



OCCUPIED PALESTINIAN TERRITORY (oPt): Gaza Protection Analysis Update

DECEMBER 2024

EXECUTIVE SUMMARY

The protection and human rights catastrophe in Gaza continues unabated. Early in the year the International Court of Justice (ICJ) ordered Israel to take steps to prevent genocide.¹ Furthermore, the High Commissioner for Human Rights has raised concerns about atrocity crimes² and following intensified operations in the North, warned Israeli actions “*could amount to crimes against humanity.*”³

The ongoing escalation in hostilities, now in its second year, has left people in Gaza trapped in a situation of violence, death, injury, deprivation, starvation⁴ and disease. The humanitarian picture is stark. At the time of reporting, over 45,000 people had been killed⁵ and more than 108,000 injured.⁶ Most of the injured and killed (70%) are women and children.⁷ More than 10,000 people estimated to be buried under rubble.⁸ About 100 hostages⁹ are still held by Palestinian armed groups, and the armed wing of Hamas continues, sporadically, to launch indiscriminate attacks on Israel. Thousands of Palestinians have been detained by Israeli Forces (IF), often their whereabouts is unknown – in many cases unlawfully and in conditions that may amount to enforced disappearances.

About 66% of critical infrastructure¹⁰ has been destroyed or damaged, with reports of raw sewage flowing into the streets. Contamination from explosives is immeasurable.¹¹ Most people live in cramped, unsanitary, mostly makeshift shelters, tents, in bombed-out buildings or on the street. Families have been separated, children orphaned, and community networks torn apart. Children and vulnerable adults are dying of malnutrition and curable diseases. All hospitals have been damaged and only 17 of 36 are partially functional. Over 1,040 medical personnel have been killed, with many others injured or detained by IF.¹²

Efforts to bring further assistance into Gaza is significantly affected by Israeli barriers, impediments and restrictions as well increased lawlessness within Gaza, caused in large part by IF attacks on civilian law enforcement. This has contributed to increased looting and targeting of humanitarian convoys. The Rafah crossing out of Gaza has been closed since May 2024, with the exception of some medical patients.¹³ Since October 2024, there has been further alarm at the ongoing siege and intensified IF operations in northern Gaza.

This update acknowledges the extraordinary efforts of protection colleagues, partners and community members who strive to respond despite suffering their own displacement, trauma and losses. Since hostilities began, more than **340 aid workers** have been killed.¹⁴

URGENT ACTIONS NEEDED

- **Immediate and full ceasefire**, release of hostages and all Palestinians arbitrarily detained.
- **End the siege** and provide unfettered, sustained, safe, unhindered humanitarian access and aid to all of Gaza’s population.
- **Ensure compliance with international humanitarian law** and accountability for all crimes under international law.

PROTECTION RISKS AND SEVERITY

The Protection Cluster systematically tracks 15 protection risks. In Gaza, almost all have reached the highest level of severity (extreme).¹⁵ Five are spotlighted in this update 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 explosive ordnance**
5. **Abduction, kidnapping, enforced disappearance, arbitrary or unlawful arrest and/or detention**

CONTEXT



14 MONTHS SINCE THE START OF HOSTILITIES

Israel’s total control over freedom of movement. Israel’s siege, repeated displacement orders, attacks on civilian infrastructure, arbitrary detentions, checkpoints, and reduced access to lifesaving humanitarian aid has eliminated freedom of movement and contributes to a situation where normal daily life is impossible. The closure and siege imposed on Gaza amounts to collective punishment.¹⁶



The civilian death toll continues to rise, with 70% of confirmed casualties women and children.¹⁷ More than 13,300 children have been killed. Most were aged 5-9. 786 were under 1 year of age.¹⁸ 7,200 women, 3,400 older people and 16,700 men have been killed. More than 10,000 are estimated to be buried under rubble.¹⁹ A majority (25%) will have life-long injuries and disabilities.²⁰ About 5,700 seriously injured children will need long-term rehabilitation care.²¹

Detention and checkpoints. The increased fortification and widening of the Israeli controlled Netzarim corridor (now 7km wide), continues to divide Gaza in two and prevents people returning north, including separated families trying to reunite. Those wishing to move south risk arbitrary detention, particularly men and boys. At the time of reporting, developments indicate construction by IF of an additional corridor severing off North Gaza.

Almost the entire population has been forcibly displaced (90%),²² and live in overcrowded, unsafe shelters, makeshift tents or on the street. About 85% of Gaza territory has received displacement orders (currently about 80% of Gaza still has standing displacement orders).²³ No provisions are made for safe passage,



proper accommodation or satisfactory conditions of hygiene, safety, nutrition or measures to prevent family separation, in contravention of Israel’s obligations under International Humanitarian Law (IHL). Since May 2024, increasing numbers of people have been forced to move into Israel’s unilaterally declared “humanitarian zone.” This is an area of about 52 sq km (15% of Gaza’s land area).²⁴ This area is dangerously overcrowded (35,000 – 40,000 ppl per sq km), it is under resourced and lacking in essential infrastructure and services, and people continue to face violence and hostilities.²⁵

Widespread damage, destruction of civilian infrastructure. 66% of buildings; 68% of road networks,²⁶ 70% of agricultural land; 51% of hospitals²⁷ and 92.9% of schools have been damaged.²⁸ In addition, there has been destruction of World Heritage and other historical and cultural sites, hundreds of mosques and churches and civil administration buildings. UN premises and schools continue to be hit, mostly sheltering displaced families.

Deprivation of essential goods and services and risk of widespread starvation. Israel continues to periodically ban all commercial goods into Gaza and obstruct and restrict humanitarian aid in violation of IHL obligations, including its specific obligation as the occupying power to ensure access to food and medical supplies under the Fourth Geneva Convention.²⁹ Restricted items include

medical, water and sanitation, shelter and other items critical for the protection of civilians, the prevention of gender-based violence (GBV) and clearing explosive ordnance (EO). An average 70 aid trucks enter southern Gaza daily, compared with 500 before October 2023.³⁰ During October 2024 a mere 37 entered daily. Most aid to North Gaza has been blocked since 6 October 2024³¹ – leaving thousands of people in dire need of food, water and medical care. The latest Integrated Food Security Phase Classification (IPC) analysis shows an estimated 1.84 million Gazans (86% of the population) are now facing crisis levels of food insecurity, including 42,000 pregnant women,³² suggesting Israel is using starvation as a weapon of war.³³ At the time of writing, more than 100,000 metric tons of food – capable of feeding the whole population for 2 months – and critical shelter supplies for 900,000 people³⁴ – are blocked from entering Gaza.³⁵ Evidence suggests Israel may not have taken sufficient steps to comply with ICJ rulings and implement provisional measure to prevent genocide and has refused to implement the July 2024 ICJ Advisory Opinion on the illegality of the Israel Occupation in Gaza (including the West and East Jerusalem).³⁶

