



OCCUPIED PALESTINIAN TERRITORY (oPt): Gaza

Protection Analysis Update

The Systematic Destruction of the Fabric of Life. A protection update from Gaza.

MAY 2024

EXECUTIVE SUMMARY

The escalation of hostilities in Gaza over the past eight months has resulted in levels of destruction, loss of civilian life and collapse of humanitarian conditions, unfolding on an unprecedented scale. Despite repeated appeals to protect civilians and civilian objects and safeguard the delivery of life saving humanitarian aid throughout Gaza, there has been little change in the way hostilities have been conducted. At the time of this report, conditions throughout Gaza have materially worsened and fighting has intensified. So too have the protection risks facing Gazans. Civilians have borne the brunt of these hostilities.

The introduction of Israel’s blockade over Gaza in 2007 and recurrent escalations conditioned nearly two decades of ‘de-development’ in Gaza and resulted in a chronic and protracted humanitarian and human development crisis. Before the most recent crisis, two thirds of Palestinians lived in poverty, below many metrics of conventional definitions of acceptable access to essential water, electricity, and services.ⁱ Palestinians living in Gaza now face an unparalleled collapse in their coping mechanisms due to the catastrophic – and systematic – destruction of the fabric of their lives: mass loss of life including of whole families and of carers within families, enormous personal risk and strain, multiple mass forced displacements, families and communities torn apart, social structures and services decimated, hospitals, schools, sanitation and energy infrastructure, municipal buildings destroyed – all further compounded by the total siege, the effects of which have continued in parts of Gaza despite easing of some restrictions in November, as well other unlawful restrictions on, and interference with, humanitarian access and movement. This analysis of the current situation acknowledges the extraordinary efforts of protection colleagues, partners and community members that strive to provide support and services, while being systematic targets of the same threats affecting the population in Gaza. At least **262 aid workers** have been killed since the start of the hostilities, the majority being UNRWA staff.ⁱⁱ

In Gaza most of the 15 protection risks monitored by the Protection Cluster are at the highest levels of severity. This analysis focuses on the following five risks identified by partners for urgent attention and response:

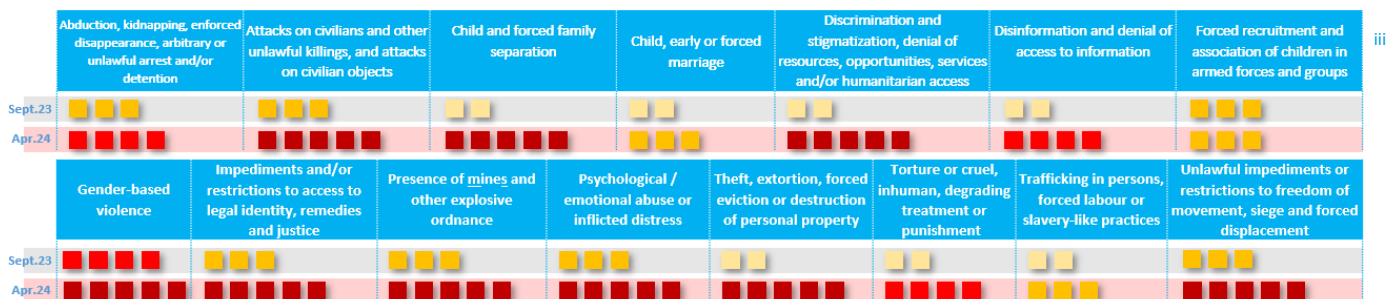
1. **Attacks on civilians and other unlawful killings, and attacks on civilian objects**
2. **Child and Forced Family Separation (Unaccompanied and Separated Children)**
3. **Gender Based Violence**
4. **Presence of mines and other Explosive Ordnance**
5. **Abduction, kidnapping, enforced disappearance, arbitrary or unlawful arrest and/or detention**

URGENT ACTIONS NEEDED

Amidst the current scale of destruction and scale of violations of International Humanitarian Law and International Human Rights Law, the only viable solution is a full cessation of hostilities, as indicated by the Security Council Resolution 2728. In the current situation there is no predictability and, as the analysis will present, any given scenario will inevitably result in further deaths and injury even in the short term. In this situation, the Protection Cluster and its partners urgently request that:

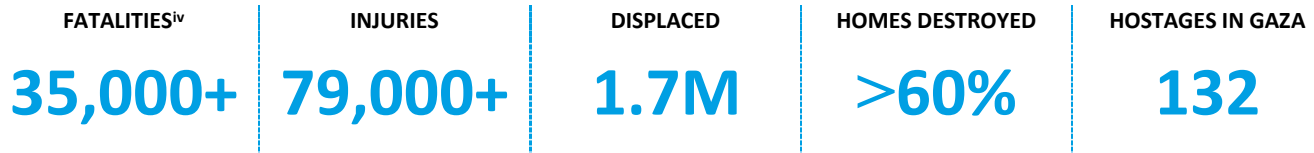
- The full implementation of Security Council Resolution 2728 and immediate humanitarian ceasefire guaranteeing an increased, sustained, safe, and unimpeded humanitarian access to all population in Gaza creating space for response to the increased protection risks.
- Member states to sustain any action and enforce the prevention of further suffering and harm to civilians in Gaza, including through intentional strategies and actions that reduce protection risks and stop further attacks on areas where civilians are seeking safety.

UPDATE ON THE SEVERITY OF PROTECTION RISKS



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CONTEXT



The human rights and humanitarian situation in Gaza are continuously deteriorating given the mass and systematic destruction of civilian objects and killing of civilians by Israeli Defence Forces (IDF). The nature of Israel’s conduct of hostilities, including the targeting by Israeli forces, as inferred by the continued pattern of unabated destruction and harm to civilians and civilian objects, raises serious concerns over compliance with international humanitarian law (IHL), including the fundamental principles of distinction, proportionality and precautions.^v Palestinian armed groups continue to launch projectiles which are inherently indiscriminate into Israel. As of 19 May 2024, 128 hostages are being held in Gaza of the 253 people taken from Israel into Gaza on 7 October.

Israel’s continued obstruction of rapid and unimpeded humanitarian relief is in violation of its obligations under IHL, including specific obligations to ensure essential access to food and medical supplies under the Fourth Geneva Convention.^{vi} In addition, the blockade and siege imposed on Gaza amount to collective punishment^{vii} and may also amount to the use of starvation as a method of war.^{viii}

Palestinians continue to be forcibly displaced. Displacements can be sudden, as a result of a combination of massive attacks and the use of unlawful evacuation orders. On 12 October 2023, the IDF ordered 1.1 million people to “evacuate”, leading to their displacement south within 24 hours, despite continuous strikes in the south. Such orders were repeated throughout the escalations, including to the areas that remain under bombardment. Children have been killed in sniper attacks in areas from whence Palestinians have been ordered to move and areas with active fighting as well as outside zones with ongoing ground combat; people forced to flee their homes across the Gaza Strip have sought safety and protection under the UN flag, primarily in UNRWA premises. UN premises sheltering IDPs continue to be directly hit or indirectly impacted by munitions, resulting in IDP fatalities and injuries. UN premises are designated as safe spaces and protected under international law. Men and adolescent boys are at high risk of being identified as a ‘fighting age male’ and therefore at risk of being unlawfully killed or arrested during evacuations.

Over 75% of the population have been forcibly displaced, many multiple times. The majority of people are now displaced within and around Rafah, including Deir Al Balah and AL Mawasi / Khan Younis. According to conservative estimates, more than 800,000 people had been further displaced out of Rafah as of 20 May, since the start of the IDF ground operation in Rafah on 6 May. In contravention of Israel's responsibilities under IHL^{ix} including as the Occupying Power under the law of occupation^x, no provisions have been made for proper accommodation of persons forcibly displaced by evacuation orders, nor satisfactory conditions of hygiene, health, safety, and nutrition, and no measures have been taken to ensure families are not separated. On the contrary, **there is a continued severe shortage of sufficient water, food, medicine and other basic items and services to the population.**

Despite the chronic needs of the 1.7M displaced and the imminent risk of famine, Israel continues to impose a highly restrictive access regime. Israel limits assistance to well below the levels of assistance permitted into the Gaza Strip before 7 October.

