institutional capacities. These results indicate that the weak response does not necessarily reflect a lack of performance of organizations, but rather reflects the magnitude of the structural, political and environmental challenges in the Gaza Strip, stressing the need to develop more resilient emergency response models, enhanced multisectoral coordination, linking urgent relief to early recovery and building community resilience tailored to the specificity of the humanitarian context.

Table 2 Descriptive statistics on the evaluation of the interventions of implementing organizations during the emergency response phase by sector

Type of Sector	Medium	Standard deviation	Relative Weight %	Classification
Health Sector	77.30	13.00	66.6	Weak
Rehabilitation Sector	75.4	20.3	65.0	Weak
Agricultural and Food Security Sector	73.8	9.2	63.6	Weak
Women's Sector	71.2	12.2	61.4	Weak
Youth Sector	71.6	17.8	61.8	Weak
Education Sector	77.2	12.8	66.5	Weak
Shelter Sector	81.1	10.1	70.0	Medium
All Sectors	73.4	13.3	63.0	Weak

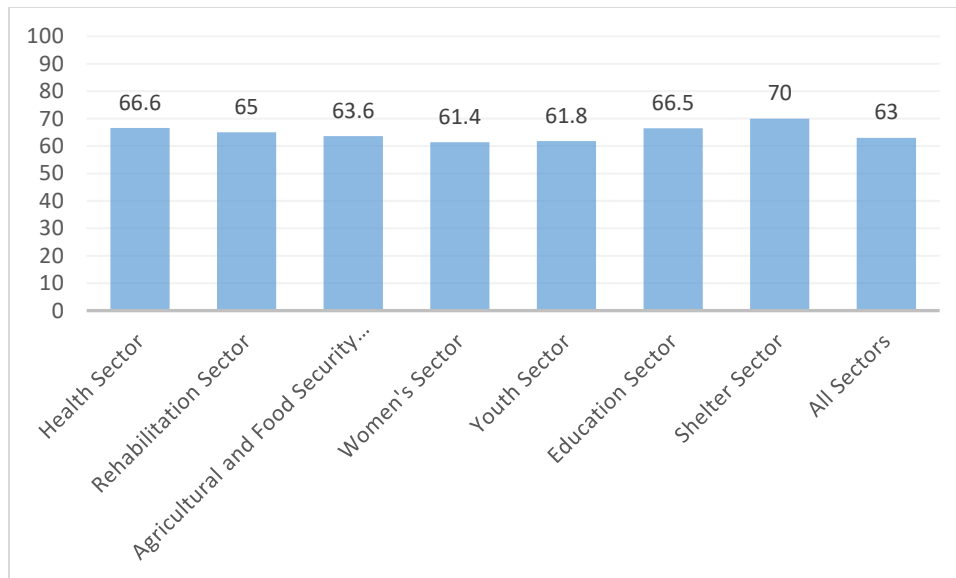


Figure (2) Level of Evaluation of the Effectiveness of Interventions for PNGO Sectors

Identifying Needs and Response Mechanisms

The results showed that all sectors relied primarily on direct field monitoring, interaction with the local community, and urgent and gradual assessments, in the absence of comprehensive formal assessment tools and lack of accurate data.

In the **health sector**, the needs identification process was highly flexible, with heavy reliance on field experience and direct communication with the population. However, the absence of a unified institutional framework, emergency plans, and limited supply chains constrained organizations' ability to translate these needs into actionable priorities, particularly regarding mental health, chronic diseases, and specialized medical referrals. In the **rehabilitation sector for persons with disabilities**, identification mechanisms gradually evolved from improvised response to more organized systems based on field surveys, databases, and internal referral systems, taking into account repeated displacement and individual needs.

In the **women's sector**, organizations adopted a participatory approach balancing women's basic, psychological, and social needs, based on field monitoring and direct communication with beneficiaries, with flexibility in reordering priorities according to reality. However, funding constraints and partial response limited full coverage of needs. In **education**, needs identification was characterized by flexibility and realism, as organizations focused on the most vulnerable children and displacement centers, integrating psychosocial support and safe learning despite challenges of damaged infrastructure and limited funding.

Regarding the **youth sector**, identification mechanisms were flexible and gradual, based on continuous assessment of local communities, field data analysis, and coordination with local and international partners, to enhance resource targeting according to the most urgent priorities. In the **agriculture, food security, and water and sanitation sector**, the process was characterized by adaptation to the complex reality, relying on field teams, field visits, a hotline for complaints, and continuous updating of beneficiary lists, to ensure effective resource allocation and reduce randomness. In the **shelter sector**, organizations

responded by distributing tents and parcels and creating temporary camps, using field assessment and hotlines to ensure aid reached the most vulnerable groups.

Overall, the results showed that the needs identification process and response mechanisms during the war were characterized by a great degree of flexibility and rapid adaptation to field variables, and utilization of field experience and community knowledge. However, they remained limited by weak institutional structures, lack of data, fragmented coordination, and funding constraints. The analysis also revealed variation between sectors; the health sector focused on emergency needs, while the rehabilitation and disability sector adopted more organized systems, the women's sector adopted a participatory approach, and education, youth, agriculture, and water and sanitation sectors emphasized continuous field assessment to guide interventions according to the most urgent priorities. These findings confirm the importance of developing dynamic and participatory strategies, and linking needs assessment with flexible emergency plans to ensure a more equitable and effective response in complex humanitarian contexts.