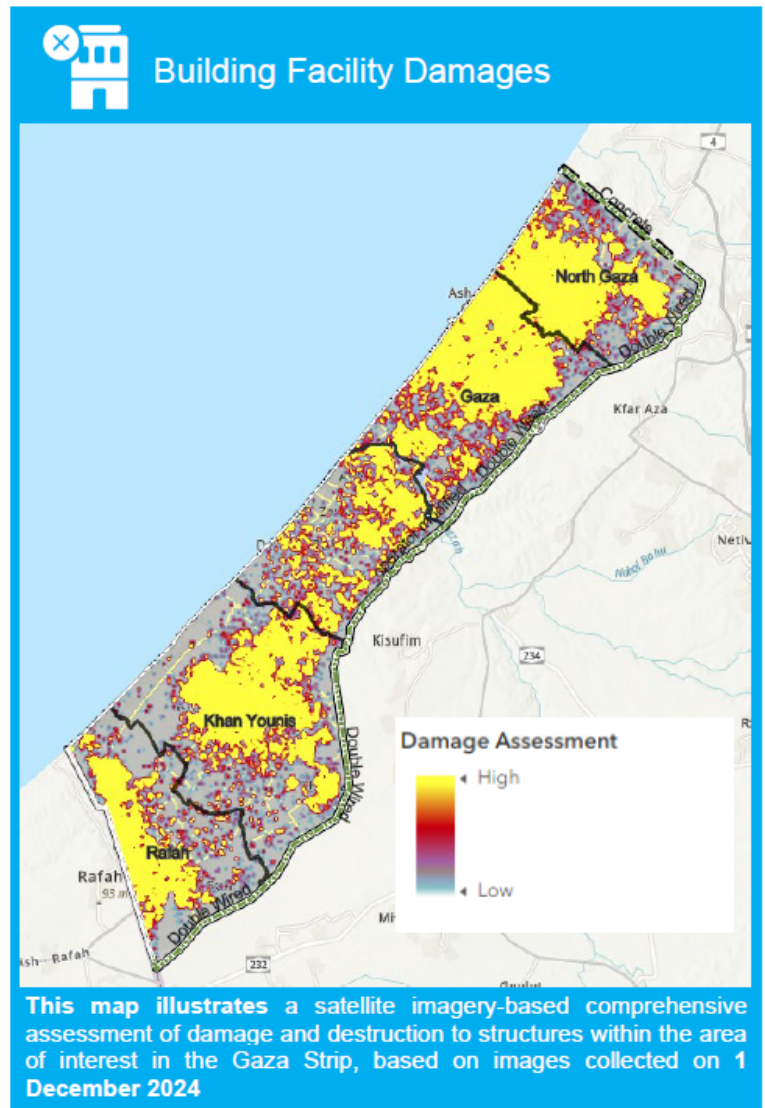
Further, across Gaza, nearly 1.4 million people now face severe water shortages; 62.4% of households have less than 6 liters of drinking water a day, and 46% less than 15-liters, well below the 20-liter minimum global standard.³⁷ The medical system has been directly attacked and made almost inoperable.³⁸

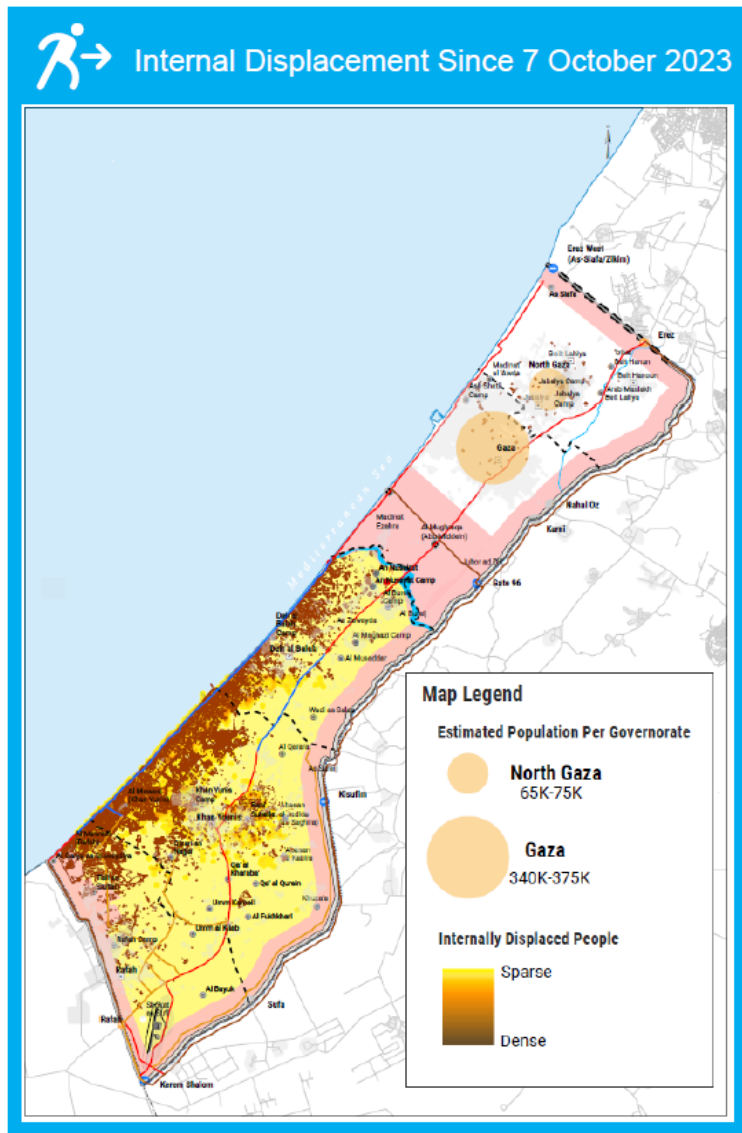
Humanitarian distribution points and convoys have been directly attacked on multiple occasions, hindering humanitarian actors' capacity to safely operate. Emergency responders, including frontline ambulatory and medical services, are routinely blocked by authorities. Combined, these actions create a coercive environment uninhabitable for the civilian population, effectively forcing displacement and increasing risk of starvation and death.

Increasing restrictions on UN, Non-Government Organizations (NGOs) and journalists. Israel increasingly restricts humanitarian actors from carrying out lifesaving work, most recently adopting legislation banning Israeli Government authorities from having any contact with UNRWA or anyone acting on its behalf. Such active restrictions on UNRWA's operations – a major provider of services and operational support to other UN agencies and NGOs throughout Gaza – would have wide-ranging impacts on the entire response. Israel also constrains information gathering, reporting and knowledge about humanitarian need by attacking, killing and injuring journalists and blocking international journalists from entering and reporting from Gaza.³⁹

Collapse of the Gaza economy and livelihoods. There is almost a complete shutdown of all economic activity in Gaza. The unemployment rate has risen to nearly 80%. Rough projections show more than 74% of the population live in poverty and struggle to meet basic needs.⁴⁰ Major livestock losses and restrictions on food production inputs has destroyed the means to engage in sustainable livelihoods⁴¹ and perpetuates people's reliance on humanitarian aid.

