



PRCS Emergency Medical Services were supported through this DREF operation.

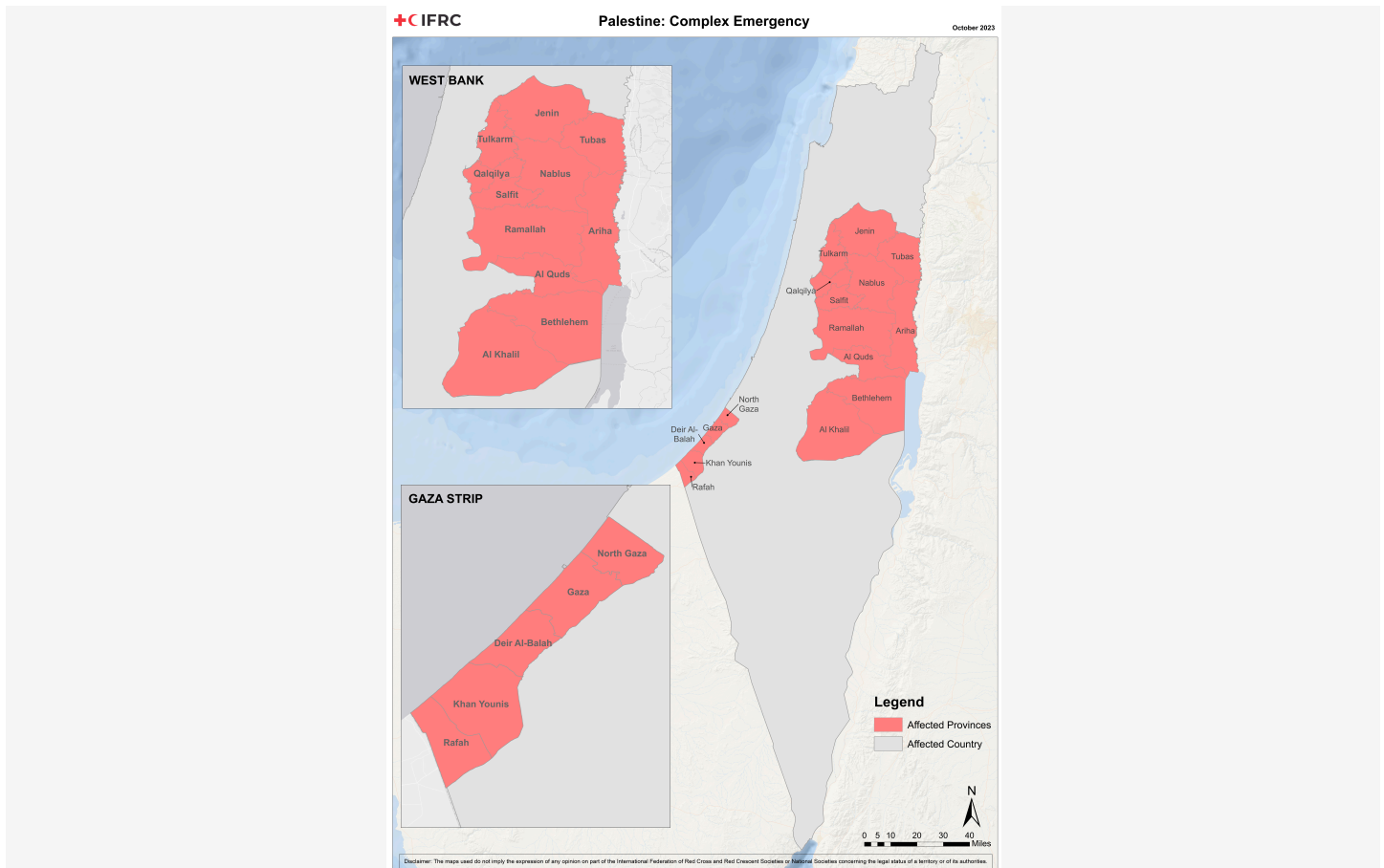
Appeal: MDRPS015	Total DREF Allocation: CHF 1,000,000	Crisis Category: Orange	Hazard: Complex Emergency
Glide Number: CE-2023-000186-PSE	People Affected: 2,300,000 people	People Targeted: 60,847 people	People Assisted: 60,847 people
Event Onset: Sudden	Operation Start Date: 13-10-2023	Operational End Date: 31-07-2024	Total Operating Timeframe: 9 months

Targeted Regions:

Bethlehem, Gaza, Gaza North, Hebron, Jenin, Jericho, Jerusalem, Khan Yunis, Middle Area, Nablus, Qalqiliya, Rafah, Ramallah, Salfit, Tubas, Tulkarm

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date of event

07-10-2023

What happened, where and when?