The situation in northern Gaza is of deep concern. The failure of Israel to restore water and electricity supply in the north, the mass destruction of civilian homes and infrastructure, the creation of a buffer zone and a road intersecting Gaza into two by Israeli Forces, and denial of access for humanitarian goods or staff in the area, have all combined to create a catastrophic situation with profound implications for protection.

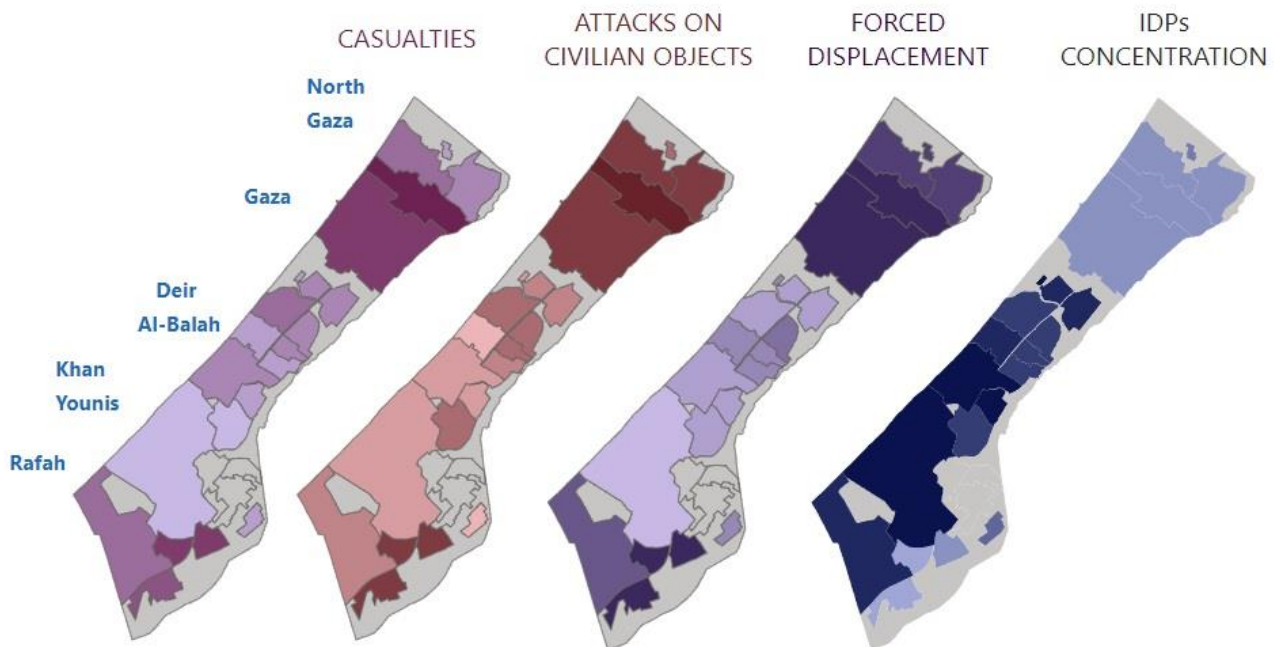
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Given the severity of the situation in Gaza, the International Court of Justice – in response to a petition from the Government of South Africa – has instructed the Government of Israel to take immediate steps to protect the rights of Palestinians under the Genocide Convention.^{xi} On 28 March, the Court issued the binding order to Israel to “take all necessary and effective measures to ensure [...] the unhindered provision [...] of urgently needed basic services and humanitarian assistance, including food, water, electricity, fuel, shelter, clothing, hygiene and sanitation requirements, as well as medical supplies and medical care to Palestinians throughout Gaza.”

UNPRECEDENTED SCALE AND SCOPE OF PROTECTION STRESSORS

The current situation of Gaza is unprecedented in scale and scope of stressors which exist simultaneously and continuously. These have affected the population for 8 months with no redress, and include the **volume of civilian casualties**, **the attacks on civilian objects**, **the obstruction of humanitarian assistance and access to services**, **forced displacement** and **consequent concentration of IDPs** in what was already the most densely populated territory in the world. People are forcibly displaced when they are instructed to leave their areas of residence, and as they move to seek safety and shelter. This has created a significant concentration of displaced people, which is being consolidated by every new wave of displacement.

LEVEL OF STRESSORS AND THREATS CAUSING PROTECTION RISKS [19th of May, 2024]



- Data Sources: Cluster partners, UNOCHA and UNRWA, MoH.
- The situational analysis of the different stressors of protection risks presented in this report is based on initial secondary data.
- The level of acuteness is based on a qualitative review of available secondary data.

FORCED DISPLACEMENT AND ALMOST COMPLETE EROSION OF ANY COPING MECHANISM

Over 35,000 people have been killed in Gaza. Local civil defence estimates more than 10,000 people are still missing under the rubble.^{xii} Over 78,000 injured. Over five per cent of population is either killed, injured, or missing. Medical professionals in Gaza have created a new acronym “WCNSF” which stands for, **Wounded Child with No Surviving Family** to refer to children who might be the sole survivors in their family.^{xiii} In a survey from March 2024, 51% of surveyed women have lost at least one family member.^{xiv} At least 3,000 women are estimated to be widowed and at least 10,000 children are orphaned, and an estimated 17,000 children are unaccompanied or separated.^{xv} Those that have survived airstrikes and other attacks have been

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forced to move, often many times, including those who were sheltering in hospitals and schools. The multiple displacements cause family structures to fragment as families separate. Older persons, people with chronic diseases, and persons with disabilities are particularly affected during this displacement. 83% of persons with disabilities reported that they lost their assistive devices during their displacement.^{xvi} Displaced elderly and people with chronic needs have no way of treating or controlling their condition due to the destruction of the health system.^{xvii}

More than 1 million people have lost their homes.^{xviii}

They have been forcibly displaced into shelters and other emergency accommodation. As of 19 February 2024, over 1.7m internally displaced persons (IDPs) were sheltering in around 155 UNRWA and public installations across all five governorates of the Gaza Strip, including in the northern region as well as Gaza City. In November 2023, the average number of IDPs in UNRWA shelters was over 9,000 - more than four times

their intended capacity.^{xix} At least 428 IDPs sheltering in UNRWA shelters have been killed and at least a further 1,430 injured since the start of the escalation.^{xx} These shelters have been chronically overcrowded, with one aid worker stating the wait to use a toilet facility can take up to 16 hours because of the lack of toilets. These shelters lack privacy and recreational spaces. 94% of people have no privacy in shelters.^{xxi} Partners express concern at the physical and social pressures created by overcrowding. In one survey, 93% of children, including those with disabilities, reported that they can't use the toilets safely in displacement shelters and 96.7% reported that they suffer from continuous crying and panic attacks. In the same survey, 64% adults reported that they experienced neglect and psychological abuse in the shelters.^{xxii} There are concerns about domestic and gender-based violence given the extreme overcrowding.

Over 20,000 children have been born since the beginning of the offensive, an average of 180 births daily, beginning their lives in a chronically stressed, dangerous and under-resourced environment, without pre- or postnatal care, and with many mothers not even having clothing or blankets for their newborn babies. UN agencies have repeatedly warned that amputations and C-section births have gone ahead without anaesthetic,^{xxiii} and that mother and baby are at risk due to the destruction of health infrastructure and the crippled water and sanitation situation within the hospital.

The majority of Palestinians in Gaza are now multidimensionally poor and 74% are unemployed.^{xxiv} People face extreme pressure to meet basic needs, with consistent reports of people resorting to eating animal fodder, particularly in northern Gaza. As of end of April the available water supply is estimated to be at one litre per capita per day (lcd) for the internally displaced population.^{xxv}

Cumulatively, these factors have resulted in an 'almost complete erosion of individual and collective coping mechanisms.'^{xxvi} Prior to October 7th, at least 543,000 children were already in need of mental health support after enduring six rounds of armed conflict since 2008. Dr Samah Jabr, chair of the Palestinian Ministry of Health mental health unit states that there is no clinical definition that can comprehend the scale of psychological trauma that has been experienced in Gaza, especially since 7 October 2023.^{xxvii} UNICEF estimates that almost all of Gaza's 1.2 million children need mental health and psychosocial support (MHPSS), with particular concerns for children who have been exposed to repeated traumatic events, who have been maimed, who lost parents and close family members, and children with disabilities. (MHPSS). All six public

The mental health impact of exposure to traumatic events

In addition to physical injuries, the mental health and psychological status of persons injured are always impacted negatively, sometimes indefinitely. The traumatic event itself (bombardment, building collapse, severing of limb, etc.) can lead to symptoms of Post-Traumatic Stress Disorder. Especially when the trauma is multiple (meaning the person has experienced multiple traumatic events in their lives), the mental health consequences can be very profound. Symptoms include emotional distress (anxiety and depression), intrusive memories, cognitive changes (concentration, memory problems, suicidal ideations, etc.), behavioural changes (self-isolation, aggression, avoidance, etc.), physical symptoms (psycho-somatic ailments such as chronic headaches, hyperventilating, phantom pains, etc.), and social difficulties (reduced ability to socialize with others, difficulties in maintaining relationships, etc.). Children are affected by additional symptoms including bedwetting, nightmares, constant crying, and inability to communicate.