Breakdown of social cohesion, community networks and human dignity. Israel's complete siege in the north and control over everything entering Gaza, and its destruction of the economy and livelihoods, has led to catastrophic need across the entire population. The risk of starvation and other unmet essential needs fuel extreme desperation and competition over scarce





Before the current crisis, Palestine had one of the highest levels of mental health and psychological disorders in the Mediterranean region. Now, the entire Gaza population is at risk of severe mental health deterioration. Many adults and children express their wish to die rather than live through further displacement, violence and deprivation. UNICEF estimates all 1.1 million children need mental health support, many with compounding needs after enduring six rounds of armed conflict intensification since 2008. Families and caregivers are severely affected and have limited capacity due to their own mental harm, leading to risks of increased intra-family violence. Notable is the impact on women who are primary carers and responsible for their family’s basic needs. For men, being unable to protect and provide for their family has dramatic impacts on sense of value and status. Healthcare and other frontline workers providing Mental Health and Psychosocial Support Services (MHPSS) experience the same stressors and needs as their patients, compounded by exhaustion from overwork and the constant need to make ethically challenging decisions.⁴⁴ Hostilities have crippled MHPSS services – many specialists have fled Gaza for safety, some have been killed and others suffer their own mental health deterioration. Consistently, one study found 97% of people reported no mental health services were available to those suffering psychological impact of being injured in an attack.⁴⁵ Widescale capacity building is urgently needed as well as increased numbers of skilled practitioners, particularly those experienced at managing complex trauma.⁴⁶

resources, including between family members who struggle to balance their own needs with those of relatives.⁴² Convoys of aid, which Israel often stalls at checkpoints, as well as damaged roads and rubble from collapsed buildings that slow movement, make aid supplies and workers easy targets for criminal activities and have led to significant theft, damage and losses. From June to September 2024, about USD 25.5 million (13.3%) of all aid entering was lost, mainly from looting.⁴³ The loss of civilian policing, who have often been targeted by IF, has led to a rise in lawlessness. In the law enforcement vacuum, violence, including looting, has increased. A myriad of challenges ensue, including ensuring safe warehousing and distribution points, and meaningful access for the most vulnerable. Protection monitoring shows those most at risk of exclusion are women-headed households, children without surviving family, sick, injured, chronically ill, older people and those with disabilities. Women report being unable to leave shelters to access aid fearing the theft of personal belongings. Israel’s intentional restrictions contribute to intracommunal violence and the steady breakdown of social cohesion and community networks.

Catastrophic levels of mental health distress

1.1 million
children in Gaza need mental health support (UNICEF).

97%
of injured people reported no mental health services available

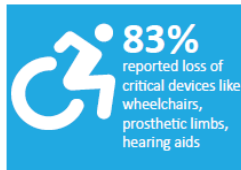
LIVING WITH A DISABILITY

Some of the most vulnerable people in Gaza are those with disabilities. Persons with disabilities (PwD), including children, are severely challenged and faced particular risk when it comes to fleeing danger, finding safety and navigating across the extremely contaminated and dangerous landscape. They often struggle to access basic necessities and have had to endure long waiting times for medical assistance and surgery. Those with chronic health issues often endure months without essential medicines.

Hostilities, displacement and Explosive Ordnances (EO) have led to rising numbers of PwD. Conservative estimates are 20% of the population have permanent disabilities (**with rates of disability since October 2023 doubling from 1.9% to 3-5%**). WHO analysis estimates 25% of the total number of injuries have serious life-changing injuries requiring continuous rehabilitation.⁴⁷ The disability estimates include thousands of children who have lost one or both legs.⁴⁸ The impact on children is harrowing and many of those injured are left with permanent disability and lifelong scarring. Doctors at Gaza's European Hospital and al-Aqsa Hospital describe performing numerous operations on children wounded by tiny fragments of shrapnel, which often leave barely visible entry points but cause extensive internal damage, and appear to be intentionally designed to increase the number of casualties.⁴⁹



Children with and without disabilities learn together in one inclusive setting in a displacement site. (Photo: Atflauna Society for Deaf Children)



The destruction of hospitals, arrests of medical staff, shortages in medical personnel and restriction on entry of critical medical supplies and devices have compounded risks faced by PwD and led to preventable long-term disability. Many operations are done without anesthetics.⁵⁰ Long term management of complex

injuries has been severely impacted⁵¹ by the restriction of entry to Gaza of medical supplies and assistive devices (AD), including wheelchairs, prosthetic limbs and hearing devices. One assessment showed 83% of PwD had lost their AD.⁵² ADs were in short supply before the crisis, and ongoing access restrictions have led to large numbers of PwD living without critical AD, increasing their exposure to risks and reducing their capacity to manage their displacement and disability with dignity. Furthermore, critical rehabilitation and MHPSS infrastructure and facilities have been significantly damaged and constant displacement interrupts recovery and treatment processes. 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.⁵³ Consequently, the rising number of Gazans living with disabilities are facing unparalleled challenges and risk exposure with limited access to support, access to services and protection.

PROTECTION RISKS

RISK 1 Attacks affecting Civilians and Civilian Objects

Risk of death, injury from hostilities and destruction of property is extremely high and violations of IHL by all parties continue in scale and volume, with Israel’s means and methods of warfare causing significant civilian harm and damage.

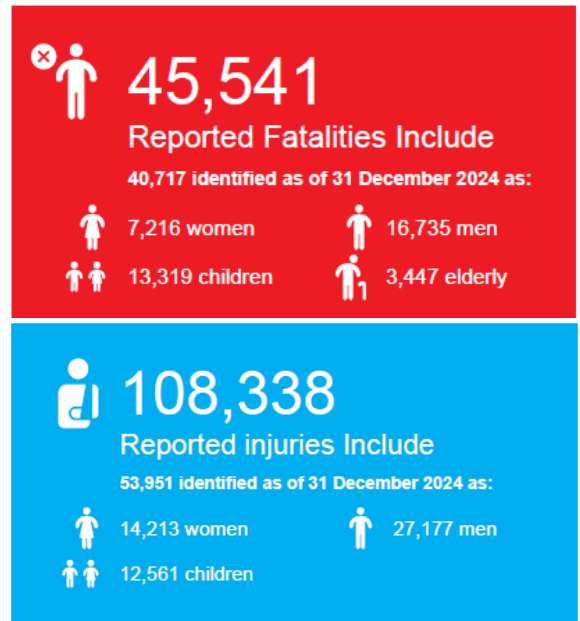
Daily Israeli airstrikes, including with weapons with wide area effects and directed against civilian infrastructure serving as shelters, shelling and shooting and ground battles between IF and Palestinian Armed Groups (PAGs), continue to harm civilians and civilian objects, raising serious concerns about compliance with IHL basic principles of distinction, proportionality and precautions.⁵⁴ Civilians are at risk from air strikes, artillery shelling, unmanned air vehicles and systems (UAV/S), exchange of small arms fire and exposure to improvised explosive devices. Civilians attempting to flee from north to south Gaza are at risk of being killed, injured, or arbitrarily detained. Many testimonies report people being targeted by snipers or UAV/S while fleeing.