In response to the escalation of violence on 7 October 2023, the Palestine Red Crescent Society (PRCS) declared a Level 3 state of emergency across the Gaza Strip and the West Bank (WB). Large-scale air and ground operations, combined with famine conditions in parts of Gaza (IPC classification in August 2025), resulted in a devastating humanitarian crisis. During the first two years in Gaza (October 2023 to the October 2025 ceasefire), more than 70,000 people were killed and at least 170,000 people were injured. This DREF operation was launched at the onset of the crisis, when the scale and severity of humanitarian needs were only beginning to emerge.

Throughout the Gaza Strip, humanitarian access was severely constrained, with multiple border crossings closed and the flow of humanitarian goods, including critical health care supplies, remaining highly unpredictable even when entry points were opened. The destruction of the water infrastructure, the near collapse of the health system, and the scarcity of basic services further exacerbated humanitarian needs. Commercial trade was also heavily disrupted, resulting in acute fuel shortages and limited access to essential construction materials.

From the start of the escalation of the violence until time of writing (April 2026), 58 PRCS staff and volunteers, including two in the West Bank, have been killed. Thirty-two lost their lives while on duty, wearing clearly identifiable Red Crescent uniforms, several of these while operating in clearly marked PRCS ambulances.

Despite extreme challenges, PRCS maintained its emergency medical services (EMS), medical points and hospitals throughout the crisis, with five operational in Gaza at the time of writing. Across the occupied Palestinian territory (oPt), dedicated staff and volunteers continued to provide lifesaving assistance under exceptionally difficult conditions. This DREF operation formed part of the initial support



provided to PRCS before and during the launch of its Emergency Appeal and, as of 2025, the implementation of its three-year Emergency Master Plan.

Scope and Scale

The scope and scale of this two-year humanitarian catastrophe have been unprecedented, not only in the oPt, but also globally. In addition to the human toll of more than 70,000 deaths and 170,000 injuries, over 90 percent of the homes in Gaza were destroyed. It is estimated that more than 18,000 people, including 3,800 children, are awaiting medical evacuation for advanced health care outside of Gaza.

To date, PRCS health facilities in the West Bank remain ready to provide specialised medical care; however, medical evacuations from Gaza to the West Bank have not been approved. The scale of health needs in Gaza continues to far exceed the limited resources available. Economic hardship, movement restrictions, and ongoing security concerns further hinder access to essential healthcare services. OCHA reports that UN and partner aid inflows have declined by 37 percent since the ceasefire.

The destruction extends to homes, schools, health facilities, places of worship, water and sanitation infrastructure, the power grid, and the transport networks. Large areas of Gaza, particularly northern and central Gaza, remain uninhabitable. Following the October 2025 ceasefire, additional areas of the Gaza Strip remained under Israeli military control, making movement in or near these zones highly restricted and hazardous.

The economic outlook remains extremely bleak. According to World Bank assessments, Gaza's economy contracted by 84 percent since October 2023. Nearly the entire population remains dependent on some form of humanitarian assistance to meet basic needs. Traditional livelihood activities, including agriculture and fishing, remain severely constrained due to restricted access to agricultural land and maritime areas, as well as widespread destruction of productive assets.

Combined with shortages of essential goods and equipment, these constraints have shifted much of the remaining economic activity into the informal sector. Purchasing power has sharply declined due to inflation, while prices of staple commodities remain volatile and heavily influenced by restrictions on the entry of commercial and humanitarian goods. Self-sufficiency therefore remains a distant prospect, with the operating environment itself constituting the principal barrier to recovery.

The number of persons with disabilities (PWD) has increased significantly as a result of conflict-related injuries and amputations. Humanitarian actors, including PRCS, WHO, and specialised health organisations, continue to face challenges in establishing precise figures. Nevertheless, WHO estimates that approximately 25 per cent of Gaza's population is living with life-changing injuries sustained since the escalation of hostilities in 2023.

At the time of writing, PRCS operates five hospitals in Gaza, including permanent and field hospitals, as well as 38 medical points and emergency clinics. Between October 2023 and mid-March 2026, PRCS provided more than 2.15 million health and medical services. Its Emergency Medical Services (EMS) fleet in Gaza includes 18 ambulances staffed by 89 personnel. Rehabilitation services have reached more than 42,000 people, while PRCS teams have also supported dead body management and the recovery of human remains under extremely challenging operational conditions. In addition, PRCS continues to manage seven sites for internally displaced persons (IDPs), providing camp coordination and essential services.

While international attention has largely focused on Gaza, humanitarian and protection needs in the West Bank have also increased significantly. Palestinians continue to face heightened risks associated with Israeli military operations, movement restrictions, arrests, settlement expansion, and repeated incursions into refugee camps and urban centres. Settler-related violence has also risen sharply over recent years. Between 7 October 2023 and 30 March 2026, 1,079 Palestinians, including at least 235 children, were reportedly killed in the West Bank, including East Jerusalem. Since January 2023, OCHA has documented 61 Palestinians killed by Israeli settlers.