Efficiency, effectiveness and quality of services provided

The results showed that humanitarian interventions were relative and contingent on the coercive context in which organizations operated. Security restrictions, direct targeting of infrastructure, funding shortages, and access difficulties all impacted efficiency, effectiveness, and quality of services.

In the health sector, organizations were able to maintain the provision of essential services, such as medicines and preventative care, despite limited resources and the psychological and physical strain on staff. Service satisfaction levels ranged from 70% to 75%, with operational efficiency varying due to weak central coordination. This resulted in duplication of services in some areas and gaps in others. Service quality was directly affected by the continuity of medicine supplies and the availability of specialized personnel. The importance of strategic stockpiles in ensuring the continuity of services, even during emergencies, was highlighted.

In the rehabilitation sector for persons with disabilities, organizations demonstrated a relative ability to direct interventions toward the most urgent needs, utilizing limited resources and reprioritizing efforts, despite the loss of some essential facilities and equipment. Most interventions focused on basic services and urgent rehabilitation, with some comprehensive programs scaled back due to field and logistical constraints.

In the women's sector, efficiency and effectiveness were characterized by institutional flexibility and the ability to quickly redirect resources to the most vulnerable groups, while integrating psychosocial support, protection, and economic empowerment. This enhanced the effectiveness of services despite logistical constraints, staff shortages, and limited funding.

In the education sector, organizations were able to combine education with psychosocial support for children in displacement sites, adopting innovative solutions to reach beneficiaries. This contributed to improving the quality of services and achieving a tangible impact on children and local communities.

In the youth sector, the results showed a disparity in efficiency and effectiveness. Some interventions achieved a tangible and context-appropriate impact, while others faced structural and security constraints that led to a decline in the quality and continuity of services, reflecting a gap between the scale of needs and available resources. Security constraints and disrupted supply chains also impacted the sustainability

of interventions, highlighting the importance of redefining effectiveness indicators to include resilience, rapid response, and risk reduction, rather than traditional quantitative results.

In the food security, water, and sanitation sector, efficiency was focused on rapid response and field implementation, while effectiveness and service quality were relatively limited due to funding and logistical constraints, resulting in gaps between needs and the capacity to fully meet them.

In the shelter sector, organizations demonstrated a good ability to leverage limited resources and form specialized field teams to ensure service continuity, providing integrated packages of tents and basic facilities, despite being affected by security constraints and deteriorating infrastructure.

Overall, the findings confirm that the efficiency, effectiveness, and quality of services provided during the war were relative and contingent on the political and security context, rather than on the institutional capacities of organizations. Organizations successfully maximized resources through operational flexibility, reprioritization, and leveraging field teams and volunteers, which contributed to saving lives and mitigating humanitarian collapse, despite limited coverage and access. These findings reflect the need for flexible funding, better coordination, and strengthened local capacities to ensure a sustainable response and improved service quality in protracted crises.

Coordination and partnerships with other actors

The results of individual and focus group interviews showed that the effectiveness of coordination and partnerships between NGOs, the government, and international organizations during the genocidal war in the Gaza Strip varied across sectors, but was generally characterized by structural weaknesses compared to the escalating needs of the crisis. In the health sector, international clusters provided a relatively effective framework for information sharing and service delivery; however, weak data management mechanisms and institutional capacity gaps between organizations reduced the level of coordination, making most cooperation ad hoc and individual rather than institutional and strategic. In the rehabilitation sector for persons with disabilities, coordination with the government and local and international organizations helped to improve access and avoid duplication, with the importance of using WHO and UNICEF standards; however, slow government procedures and funding constraints limited the flexibility of the response.

In the women's sector, collaboration between local and international organizations and cluster coordination groups played a pivotal role in improving the effectiveness of interventions and supporting access to the most vulnerable groups, despite the ongoing challenges of slow government response and international funding constraints. While the education sector initially showed significant weaknesses in coordination, it gradually improved later thanks to communication channels and participation in cluster groups, though this did not completely eliminate duplication. In the youth sector, security restrictions, internet and electricity outages, and the partial destruction of organizations impacted coordination, leading to duplication of services and gaps in coverage, despite organizations' efforts to maintain a minimum level of cooperation.

In the agriculture, food security, water, and sanitation sector, coordination was uneven. Individual partnerships and limited successes emerged across clusters, contrasted with weak overall sectoral coordination and the absence of a unified database, which hampered the cumulative response. In the shelter sector, coordination was relatively more effective across clusters, and partnerships with international organizations supported the provision of emergency supplies. However, horizontal local

coordination remained weak, and the government's role was limited by the destruction and lack of control over resources.

Overall, the findings revealed that coordination during the war was more ad hoc and reactive than institutional and proactive. While it achieved partial success in managing a minimum response, it failed to bridge structural gaps or build a sustainable cumulative impact. These findings reflect the fragility of the national coordination structure and the need to develop unified national platforms for information sharing, strengthen the role of local organization networks, expand strategic partnerships, and link humanitarian response to recovery and reconstruction pathways to ensure a more inclusive, effective, and equitable response in future crises.

Access and justice for the most vulnerable groups

The study results showed that NGOs adopted a proactive and flexible approach to ensure access to services for the most vulnerable groups, including women, children, people with disabilities, the elderly, and internally displaced persons (IDPs), through mobile field teams, field hospitals and clinics, digital referral systems, and specialized protection solutions.