Since October 2023, more than 45,000 people have been killed and 108,000 injured as a direct result of hostilities.⁵⁵ *In June, the Secretary General issued his annual report on children and armed conflict and highlighted the “unprecedented scale and intensity of grave violations and numbers of children killed and maimed” in Gaza.*⁵⁶ The report found IF responsible for 5,698 grave violations in 2023, including killing and maiming children. Based on conservative estimates, 23,000 children have conflict related injuries, 5,700 will need significant rehabilitation.⁵⁷ Protection monitoring shows major psychological impacts with the majority of respondents stating a major source of fear and stress was suffering or witnessing harm from attacks.

Among these violations, the following patterns have been observed:

The use of large explosive weapons with wide-area effects, which increase the potential for civilian loss of life and injury, continued especially in attacks directed at shelters, including schools, (e.g. an attack on Khadia School in Deir Al Balah, Middle Gaza, on 27 July 2024; and an attack on Al Mawasi, Khan Younis on 10 September 2024). In hundreds of incidents recorded by OHCHR, children are commonly the casualties of such weapons. Thousands of children have sustained injuries and are at risk of lifelong disabilities as a result. While the frequency with which these weapons were used appeared to have decreased compared to earlier months, they still continue across Gaza, especially in the north and Al Nuseirat area, while there are increased reports of potential indiscriminate attacks on individuals by armed drones.

Attacks have destroyed most civilian infrastructure including hospitals, schools, water infrastructure, primary roads and communications infrastructure, markets, bakeries, religious and cultural sites, and agricultural infrastructure. For instance, during an IF operation in Jabalya Camp in North Gaza in May 2024, an increase in direct attacks on schools serving as IDP shelters was noted. In October 2024, there were reports of IF incinerating schools and bakeries in the north.



UNMAS trainers teach staff of a local Palestinian organization how to prevent and mitigate risk of injury from explosive hazards and how to train others (PHOTO: UNMAS)

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

Child and forced family separation – a traumatic pattern – did not exist before October 2023. Risks are greatest during outbreaks of violence or mass displacements, during IF arrests and detention of men and boys, when families split up to retain alternative shelter options,⁵⁸ and during hospitalization and medical evacuations. For instance, new-born babies were separated from their mothers at birth when hospitals in the north were attacked and patients displaced south. Children who are medically evacuated to Third Countries with a family companion are often separated from fathers as only one female care giver is allowed to accompany the child.⁵⁹

Unaccompanied and separated children (UASC) are severely affected and among the most vulnerable in Gaza. Separation creates trauma for children, harms development and exposes them to multiple protection risks such as neglect, isolation, starvation, violence, abuse, exploitation and early marriage. Conservative estimates indicate 17,000 children are unaccompanied or separated in Gaza, although the numbers are likely much higher.⁶⁰ Further, an estimated 35,000 children have lost one or both parents over the past year.⁶¹ Separated families face specific protection risks. For instance, women and girls on their own are at increased risk of gender-based violence, and face barriers obtaining essential items. Men and boys are at risk of being killed, arrested, detained and ill-treated by IF.



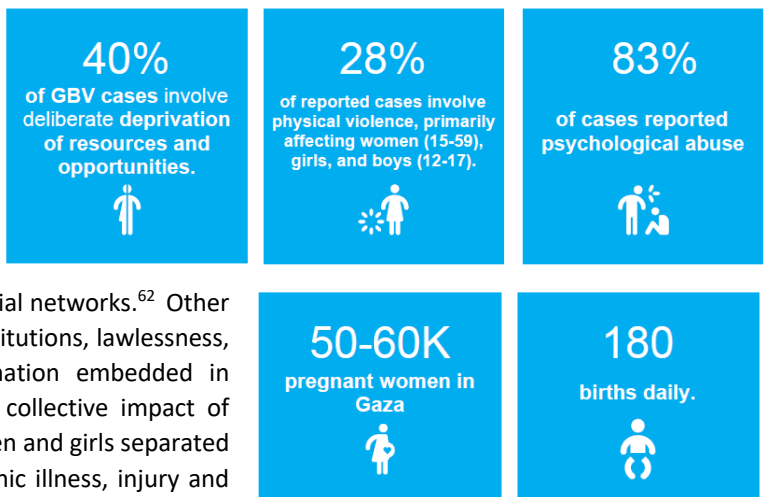
Protection partners support children injured by the conflict with case management and specialized services (PHOTO: UNICEF-SoP/2024)

Identifying UASC, tracing and reunifying them with family or primary caregivers is a priority. While humanitarian agencies coordinated some reunifications, many attempts have been blocked or denied by Israel. Urgent advocacy is needed to leverage political support to approve these missions and reunify children with their parent(s) and relative(s) who can provide long-term care.

Scaled-up alternative care options for UASC are urgently needed, particularly for adolescent boys and children with special needs in the context of the ongoing insecurity, which impedes safe temporary care arrangements. Restrictions by authorities on the entry of materials essential for child protection severely hinders humanitarians’ capacity to scale the response. Limited presence of mandated authorities also hampers durable solutions for affected children. Child protection partners maximize reach by providing mobile services and community-based psychosocial support (PSS). Efforts must scale up to identify and implement family-based care options and ensure carers of UASC receive long-term integrated support, including financial assistance complemented by case management, MHPSS, parenting and other essential services.

RISK 3 Gender-Based Violence

Gender-based violence (GBV) in all forms, including sexual exploitation and abuse (SEA), has surged in Gaza since the beginning of hostilities. Numerous assessments show risks are exacerbated by displacement into overcrowded sites that lack privacy, lighting and adequate gender segregated water, sanitation and hygiene (WASH) facilities and food distribution points, as well as deprivation of access to essential services and the loss of important family and social networks.⁶² Other critical factors include: the breakdown of government institutions, lawlessness, loss of family and social support, increased discrimination embedded in traditional and customary law by the conflict, and the collective impact of trauma, to list a few. Most at risk are GBV survivors, women and girls separated from family, widowed women, children, those with chronic illness, injury and disabilities.⁶³ GBV also intersects with race, class, and other discriminatory factors which influence GBV vulnerability,⁶⁴ and protection monitoring shows such various gendered impacts. For instance, during displacements women and girls often flee while men stay behind to protect property, thereby increasing risks to women and girls



while on the move and in subsequent relocation sites. Men and boys risk being killed by staying in zones under displacement orders, or arbitrarily arrested or detained, tortured and ill-treated by IF and subjected to sexual violence. Adolescent boys risk being enlisted into gangs or perceived as ‘fighting age males’ by parties to the conflict. Young people and women on their own and isolated from families are increasingly vulnerable.⁶⁵

