PCHR
المركز الفلسطيني
لحقوق الإنسان

A Year Since Ceasefire

Ongoing Genocide in the Gaza Strip







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Executive Summary

The report examines the ongoing acts and conditions relevant to the commission of genocide in the Gaza Strip despite the ceasefire. While the intensity of attacks has decreased, the ceasefire has not halted the patterns of killing, the infliction of serious bodily and mental harm, or the conditions of life that threaten the survival of the Palestinian population and undermine its ability to recover. The report documents continued killings and the infliction of severe injuries, which in many cases have resulted in permanent disabilities, alongside the continuing deterioration of the population's physical and mental well-being caused by persistent fear, loss, and displacement. It also examines the ongoing collapse of health services; delays in the evacuation of patients requiring medical treatment; the deprivation of safe shelter; restrictions on the entry of food and essential production essentials; worsening poverty and unemployment; the disruption of water, sanitation, and waste-management systems; the accumulation of rubble; and the continued undermining of the right to education. Taken together, these conditions demonstrate the far-reaching impact of the attacks on virtually every aspect of life in the Gaza Strip. They further demonstrate how Israel's continued restrictions, coupled with the effects of widespread destruction, have left the Palestinian population unable to repair or rebuild what has been destroyed, restore homes and essential services, or recover livelihoods.

In its first part, the report documents the killing of members of the protected group, constituting the first act stipulated under Article II(a) of the Convention on the Prevention and Punishment of the Crime of Genocide (Genocide Convention). The facts documented in the report reveal the continuation of patterns of targeting civilians that were established prior to the ceasefire. These include bombardments of inhabited homes, displacement tents and shelters; attacks on civilian gatherings and people waiting in queues to obtain water and food; the targeting of police officers while performing civilian duties; and attacks on fishermen and humanitarian relief workers. Gunfire has also continued in the vicinity of the "Yellow Zone" and other Access Restricted Areas (ARAs), exposing Palestinians to the risk of being killed while checking on their homes, attempting to reach their land or their livelihoods. The facts documented by the report demonstrate that civilians have remained exposed to attacks in the places where they live, where they have sought refuge, and where they go to meet their most basic needs. Children, women, and older persons have continued to be among the victims.

In its second part, the report addresses the infliction of serious bodily and mental harm upon members of the protected group, constituting the second act stipulated under

Article II(b) of the Genocide Convention. The continued attacks have resulted in further injuries, adding to the already massive number of injured people requiring medical treatment and long-term rehabilitation. These injuries include amputations, loss of sight and hearing, spinal cord and brain injuries, and severe burns. In a report published in May 2026, the World Health Organization (WHO) estimated that approximately 43,000 people had sustained injuries since the beginning of the war that were likely to have life-changing consequences. The report demonstrates how the shortage of rehabilitation services, prosthetic limbs, and assistive devices has compounded the effects of these injuries, further limiting injured people's independence and their ability to learn and work. These effects are particularly acute for children, who require continuous follow-up as they grow, as well as for injured people discharged from hospitals to tents and damaged buildings that lack the basic conditions necessary for recovery and rehabilitation.

The harm has extended to affect mental health and social relationships amid persistent fear caused by bombardment, the loss of family members, uncertainty over the fate of those who remain missing, and repeated displacement, compounded by the loss of employment and income and the absence of any clear prospect of return and reconstruction. The assessments cited in the report indicate widespread sleep disturbances among children and significant changes in their behavior, alongside severe pressures on caregivers and the depletion of health professionals providing services, many of whom are themselves experiencing loss and displacement. The decline in the number of daily casualties has not been sufficient to alleviate this burden, as long as families remain unable to restore even the most basic conditions necessary for stability.

The report’s third part documents the continued deliberate infliction upon the population of the Gaza Strip of conditions of life calculated to bring about their physical destruction, in whole or in part, as set out in Article II(c) of the Convention on the Prevention and Punishment of the Crime of Genocide. In this context, the report examines how the continued Israeli control over land and crossings, together with restrictions on the entry of food, medicine, fuel, construction materials, and production inputs, has deprived the population of the essentials for survival and undermined its ability to repair the destruction inflicted on homes, infrastructure, and means of livelihood.

The report also highlights health, housing, economic, food, environmental, and education conditions as interconnected elements of these conditions of life. It demonstrates how the deterioration of one sector interacts with the others, compounding the effects of deprivation and further undermining the population’s ability to restore even the minimum conditions necessary for an adequate standard of living. As a result, large segments of the population remain at constant risk of death, disease, malnutrition, homelessness, and prolonged deprivation of basic necessities.