In the health sector, organizations sought to reach the most affected groups despite structural and security constraints, with a particular focus on pregnant women, children, and the wounded. However, groups with specific needs, such as people with disabilities and those with chronic illnesses, faced significant access gaps. The response also focused on the mental health of children and women, providing early support and referring the most serious cases for specialized treatment, reflecting a growing awareness of the importance of equitable access to non-traditional services.

In the rehabilitation sector for people with disabilities, organizations relied on community-based rehabilitation teams and digital referral systems to reach children, women, and the wounded. However, equity was not complete, as services were limited to those who were easily accessible and not necessarily those most in need.

In the women's sector, organizations focused on the most affected women in cities and affected areas, providing psychosocial support and economic empowerment programs. However, women in villages and remote areas received limited support, highlighting spatial inequalities in access to aid.

In the education sector, organizations targeted the most vulnerable children in displacement sites, offering psychosocial support and educational activities. However, access difficulties, resource shortages, and outdated databases hampered overall equity, particularly for children with disabilities and orphans in remote areas.

In the youth sector, organizations focused on the sick, the elderly, and people with disabilities, updating field databases and utilizing a complaints hotline to ensure equitable access to support, despite logistical and environmental constraints.

In the agriculture, food security, water, and sanitation sector, organizations adopted flexible aid distribution mechanisms, focusing on the most affected families, farmers, and rural women. However, people with disabilities and the elderly in hard-to-reach areas continued to benefit less, revealing gaps in equity.

In the shelter sector, interventions were designed to be more equitable, prioritizing vulnerable groups during emergencies and displacement, establishing specialized shelters and protection solutions, and adopting clear selection criteria based on field assessments.

Overall, the results showed that local NGOs succeeded in promoting relative equity and targeted access to the most vulnerable groups, but did not achieve full inclusion due to security constraints, resource shortages, data gaps, and a focus on emergency priorities at the expense of the ongoing needs of some groups. The findings indicate that achieving comprehensive equity in humanitarian crises requires developing precise and inclusive targeting mechanisms, systematically integrating the most vulnerable groups, improving data systems, and strengthening coordination among sectors and organizations to ensure that interventions are inclusive and no group is left behind. This reflects the ability of organizations to balance field flexibility with ethical and human rights considerations in humanitarian response.

Extent to Which Interventions Responded to Population Needs

Study results showed that interventions significantly responded to urgent needs, considering vulnerable groups, speed, flexibility, and emergencies, but comprehensiveness and sustainability remained limited due to field constraints and available resources.

In the **health sector**, organizations provided diverse services for children, pregnant women, and the injured, with partial mental health response, yet clear gaps remained in chronic disease coverage and treatment continuity.

In the **rehabilitation sector for persons with disabilities**, rapid and flexible field interventions emerged in providing assistive devices, psychological support, and medical rehabilitation, despite a persistent significant gap between systematic needs and implemented interventions.

The **women's sector** focused interventions on psychological support, protection, and economic empowerment, with notable field flexibility, but gaps remained clear in remote areas and serving all women and vulnerable groups.

In the **education sector**, interventions contributed to continuing the educational process and psychological support for children in displacement centers, with limited comprehensiveness of response to the most vulnerable groups such as orphans, displaced persons, and those with disabilities.

For the **youth sector**, interventions were partial with relative coverage of basic needs, affected by security constraints and geographical disparity, while **agriculture, food security, and WASH sector** interventions succeeded in meeting urgent food, water, and agricultural support needs, but remained unable to address long-term needs or promote sustainable recovery.

In the **shelter sector**, flexibility emerged in providing emergency support and verifying needs before distribution, with focus on the most vulnerable groups, yet actual coverage did not exceed 40-50%, reflecting limited resources and capacity to transition from emergency response to more sustainable approaches.

Overall, results indicate that local NGOs interventions during the war were flexible and rapid, partially responding to basic needs and the most vulnerable groups, but remained limited in terms of

comprehensiveness, distribution equity, and sustainability, necessitating enhanced planning based on periodic needs assessments, better cross-sectoral coordination, and mobilizing additional resources to ensure interventions align with the changing field reality and achieve long-term impact.

Institutional Capacities and Preparedness for Future Crises

Study results showed that the institutional capacities of national organizations in the Gaza Strip represent an important foundation for effective crisis response, but they are characterized by a clear disparity between operational flexibility at the executive level and structural fragility at the strategic level. All sectors - health, rehabilitation for persons with disabilities, women, education, youth, agriculture, and shelter - demonstrated a high capacity for adaptation and emergency response due to accumulated experiences and human competencies. However, structural constraints, such as weak flexible funding, lack of infrastructure, loss of equipment, and brain drain, limit institutional readiness to face future large-scale crises.

In the **health sector**, organizations were able to activate informal emergency plans and redirect resources quickly, maintaining the provision of minimum services, but staff depletion and facility destruction affected sustainability. In the **rehabilitation sector**, organizations succeeded in developing mobile teams and emergency protocols to deal with mass disability cases, but they still rely heavily on individual initiative and field experience rather than institutional structure. The **women's sector** showed high flexibility and adaptability, with effective partnerships and coordination within clusters, but needs to enhance human resources and sustainable funding to ensure future readiness. In the **education sector**, response often depended on resources available at the moment, with significant gaps in comprehensiveness and coverage, necessitating the development of emergency plans and better logistical capabilities.