GBV trends observed since May 2024⁶⁶ show the most reported impact affecting 40% of all cases seeking GBV support was the **deliberate deprivation of resources and opportunities**. Contributing causes included inflation, price gouging and biases against women and girls in marketplaces. Protection monitoring showed 89% of women interviewed reported exclusion from community decision-making. Older women and those living with disabilities and women-headed households reported difficulty getting food and access to hygiene products.⁶⁷ In one incident, a woman and two girls died in a crowd while attempting to buy bread.⁶⁸ A quarter of reported GBV cases in September were linked to household resource shortages, often affecting girls, women and older women.⁶⁹ Similar patterns were noted in a report on women’s access to justice with 41% of cases related to economic violence and deprivation of resources.⁷⁰

Reports of family disputes and violence continued to trend upwards with 28% of reported cases affecting mostly adult women (15-59) and girls and boys (12-17). More than half the perpetrators were spouses and other family members. Service providers reported physical violence within families is becoming more normalized. In hundreds of counseling sessions survivors reported contemplating suicide or feared their father would kill the family and commit suicide.⁷¹

Emotional and psychological abuse by spouses or family members was the third most reported impact, and usually accompanied physical violence, and emerging cases of cyber-violence.⁷² Other studies showed 80% of reports were physical violence, 83% psychological – more than half perpetrated by husbands or in-laws (57%) and 55% by strangers in shelters.⁷³

Assessments also show patterns of negative coping mechanisms particularly affecting children – including increased reports of unwanted adolescent pregnancies, pregnancies out of wedlock and early marriage.⁷⁴ Child protection case management trend analysis shows increasing numbers of children affected by sexual violence and abuse.

Alarming, trend analysis from September 2024 highlighted cases of sexual exploitation and abuse by humanitarian workers at distribution points, and by suppliers involved in cash and voucher programs. The PSEA Network and helpline has continued to receive consistent SEA reports pertaining to safeguarding, child safeguarding and SEA. Analysis confirms a multifaceted form of violence resulting in SEA that requires strong coordination between all actors to address and mitigate.

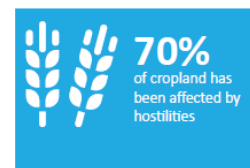
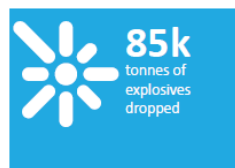
Barriers outlined earlier prevent substantive GBV prevention and support to survivors. Service providers also note challenges supporting people with new disabilities, unaccompanied/separated children, and cases of SEA.

Access to lifesaving GBV response services, including clinical management of rape (CMR) remains extremely limited. GBV referral pathways must be continually re-mapped following mass displacements. There is no capacity or space for comprehensive case management, psychosocial support or medical care to respond to most GBV cases. Only one safe shelter opened during the reporting period but cannot respond to the scale of need. Lifesaving GBV and Sexual and Reproductive Health (SRH) services have collapsed together with civilian policing and judicial structures for reporting cases.

Since hostilities began, 50 GBV responders have been killed, 98 injured and 118 have left Gaza.⁷⁵ Furthermore, 60% of women’s organizations reported destruction of their offices and 40% reported partial damage. All lost essential equipment, and most suffered extreme personal losses, while 70% lost funding due to freeze or donor withdrawal.⁷⁶

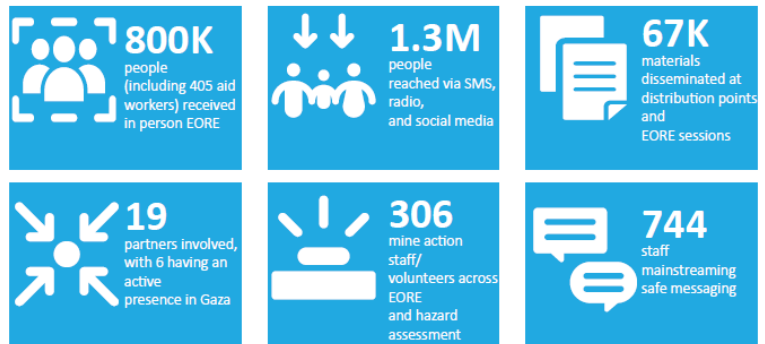
RISK 4 Presence of Mines and Other Explosive Ordnance

Explosive ordnance (EO) including those that fail to detonate are one of the most persistent and long-term dangers to civilians in Gaza – a risk that will continue long after hostilities are over. EO can cause death and injury, obstruct access to essential services such as food and shelter and prevent recovery, reconstruction and families returning to their homes or land. They also disrupt social cohesion, traumatizing people who witness death and destruction.



EO has contributed to the majority of deaths and injuries and led to extreme levels of contamination. The full extent cannot be confirmed due to the extensive operational constraints imposed on aid and access. EO contamination is likely to be both surface-

level and underground, involving not only land service ammunition (projectiles, mortars, missiles, grenades, IEDs) but also deep buried bombs (DBB) and caches of weapons and ammunition. In mid-July, IF reported it had carried out airstrikes on more than 37,000 targets in Gaza and the environmental quality authority estimated 85,000 tons⁷⁷ of explosives dropped on Gaza’s 360 sq km strip, although these figures remain unverified. Such levels, and assuming an enabling environment, will require approximately USD 500 million over 10 years to clear and will have critical impacts on human lives. Furthermore, EO is likely buried in the more than 42 million tons of rubble, created by the destruction of buildings, roads, and other infrastructure.⁷⁸ Rubble is extremely hazardous and contains asbestos and other hazardous contaminants posing extreme threats to the population. The rubble also contains human remains and items of personal, cultural, and religious value. Rubble removal is complicated by extensive housing land and property rights that are challenging to navigate without a functioning national authority. Contaminated areas in Gaza also include market and agricultural infrastructure. 70% of cropland has been affected by the hostilities.⁷⁹



The risk of injury or death, along with long-term psychological trauma, will remain high until clearance operations can be completed. Currently, many injuries lead to preventable long-term disability. Indeed, protection monitoring integrating Washington Group Questions on disability indicates a steady increase in multiple forms of functional disability since the start of data collection in August 2024.

Critical and urgently needed mine action interventions include prevention, mitigation and response to EO, such as comprehensive explosive hazards assessments, especially in sites sheltering displaced people. Additionally, there is urgent need for proper demarcation and disposing of the explosive hazards, comprehensive support for victims and families including rehabilitation and MHPSS, and widescale risk education and awareness sessions. However, predictable humanitarian access remains restricted for the entry of both specialized personnel and essential Explosive Ordnance Disposal (EOD) equipment, as well as regulations preventing the conduct of disposal activities, which mitigate the risk of accidents and supports safe and sustainable delivery of humanitarian aid. Currently, EOD teams can only mark, rather than safely move or dispose EO. Movement inside Gaza is also obstructed, with many movements either denied by Israel or cancelled at short notice. In September, 31 requests to conduct hazard assessments were denied. Meaningful information about the main types of EO and the areas with the highest likely concentration, which could help prioritize the most hazardous areas for further survey and clearance, is not made available to humanitarian actors.