Alongside its emergency response activities, PRCS continues to provide primary healthcare, psychosocial support, rehabilitation, and community-based services throughout the West Bank, with particular attention to children, older persons, persons with disabilities, and households affected by violence and displacement. PRCS operates hospitals, health centres, rehabilitation units, community first-aid posts, and mobile health clinics. Despite access constraints and security risks, the Society continues to prioritise preparedness, volunteer mobilisation, and coordination with national and international partners to deliver principled, life-saving, and preventive humanitarian and health services.

Source Information

Source Name	Source Link
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1. PRCS Emergency Master Plan, 2025-2027	https://www.palestinercs.org/public/files/image/2025/news/PRCS%20Emergency%20Master%20Plan%202025-2027.pdf
2. PRCS Humanitarian Response Report in the Gaza Strip since the Ceasefire Agreement (9 Oct 2025 to 28 Feb 2026)	https://www.palestinercs.org/public/files/image/2026/humanitarianReports/en_Humanitarian%20Response%20Report%20in%20the%20Gaza%20Strip%20Since%20the%20Ceasefire%20Agreement.pdf
3. PRCS Emergency Master Plan First Quarter Report (Jan to Mar 2025)	https://www.palestinercs.org/public/files/image/2025/reports/EMP%20Q1%20REPORT.pdf
4. PRCS Emergency Master Plan Second Quarter Report (Apr-Jun 2025)	https://www.palestinercs.org/public/files/image/2025/reports/EMP%20Q2%20REPORT.pdf
5. WHO Estimating Trauma Rehabilitation Needs in Gaza	https://cdn.who.int/media/docs/default-source/hq-whe/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf
6. OHCA Humanitarian Situation Report (17 April 2026)	https://www.ochaopt.org/content/humanitarian-situation-report-17-april-2026
7. PRCS Annual Report 2024	https://www.palestinercs.org/public/files/image/2025/reports/en_annual_report_2024.pdf

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC MENA Regional Office maintains regular communication and coordination with the Palestine Country Delegation (CD). The Palestine CD also coordinates closely with the Egypt and Jordan Country Delegations on supply chain matters and medical evacuations. Regular updates are shared across the IFRC network, including with colleagues in Geneva, to ensure that support to the Palestine Red Crescent Society (PRCS) remains coordinated and aligned with IFRC standards, policies, and procedures. The Palestine CD maintains regular engagement with both PRCS and the International Committee of the Red Cross (ICRC) in the occupied Palestinian territory. Following the events of 7 October 2023, a Mini Summit was convened, resulting in a Joint Statement issued by PRCS, IFRC, and ICRC on 11 October 2023. IFRC supported PRCS through international procurement of items included under this DREF operation due to limited availability in local markets and the expectation that internationally procured goods would have a greater likelihood of being approved for entry into Gaza.
Participating National Societies	Considering the current escalation and drawing on previous experience, it is anticipated that critically wounded patients and other humanitarian cases from the Gaza Strip may be evacuated through the Rafah border crossing into Egypt for medical care and support, in coordination with the Egyptian Red Crescent (ERC). Throughout the two years of hostilities, medical evacuations remained significantly below humanitarian needs. During this period, the Jordan National Red Crescent Society (JNRCS) strengthened its capacity to receive and support patients and their accompanying family members.



The Egyptian authorities designated the ERC as the primary institution responsible for receiving, managing, storing, and dispatching in-kind humanitarian assistance from Egypt into Gaza. With support from several partners, including the IFRC, both ERC and JNRCS enhanced their operational readiness and response capacities, particularly in the area of supply chain management.

PRCS continues to benefit from the support of at least 20 Partner National Societies through its Emergency Response Plan, in addition to those supporting bilateral programmes and projects directly.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) has maintained a continuous humanitarian response in Gaza, focused on protecting civilians, supporting lifesaving services, and promoting respect for international humanitarian law amid intense hostilities and repeated breakdowns in access. The ICRC supported hospitals with emergency medical supplies, fuel, water systems, surgical equipment, and infrastructure repairs, helped treat thousands of weapon-wounded patients, and worked to keep essential health facilities functioning despite damage and shortages.

The ICRC also contributed to restoring and maintaining water, sanitation, and electricity systems, serving hundreds of thousands of people; supported emergency shelter and food assistance in coordination with partners, and facilitated activities related to detainees, hostages, family contact, and reunification whenever access permitted. In addition, it assisted with the dignified management of the dead and continued to engage in confidential humanitarian dialogue with all parties to the conflict to promote the protection of civilians and facilitate humanitarian access.

Despite significant operational and security challenges, the ICRC has continued its activities throughout the conflict and subsequent ceasefire periods, emphasizing neutral humanitarian action, protection, and support to affected populations.

In accordance with the activation of the Seville Agreement 2.0, the ICRC serves as a co-convenor in support of the Palestine Red Crescent Society (PRCS).