Regarding the **youth sector**, results showed accumulated capacities that help respond to crises despite constraints, with the need to strengthen governance and leadership to ensure performance sustainability. In the **agriculture, food security, and WASH sector**, organizations demonstrated relative readiness and transition from relief to recovery, but weak operational and technical capacities and logistical constraints limited comprehensive response. The **shelter sector** showed a high level of human efficiency and field adaptation, but limited logistical and financial resources hinder expansion and sustainability.

Overall, the results reflect that national organizations in Gaza rely on accumulated experience and operational flexibility to provide emergency response. However, facing future large-scale and complex crises requires building sustainable institutional resilience through investment in human resources, developing institutional structure, strengthening governance and accountability, proactive planning, and ensuring flexible and sustainable funding, to guarantee greater capacity for effective and sustainable response within a changing and complex context like the Gaza Strip.

Structural and Field Challenges Facing Humanitarian Response During the Genocide War on the Gaza Strip

Study results showed that Palestinian NGOs faced complex and overlapping challenges while implementing their humanitarian and development interventions during the genocide war on the Gaza Strip. These included security, logistical, institutional, financial, and human dimensions, which collectively reduced operational capacity and undermined the continuity and quality of services provided amid an unprecedented humanitarian catastrophe.

In the **health sector**, widespread destruction of infrastructure, including hospitals, centers, and medical warehouses, reduced operational capacity, while severe shortages of medicines and supplies and disrupted supply chains posed acute challenges, particularly in surgery and maternal and child health. Human resources were severely depleted due to killing, injury, and displacement, along with psychological and physical pressure from long working hours. Organizations faced difficulty accessing target groups in isolated areas, weak institutional coordination, and lack of flexible funding.

In the **rehabilitation sector for persons with disabilities**, challenges escalated due to loss of specialized staff and employee displacement, in addition to lack of essential equipment and restrictions on importing devices, which hindered effective rehabilitation service delivery. The impact of these difficulties multiplied with the rising number of people in need, weak coordination between organizations, and psychological and physical exhaustion of staff, leading to a state of "exhausted resilience amidst structural collapse."

In the **women's sector**, access and logistical difficulties, lack of resources and specialized human cadres affected the provision of psychological and legal services, with additional challenges related to psychosocial pressure and institutional coordination, despite the sector's success in providing basic and flexible services reflecting adaptive capacity under exceptional circumstances.

The **education sector** experienced overlapping security, field, and logistical challenges with difficulty reaching the most affected children, infrastructure destruction, and lack of financial resources and educational equipment. This necessitated post-war refocusing on institutional stability, service continuity, and addressing gaps resulting from destruction and rising costs, with continued psychological pressure on staff.

In the **youth sector**, civil work suffered from access and coordination restrictions due to movement difficulties, internet and electricity outages, lack of resources and infrastructure. However, institutions showed gradual adaptive capacity, with need to strengthen institutional capacities and flexible emergency plans to meet future needs of the most vulnerable groups.

In the **agriculture, food security, and WASH sector**, security, logistical, financial, and institutional challenges overlapped, including difficulty accessing affected areas, rising prices, lack of human resources and equipment, destruction of premises and infrastructure, weak inter-institutional coordination, and political and occupation restrictions on land use. This required post-war focus on rehabilitation, production sustainability, and addressing economic and social impacts.

The **shelter sector** faced a series of complex challenges including crossing closures, lack of essential materials, repeated displacement of populations and staff, pressure on limited resources, absence of transitional and sustainable shelter solutions, in addition to direct and indirect targeting, funding shortages, movement restrictions, and severe staff exhaustion, which affected response scope and widened gaps between needs and operational capacity.

Contextual and political challenges included restrictions on team safety and operational flexibility, such as staff loss, lack of unified databases, high operating costs, along with weak institutional coordination and collapse of emergency plans. However, some initiatives enabled re-employment of expertise and improvement of emergency plans to enhance future organizational readiness.

Overall, the results reveal that challenges facing local organizations were multidimensional and interconnected, affecting all humanitarian and development sectors. This confirms the necessity of strengthening institutional structure, supporting human and financial resources, developing emergency plans, and improving inter-institutional coordination to ensure more effective and sustainable response in future crises within a complex and changing context like the Gaza Strip.

Challenges Facing National Organizations During the Genocide War on the Gaza Strip

Study results showed that Palestinian national organizations faced during the genocide war on the Gaza Strip a complex and overlapping set of security, logistical, institutional, financial, and human challenges, which collectively affected their operational capacity, and the continuity and quality of services provided amid an unprecedented humanitarian catastrophe. The dangerous security situation constituted the greatest challenge, as the headquarters and facilities of many organizations were subjected to direct or indirect bombardment, leading to destruction of premises and loss of assets and equipment, the martyrdom or injury of some workers, and repeated displacement of staff, in addition to the targeting of some institutions due to their human rights positions, which affected funding and the ability to carry out safe field work.

Strict restrictions on movement and humanitarian access, including the division of the Gaza Strip into isolated areas, the closure of crossings, and changing front lines, also limited the ability of field teams to reach the most affected communities, delayed implementation of activities, and prevented comprehensive needs assessments, affecting the regularity and continuity of services. The situation worsened with the destruction of infrastructure and loss of premises and assets, as many organizations were forced to work from temporary places lacking a suitable work environment, and lost their data and devices, affecting planning, monitoring, and documentation.