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community mental health centres and Gaza’s only inpatient psychiatric hospital are no longer functioning.^{xxviii} The mental health crisis in Gaza has far-reaching consequences.^{xxix} Families and caregivers are severely affected by the situation and have limited capacity to cope because of their own mental harm, presenting additional challenges, including increased intra-family violence.

SYSTEMATIC DESTRUCTION OF ESSENTIAL SERVICES, SOCIAL & CULTURAL LIFE

A Joint UN-World Bank Interim Damage Assessment Report lays out the scale of damage to services and infrastructure in Gaza.^{xxx} At the time of the report, 84% of all health facilities have been damaged or destroyed. This includes 649 health facilities and 29 hospitals. 659 people have been killed in these attacks on healthcare services. 130 ambulances have been destroyed.^{xxxi}

Education partners report that 408 schools – 73 per cent of the total number of schools in Gaza - have been either destroyed or damaged, in addition to 17 universities. Schools remain closed, with buildings in use as IDP shelters, and the health facilities that are open are overstrained and under resourced as they lack the essential medicine, equipment, and electricity supply – exacerbated by a lack of fuel – to run effectively. Over 624,000 children have been affected by the suspension of education services,^{xxxii} heightening protection risks including child labour, child marriage, and exploitation. The damage and delay of education also impacts vocational education and tertiary education services. This has led to the introduction of the term ‘*scholasticide*’ in response to the scale of destruction of education facilities and high number of fatalities among teaching staff. All 12 universities in Gaza have been damaged or destroyed. 63% of all heritage sites on the Palestinian list for nomination for UNESCO World Heritage status have been destroyed or partially destroyed, and at least 3 churches and 229 mosques have been destroyed.^{xxxiii}

UN experts have condemned the targeting of civilian infrastructure as well as the destruction of the judicial infrastructure in Gaza. On the 9 October, the Israeli army bombed a building that housed the Palestine Bar Association. This resulted in the destruction of the official archives of the Association. On 4 December, Israel released a video showing the destruction of the Gaza courthouse.^{xxxiv} OHCHR also has recorded killings of police officials, including those securing aid delivery, with serious implications of civic order.

In addition to the damage of the infrastructure of Gaza’s services, the death and displacement of government staff, civil society and aid workers exacerbates the long-term damage being inflicted on Gaza’s social infrastructure. Given most people in Gaza are displaced, this also means most people who provided aid assistance, education, social services, civilian policing etc are also displaced. 493 health workers have been killed, 143 journalists have been killed and 69 civilian defence staff have been killed.^{xxxv}

Communication blackouts further impeded the ability of households to stay in touch with family members, as well as frontline responders, who work under impossible working conditions, to coordinate the delivery of life saving aid. This has resulted in life saving operations being postponed due to the impossibility to coordinate with other local partners or to send and receive real-time updates on the security situation.

ANY FUTURE SCENARIO POINTS AT FURTHER DEATH AND INJURY OF PEOPLE LIVING IN GAZA

The situation in Gaza is predicated on three potential scenarios, **1) an immediate ceasefire**, **2) the status quo (i.e., a continuation of military action)** or **3) an escalation of the conflict** – including, specifically an expanded ground incursion into Rafah. In all three scenarios, there is likely to be an increase in death and injury of people living in Gaza.

Of pressing concern is the significant deterioration of food security in Gaza. The entire population in the Gaza Strip (2.23 million) is facing high levels of acute food insecurity. Under scenario 3 (a ground offensive in Rafah) up to half the entire population of Gaza (1.11 million people) face catastrophic conditions. In March 2024, the Famine Review Committee of the

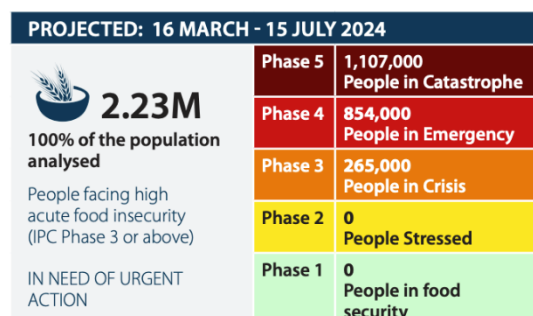


Figure 1: IPC REPORT

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Integrated Food Security Phase Classification (IPC) warned that famine was imminent in the northern governorates of Gaza.^{xxxvi} In May 2024, WFP Director said that northern Gaza was in “full blown” famine^{xxxvii}. Palestinians in Gaza now make up 80 percent of all people facing famine or severe hunger worldwide.^{xxxviii}

In one forecast, even in a ceasefire scenario, there will be an additional 6,500 deaths by August 2024^{xxxix}. This loss of life is linked to the devastated condition of basic infrastructure and the risk of explosive ordnance (EOs), as people begin to move around Gaza. This number jumps to 74,290 additional deaths in the case of an escalation of the offensive in the Gaza strip. In all scenarios, the case of deaths from maternal and neonatal causes would have significant impacts on family health and well-being. The potential for any epidemic would increase the number of additional deaths. London School of Hygiene and Tropical Medicine and the Johns Hopkins Center for Humanitarian Health warn that, in an escalation scenario they *‘project a regression to mortality numbers and rates not seen for nearly a quarter of a century, eroding at least two decades of health progress.’*^{xl}

The status quo or escalation of the situation will place further strain on peoples coping capacities and increase their exposure to risk. Any increase of the protection stressors of casualties, attacks, displacement, and then extreme concentration accelerate protection risks exponentially.

On 5 May, the Al Qassam Brigades launched rockets which killed four IDF soldiers in a military base near Kerem Shalom Crossing. Subsequently, Israel intensified its operations in Rafah, launching extensive strikes which resulted in casualties, evacuation orders and mass displacement of persons, and culminating in IDF’s takeover and closure of the Rafah Crossing. The multitude of consequences of this and any further incursion into Rafah will make the already catastrophic situation impossible. At the time of writing, the two main crossings into Gaza – Kerem Shalom and Rafah - remain closed, significantly aggravating the humanitarian situation and raising serious concerns over its deterioration. Over 800,000 people have reportedly been forced into Khan Younis and Deir el Balah governorates, with the number of displaced expected to grow further in response to Israeli evacuation orders and anticipated violence – forced into an unthinkable situation of further displacement.^{xli} There are concerns about the safe movement of people, and the potential mass arrest and detention of men and boys. Previous forced mass movements from the North to the South of Gaza, saw the interposition of checkpoint screenings where men and boys were separated, detained with reports of enforced disappearance and extrajudicial killing. Women and children will be forced into more unsafe and overcrowded shelters, exacerbating the risks of gender-based violence. This movement will destroy – yet again – the spontaneous networks that people have established for themselves while they attempt to cope with each round of displacement. Protection partners, who are already traumatised, exhausted, and pushed to their limits, are among those displaced yet again.