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Ministry of Health, Ministry of Social Development
UN or other actors	In Palestine, the United Nations system operates through a range of agencies providing humanitarian, development, human rights, and coordination support across Gaza, the West Bank, and East Jerusalem. These include UNRWA, OCHA, UNICEF, WHO, UNDP, WFP, UNFPA, UNHCR, FAO, UN Women, UNESCO, ILO, UNOPS, UNEP, OHCHR, IOM, and UNDSS, alongside the UN Special Coordinator's Office (UNSCO). The Inter-Agency Standing Committee (IASC) cluster coordination system, led by OCHA remains activated. The currently active clusters include Health; Protection (with child protection and gender-based violence sub-working groups); Shelter and Non-Food Items; Food Security; Water, Sanitation and Hygiene (WASH); Education in Emergencies; Nutrition; Logistics; Emergency Telecommunications; and Camp Coordination and Camp Management (CCCM).



In addition, several inter-agency working groups are active, including those focused on Accountability to Affected Populations; Cash and Voucher Assistance (CVA); Mental Health and Psychosocial Support (MHPSS); Housing, Land and Property (HLP); Disability Inclusion; Risk Education; and Information Management (IM).

Are there major coordination mechanism in place?

In addition to the coordination mechanisms described above, the Red Cross and Red Crescent (RCRC) Movement Coordination mechanism remains active. Throughout the humanitarian crisis, the PRCS has played a central coordination role by convening regular partners' meetings and leading numerous partners' calls.

Needs (Gaps) Identified



Shelter Housing And Settlements

As of October 2023, several multi-storey buildings had been damaged or destroyed as a result of the escalation in Gaza. According to the Gaza Ministry of Public Works and Housing, 1,009 housing units had been destroyed, 560 had sustained severe damage and been rendered uninhabitable, and a further 12,630 had sustained partial damage (OCHA, Hostilities in the Gaza Strip and Israel – Flash Update #4).

Mass displacement occurred across the Gaza Strip from the onset of the escalation, with the number of displaced people exceeding 338,934 at the time of assessment and expected to rise further. Among those displaced, approximately two-thirds were sheltering in 88 UNRWA schools.

As the crisis evolved, displacement continued to increase significantly. By March 2024, the United Nations estimated that approximately 1.7 million people in Gaza, around 75 per cent of the population, had been internally displaced, primarily towards the south of the Gaza Strip, further exacerbating conditions in what was already one of the most densely populated areas in the world.

Nearly one million of those displaced people were sheltering across 450 emergency shelters, including UNRWA and public shelters, or in the vicinity of UNRWA shelters and distribution sites. An estimated 1.3 million were living in tents or self-built shelters in makeshift sites that were ill-suited to weather conditions, to heightened protection risks, and offered little privacy or dignity. An estimated 72 percent of buildings in Gaza had been destroyed, indicating that even in the event of a ceasefire, many people would be unable to return to their homes.



Health

The exceptionally high number of casualties, more than 37,000 people killed and 120,000 injured, placed immense pressure on the health system, overwhelming health facilities and healthcare workers. Attacks affecting hospitals significantly reduced inpatient bed capacity, leaving the remaining functional facilities operating well beyond their intended capacity. WHO documented 417 attacks on healthcare, resulting in damage to 155 health facilities and 126 ambulances. Approximately 64 per cent of Gaza's 36 pre-existing hospitals were reported as non-functional.

Pre-hospital and ambulance services were severely affected by damage to infrastructure, fuel shortages, and the deterioration of the road network. Access to other essential health services, including sexual and reproductive health (SRH) services, was also significantly disrupted, exposing vulnerable groups—including children, pregnant women, people living with chronic illnesses, and older persons—to increased risks of morbidity and mortality. The threat of communicable disease outbreaks was further exacerbated by deteriorating living conditions, placing health partners and other stakeholders on heightened alert.

Access to primary healthcare remained limited in most emergency health services. Health Gaza Strip facilities were only partially functioning due to the lack of essential medical supplies and emergency fuel. There were reports of severe shortages of medicines, medical consumables, and of laboratory and blood bank supplies, in addition to the collapse of electrical generators and a shortage of fuel supplies. On October 9, after Israel declared the halt of delivery of fuel and electricity to the strip, MoH and PRCS announced they would not be able to have the capacity to respond with their life-saving services up to the next five to six days. Only 11 (out of 22) UNRWA

Health Centers across the Gaza Strip were able to provide primary healthcare services from 9:00 to 12:30 with a capacity of only 111 health staff.

Hospitals continued to receive unprecedented numbers of trauma patients, further stretching already limited capacities. Healthcare workers were overwhelmed by the caseload, while insecurity and extensive damage to roads hindered both patients' and healthcare workers' access to health facilities.

The prolonged power outage across the Gaza Strip further compromised the ability of hospitals to sustain life-saving services, including neonatal incubators, kidney dialysis treatment, oxygen supply systems, and mortuary services.

In the West Bank, movement restrictions and security incidents at checkpoints and road junctions disrupted access to healthcare and affected the operation of mobile clinics, UNRWA facilities, and some Ministry of Health services.