The interruption of electricity, internet, and basic services posed an additional obstacle to project management, internal and external communication, and coordination with partners and donors, while the disruption of supply chains, fuel shortage, and rising prices made it difficult to import equipment and essential materials, affecting the speed and effectiveness of the response. From a financial perspective, weak or interrupted funding, and banking and administrative disbursement complexities, imposed severe constraints on organizations' ability to implement programs, especially with rising emergency operating costs, and signatories and authorized persons being affected by changes or death.

Human teams were subjected to severe psychological and physical pressure as a result of working under bombardment, repeated displacement, and the prolonged state of emergency, which affected performance, its sustainability, and the quality of services, while the migration, martyrdom, or injury of some qualified staff led to a shortage of technical expertise and difficulty compensating for it. Weak coordination between organizations and the multiplicity of actors without clear mechanisms also contributed to duplication of some interventions and deprivation of other areas, and affected targeting accuracy and planning efficiency.

Finally, the widening gap between the volume of needs and available capabilities created a clear discrepancy between what was required and what was available, forcing institutions to constantly rearrange their priorities and reduce some interventions despite their severity. Overall, the results confirm that the challenges facing organizations during the war were not temporary or separate, but rather formed a complex system of structural, security, logistical, and financial obstacles, revealing the

fragility of the humanitarian work environment under genocide and siege, and imposing the need to rethink intervention models and build responses that are more flexible, safer, and more resilient.

Structural and Operational Gaps in the Humanitarian Response in the Gaza Strip

Study results showed that the genocide war on the Gaza Strip revealed a set of fundamental structural and operational gaps in the humanitarian response structure and its capabilities across various sectors. The gaps were not circumstantial or temporary, but rather reflect chronic structural imbalances exacerbated by the scale of destruction, the continuation of Israeli restrictions, and the weak enabling environment for humanitarian work. Among the most prominent of these gaps was weak funding and financial resources, as international support was characterized by a focus on emergency relief at the expense of recovery and sustainable development programs, with a large part of funding dependent on conditional grants, which reduced program continuity and the ability to provide sustainable shelter solutions.

Gaps were also concentrated in human resources and specialized competencies, as the targeting of personnel, and migration or displacement, led to the loss of qualified teams, especially in the health, rehabilitation, education, and support sectors for women and the most vulnerable groups, while the lack of supervisors and field teams affected the speed and quality of response. The results showed weak infrastructure and equipment, including the destruction of schools, health facilities, rehabilitation and shelter centers, lack of warehouses and essential equipment, limited agricultural and medical equipment and assistive devices for persons with disabilities, in addition to reliance on temporary tents and simple coverings as a result of the destruction of homes and residential structures.

The study also showed gaps in geographical coverage and equitable access, as services focused on cities and easily accessible areas, while remote areas and isolated camps were deprived of basic services, particularly for children, women, the elderly, and persons with disabilities, with limited ability to ensure comprehensive response due to mass displacement and scarce resources. As for institutional planning and information systems, they were characterized by reliance on immediate intervention without prior plans or long-term scenarios, weak monitoring and evaluation systems, absence of accurate data to determine priorities and measure intervention impact, in addition to weak camp databases and lack of horizontal coordination between associations.

Gaps also appeared in sectoral integration and coordination between local and international organizations, leading to duplication of services or lack of coverage in some vital areas, despite the relative improvement in information exchange through clusters. The results also showed limited mental health services and social support, especially for children, women, and teams affected by trauma, in addition to disrupted supply chains and medicine shortages, which affected follow-up on chronic diseases and increased health complications.

Finally, the study revealed political and security restrictions, such as the closure of crossings and control over the movement of resources and essential materials, which hindered the arrival of support and the speed of providing tents and shelter kits. It also showed the need to strengthen economic empowerment programs and legal protection for the most vulnerable groups, as the absence of legal and economic support reduced families' ability to rebuild their homes or obtain sustainable alternative solutions. Overall, the results demonstrate that these structural and operational gaps constituted a major obstacle to the effectiveness and sustainability of the humanitarian response, and highlight the need to reconsider intervention models and strengthen institutional capacities and operational resilience in the future.

Lessons Learned from the Multi-Sectoral Humanitarian Response Experience in the Gaza Strip During the Genocide War

Study results showed that the experience of Palestinian national organizations during the genocide war on the Gaza Strip provided a set of essential lessons regarding institutional preparedness, emergency response mechanisms, and organizations' ability to adapt to an extremely complex and collapsing work environment. The war revealed a clear gap between traditional emergency plans and the scale of the humanitarian catastrophe, and confirmed that having written plans alone was not sufficient to ensure humanitarian work continuity. Rather, operational, administrative, and financial flexibility, and the ability to adjust plans according to field developments, were among the most prominent determinants of response effectiveness.

The experience also highlighted the importance of digital transformation and data management, as organizations that relied on electronic databases, cloud systems, and flexible data collection tools were more capable of continuing to provide services, documenting needs and violations, and ensuring fairness in targeting. The results also emphasized the importance of coordination and institutional partnerships, as cooperation between local and international organizations, and diversification of funding sources, contributed to improving response speed and enhancing access to affected groups, while weak coordination led to service duplication and resource waste.