Extensive work is ongoing to raise people’s awareness of the presence of the EO and safe behaviours through Explosive Ordnance Risk Education (EORE). However, patterns of risk-taking behaviour (RTB) will persist as long as vulnerable communities rely on negative coping strategies to meet basic needs. Reported RTB exposing Gazans to additional risks from EO include persons searching among the rubble for food and other essential materials or scavenging for scrap metal to sell, persons attempting to document the conflict, and families searching for survivors. Risks for children are especially high, as they are more likely to discover EO items and less likely to have knowledge of safe behaviours to avoid danger.



Risk Education Officer with a local Palestinian Organization conducts risk education sessions for adults and distributes posters cautioning people about the risks of explosives (PHOTO: Palestinian Organization for Development)

RISK 5 Arbitrary or Unlawful Arrest and Detention and Ill-Treatment

Risk of unlawful arrest, detention and ill-treatment by IF remains extremely high for Palestinians in Gaza especially following displacement orders, during IF ground incursions and attacks on hospitals and shelters or when crossing checkpoints.⁸⁰

Since the start of hostilities thousands of Palestinians from Gaza have been detained. Most are transferred out of Gaza into Israeli detention facilities, including Sde Teiman in the Negev desert, and held for months without charge, access to family, ICRC or legal counsel. Persons routinely report family members being taken away by IF with no information about their fate or wellbeing, raising concerns of enforced disappearance.

Men and boys are most at risk, although some women and girls have been detained, including an 80-year-old woman with Alzheimer's disease. More than 300 medical staff and patients have been detained, as well as journalists and UNRWA staff. Further, more than 1,000 Palestinian workers from Gaza who were legally present in Israel on 7 October 2023 remain unaccounted for.

Detainees, including children, are reportedly held under a framework of administrative detention without charge, trial, judicial review, or access to legal counsel in contravention of due process guarantees required under International Human Rights Law (IHRL). In many cases there is no available information about their fate or whereabouts, potentially indicating a practice of enforced disappearance. In many cases, Palestinians have been detained *en masse* to be screened, collect intelligence or simply because they stayed in areas IF ordered civilians to leave.

Conditions inside places of detention are inhumane.⁸¹ This includes overcrowding with some 13-20 crammed into a cell designed for 5, some kept in cage-like facilities and being constantly blind-folded and handcuffed, as well as forcing detainees to sleep on the floor and severely restricting food and causing hunger and malnutrition. Detainees report being prevented from accessing toilets, hygiene and medical treatment, exposure to harsh weather, confiscating belongings and prohibiting prayer.

Testimonies from released detainees, including children, also indicate the use of torture and other ill-treatment by Israeli authorities, including severe beatings, electrocution, putting detainees in stress positions for long periods and waterboarding, dog attacks, strip searches, denial of food, sleep, and bathroom access, as well as sexual violence including rape and threats of rape, forced nudity, and sexual harassment. It is impossible to accurately know the number of Palestinians who have died in detention. According to media sources,⁸² at least 27 detainees died in the custody of the Israeli 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 and denial of medical assistance.⁸³ Testimonies from medical professionals and whistle blowers indicate that injured detainees held at a field hospital in Sde Teiman were blindfolded, restrained 24/7 to their beds, and fed through a straw, with several cases of detainees having their limbs amputated due to prolonged shackling.⁸⁴ *Women and children have also been subjected to assaults and beatings in detention facilities*, including prolonged blindfolding and deprivation of food, sleep and medical treatment, as well as electric shock, burning and deliberate humiliation. Reports have emerged also of sexual and gender-based violence against men and women, including beatings while naked, use of electrocution on the genitals, threats of rape and sexual slurs, and inappropriate touching by IF soldiers. Male detainees were reportedly filmed and photographed in deliberate humiliating positions.

The lack of information about detainees, as well as the ad hoc and uncoordinated manner of 'release' of detainees by Israel, including children, makes it extremely difficult for humanitarian actors to coordinate responses for this highly vulnerable group and contributes to cases of family separation and UASC.

RESPONSE

PROGRESS MADE ON PROTECTION

Since May, following the Rafah offensive, significant progress has been made in the Gaza protection response. Most protection partners relocated operations to the Middle Area while maintaining services in the southern governorates, with increasing coverage north of Wadi Gaza. The Protection Cluster has established a network of approximately 150 trained Emergency Protection Responders, who are being deployed in IDP camps, distribution sites and within the community to provide frontline, on the spot responses and referrals for specialized services. This expanding network, which draws from some 20 Protection Cluster partner organizations, will play a pivotal role in the response to the expected surge in diverse and complex protection needs once a ceasefire is declared. The network is also being leveraged to collect critical protection data. This is achieved through a mix of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and semi-structured questionnaires used in Joint Protection Assessments, which feed into a shared Protection Monitoring System.

Key specialized protection activities include supporting frontline child protection and GBV workers, enhancing case management, and strengthening referral pathways to specialized services. Efforts to safeguard children have focused on family tracing, reunification, and alternative care for unaccompanied children. Safe spaces and shelters for women and girls have been established, along with expanded MHPSS services, including community-based support and awareness raising. Protection partners have conducted explosive hazard assessments and delivered Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) awareness sessions. Legal support services, including birth registration and housing rights assistance, have also been prioritized alongside cash-based assistance to empower community-led initiatives. Protection monitoring and material assistance, such as hygiene supplies, clothing, psychosocial support kits, and assistive devices for children with disabilities, have further strengthened the response, ensuring broader coverage and critical service delivery across Gaza.

A full list of partners and services in Gaza is available on the [Protection Cluster](#), [Child Protection](#), [GBV](#) dashboards.

The Protection Cluster and Child Protection, Gender Based Violence, Housing Land and Property / Legal Task Force, and MineAction Areas of Responsibility can all be contacted for more relevant sector-specific strategy updates. (See end of report for contact details.)

ACCESS-RELATED CHALLENGES AND ACTIONS

Protection partners (numbering about 80 implementing partners, both national and international) continue to be fully affected by the crisis. **A majority of the staff working for the organizations have been displaced multiple times, had their homes, places of shelter and offices destroyed. Some have been injured and killed. Many continue to suffer enormous personal losses and are exposed to the same level of trauma and terror as the rest of the population.** Many live in makeshift conditions without electricity, communication or certainty about safety. Despite these tremendous stressors, most protection partners continue providing important, life preserving services and responses. Notable is their ongoing capacity to adapt and re-establish services amid a context where evacuations and displacements are routine, and resourcing is extremely constrained. Furthermore, protection activities are being integrated across other sectors, such as food, health, shelter and WASH, expanding the range and spread of protection response in Gaza. Approaches to protection have adapted to the current operating environment including support to community-led initiatives, community protection planning and cash-based assistance. (See Annex 2 for a list of operational challenges.)

CRITICAL GAPS IN PROTECTION

In the absence of sufficient humanitarian space for the level of protection responses needed, protection partners have adapted their operations to the scale and scope of hostilities. For instance, despite the risks, in order to reach people programmes will operate in restricted areas where there are active hostilities or IF presence, as well as in areas with less intense hostilities.