PROTECTION RISKS

RISK 1 Attacks affecting Civilians and Civilian objects

Over 110,000 Palestinians (the majority of whom are women and children) have been killed or injured, as a result of the armed hostilities in Gaza. This is a result of the manner in which hostilities have been carried out by Israel. The nature of hostilities mean that the lives of Palestinians in Gaza remain at imminent risk across all of Gaza as long as fighting continues. People are at risk from direct hostilities such as air strikes, active combat on the ground, and exposure to explosive ordnance. People also face a secondary risk due to the impact of the destruction of civilian infrastructure and the deprivation of safe access to water, food, and healthcare. There has been only one significant pause in the conflict, between 24 November – 1 December. This was followed by intense attacks and displacement across Gaza, including North Gaza, Gaza City and Khan Younis. While IDF reportedly reduced forces and the intensity of operations in northern Gaza in early January 2024, these areas remain subject to incursions and people attempting to flee from northern Gaza to southern Gaza are at acute risk of being killed, injured, or arrested. A number of direct patterns in the conduct of activities include:

The use of large explosive weapons with wide area effects, which increase the potential for civilian loss of life and injury. A few examples include, but are not limited to, an attack on Jabalia market on 9 October; Taj Tower, Gaza City, on 25 October; Jabalia Refugee Camp, 31 October; Al Bureij Camp, 2 November; Al Shujai'yeh neighborhood, Gaza City, 2 December.

In all cases, there are a high number of child casualties. Thousands of children have also sustained injuries and are at high risk of living with lifelong disabilities due to the destruction of the health service and the difficulty in securing safe medical evacuation for treatment.^{xliii}

Attacks have affected civilian objects including hospitals, schools, water infrastructure, primary roads and communications infrastructure, markets, bakeries, religious and cultural sites, and agricultural infrastructure. These attacks have, for example, rendered 25 out of 36 hospitals in Gaza out of service^{xliiii} There has been a recent increase in **attacks on aid delivery** such as people waiting to access aid and attacks on warehouses and attacks on police officers assisting in aid delivery. Attacks on civilian policing have contributed to a breakdown of civil order adding to wider situational chaos that undermines the safety of aid delivery and the ability to ensure effective targeting of assistance. This has allowed for a monopolisation and commodification of assistance in some locations, increasing risk of exploitation (see details under Risk 3).

INTERNATIONAL HUMANITARIAN LAW AND TARGETING OF CIVILIAN INFRASTRUCTURE

1. METHODS AND MEANS OF WARFARE.

The use of explosive weapons with wide-area effects in densely populated areas, resulted in enormous destruction and very high numbers of fatalities. The use of such weapons in densely populated areas raises serious concern how such attacks comply with the principles of distinction, proportionality, and precautions, given the foreseeability of the extensive loss of civilian life. This is particularly the case when Israel can accurately assess the likely associated wide-area effects, notably in terms of civilian harm, that result from repeatedly using these weapons in such densely populated areas.

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3. ATTACKS ON HEALTH FACILITIES.

Gaza has witnessed an unprecedented scale and number of attacks striking hospitals, ambulances, and the civil defence. Hospitals have been placed under siege, struck by IF fire, subjected to raids and the killing and detention of medical personnel. Ambulances have been fired on and medics and first responders killed. Medical centres across Gaza have been directly hit. Medical units must be respected and protected in all circumstances. They lose their protection only if they are being used, outside their humanitarian function, to commit acts harmful to the enemy. Equally, medical personnel must be respected and protected in all circumstances, and they also only lose their protection if they commit, outside their humanitarian function, acts harmful to the enemy. Even where such a claim is made, Israel must at all times comply with the principles of distinction, precautions and proportionality. If armed groups did so with the intent to use protected places or the presence of civilians or persons *hors de combat* to prevent their military assets from being attacked, this would constitute a violation of the prohibition on use of human shields and would amount to a war crime. This would not, however, justify indiscriminate or disproportionate attacks by Israeli Security Forces.

RISK 2 Child and Forced Family Separation (Unaccompanied and Separated Children)

There are an estimated 17,000 unaccompanied and separated children (UASC) in the Gaza strip. It is not easy to be able to accurately track the situation given the constant insecurity, multiple displacements and the operational access issues for organisations and services that work with children so the figure could be higher. The separation of children from their family members, or children who are sole survivors of incidents (WCNSF), creates a catastrophic trauma for children. Separation from family members is a highly distressing event that has lasting harmful impacts on child development.

Some children who are separated are unable to find connections with other extended family members. Given the lack of resources and assistance available within Gaza, these children are at risk of neglect, exploitation, and starvation. Unaccompanied and separated children (UASC) are at a higher risk of experiencing grief, depression, and isolation — factors that expose them to further risks and violations. Such risks underscore the critical importance of identifying UASC and tracing their primary caregivers and families as soon as possible after separation. The longer a child is separated, the greater their exposure to risks. There is an urgent need to provide alternative care options for these children, but the ongoing insecurity is a huge impediment to the establishment of safe temporary care arrangements.

Up to 5,857 people have been evacuated from Gaza for medical assistance, many of these are children.^{xiv} Given the stringent restrictions on movement from Gaza, children are being evacuated without carers that are required to provide the needed support to these children. Concerning reports have been received on children's mistreatment in host countries.

While children who have been separated from their families and caregivers are at heightened risk – the scope of issues that affect children in Gaza is significant.

It is difficult to fully articulate the scope of threats faced by children, and the complete absence of special protections afforded to this particularly vulnerable group against the combined stressors of attacks, death and injury, displacement, unavailability of services and over-crowding. Children in Gaza are exposed to alarming levels of violence in addition to the indiscriminate conflict violence harming them physically and mentally. Violence against children in the shelters includes domestic and peer violence. There is an increase in aggression among boys, especially due to insufficient supplies, lack of humanitarian assistance, bullying, and child neglect. Parents and caregivers are increasingly struggling to provide appropriate childcare resulting in increased levels of emotional distress that equally impacts children. Partners are reporting increasingly dangerous or negative coping mechanisms, which has also been linked to Risk Taking Behaviour when in search of food or essential supplies.

Children are engaging in various activities, many of which place them at much higher risk of exploitation or being killed or injured by ERWs, these include begging, selling goods, collecting paper, wood, fetching water and humanitarian assistance, as well as undertaking physically demanding tasks. As noted above, the closure of schools in Gaza deprives children of not only their education, but also their friendships, routine, and personal development; they have nothing left.

RISK 3 Gender Based Violence

The scale of the conflict has a multidimensional impact on all people in Gaza, and this has very significant consequences for gender-based violence. A report on the gendered impact of the conflict, published in January 2024, demonstrates the degree to which women and children are now affected by the war.^{xlv}

The risk of loss of life for women and their families drives displacement – which increases the risk of family separation and the exposure to other protection risks such as exposure to EOs. Family separation (or the death or detention of other family members) creates sudden changes in family structures and many women find themselves responsible for their families. Many families are driven into collective shelters or other areas with high concentrations of people. These overcrowded spaces have no/limited privacy and do not have adequate lighting or other basic infrastructure to moderately improve their safety. The lack of WASH services compromises the menstrual hygiene management supplies.

Women and girl survivors of gender-based violence have very limited opportunities to access life-saving support services including Clinical Management of Rape and safe houses. There has been a total collapse in GBV services and the only two women’s safe houses in Gaza have been destroyed and survivors who face an immediate threat of life by their abuser have nowhere to go and are often forced to remain living with them.^{xlvi} While GBV partners are trying their utmost to resume services, the destruction of safe houses and the very limited entry of supplies into Gaza – including supplies such as Menstrual Health Management items deprive many groups including survivors of GBV and more than 690,000 women and girls of age of even the basics. The death, displacement and injury of GBV responders is an ongoing issue. Service providers are continuously needing to relocate and reestablish response locations. The collapse of the health system also means the loss of life saving GBV and Sexual and Reproductive Health (SRH) services, and the collapse of the civilian policing and judicial structures mean there is nowhere to report cases.

The GBV risks for children have dramatically risen with the external protection threats and the increase in negative coping mechanisms. This includes increased reports of child marriages within shelters, and incidents of sexual violence. Girls with disabilities are at higher risk of violence and exploitation. UN Special Rapporteurs have expressed their concern at the treatment of women in detention, including the reports of two women who had been raped in Israeli detention and other reports of women who have faced threats of rape and sexual violence.^{xlvii}

The protection situation affects many groups that would often be considered vulnerable. There are very specific ways in which women, girls, boys, and men are affected by protection risks. In this situation, operational actors note the significant scale of the issues – including the volume of people with new disabilities, unaccompanied/separated children, and scale of Sexual Exploitation and Abuse (SEA). There are several specific caseloads that face challenges – including people with mental health illness, former detainees, people who cross frontlines, who all face intersectional protection issues. They all face challenges to receive their routine care for chronic conditions as most of health facilities are overwhelmed by war-related injuries.