The pivotal role of the local community and volunteer work in the success of interventions also emerged, through participation in identifying needs, organizing service points, and enhancing community protection, while the human element formed the backbone of humanitarian work continuity. The experience showed that investing in staff training, providing psychological support, and strengthening protection and safety policies had a direct impact on maintaining team readiness and their ability to respond under severe pressure.

The results highlighted the importance of integrating emergency humanitarian interventions with psychosocial support and protection principles, to ensure a fair and safe response for the most vulnerable groups, and the necessity of diversifying supply chains, and investing in energy and communications alternatives, to ensure service continuity in emergency conditions. The experience also emphasized prior planning and institutional innovation, such as field clinics, mobile teams, and temporary educational spaces, to enhance response speed and reach target groups.

Among other essential lessons was the importance of sectoral integration and comprehensiveness in service delivery across health, protection, education, rehabilitation, and mental health, to maximize resource impact and reduce duplication, and enhancing human and specialized capacities through continuous staff training, and improving information, monitoring, and evaluation systems to ensure quality of planning, targeting, and measurement of intervention impact. The experience also highlighted the need for flexible and sustainable funding that supports immediate response and long-term recovery, and the necessity of integrating emergency response with institutional and community capacity building to ensure impact sustainability and reduce human and social losses.

Overall, the results indicate that the genocide war represented a fundamental turning point in understanding and applying humanitarian work in the Gaza Strip, as it confirmed the limited effectiveness of traditional models in facing complex and protracted crises, and imposed a transition towards more flexible responses, based on community resilience, local capacity building, enhancing multi-level partnerships, and integrating protection and psychosocial support principles into the core of humanitarian

interventions. The results also confirm that true institutional preparedness is measured by institutions' ability to continuously adapt, organizational learning, and ensuring service continuity in the most difficult and complex humanitarian conditions.

The Most Urgent Needs to Ensure the Sustainability of National Organizations' Services After the War

Study results showed that the sustainability of national organizations' services in the Gaza Strip after the genocide war depends on an integrated system of needs, extending beyond just funding to include institutional, human, logistical, technical, and psychological dimensions. Sustainable and flexible funding emerged as a fundamental condition for program continuity, as it allows for redirecting resources according to field developments, covering operational costs, and supporting emergency and recovery programs, while emphasizing the necessity of diversifying funding sources and not relying on a single entity. The results indicated the importance of removing banking restrictions and securing financial liquidity to ensure regular payment of salaries and purchase of supplies, and that implementation is not affected by temporary financial crises.

The urgent need also emerged to rehabilitate destroyed infrastructure and operational headquarters, including equipping offices with equipment, furniture, and communication systems, to ensure a stable and safe work environment, while providing alternative energy sources and reliable communication services constituted a critical element for work continuity, especially during emergencies. The results emphasized the importance of supporting supply chains and logistics, including means of transportation, warehouses, raw materials, and strategic stockpiles, to overcome the impact of crossing closures and supply disruptions.

The results show that strengthening human resources and building capacities, including training teams on crisis and emergency management, and ensuring stable salaries and adequate allowances, represents an essential pillar for service sustainability, along with providing psychosocial support for workers, to ensure their ability to work under severe pressure and cope with the effects of displacement and personal losses. The study also highlighted the importance of developing digital systems and information management, including beneficiary databases, and monitoring, evaluation, accountability, and learning (MEAL) systems, to ensure work continuity and documentation even during electricity and communication outages.

The results showed that strengthening local and international partnerships and institutional coordination contributes to unifying efforts, reducing duplication, exchanging experiences, and enhancing the trust of the local community and volunteers, while emergency planning and future preparedness are essential conditions for ensuring services do not collapse during any new crisis. In the shelter sector, needs range between immediate response by providing emergency shelter and protection from weather conditions, medium-term solutions such as transitional shelter and partial rehabilitation, reaching long-term needs that include comprehensive reconstruction, flexible urban planning, and fair and sustainable housing policies.

Overall, the results indicate that the sustainability of national organizations' services after the war requires integration between flexible and sustainable funding, effective infrastructure, supported human resources, flexible information systems, adequate logistical support, and strategic partnerships, confirming that sustainability is not just a technical matter, but a structural, psychological, and institutional issue, requiring a transformation in support and intervention models to enhance the resilience of organizations and society alike

Study Conclusions:

The study results showed that Palestinian national organizations played a pivotal role as the first line of defense in meeting humanitarian needs during the genocide war on the Gaza Strip, with a clear focus on vital sectors such as health, relief, shelter, education, rehabilitation, protection, food security, and water. Interventions were characterized by speed and operational flexibility, with a remarkable ability to adapt to the complex field context, including continuous bombardment, mass displacement, and insecurity, through adopting innovative field models such as mobile teams and digital referral systems, which helped prevent the complete collapse of local systems.

Efforts were primarily directed towards the most vulnerable groups, including women, children, the elderly, and persons with disabilities. However, weak databases, access difficulties, and resource shortages limited the achievement of full equity in coverage, with clear gaps emerging among some of the most vulnerable groups, particularly persons with disabilities, chronic patients, and residents of remote areas. At the same time, the study revealed structural and operational gaps in the response, as interventions often remained partial and short-term, not going beyond meeting emergency needs without ensuring sustainability, with clear disparity between sectors and geographical areas; some sectors such as health, food security, and water responded better than shelter, rehabilitation, education, and youth, and coverage varied between the north and south and areas with heavy displacement.