Without sustained access to humanitarian goods and free movement of humanitarian personnel, critical services such as prevention and response to UASC, medical evacuations, community-based child protection interventions in shelters and informal sites, GBV response and risk mitigation including pre-positioning of life-saving materials, need conditions to be guaranteed in ways that respond to the scale of needs. Explosive Ordnance Disposal (EOD) activities are fundamental. This includes assessments and eventually survey and clearance, of safe spaces for children or GBV survivors, and critical areas like transport routes, medical facilities, water sources, and areas designated for humanitarian aid distribution. In addition, Victim Assistance, including a robust framework with earmarked funding which is not currently available and is an utmost necessity to reduce further harm.

RECOMMENDATIONS

RISK 1 Attacks on Civilians and Civilian Objects

TO THE INTERNATIONAL COMMUNITY (INCLUDING DONORS)

- Immediate and full ceasefire, release of hostages and all Palestinians arbitrarily detained, end the blockade and provide unfettered, sustained, safe, unhindered humanitarian access and aid to all Gaza's population.
- Compliance with international humanitarian law and accountability for all crimes under international law.
- Member states to cease supporting activities that facilitate IHL and IHRL violations and facilitate efforts to enable Palestinian right to self-determination, equality, non-discrimination.

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 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, provision 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 accompanied by caregivers.
- Ensure that humanitarian assistance is meeting the most vulnerable, including people/children with disabilities.
- Scale up the provision of child protection case management services, with adapted protocols to the current operating context, including referrals to specialized 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, to support prevention and enable identification and referral to specialized 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 about 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.
- Strengthen collaboration with management of shelters and camps to enhance ways to protect women, girls and PwDs from violence.
- Secure and provide essential supplies for women and girls to help mitigate risks of sexual exploitation and abuse – this includes food, water, health care as well as hygiene items, clean water and clothes especially for more vulnerable groups such as PwDs.
- International organizations acting as donors should promote prioritization of women and girls of all ages, ability and other background in service provision across sectors, including shelter and WASH – to help increase safety of all women.

RISK 4 Presence of Mines and Other Explosive Ordnance

TO THE INTERNATIONAL COMMUNITY (INCLUDING DONORS)

- With 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 stabilizing 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. Prioritizing 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, conflict preparedness and protection (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 organizations 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 standardized 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.

ENDNOTES

- ¹ ICJ 26 January 2024. <https://www.icj-cij.org/node/203447>
- ² OHCHR Press Release 8 November, 2024. <https://www.ohchr.org/en/press-releases/2024/11/there-must-be-due-reckoning-horrific-violations-possible-atrocity-crimes>
- ³ OHCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024 | OHCHR](#) para 67. See also International Court of Justice, Application of the Convention on the Prevention and Punishment of the Crime of Genocide in the Gaza Strip (South Africa v. Israel), 26 January 2024 Order, paras. 60 to 86; *ibid.*, 28 March 2024 Order, paras. 11 to 51; *ibid.*, 24 May 2024 Order, paras. 20 to 57.
- ⁴ Integrated Food Security Phase Classification Analysis, October 2024.
- ⁵ OHCHR fatality monitoring, November 2024.
- ⁶ Casualty figures provided by the Ministry of Health. OCHA oPt, Reported Impact Snapshot, 31 December 2024.
- ⁷ OCHA oPt, Humanitarian Situation Update, November 2024. WHO/ Health Cluster dashboard. OHCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024 | OHCHR](#)
- ⁸ OCHA oPt Reported Impact Snapshot, 31 December 2024. Sources: GMO and PCD.
- ⁹ various media reports, OCHA oPt Reported Impact Snapshot, 31 December 2024.
- ¹⁰ UN Satellite Centre, October 2024. <https://www.axios.com/2024/10/05/gaza-destruction-map-israel-amas>; UNOSAT Damages Report, 6 September 2024.
- ¹¹ OCHA oPt, Humanitarian Situation Update, November 2024.
- ¹² Gaza Ministry of Health, 7 October 2024. WHO/ Gaza Health Cluster.
- ¹³ Gaza Health Cluster
- ¹⁴ OCHA oPt, Reported Impact Snapshot, 31 December 2024.
- ¹⁵ Global Protection Cluster, 15 Protection Risks. <https://globalprotectioncluster.org/protection-issues>
- ¹⁶ 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).
- ¹⁷ OHCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024](#) OCHA oPt, Humanitarian Situation Update, November 2024. WHO/ Health Cluster dashboard.
- ¹⁸ OHCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024](#) Save the Children, “More children have been killed in a year in Gaza than in 4 years of conflict worldwide” October 2024. <https://www.savethechildren.net/news/gaza-3195-children-killed-three-weeks-surpasses-annual-number-children-killed-conflict-zones>
- ¹⁹ Ministry of Health. OCHA oPt, Reported Impact Snapshot, 31 December 2024.
- ²⁰ WHO, Estimating Trauma Rehabilitation Needs in Gaza using Injury Data from Emergency Medical Teams, July 2024. www.emro.who.int/images/stories/palestine/Rehab-injury-estimate-Gaza.pdf
- ²¹ UNICEF State of Palestine 2025. <https://www.unicef.org/media/166061/file/2025-HAC-State-of-Palestine.pdf>. For planning purposes, UNICEF estimates that at least 23,000 children – of whom 12,561 have already been identified – have sustained injuries due to the ongoing conflict. Among these, approximately 25 per cent (5,700 children) require significant rehabilitation, as their injuries are likely to result in long-term disabilities. The estimates of conflict-related injuries are current as of October 15, and the figures regarding those needing substantial rehabilitation come from the Trauma Working Group. This may not encompass children who have developed hearing or visual impairments as a result of the conflict.
- ²² gaza.forensic-architecture.org/database. OCHA Humanitarian Situation Updates, November 2024.
- ²³ OCHA oPt, Reported Impact Snapshot, 17 December 2024. <https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-17-december-2024>
- ²⁴ OCHA oPt, Humanitarian Situation Update, 8 October 2024.
- ²⁵ OCHA oPt, Humanitarian Access Snapshot, August 2024. gaza.forensic-architecture.org/database
- ²⁶ UN Satellite Centre, October 2024. <https://www.axios.com/2024/10/05/gaza-destruction-map-israel-amas>. UNOSAT Damages Report, 6 September 2024. UNOSAT Damages Assessment Overview Map, 31 July 2024.
- ²⁷ HeRAMS Gaza Snapshot, September 2024.
- ²⁸ Verification of damages to schools Update #6 September 2024.
- ²⁹ OHCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024](#)
- ³⁰ OCHA oPt, Reported Impact Snapshot, 12 November 2024.
- ³¹ OCHA oPt, Humanitarian Situation Update 247, December 2024. <https://www.ochaopt.org/content/humanitarian-situation-update-247-gaza-strip>
- ³² Integrated Food Security Phase Classification Analysis, October 2024.
- ³³ OHCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024](#)
- ³⁴ Shelter Cluster Snapshot, September 2024.
- ³⁵ World Food Programme, Gaza Update 9 October 2024. <https://www.wfp.org/stories/gaza-updates-hunger-deepens-aid-plummets>
- ³⁶ Legal Consequences arising from the Policies and Practices of Israel in the Occupied Palestinian Territory, including East Jerusalem. Summary of the Advisory Opinion of 19 July 2024. See for example, CERD Decision 2, accessible at [https://\(2024\)tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCERD%2FEWU%2F10086&Lang=en](https://(2024)tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCERD%2FEWU%2F10086&Lang=en)