Water, Sanitation And Hygiene

The needs outlined below reflect the situation at the time this DREF operation was launched. As the crisis evolved, the intensity of the violence and its humanitarian consequences increased significantly, further exacerbating these needs. The sectoral needs presented in this section remain unchanged from the original DREF document. Throughout the operation, however, PRCS conducted—and continues to conduct—regular needs assessments to ensure that its humanitarian interventions remain responsive to evolving needs and identified gaps across sectors, including WASH, shelter, health, and protection.

Access to water, sanitation, and hygiene (WASH) services was severely affected by damage to water networks caused by airstrikes, the disruption of power supplies to sewage infrastructure, and the suspension of solid waste management services. On 8 October 2023, Israeli authorities announced the suspension of the water supply to Gaza, affecting more than 610,000 people and contributing to critical shortages of safe drinking water.

Limited access to clean water forced many people to rely on unsafe water sources. Since the onset of hostilities, the water utility has only been able to operate 17 groundwater wells intermittently, subject to fuel availability. Wastewater treatment systems have largely ceased functioning, with only one facility operating partially. Unsanitary conditions across Gaza, particularly in overcrowded sites hosting internally displaced persons (IDPs), combined with shortages of hygiene items, have created significant public health risks at a time when the healthcare system was nearing collapse.

Sanitation and solid waste management services have remained extremely limited, while sewage overflows have been reported in multiple areas, further increasing public health concerns. Drinking water production and distribution have also been constrained, as only one of the three water pipelines supplying Gaza from Israel remained operational and was functioning at 47 percent of its normal capacity. Displaced populations faced severe challenges in accessing adequate sanitation facilities and maintaining basic hygiene practices.

Operational Strategy

Overall objective of the operation

The overall objective of this DREF allocation was to provide direct support to PRCS as part of their overall response in compliance with their published emergency appeal, to ensure immediate quality and scaled-up life-saving interventions to the most affected population in the Occupied Palestinian territories particularly 10,675 families and ensure continuity of their hospitals, ambulances, and EMS centers to provide the needed assistance to people in need of emergency health intervention.

Operation strategy rationale

To achieve the above-mentioned objective, the key activities planned as part of this operation were:

1. Logistic management for humanitarian aid and in-kind donations, in cooperation with their respective governments, PRCS and ERC will coordinate sorting, storage and transportation of all humanitarian goods (for all humanitarian actors) and the evacuation critical cases



through the Rafah crossing. A coordination team to be implemented to coordinate the request of all actors and secure qualitative and efficient logistical operations.

2. Provision of Fuel supplies for EMS. Fuel is essential to ensure hospitals, ambulances and EMS centers have electricity to continue to function and provide services by supplying fuel reserves as the electricity is cut off. Currently, the UNRWA is the responsible entity to secure and distribute fuel for humanitarian actors, however, the situation remains unpredictable.

3. Provision of shelter Items to 60,847 displaced people including blankets, mattresses, pillows, rags.

Targeting Strategy

Who was targeted by this operation?

This DREF operation targeted affected population in both the Gaza and the West Bank, with a primary focus on displaced people and individuals requiring urgent emergency health services.

The logistics component was designed to support the broader humanitarian response in Gaza. By strengthening the management and movement of humanitarian supplies, it was intended to directly benefit humanitarian actors operating in the Gaza Strip and indirectly benefit affected populations through improved access to assistance.

The fuel support was intended to sustain critical PRCS infrastructure and services, enabling the continued operation of emergency medical services (EMS), hospitals, and other essential health facilities providing care to individuals affected by the conflict.

Explain the selection criteria for the targeted population

Despite the scale of humanitarian needs across Gaza, which frequently necessitated blanket distributions, PRCS sought, whenever operationally feasible and appropriate, to prioritise the most vulnerable households and individuals in accordance with its humanitarian principles and vulnerability-based targeting approach.

Total Assisted Population

Assisted Women	-	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	-	People with disabilities (estimated)	2%
Assisted Boys (under 18)	-		
Total Assisted Population	60,847		
Total Targeted Population	60,847		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Closure of border crossing points	Coordination with IFRC, ICRC, ERC, national authorities, UN actors and other national and international actors to advocate for a solution. This includes operationally and at the strategic humanitarian diplomacy.
Availability of items in local markets	Procurement of items internationally. Coordinate with IFRC, ICRC and PNSs to advocate for securing delivery of items into Gaza. PRCS reached out to IFRC for support with international procurement under this operation and continues to coordinate with other stakeholders for similar support. While the procurement process was successfully completed, obtaining approval and securing the entry of items into Gaza took significantly longer than anticipated.
Availability of fuel	PRCS continues its coordination with different humanitarian actors for distribution of fuel to support lifesaving activities. UNRWA became the entity responsible for securing the delivering fuel to all humanitarian actors on the ground. During this operation, fuel was insufficient and PRCS purchased fuel.
Displacement (including the NS structures, staff and volunteers)	PRCS activated its contingency plan. Efforts were made to have more staff and volunteers in different locations and renting land and warehouses to continue its operations. Given the massive destruction in Gaza, this was not always possible.
Deterioration of livelihoods and basic needs situation leads to increased looting	While IFRC believe that hiring more staff and volunteers would secure the stocks, looting did occur. However, this was due to the extreme needs in which people self-distributed items.