Insufficient and unreliable aid, distributed under conditions of insecurity that do not allow adequate targeting, expose vulnerable groups to violence, exploitation and abuse, trafficking and forced prostitution, including by aid workers. Specific risks observed in Gaza associated with aid include the presence of unofficial humanitarian workers without identification mixed distribution lines for men and women. There are reports of individuals adopting harmful coping mechanisms, such as reducing food and liquid intake, to minimise such risks.^{xlviii}

RISK 4 Presence of Mines and Other Explosive Ordnance

The hostilities in Gaza, including airstrikes, shelling, the use of rockets, and other explosive ordnance (EO) means that the numbers of fatalities and injuries will continue to rise. The main kinds of sustained injuries from the use of EO in Gaza are fractures, peripheral nerve injuries, amputations of one or several limbs, spinal cord injuries, traumatic brain injuries, and burns. Sometimes, injured civilians arrive at hospitals with a combination of multiple injuries that are extremely difficult or sometimes impossible to treat.^{xlix}

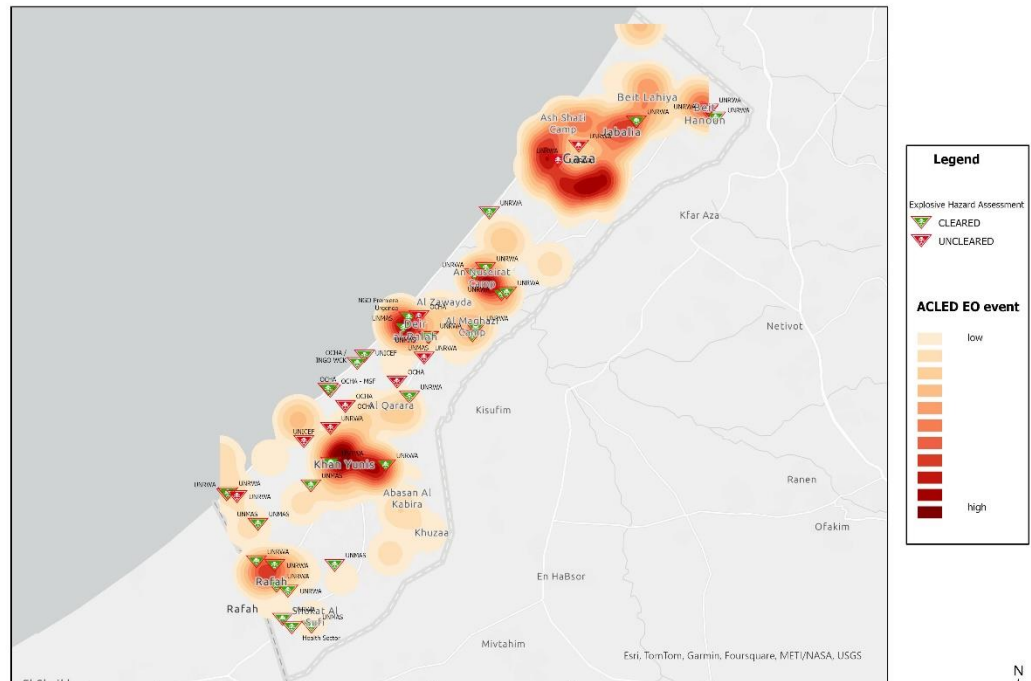


Figure 2 - Suspected EO contamination, based on ACLED data, and Explosive Hazard Assessments in the Gaza Strip.

There has been direct damage to more than 60% of residential buildings and 80% of commercial facilities. At least 155 health facilities and 165 UNRWA installations have been impacted.ⁱ In one survey of displaced people, 91% have had their homes destroyed.ⁱⁱ Over four fifths of the damage is concentrated on residential buildings (72% of the total). There has been destruction across commerce, industry, and services sector and social services including, water, sanitation, and hygiene (WASH), health, energy, Information and Communication Technology (ICT), municipal services, and transport.ⁱⁱⁱ The infrastructural damage has created approximately 42 million tons of rubble.^{liii} It will take over 14 years to clear the current level of debris and rubble. The rubble may contain numerous EO, human remains, as well as being of incredible personal, cultural, and religious value.

Much like physical infrastructure, market and agricultural infrastructure has been targeted using EO. UNOSAT data from January 2024, suggests that 21% of the arable land has been damaged – and this figure raises to 56% in Deir al-Balah.^{liv} Given displaced people use agricultural land to set up temporary shelters, the reports from Deir al-Balah are particularly concerning given the mass displacement into the governorate since the start of the Rafah incursion. The contamination of agricultural land with EO—be that through the contamination of air, soil, water, or other sources—will have negative consequences which further reduces the capacity of people in Gaza to feed themselves and support livelihoods, as well as an enduring risk of physical injury. The decimation of road networks compounds the crisis. Without roads, the vital arteries of support cannot function. The damage and destruction of housing, schools, hospitals, places of worship, and cultural heritage sites further aggravate civilian suffering.

Significant damage has also been inflicted upon critical rehabilitation and mental health and psychosocial support (MHPSS) infrastructure and facilities in Gaza Strip at all levels of the health system. According to the data collected from the Rehabilitation Task Force (RTF) actors in Gaza: two specialized rehabilitation hospitals were severely damaged (Al Wafa Medical Rehabilitation and Specialized Surgery Hospital in Gaza City and Sheikh Hamad bin Khalifa al-Thani Hospital for

Rehabilitation and Prosthetics in North Gaza), freezing their operational capacity to deliver early rehabilitation services for conflict-affected persons with injuries, including victims of EO accidents. The six public community mental health centres and one inpatient psychiatric hospital are no longer functional.^{xlv} An estimated 20,000 people in need of specialized mental health services, including mental health drugs, are in precarious situations with the disruption to mental health services.^{lv}

Since the onset of the crisis in Gaza, a trend of risk-taking behaviour (RTB) has also been observed, with people approaching EO. Some of this is for economic necessity and some is driven by people's desire to document the conflict and to share the reality of the context within Gaza with the outside world. Economic hardship is leading people to collect EO to sell the materials as scrap metal, and with a 74% unemployment rate the economic pressures within Gaza are very high. Children face risks due to the employment in scavenging, as well as the risk that they will play in spaces with EO.

There is also reported RTB during forced displacement, resulting from Israeli evacuation orders, with people moving to record events and communities seeking to move immediately (rather than find adequate shelter) and are at risk of further strikes. People also gather quickly to attempt rescue missions of people under rubble and attempt to enter buildings to retrieve valuable items. In the event of a successful rescue mission, the efforts are often hindered due to the substantial number of people congregating around hospitals either with other injured people or seeking shelter. The lack of adequate precautions that are being taken by people as they move around spaces that are contaminated with EO and have structurally unsound buildings increases the likelihood for further injury and deaths. There are reports that given the levels of food insecurity is driving some women to now resort to extreme coping mechanisms, such as scavenging for food under rubble or in dumpsters, which points to the extraordinary dimensions of the risks posed by EO.^{lvi}

RISK 5 Arbitrary or unlawful arrest and detention and ill-treatment

Since the ground incursion, challenges are enormous in gathering comprehensive and systematic information regarding arrest and detention practices by Israeli forces due to continuous attacks and hostilities, inaccessibility of the areas, lack of access to Palestinians held in detention and denial by the Israeli authorities to provide information in this regard. Numerous sources, including multiple and consistent testimonies from released detainees, testimonies of Israeli whistle-blowers such as medics who had access to detainees, as well as photo and video material leaked to media, however indicate an extremely worrying increase of mass and arbitrary detentions following the systematic separation of families based on age and sex and the arrest particularly of males, and their detention in inhuman conditions and contravention of violation of all minimum safeguarding standards, with serious concerns of incommunicado detention and enforced disappearances. Numerous reports indicate that those detained are subjected to sexual violence such as forced nudity, sexual harassment, threats of rape, as well as torture through severe beatings, dog attacks, strip searches, waterboarding, and denial of food, sleep, and bathroom access, among other cruel practices. These practices are apparently carried out to coerced detainees into providing information, forced confessions, and for the purpose of screening alleged members of Palestinian armed groups. Detention may be by the IDF within Gaza or involving transfer to holding or detention sites inside Israel. Detention may be temporary for weeks or months and followed by the eventual "release" into Gaza through the Kerem Shalom crossing, or continued detention within the Israeli prison system, where hundreds of Palestinians arrested from Gaza are being detained under the Israeli "Unlawful combatant Law" allowing incommunicado detention, without warrant, judicial review, and access to a lawyer for extended periods of time in contravention of basic due process guarantees. The Israeli army recently claimed that it had detained 2,300 Palestinians from Gaza including women and children; however, estimates based on the testimonies of those released suggest that the actual number of detainees is much higher^{lvii}. As of end of April, Israeli authorities (IPS) stated they held 865 detainees as "unlawful combatants", a category unknown under international law. It is not clear whether these detainees will be able to have legal representation.