Coordination and partnerships played a supporting role in reducing duplication and improving access, particularly through cooperation with UN agencies and local organizations, but these efforts remain limited due to weak data exchange, disparity in roles among actors, limited horizontal coordination, and the declining role of national networks, in addition to structural and political constraints that limit the effectiveness of local and governmental coordination.

The results indicated that actual institutional preparedness is linked to operational and administrative flexibility, accumulated experiences, human competencies, and effective monitoring and evaluation systems, as organizations that possessed flexible emergency plans and effective partnerships showed greater capacity for adaptation and response, while weak infrastructure, technical capacities, and governance limited organizations' readiness to face future large-scale crises.

The study also showed that sustainability was limited, as humanitarian interventions were characterized by a temporary and emergency nature due to the nature of funding, pressure for rapid response, and the continuation of military operations, making sustainable and flexible funding an essential condition for continuity, but insufficient on its own, as it requires support for effective infrastructure, trained staff, flexible information systems, and adequate logistical support. The results emphasized the importance of institutional learning and evaluation, as organizations showed awareness of the importance of capacity building and anticipating future needs, while noting that needs assessment mechanisms remained more reactive than proactive, limiting the ability for medium and long-term planning, highlighting the need to develop more integrated and sustainable assessment and response systems.

Recommendations of NGOs to Enhance the Resilience and Effectiveness of the Civil Sector in the Gaza Strip

National and local organizations presented a set of recommendations to enhance the resilience and effectiveness of the civil sector in the Gaza Strip, based on the experience gained during the genocide war and the unprecedented challenges it left behind. The recommendations emphasized that institutional resilience is a composite capacity that includes prior preparedness, adaptation during crises, and continuity and recovery afterwards, and is not limited to emergency interventions or short-term solutions. Among the most prominent of these recommendations is strengthening governance and institutional coordination by reinforcing the leadership role of the Palestinian NGOs Network, unifying priorities, exchanging information, and rebuilding internal governance frameworks to enhance transparency and accountability and link decision-making to field analysis, in addition to activating joint platforms for sectoral coordination and transforming meeting outcomes into daily practices that ensure efficiency in accessing services, especially in besieged or isolated areas.

The recommendations also emphasized the importance of developing institutional capacities and emergency preparedness, through investing in building and developing human cadres, including ongoing psychological support programs, training field teams on crisis and emergency management, and forming a second tier of leadership capable of responding when traditional leaders are absent, along with developing multi-scenario preparedness plans that reflect the likelihood of recurring crises, and enhancing operational flexibility and innovation capacity, such as mobile clinics and field spaces, and integrating multi-sectoral services to ensure a comprehensive and cohesive response that meets the multiple needs of target groups.

The digital aspect was not overlooked, as organizations recommended developing secure and flexible information systems for data management, monitoring, and documentation, and creating unified beneficiary databases and platforms for information exchange between institutions to support evidence-based decision-making. The recommendations also highlighted the importance of diversifying funding sources and transitioning to flexible, long-term funding that supports institutional operations, capacity building, and emergency response, along with establishing joint support funds, simplifying banking procedures, and enhancing operational and logistical infrastructure including headquarters, warehouses, means of transportation, fuel, and essential equipment to ensure the quality and sustainability of interventions.

The recommendations stressed the protection of teams and psychological support through providing regular psychological support programs, training on stress management, and ensuring a safe and healthy work environment, considering the human element as the backbone of humanitarian work continuity, with investment in reducing staff depletion to ensure the sector's long-term resilience. Emphasis was also placed on involving the local community and popular committees in planning and implementing programs to enhance community ownership, and integrating principles of protection, gender, and empowerment of vulnerable groups to ensure equity of access and response effectiveness.

Regarding the shelter sector, organizations recommended making it a strategic priority given the scale of ongoing destruction and the transformation of shelter from an emergency need to a continuous crisis, with developing a national coordination framework linking emergency and transitional interventions, taking into account protection, human dignity, and the most vulnerable groups to ensure quality and equity of response. Finally, the recommendations called for transitioning from the logic of emergency response to resilient recovery, by linking humanitarian interventions to local development and

reconstruction when conditions permit, while strengthening partnership with the local community to ensure needs identification, intervention implementation, and sustainability.

In conclusion, these recommendations confirm that enhancing the resilience of the civil sector in the Gaza Strip requires an integrated package of interventions including leadership and coordination, flexible funding, capacity building, digital transformation, team protection, community engagement, and the shelter sector, and that institutional resilience is not merely a situational response, but a long-term strategic path that ensures the civil sector's ability to withstand, adapt, and continue in a complex and protracted crisis environment.