Please indicate any security and safety concerns for this operation:

Throughout this operation, humanitarian access remained a major challenge in Gaza. Border crossings were, and continue to be, either closed or insufficiently utilised to facilitate the entry of humanitarian assistance at the scale required to meet growing needs.

In the West Bank, movement restrictions intensified beyond the closure of checkpoints and the blocking of main entrances to cities and towns. These restrictions were compounded by incidents of settler violence, further limiting the safe movement of Palestinians between locations and access to essential services.

The most significant safety concern for PRCS across the occupied Palestinian territory (oPt) remains the lack of respect for and compliance with International Humanitarian Law (IHL). This has included attacks affecting humanitarian personnel, health facilities, ambulances, and PRCS premises.

These challenges have been further compounded by the continued lack of recognition of PRCS as a consignee for humanitarian goods entering Gaza, creating additional obstacles to the timely delivery of humanitarian assistance.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Shelter Housing And Settlements

Budget: CHF 199,544
Targeted Persons: 60,847
Assisted Persons: 60,847
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of blankets distributed	10,765	14,075
# of mattresses distributed	5,858	5,000
# of pillows distributed	3,051	2,000
# of rags distributed	2,000	1,000

Narrative description of achievements

IFRC internationally procured 14,075 blankets; 5,000 mattresses; 2,000 pillows; and 1,000 rugs. Once these entered Gaza, PRCS distributed them based on the findings of its rapid needs assessment, prioritising people facing the highest levels of vulnerability.

The reported figure of 60,847 people reached represents the estimated number of individuals benefiting from the household-level distribution of shelter items. As the assistance was provided to households rather than to individually registered beneficiaries, the total number of people reached was calculated based on the estimated household composition of the assisted families. This approach reflects the collective use of the distributed items within households and provides the most appropriate estimate of the total number of beneficiaries reached through the intervention.



Lessons Learnt

- Pre-positioned stocks and preparedness are critical for rapid emergency response. PRCS's strategic stocks of relief items and medical supplies enabled immediate assistance to displaced populations during the initial stages of the crisis, demonstrating the importance of maintaining contingency stocks and response readiness.
- Given the extreme challenges associated with obtaining approval for and facilitating the entry of humanitarian items into Gaza, greater efforts should be made to strengthen PRCS's cash readiness and capacity to respond rapidly through locally available resources whenever feasible.
- Depending on market conditions, IFRC and PRCS should consider local procurement as a complementary modality, even when locally sourced items may be of lower quality or higher cost than internationally procured goods. The uncertainty surrounding the entry of humanitarian items into Gaza may justify such trade-offs to ensure a timely response. However, in the context of this operation, the scale of hostilities, widespread market collapse, and severe shortages of essential goods meant that local procurement was not a feasible option.

Challenges

International procurement helps ensure the quality and standardisation of humanitarian items. However, at the outset of the operation, IFRC and PRCS were unable to anticipate the extent of the challenges and delays associated with obtaining approval for and facilitating the entry of these items into Gaza. As a result, the delivery of internationally procured goods took significantly longer than initially expected.



Budget: CHF 110,760
Targeted Persons: 60,847
Assisted Persons: 48,618
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of EMS facilities supported	42	19
# of ambulances supported	100	46
# of people reached through health services	5,000	48,618

Narrative description of achievements

The support contributed to maintaining ambulance operations and ensuring the continued provision of emergency medical transportation throughout the implementation period. Due to fuel shortages and challenging operating conditions, a flexible procurement approach was used to secure timely access to fuel.

Due to the operational context in Gaza, including ongoing insecurity, repeated displacement, limited access to health facilities, and the inability to consolidate patient-level records across all supported ambulance teams, it was not possible to establish a verified count of unique individuals reached during the reporting period. Consequently, the reported figure was estimated using an operational methodology based on an average of approximately 6.9 patients transported per functional ambulance per day, multiplied by the average of 24 operational ambulances supported throughout the intervention and the 293-day implementation period (13 October 2023 to 31 July 2024). This approach reflects the best available operational evidence and provides the most reasonable estimate of people reached under the prevailing circumstances. In line with IFRC guidance on counting people reached, where precise measurement is not



feasible in complex operational environments, reasonable and transparent estimation methods were applied based on the best available operational evidence.

Lessons Learnt

Strengthen communication and guidance on evolving procurement procedures to ensure all stakeholders are aware of and can adapt to changes necessitated by the emergency context.