- ³⁷ WASH Cluster, Rapid WASH Assessment, September 2024. WHO, How much water is needed. <https://cdn.who.int/media/docs/default-source/wash-documents/who-tn-09-how-much-water-is-needed.pdf>
- ³⁸ OHCHR Press Release, 31 December 2024: <https://www.ohchr.org/en/press-releases/2024/12/pattern-israeli-attacks-gaza-hospitals-raises-grave-concerns-report>
- ³⁹ Committee to Protect Journalists <https://cpj.org/full-coverage-israel-gaza-war/>. OHCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024 | OHCHR](#) para 48.
- ⁴⁰ ILO and PCBS – A year of war in Gaza Bulletin, 5 October 2024; UNDP 2024 Gaza War: Expected socioeconomic impacts on the State of Palestine, Policy Brief2
- ⁴¹ FAO Rapid Assessment, September 2024.
- ⁴² Gaza Community Mental Health Programme, August 2024, in ACAPS MHPSS Thematic Report, 3 September 2024.
- ⁴³ OCHA oPt, Calculating Losses of Humanitarian Goods and Assets, November 2024.
- ⁴⁴ ACAPS, Impact of the conflict on mental health and psychosocial needs in Gaza, 3 September 2024.
- ⁴⁵ Danish Refugee Council, Killing long after they fall: the cost of active warfare and explosive ordnance on civilians in Gaza.
- ⁴⁶ Gaza Community Mental Health, Fact Sheet, June 2024.
- ⁴⁷ OCHA oPt, Humanitarian Situation Update 245, 10 December 2024.
- ⁴⁸ Save the Children, 7 January 2024. UNICEF.
- ⁴⁹ Amnesty International, Human Rights Watch, They destroyed what was inside us: children with disabilities amid Israel's attacks on Gaza, September 2024.
- ⁵⁰ World Health Organisation Palestine.
- ⁵¹ Humanity and Inclusion, December 2023. Stars of Hope, The Social and Economic cost of conflict-induced Disability in Gaza, August 2024.
- ⁵² Atfaluna Society for Deaf Children, March 2024.
- ⁵³ Gaza Rehabilitation Taskforce; Disability Working Group.
- ⁵⁴ OCHR oPt: [Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024 | OHCHR](#) paras 7, 18, 30. See also OHCHR Thematic report - Indiscriminate and disproportionate attacks during the conflict in Gaza (October – December 2023). 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.
- ⁵⁵ OCHA oPt Impact Snapshot, 31 December 2024
- ⁵⁶ Children and Armed Conflict, Report of the Secretary General, 3 June 2024 (A/78/842-S/2024/384, paras 113,114.).
- ⁵⁷ UNICEF State of Palestine 2025. <https://www.unicef.org/media/166061/file/2025-HAC-State-of-Palestine.pdf>. While data on individuals injured in the Gaza Strip is reported regularly, since April 2024, age-specific data has not been available. For planning purposes, UNICEF estimates that at least 23,000 children – of whom 12,561 have already been identified – have sustained injuries due to the ongoing conflict. Among these, approximately 25 per cent (5,700 children) require significant rehabilitation, as their injuries are likely to result in long-term disabilities. The estimates of conflict-related injuries are current as of October 15, and the figures regarding those needing substantial rehabilitation come from the Trauma Working Group. This may not encompass children who have developed hearing or visual impairments as a result of the conflict.
- ⁵⁸ Protection cluster monitoring.
- ⁵⁹ Child Protection Area of Responsibility.
- ⁶⁰ UNICEF. <https://www.unicef.org/press-releases/stories-loss-and-grief-least-17000-children-are-estimated-be-unaccompanied-or>
- ⁶¹ OCHA oPt, Humanitarian Situation Update 231, October 2024.
- ⁶² PSEA Risk Assessment, April 2024.
- ⁶³ Care, Rapid Gender Analysis, May 2024; GBV Trends Report, September 2024; PSEA Risk Assessment April 2024.
- ⁶⁴ Care, Rapid Gender Analysis, May 2024
- ⁶⁵ PSEA Risk Assessment, April 2024.
- ⁶⁶ GBV AoR, Case Management Taskforce Report, September 2024.
- ⁶⁷ Care, Rapid Gender Analysis, May 2024.
- ⁶⁸ OHCHR monitoring 2024.
- ⁶⁹ UNFPA Situation Report #11, November 2024.
- ⁷⁰ Women's Legal Research and Counselling and Woman Affairs Centre: Women's Access to Justice, June 2024.
- ⁷¹ Gaza protection partners.
- ⁷² GBV AoR, Case Management Taskforce Report, September 2024.
- ⁷³ Ibid.
- ⁷⁴ Care, Rapid Gender Analysis, May 2024.
- ⁷⁵ GBV AoR Palestine and Women's Rights Organisations and women-led organisations, Advocacy Note: Centrality to the GBV Response in Gaza, June 2024.
- ⁷⁶ Ibid.
- ⁷⁷ Conservative estimate only. Humanitarian actors are unable to confirm more accurate estimates without access to do wide surveys and information from IF on contamination.
- ⁷⁸ UNOSAT satellite imagery analysis. UN Environment Programme, June 2024.
- ⁷⁹ FAO, UNOSAT, UNITAR Agricultural damage assessment in the Gaza Strip from October 7, 2023 to September 1, 2024.

- ⁸⁰ In detail see for example Welcome to Hell: The Israeli Prison System as a Network of Torture Camps [EN/AR/HE] - occupied Palestinian territory | ReliefWeb, and OHCHR Thematic Report – Detention in the context of the escalation of hostilities in Gaza (October 2023-June 2024), 31 July 2024.
- ⁸¹ OHCHR Press Statement 31 July 2024. <https://www.ohchr.org/en/press-releases/2024/07/un-report-palestinian-detainees-held-arbitrarily-and-secretly-subjected>. OHCHR Thematic Report – Detention in the context of the escalation of hostilities in Gaza (October 2023-June 2024), 31 July 2024.
- ⁸² <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>
- ⁸³ OHCHR Thematic Report – Detention in the context of the escalation of hostilities in Gaza (October 2023-June 2024), 31 July 2024. 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.
- ⁸⁴ Ibid.

Methodology

The protection analysis uses a framework approach developed by the Protection Cluster. In 2024 the Gaza Protection Cluster together with the AoRs established a Protection Monitoring System that includes primary data collection processes and activities. This analysis includes primary data collected during participatory sessions with partners, community members and key humanitarian actors as well as key informant interviews and focus group discussions with community members. The analysis also includes key protection reports by partners and secondary data from other sectors and actors.

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.



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