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Annexes:

List of Individual Interviews

#	Name	Job Title	Sector Quality
1	Dr. Bassam Zaqout	Acting Coordinator of the Health Sector at the PNGO	Health Sector
2	Mohamed Salha	Head of the Monitoring and Evaluation Department, Community Health Return Association	Health Sector
3	Dr. Mohammed Abu Shomer Al-Agha	Director of the North Gaza Region at the Medical Relief Society	Health Sector
4	Dr. Mohammed Al-Zeer	Juzoor Association for Health and Community Development	Health Sector
5	Bashir Al Ankah	Director of the Operations and Development Department at the Union of Agricultural Work Committees	Agricultural Sector, Food Security, Water and Sanitation
6	Eng. Tayseer Muhaisen	Expert in the Agricultural Sector and Food Security, Agricultural Development Association	Agricultural Sector, Food Security, Water and Sanitation
7	Eng. Atef Jaber	Expert in the Environment, Water and Sanitation Sector, Palestinian Friends of the Environment, Chairman of the Board of Directors, Director General of the Environment Authority, Ramallah	Agricultural Sector, Food Security, Water and Sanitation
8	Majdulin Al Talbani	Education Sector Coordinator at the PNGO	Education Sector
9	Areej Herzallah	Education Project Coordinator, Gaza Group for Culture and Development	Education Sector
10	Mohamed Zaqzouq	Community Library Check Coordinator at Tamer Educational Foundation in the Gaza Strip	Education Sector
11	Abdullah Sharshara	Chairman, Ajyal Association for Creativity and Development	Youth and Education Sector
12	Yasmin Muhanna	Youth Sector Coordinator at the PNGO	Youth Sector
13	Rami Murad	Expert in the youth sector	Youth Sector
14	Dr. Iyad Al-Krunz	Coordinator of the Rehabilitation Sector at PNGO	Rehabilitation Sector for Persons with Disabilities
15	Dr. Maher Ghoneim	Executive Director of Jabalia Rehabilitation Association	Rehabilitation Sector for Persons with Disabilities
16	Mustafa Abed	Expert in rehabilitation and persons with disabilities	Rehabilitation Sector for Persons with Disabilities
17	Taghreed Jumaa	Executive Director of the Union of Palestinian Women's Committees	Women's Sector
18	Sahar Yaghi	Chairman, Palestinian Development Feminist Studies Association	Women's Sector
19	Iman Al Astal	Director of Communication and Communication, Alliance for Children Middle East - MICA	Shelter Sector
20	Khalil Nizar Al Brain	Emergency Project Coordinator, Gaza Group for Culture and Development	Shelter Sector
21	Dr. Rashad Khalil Shaat	Board Member, Treasurer, Palestinian Friends of the Environment Society	Shelter Sector
22	Abd El Hai Al Farra	Executive Director of the Palestinian Youth Dawn Association	Shelter Sector

List of focus group discussions

#	Name	Enterprise	Sector Quality
	Group I: Agricultural Sector and Food Security	Today: Monday	Date : 8 December 2025
1	Bashir Deeb Mahmoud Al-Anqah	Union of Agricultural Work Committees	Agriculture and Food Security Sector
2	Heba Anas Abdel Majeed Akkad	Agricultural Relief Society	Agriculture and Food Security Sector
3	Iman Abd El , Rahman Mahmoud Jumaa	Land Association for Agricultural Development	Agriculture and Food Security Sector
4	Samer Abdullah Suleiman	Land Association for Agricultural Development	Agriculture and Food Security Sector
5	Mai Mahmoud Abu Harbid	Rural Women Development Association	Agriculture and Food Security Sector
6	Doaa Othman al-Mubasher	Rural Women Development Association	Agriculture and Food Security Sector
7	Hala Rizq Al-Harazin	Palestinian Environment and Development Authority	Agriculture and Food Security Sector
8	Iman Saad Khalil Al-Barbar	Western Line Association	Agriculture and Food Security Sector
	Group II: Women's Sector	Today: Tuesday	Date : 9 December 2025
1	Palestine Al , Omari	Our Children Association for the Deaf	Women's Sector
2	Ahmed Abu Sultan	Wefaq Association for Women and Children	Women's Sector
3	Tiger of Skill	Al-Zahraa Association for the Development of Women	Women's Sector
4	Kholoud Al-Khatib	Association of the Union of Women's Committees	Women's Sector
5	Saeda Abu Zayed	Zeina Association for Rural Women	Women's Sector
6	Khaled Diab Hamid	Palestinian Family Support Society	Women's Sector
7	Salman Ahmed Al , Deeb	Al-Adham Association for Development and Development	Women's Sector
	Group III: Education and Youth Sector	Day: Sunday	Date :14 December 2025
1	Majd Ahmed Abu Safia	International Mobilization Organization	Youth Sector
2	Ahmed Rabhi Mahdi	Roya Association for Capacity Development	Youth Sector
3	Hani Abu Ghoula	New Horizons Association	Youth Sector
4	Abdullah Fayeq Al-Jaidi	Friends Without Borders	Education and Youth Sector
5	Saeed Sami Hamdouna	Educational Counseling Center Association	Education Sector
	Group IV: Health Sector and Rehabilitation	Today: Monday	Date : 15 December 2025
1	Magda Ismail Farajallah	General Union of People with General Needs	Rehabilitation Sector
2	Nael Muhammad Tamraz	Jabalia Rehabilitation Association	Rehabilitation Sector
4	Mohamed Essam Al , Buhaisi	Deir Al-Balah Association for the Rehabilitation of the Disabled	Rehabilitation Sector
3	Baraa Fadh Hamouda	Union of Health Care Committees	Health Sector
5	Majed Hamada	Development Action Center Together	Health Sector



شبكة المنظمات الأهلية الفلسطينية
Palestinian NGO's Network - PNGO

 +972599622085

 info@pngoportal.org

 www.pngoportal.org

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