Challenges

Due to the collapse of local markets, PRCS activated its emergency procurement procedures. However, even these procedures proved challenging to implement, as essential supplies were scarce and often had to be purchased immediately whenever they became available.



Water, Sanitation And Hygiene

Budget: CHF 95,850

Targeted Persons: 17,100

Assisted Persons: 17,100

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of hygiene kits distributed	3,000	3,000

Narrative description of achievements

To support conflict-affected households in meeting their basic hygiene needs, the IFRC internationally procured 3,000 hygiene kits, which were distributed by the Palestine Red Crescent Society (PRCS) to vulnerable households across Gaza. The intervention aimed to improve access to essential hygiene items and support good hygiene practices in a context of displacement, overcrowding, and limited access to basic services.

Based on the distribution of 3,000 household hygiene kits and using the average household size in Gaza of 5.7 persons, the intervention is estimated to have reached 17,100 people. This estimate was calculated by multiplying the number of households assisted by the average household size, in line with IFRC guidance for household-level assistance.

Lessons Learnt

- Plan for greater flexibility in the procurement and delivery of humanitarian goods to conflict-affected areas. Approval processes and access restrictions can cause significant delays, as demonstrated by the limited entry of goods into Gaza outside the January–March 2025 ceasefire period.

Challenges

- No humanitarian actor has control over the approval process governing the entry of humanitarian items into Gaza, resulting in significant uncertainty and delays in the delivery of assistance.

- Supply chain planning is particularly challenging in time-bound operations, as unpredictable approval timelines and access constraints can significantly affect procurement, transportation, and distribution schedules.



Secretariat Services

Budget: CHF 6,284
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of finance staff supporting in emergency	1	1

Narrative description of achievements

- This activity supported remote IFRC Secretariat capacity for financial management throughout the operation.

Lessons Learnt

- The operation highlighted that remote support alone may not be sufficient in complex emergency contexts. Combining remote support with strengthened capacity and support at the Country Delegation (CD) level can enhance coordination, oversight, and implementation.
- The use of deployment as a Secretariat Services indicator provided limited insight into the actual contribution of deployed personnel. Future indicators should better reflect the specific actions, outputs, and outcomes achieved by staff members to more accurately measure their contribution to the operation.

Challenges

- During the time of the operation, IFRC was unable to provide flexible orientation for financial management to PRCS. This meant that procurement procedures for fuel and transportation, which were later identified, were not dealt with in a timely manner. PRCS aimed to find a solution.
- Health/ambulance, WASH, and shelter/relief figures are reported separately and should not be summed to produce a combined 'people reached' total. Both services were delivered during a period of active conflict escalation characterized by mass, rapid displacement, which precluded any functioning individual-level registration or tracking system for either sector. As a result, the extent of overlap between the two beneficiary populations cannot be determined, and no reliable basis exists for estimating or applying a deduplication rate. Readers should interpret the two figures, 48,618 reached through health/ambulance services and 60,487 reached through shelter/relief items, as indicative of sectoral reach rather than unique individuals served across the operation. This is noted as a limitation for future data collection planning in similarly rapid-onset contexts.



National Society Strengthening

Budget: CHF 587,562
Targeted Persons: 1
Assisted Persons: 520
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
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# of monitoring visits conducted	5	3
# of lessons learned workshop	1	1
# of PRCS volunteers insured	500	500
# of warehouses rented	-	12
# of volunteers provided with per diems	500	300

Narrative description of achievements

PRCS completed all planned activities composing National Society Strengthening. PRCS used fuel funds to support EMS activities with a focus on ambulance operations. Warehouse spaces were rented (see Challenges below) to provide temporary storage space for humanitarian items that successfully entered Gaza. Vehicle rental was essential to enable PRCS staff to move between locations within Gaza. As noted in the context section above, all basic services, including transportation, had largely collapsed.

PRCS produced a video highlighting its emergency response efforts. Given the scale and scope of the response, the video was not specific to this DREF but rather showcased PRCS's broader contribution to addressing humanitarian needs in Gaza.

Despite the constraints on large in-person gatherings, PRCS successfully conducted a lessons learned workshop on its emergency response. This exercise contributed to organisational learning and the continuous improvement of operational practices. In addition, PRCS has published various reports documenting progress, achievements, and lessons learned, which are available on its public website: webpage: <https://www.palestinercs.org/en>

This DREF operation enabled the PRCS to mobilise volunteers and pay for 500 IFRC insurance policies for volunteers. It is important to note that the volunteer per diem is reflected in the 11,180 days for 300 volunteers. However, every volunteer contributed their voluntary service for a different amount of days. PRCS provided a registration of the days that each volunteer was mobilised.

While the PRCS core cost contribution is listed as an activity, this is a policy-defined established percentage that PRCS charges to ensure full cost recovery for its programmatic and operational actions. This budget line was used according to this established procedure.