Children are among the mass detentions carried out by IDF during ground operations. Boys 14+ are usually detained with adult men. Younger children are detained with women and elderly family members, usually for a shorter time.

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Also, children detained, whether inside Gaza or in Israel, have no access to lawyers, ICRC, or contact with their families, raising concerns about the conditions they face. Testimonies of released detainees, including children, gathered by the UN and other human rights organizations indicate severe ill-treatment, humiliation and acts that may amount to torture during detention. As of 30 April, the Israel Prison Service (IPS) indicated that at least 20 children from Gaza were detained under unlawful combatant designation, and 4 children on security-related charges; however, the IPS data likely only accounts for a fraction of detainees, with minimal information provided by Israeli authorities about Gazans held by the army whether in Gaza, or at military bases in Israel or the West Bank.

Whether detained at IPS or army facilities, detainees are reported to face extremely harsh conditions of detention, including overcrowding and some detained in cage-like facilities, being constantly blindfolded and handcuffed, lack of access to toilet, exposure to the elements, provision of food and water in quantities barely sufficient to survive. An unconfirmed number of detainees from Gaza, at least 27 according to media sources,^{lviii} died in the custody of the army at Sde Teiman and other military bases, whereas at least four detainees from Gaza died while in custody of the Israeli Prison Service allegedly due to beating or denial of medical assistance.^{lix} Testimonies from medics and whistle blowers indicate that injured detainees are held at a field hospital in Sde Teiman shackled hands and feet and blindfolded 24/7 to their beds and fed through a straw, with several cases of detainees having their limbs amputated due to prolonged shackling.

Many families have no information about their loved ones, and Israel fails or refuses to provide information on the whereabouts or fate of many of those detained, raising concerns of enforced disappearance. The lack of information as well as the ad hoc and uncoordinated manner of 'release' of detainees by Israel, including children, makes it extremely difficult to coordinate responses for this highly vulnerable group and contributes to family separation and children becoming unaccompanied or separated from their families.

As of 19 May 2024, 128 hostages remain in Gaza of the 253 people captured from Israel on 7 October. Over 35 of the hostages have been declared dead. They are being held by Palestinian armed groups, presumably in the direst of conditions.^{lx} The accounts of hostages who have been released describe extremely harsh conditions of captivity, reflective of the general condition of civilians in Gaza as well as the specific situation of captivity, including a lack of food, water and poor sanitary conditions, and a lack of fresh air and sunlight. Some described being beaten while being taken into Gaza, or seeing other hostages being beaten while in captivity; receiving surgery or stitching without anaesthetic. There were multiple reports of sexual abuse in captivity, including the testimony of one released hostage who publicly reported that she was sexually assaulted in captivity, while others reported witnessing the sexual abuse of other hostages. The taking of hostages is a grave breach of the Geneva Conventions and a war crime. The holding of hostages for over six-months under the current conditions in Gaza, which are deteriorating as each day passes, including holding them in underground cells for months and alleged sexual and gender-based violence, may amount to torture or other ill-treatment.

RESPONSE

Protection partners are integrated members of their communities across Gaza and have been equally affected by this crisis. Partner offices are largely destroyed, and their staff are displaced. Several protection partners also reported staff were killed in Israeli attacks while in their homes or places they were sheltering. The displacement of partners and makeshift living conditions with minimal electricity, communication and movement has made it challenging for them to return to a fully operational state, and their provision of more complex, specialized programming is affected by the destruction of government services and break down of the referral pathway. Partners have been able to reestablish minimum programming, as well as sought contact with their caseload from pre-7 October.

It is very likely that partners will be displaced again in the face of full incursion, particularly into Rafah. It is important that the response makes all efforts to protect national staff and put mitigation measures in place. Partners have been able to maintain a ‘light’ version of previous responses including monitoring/observation, PSS, case-management and connections with old cases, partners, and networks. While agencies and organisations are maintaining programming, they note that buildings and vehicles (and other essential supplies) that have been destroyed cannot be repurposed. Some partners were able to establish office spaces in the areas of displacement while others are sharing limited space with other local and community-based which limits the number of personnel that can implement protection activities. This is a reality that must be considered in terms of a medium- and long-term response assumptions. Partners are reliant upon the importation of fuel and other critical supplies, including risk mitigation and protection supplies, that arrive in low volumes and very irregularly. In addition, partners are seeing the continued denial of entry by Israel of protection supplies, including communications equipment and mine clearance equipment, and with certain items such as psychosocial support kits for example being considered ‘non-humanitarian’, leaving partners with no tools to engage communities and deliver critical activities.

Novel proactive protection approaches have been adopted (including supporting community led initiatives), as well as increased engagement in frontline protection approaches. All efforts are directed towards a resumption of case management approaches for highly vulnerable populations. **However, any protection response will inherently be constrained as long as the most basic safety and security does not exist for the population and for the response providers.**

The Protection Cluster and Child Protection, Gender Based Violence, Housing Land and Property / Legal Task Force, and Mine Action Areas of Responsibility can all be contacted for more relevant sector-specific strategy updates.^{lxi}

OPERATIONAL SCENARIOS FOR THE PROTECTION RESPONSE IN GAZA^{lxii}

Restricted level of operations: active hostilities/ Israeli Forces military presence on the ground	Medium level of operations: less intense hostilities / no Israeli Forces on the ground
<ul style="list-style-type: none"> • High risk within the area • Limited movement – unsafe • Minimum communication windows (e.g. window 4-6am) • Minimum access for material assistance • Dysfunctional market – sporadic access to cash • Sudden mass forced displacement /evacuation • Sudden loss of communications with partners/staff/beneficiaries • Further strain on social cohesion and intra-Palestinian dynamics • No government functions operating 	<ul style="list-style-type: none"> • More airstrikes at night • Daily activities / movement are possible • Area based coordination (JHOC satellite) • High congestion – overcrowding of sites and settlements, as well as distribution points and service centres • Better level of access for material assistance • Depleted markets which reduce material items available and increases the commodification of aid • Risk of looting/tension during distributions
<ul style="list-style-type: none"> • Only remote coordination mechanisms • Very localised actions due to high risk 	<ul style="list-style-type: none"> • Available communications

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<ul style="list-style-type: none">• Protection partner network including staff + volunteers.• Community group networks functional	<ul style="list-style-type: none">• Coordination mechanism functioning between UN/NGOs• Coordination with UNRWA and other actors on site and settlements• CBO/NGOs partially/ gradually resuming some level of operational capacity• Community initiatives and networks are active.• Potential to train and give support to operational capacity on the ground• Some government operational support e.g. MoSD and MoH
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RECOMMENDATIONS

RISK 1 Attacks on Civilians and other Unlawful Killings, and Attacks on Civilian

TO THE INTERNATIONAL COMMUNITY (INCLUDING DONORS)

- Implementation of UN Security Council Resolution and immediate humanitarian ceasefire and increased, sustained, safe, and unimpeded humanitarian access.
- Abide with the fundamental principles of IHL and end attacks that target or indiscriminately impact civilians, resulting in the killing of civilians including killing and maiming of children.

TO THE HUMANITARIAN RESPONSE COMMUNITY

- Advocate for and facilitate the entry of protection supplies and fuel for protection partners especially national organizations.

RISK 2 Child and Forced Family Separation (Unaccompanied and Separated Children)

TO THE INTERNATIONAL COMMUNITY (INCLUDING DONORS)

- End to attacks on schools and hospitals, which are a grave violation. In addition to the fundamental obligations of parties under IHL to refrain from attacking civilian sites, these must be protected as safe spaces for injured children and safe temporary shelters and family based-care options for unaccompanied and other affected children.
- All parties to the conflict and the Occupying Power are obliged by IHL to afford children special protection, in view of their unique vulnerability and needs during armed conflict. Any child detained during hostilities must be treated humanely and maximum efforts made to prevent separation from their families.
- Ensure safety of civilians to allow for the provision of safe shelter/alternative care options for unaccompanied children.
- Accountability for all violations of international law, including grave violations against children.
- Provide funding to child protection actors to implement the below mentioned operational responses.