Lessons Learnt

This DREF was critical in contributing to PRCS's covering essential costs related to the roll-out of a massive humanitarian response in oPt. While a focus was on Gaza, some of the National Society Development actions contribute to the strengthening and sustainability of the PRCS's preparedness and response capacities.

As mentioned above a lessons-learned workshop was conducted for this DREF operation highlighting key lessons learned and recommendations emerging from the response. Among main key lessons:

- Pre-positioned stocks and preparedness are critical for rapid emergency response. PRCS's strategic stocks of relief items and medical supplies enabled immediate assistance to displaced populations during the initial stages of the crisis, demonstrating the importance of maintaining contingency stocks and response readiness.
- Investments in staff capacity and volunteer preparedness significantly enhance emergency response effectiveness. The availability of trained medical personnel, emergency medical technicians, volunteers, and established emergency protocols allowed PRCS to sustain life-saving services under extremely challenging conditions.
- Strong coordination and partnerships are essential during large-scale emergencies. Collaboration with IFRC, ICRC, UN agencies, clusters, and other humanitarian actors strengthened needs assessment, resource mobilisation, and service delivery, highlighting the importance of maintaining and expanding operational partnerships.
- Emergency response plans must be adapted for prolonged, large-scale crises. The scale of the Gaza crisis exceeded existing response assumptions, underscoring the need for contingency planning that accounts for country-wide emergencies, prolonged displacement, and the potential absence of key service providers.

- Safe access and protection of humanitarian personnel remain fundamental operational requirements. Attacks on health facilities, ambulances, and medical personnel significantly affected service delivery, demonstrating the need for stronger humanitarian access mechanisms and enhanced protection measures for responders.
- Diversified logistics and storage arrangements improve operational resilience. Damage to warehouses, restrictions on imports, border closures, and supply chain disruptions highlighted the importance of decentralised storage, alternative procurement channels, and flexible logistics arrangements.
- Local procurement and utilisation of locally available resources can help mitigate access constraints. Heavy dependence on imported items created operational delays, while locally available resources offered greater flexibility in sustaining humanitarian assistance.
- Staff well-being and psychosocial support require continuous attention during protracted crises. Prolonged exposure to insecurity, high workloads, displacement, and repeated traumatic events negatively affected staff and volunteers, emphasizing the need for systematic staff care and support mechanisms.
- Community needs evolve rapidly during prolonged emergencies and require continuous monitoring. Changes in displacement patterns, living conditions, and priority needs highlighted the importance of regular assessments, community engagement, and accountability mechanisms to ensure assistance remains relevant and appropriate.
- Robust data management, monitoring, and documentation systems strengthen operational decision-making and accountability. Improved information management, evidence-based planning, and systematic documentation of response activities are essential for adapting interventions and measuring effectiveness during complex emergencies.

Challenges

- Several operational and administrative challenges required flexibility in the financial registration of planned activities. PRCS and IFRC worked closely to address these issues through the preparation of Notes to File documenting the exceptional circumstances under which standard emergency procurement procedures could not be fully applied, particularly regarding fuel procurement. In addition, as it was extremely difficult to obtain short-term leases for warehouse space, PRCS had to continue covering warehouse rental costs beyond the duration of this DREF operation.
- Due to the multiple displacement and security situation in Gaza, the registration of volunteers did not include copies of PRCS volunteer identification cards. This is understandable as office equipment (scanner/ copier) and personal items (identification) were damaged due to the destruction throughout Gaza. IFRC accepted these costs since it understands that PRCS mobilized established volunteers and newly recruited volunteers to provide humanitarian services that went beyond the specific actions of this DREF operation, aligned with the PRCS intersectoral or comprehensive response plan.
- During the lessons-learned workshop, several challenges encountered during the implementation of this DREF operation were highlighted. The following five provide a summary of the most significant challenges identified:
 1. Humanitarian access restrictions and insecurity.
 2. Damage to health infrastructure, ambulances, and warehouses.
 3. Shortages of fuel, medical supplies, and relief items.
 4. Population and staff displacement amid a rapidly evolving context.
 5. Staff fatigue and psychosocial strain during a protracted emergency.



Financial Report

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DREF Operation

FINAL FINANCIAL REPORT

MDRPS015 - Palestine - Complex Emergency

Operating Timeframe: 13 Oct 2023 to 31 Jul 2024

Selected Parameters			
Reporting Timeframe	2023/02-2026/4	Operation	MDRPS015
Budget Timeframe	2024-2026	Budget	APPROVED

Prepared on 26/May/2026

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	1,000,000
DREF Response Pillar	1,000,000
Expenditure	-966,129
Closing Balance	33,871

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	187,365	219,872	-32,507
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	104,000	115,528	-11,528
PO05 - Water, Sanitation & Hygiene	90,000	88,316	1,684
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	61,033	7	61,026
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	442,398	423,723	18,675
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	5,900		5,900
EA03 - National Society Strengthening	551,701	542,406	9,295
Enabling Approaches Total	557,601	542,406	15,195
Grand Total	999,999	966,129	33,870

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