TO THE HUMANITARIAN RESPONSE COMMUNITY

- Scale up prevention and response to UASC, including prevention of family separation, identification and registration of UASC, providing of temporary care arrangements, family tracing and reunification and provision of tailored support (including cash assistance and MHPSS).
- Ensure all steps for medical evacuations (by private and humanitarian entities) are well coordinated and fully respond to the Best Interests of the Child, including: Actions taken from intake to hospital discharge and follow up; Ensuring medically evacuated children are accompanied by at least one caregiver and their right to return is guaranteed; and Robust tracking and information management of these children.
- Respond to children being injured by the conflict, ensuring medical evacuations are possible and children are able to be accompanied by caregivers.
- Ensure that humanitarian assistance is meeting the most vulnerable, including people/children with disabilities.
- Urgently restore the provision of child protection case management services, with adapted protocols to the current operating context, including referrals to specialised individual counselling services.
- Monitor and document grave child rights violations and other conflict-related violence impacting children.
- Scale up community-based child protection interventions within shelters and informal sites, including the provision of group based MHPSS and awareness raising on key child protection concerns (such as ERWs and GBV) for children and caregivers, enabling identification and referral to specialised services.

- Ensure essential support is available for frontline workers who have been displaced multiple times and suffer immense psychosocial distress.

RISK 3 Gender Based Violence

TO THE INTERNATIONAL COMMUNITY (INCLUDING DONORS)

- Advocate for the donor community to prioritize GBV as a lifesaving service and scale up resources for GBV prevention, response, and risk mitigation, including direct support to women and youth-led organizations.

TO THE HUMANITARIAN RESPONSE COMMUNITY

- Advocate for all clusters to include GBV risk mitigation measures in their response efforts. WASH, Shelter, Health, Food Security, and all clusters have a responsibility to ensure that GBV risk mitigation and consideration of the specific needs of women, girls, and other groups are met.
- Scale up and enhance GBV response services (including but not limited to static and remote GBV case management service provision, CMR services, PSS interventions, increase the number of women and girls' safe spaces, and strengthen information management systems.
- Enhance engagement with women-led organizations (WLOs) and other community-based structures, including women groups, to strengthen outreach, raise awareness on GBV and risk mitigation, and foster safe disclosure. WLOs are often shown to be the first and most effective respondents in constrained situations.
- Strengthen GBV risk mitigation (including PSEA) in all humanitarian interventions. Also, strengthen safe disclosure and referrals of survivors through training of frontline workers across all sectors.
- Pre-positioning of life-saving materials, including dignity kits and menstrual hygiene management kits, as destruction of the market chain and commercial sector created a huge gap in available supplies to meet the basic needs of women and girls and increased risks of GBV including PSEA.

RISK 4 Presence of Mines and Other Explosive Ordnance

TO THE INTERNATIONAL COMMUNITY (INCLUDING DONORS)

- Considering expected severe explosive contamination levels in Gaza, humanitarian mine action should be considered a prerequisite to any immediate humanitarian action and long-term recovery. It shall be key to ensure that survey, clearance, risk education, victim assistance, information management and coordination activities are integrated into all humanitarian sectors and—at a later stage—into stabilising activities.
- Integrating mine action within the four sectors of Water, Sanitation, and Hygiene (WASH), health, food security, and shelter in Gaza should be a fundamental component of the response.

TO THE HUMANITARIAN RESPONSE COMMUNITY

- Survey and Clearance: the presence of EO significantly hinders humanitarian efforts. Prioritising Explosive Ordnance Disposal (EOD) activities, such as assessments and—at a later stage—survey and clearance of safe spaces and in critical areas like routes, medical facilities, water sources, and areas designated for humanitarian aid distribution will be essential. Eventual efforts to integrate rubble removal and humanitarian mine action—specifically as relates to clearance work—will be critical.
- Explosive Ordnance Risk Education: survey and clearance needs shall likely be extensive and take time to carry out, but local populations will continue to move amidst contaminated areas. As such, EORE shall be an absolutely critical element of the humanitarian mine action response. During ongoing hostilities, EORE activities must be tailored, flexible, and

adaptable for quick impact including various means (not only digital but also traditional methods) and integrated with ongoing aid distributions. At the same time, CPP programming needs to be integrated to support populations who remain in areas subject to hostilities. Humanitarian personnel are another key audience for EORE/ CPP, enabling the delivery of humanitarian aid and a means of further dissemination of safety messages to beneficiaries.

- **Victim Assistance:** the current conflict has already resulted in a significant number of victims, and the presence of EO is expected to increase the number of EO-related casualties. This scenario will necessitate a robust Victim Assistance (VA) framework with earmarked funding, providing sustainable medical care, psychological support, and rehabilitation services to injured survivors, their families, and the affected communities. Long-term support systems will also be needed, including socio-economic reintegration and assistance. Effective mainstreaming of VA in the broader assistance frameworks—such as humanitarian, development, and disability—will be required to ensure a continuum of services and a comprehensive approach.
- **Data Collection and Information Sharing:** sharing knowledge pertaining to explosive contamination shall be key in mitigating its threat for local populations and humanitarian workers. Therefore, mapping in the early stages of the response is key.
- **Coordination:** as previous coordination mechanisms and related institutions related to the explosive threat response inside Gaza have been largely dismantled, it will be essential that new appropriate systems of coordination and tasking be established in both the immediate and long term.

RISK 5 Arbitrary or unlawful arrest and detention and ill-treatment

TO THE INTERNATIONAL COMMUNITY (INCLUDING DONORS)

- Advocate that access to all detainees is granted to ICRC and lawyers as a safeguard against torture and ill-treatment.
- Advocate for the release of hostages and access to hostages by ICRC.
- Any child detained during hostilities must be treated humanely and maximum efforts made to prevent separation from their families.
- Provide funding to organisations documenting violations in detention and providing legal aid, assistance and rehabilitation to victims of arbitrary detention, torture and ill-treatment, including SGBV.

TO THE HUMANITARIAN RESPONSE COMMUNITY

- Provide victim-centred services and rehabilitation to released detainees including survivor-centred GBV and MHPSS services.
- Coordinate for the taking of testimonies and documentation of detention related violations with a standardised methodology including observance of no harm principles and referral to multisectoral services, with dedicated referral pathways for children, victims of torture including GBV.
- Create platforms to gather data and exchange information on Palestinians arrested from Gaza, including information from legal petitions.

END NOTES

- ⁱ UNCTAD Preliminary Assessment of the Economic Impact of the Destruction in Gaza and Prospects for Economic Recovery, February 2024
- ⁱⁱ <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-reported-impact-day-222>
- ⁱⁱⁱ Amidst the widespread constraint of collective primary data, the Protection Cluster use a value judgement elicitation process to assess the severity of the 15 protection risks. Ahead of the 7th of May, the standard approach entailed a joint definition of severity per risk on the bases of evidence and observation. During the current escalation the Protection Cluster coordination team has been assessing them through an internal review based on converge of secondary data available and observation of partners. The assessment of April has been revised to adapt to the evolving situation during the month of May.
- ^{iv} According to the Gaza Ministry of Health, as of 18 May, 35,386 Palestinians have been killed in Gaza, and 79,366 injured. The Gaza Government Media Office reported on 18 May that 15,162 children and 10,018 women have been killed, and that more than 10,000 people are assumed to be under rubble, although their methodology for statistical compilation is not known. Gaza MoH has recently published a breakdown of 24,686 out of 34,622 fatalities for whom more personal identification information was available as of 30 April 2024. Further documentation process is ongoing by the MoH. The United Nations is continuing its own fatality verification process.
- ^v With regard to Civilian Harm Mitigation, precision munitions are available to Israel, with a variety of warheads and capabilities for a congested urban warfare context that allow the IDF to limit the level of destruction and reduce civilian harm.
- ^{vi} Fourth Geneva Convention, Article 23 and Additional Protocol I, Article 70(2) and ICRC Customary IHL Rule 55, and also obligations under article 55 of GCIV on Israel as the occupying power to ensure the food and medical supplies of the population.
- ^{vii} Hague Regulations, Article 50; Third Geneva Convention, Article 87; Fourth Geneva Convention, Article 33; Additional Protocol I, Article 75(2)(d); Additional Protocol II, Article 4(2)(b)
- ^{viii} Article 54(1) of Additional Protocol I and ICRC Customary Law Rule 53
- ^{ix} ICRC Rule 131 and (to the extent that it reflects customary international law) Additional Protocol II articles 17 (1) and 4 (3) (b).
- ^x GCIV, article 49 (3).
- ^{xi} <https://www.icj-cij.org/case/192>
- ^{xii} <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-160>
- ^{xiii} Child protection rapid assessment
- ^{xiv} War on Gaza: impact on Palestinian Women and children
- ^{xv} Gender Alert: The Gendered Impact of the Crisis in Gaza
- ^{xvi} Inclusive Needs Assessment, Atfaluna, March 2024
- ^{xvii} <https://reliefweb.int/report/occupied-palestinian-territory/public-health-situation-analysis-phsa-hostilities-occupied-palestinian-territory-opt-02-may-2024>
- ^{xviii} World Bank/Ipsos. 7th Bi-weekly report – 27th February.
- ^{xix} Child protection rapid assessment
- ^{xx} <https://www.unrwa.org/resources/reports/unrwa-situation-report-105-situation-gaza-strip-and-west-bank-including-east-jerusalem>
- ^{xxi} War on Gaza: impact on Palestinian Women and children
- ^{xxii} Inclusive Needs Assessment, Atfaluna, March 2024
- ^{xxiii} <https://news.un.org/en/story/2024/04/1148596>
- ^{xxiv} GAZA STRIP INTERIM DAMAGE ASSESSMENT SUMMARY NOTE MARCH 29, 2024
- ^{xxv} https://twitter.com/UNRWA/status/1784513193794007156?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1784513193794007156%7Ctwgr%5Ea457e85125ecd1d44087fe6c5ffd49a1998789%7Ctwcon%5E1_%26ref_url=https%3A%2F%2Fwww.aljazeera.com%2Fnews%2Ffliveblog%2F2024%2F4%2F28%2Fisraels-war-on-gaza-live-israel-says-rafah-invasion-on-negotiation-table
- ^{xxvi} Gender alert: The gendered impact of the crisis in Gaza
- ^{xxvii} <https://www.theguardian.com/world/2024/apr/14/mental-health-palestine-children>
- ^{xxviii} Save the Children, ‘Complete psychological destruction’: children in Gaza have suffered “relentless mental harm” during five months of war, 12 March 2024
- ^{xxix} https://www.hi.org/sn_uploads/document/Factsheet---Blast-Impacts-Looking-into-the-Consequences-of-Explosive-Weapons-in-Gaza_1.pdf
- ^{xxx} Joint UN-World Bank Interim Damage Assessment Report: Summary Note, 29 March 2024
- ^{xxxi} <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-reported-impact-day-181>
- ^{xxxii} Child protection rapid assessment
- ^{xxxiii} <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-reported-impact-day-188>
- ^{xxxiv} <https://www.ohchr.org/en/press-releases/2024/04/israelgaza-un-experts-condemn-destruction-judicial-infrastructure-call>
- ^{xxxv} <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-reported-impact-day-222>
- ^{xxxvi} <https://www.ipcinfo.org/ipcinfo-website/alerts-archive/issue-97/en/>
- ^{xxxvii} World Food Programme Director Cindy McCain: Northern Gaza is in a ‘full-blown famine’ (nbcnews.com)
- ^{xxxviii} OHCHR. Press Release. <https://www.ohchr.org/en/press-releases/2024/01/over-one-hundred-days-war-israel-destroying-gazas-food-system>
- ^{xxxix} https://gaza-projections.org/gaza_projections_report.pdf
- ^{xl} Crisis in Gaza: Scenario-based Health Impact Projections
- ^{xli} UN OCHA, Hostilities in the Gaza Strip and Israel | Flash Update #153
- ^{xlii} https://www.hi.org/sn_uploads/document/Factsheet---Blast-Impacts-Looking-into-the-Consequences-of-Explosive-Weapons-in-Gaza_1.pdf
- ^{xliii} <https://reliefweb.int/report/occupied-palestinian-territory/opt-emergency-situation-update-28-7-oct-2023-20-apr-2024-1600>

- ^{xliv} <https://www.unicef.org/press-releases/children-disproportionately-wearing-scars-war-gaza-geneva-palais-briefing-note#:~:text=Only%20about%203%2C500%20people%2C%20mostly,be%20accompanied%20by%20family%20members.> And <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-reported-impact-day-222>
- ^{xlv} Gender Alert
- ^{xlvi} GBV AoR, The Gaza Strip: Gender Based Violence - Response Update March 2024, UNFPA Palestine.
- ^{xlvii} <https://www.ohchr.org/en/press-releases/2024/02/israelopt-un-experts-appalled-reported-human-rights-violations-against>
- ^{xlviii} PSEA Network: Risk Mitigation Assessment Report to Prevent SEA in the Gaza Strip and the West Bank, March 2024
- ^{xlix} https://www.hi.org/sn_uploads/document/Factsheet---Blast-Impacts-Looking-into-the-Consequences-of-Explosive-Weapons-in-Gaza_1.pdf
- ^l <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-reported-impact-day-181>
- ^{li} War on Gaza: impact on Palestinian Women and children
- ^{lii} Gaza Strip – Interim Damage Assessment, Summary Note March 29, 2024
- ^{liii} World Bank/Ipsos. 7th Bi-weekly report – 27th February.
- ^{liv} Flash Analysis Report: Over Five Months of Attacks on Food Security in Gaza, March 2024
- ^{lv} <https://reliefweb.int/report/occupied-palestinian-territory/public-health-situation-analysis-phsa-hostilities-occupied-palestinian-territory-opt-02-may-2024>
- ^{lvi} IPC report
- ^{lvii} <https://euromedmonitor.org/en/article/6138/New-testimonies-detail-torture-and-abuse-of-Gazan-detainees-in-Israeli-jails,-detention-centres>
- ^{lviii} <https://www.haaretz.com/israel-news/2024-03-07/ty-article/.premium/27-gaza-detainees-died-in-custody-at-israeli-army-facilities-since-the-start-of-the-war/0000018e-1322-d950-a18e-f3bbaa370000>
- ^{lix} Since 7 October and as of 20 May, 17 Palestinians died in IPS custody, including 9 from the West Bank, 6 from Gaza and 2 Palestinian citizens of Israel.
- ^{lx} Since 7 October, four different Palestinian armed groups have claimed to be holding hostages: Al Qassam Brigades, Al Quds Brigades, Abu Ali Brigades, and Al-Nasser Salah Al Deen Brigades. The groups have mentioned the hostages on their channels on Telegram or posted videos of the hostages.
- ^{lxi} Protection Cluster Palestine, Updating a framework for a general protection response – Gaza. Report on the protection workshop 11-12 March 2024
- ^{lxii} Protection Cluster Palestine, Updating a framework for a general protection response – Gaza. Report on the protection workshop 11-12 March 2024

Methodology

The protection analysis builds on a framework approach developed by the Protection Cluster, together with the AoRs in the aftermath of the 7th of October. In the absence of available primary data on protection situation and the fast pace changing environment, the analysis has looked a available secondary data from other sectors and actors organized against specific stressors of protection risks. On the basis of this framework, an observation mechanisms has been put in place to collect primary observation, when available, from partners in the different areas of Gaza. Additional information has been collected in parallel to the limited monitoring of partners activities, during which they have been providing a first account of observable changes in protection situation or specific risks.

Limitations

The current situation in Gaza, including the constant denial of access and the risks posed by the heavy military operations, does not permit the appropriate approach to ensure minimum standard of humanitarian assessment and analysis.



State of Palestine
Child Protection AoR

For further information please contact:

Protection Cluster: ohchr-protectioncluster-opt@un.org

GBV AoR: mohana@unfpa.org | Child Protection AoR: jdixon@unicef.org |
Legal Task Force/HLP: nader.muaddi@nrc.no, nataliya.yakubovska@nrc.no
Mine Action AoR: loreneg@unops.org, nvovk@hi.org