In the health sector, hospitals and healthcare centers have continued to operate only partially and under severely strained conditions, affected by the breakdown of generators, oxygen plants, diagnostic equipment, and ambulances, as well as shortages of medicines, medical consumables, and spare parts. This has had a direct impact on patients with cancer, kidney disease, cardiovascular conditions, diabetes, and other illnesses whose health depends on regular and uninterrupted treatment. The medical evacuation of patients has remained far below the scale of need and subject to security approval and restrictions on the movement of patients and their companions. Referral pathways that operated regularly before the war to hospitals in the West Bank, including East Jerusalem, have also remained extensively disrupted

The right to shelter has not progressed beyond emergency response towards the restoration of safe housing. According to assessments by United Nations agencies in June 2026, approximately 94 per cent of the population was in need of shelter assistance and non-food items, while by August, one-third of the Gaza Strip's territory remained inaccessible to the population or subject to severe access restrictions. The limited space available and the absence of viable alternatives have forced people to continue living in fragile tents and damaged buildings. Repeated structural collapses have further demonstrated that damaged buildings cannot be considered safe or suitable for habitation. Restrictions on the entry of reinforcement materials, as well as inspection, rescue, and emergency equipment, have further exposed the population to risks that could otherwise be prevented or mitigated.

Regarding food and economic conditions, the modest improvement in the availability of some goods has remained dependent on what is permitted to enter through crossings under Israeli control, without any corresponding restoration of household incomes or the population's capacity to produce its own food. The report's analysis, based on figures on truckloads documented by the Gaza Chamber of Commerce and Industry between October 2025 and 16 August 2026, indicates an average of approximately 211 truckloads entering the Gaza Strip each day—around 35 per cent of the estimated daily average of 600 truckloads. The latter figure was included in the arrangements announced as part of the ceasefire in October 2025. Over the past months, the report identifies an increase in the private sector's share of incoming goods, coinciding with a decline in humanitarian aid, while imports remained concentrated primarily on consumer goods. At the same time, the entry of production essentials, energy supplies, and materials and equipment required for repairs remained insufficient to support recovery. Restrictions on access by land and sea, together with restrictions on entry necessary equipment, have further hindered agricultural and fishing activities. As a result, families have become increasingly dependent on humanitarian assistance, borrowing, and the sale of their remaining property.

This year, the continued breakdown of water and sanitation networks, waste-management systems, and rubble-removal operations has exposed the population to heightened risks of disease and other dangers. Families have been forced to survive on limited quantities of water and live near wastewater pools and temporary waste disposal sites, while shortages of fuel and equipment, together with access restrictions, have impeded the repair and operation of essential services. These conditions have compounded the education crisis in the Gaza Strip. Schools that have been destroyed or used as shelters have not yet resumed their educational functions, while temporary learning spaces have been unable to compensate for years of disruption to regular education. Injury, disability, poverty, and difficulties accessing educational facilities have further increased the risk of children being excluded from education, deepening learning losses and increasing the risks of school dropout and child labor.

The report concludes that the suffering of the population during the reporting period has been perpetuated by ongoing attacks, the continuing effects of widespread destruction, and the obstruction of pathways to recovery. Injured people have been denied adequate rehabilitation; families have been deprived of safe housing; patients have been unable to access regular treatment; and workers have been prevented from restoring their livelihoods. Taken together, these conditions, and their continued persistence, have undermined the population's ability to survive and recover. While humanitarian interventions have alleviated some manifestations of suffering, they have not been sufficient to address their underlying causes.



In its recommendations, the report urges States Parties to the Genocide Convention to fulfil their obligations to prevent the ongoing crime of genocide against the Palestinian population of the Gaza Strip; ensure Israel's compliance with the provisional measures issued by the International Court of Justice (ICJ); take all necessary measures to prevent acts that may contribute to the continuation of the crime; support accountability efforts; and ensure reparations for victims, including compensation for the losses and harm inflicted upon them. The report also calls on the international community to exert pressure on Israel to end the blockade; ensure the entry of essential medicines, medical supplies, shelter materials, and equipment needed to rehabilitate facilities and essential services; and restore pathways to production and livelihoods. It further calls for conditions that enable displaced residents to return voluntarily and safely to their areas.

Introduction

A year after the ceasefire entered into force in the Gaza Strip, and three years into the crime of genocide, the Palestinian population of the Gaza Strip has yet to enjoy the safety and security it has been awaiting, nor has it been able to resume a normal life. While the intensity of attacks has decreased compared with the most devastating phases of the war, the killing has not stopped. Airstrikes, artillery shelling, and gunfire have continued, with civilians continuing to be killed and injured in their homes, tents, and shelters, as well as while attempting to access food, water, land, and livelihoods. The year has passed without effective protection capable of preventing the recurrence of these crimes or accountability measures sufficient to deter their perpetrators.

Promises accompanying U.S. President Donald Trump's plan and the agreement have not translated into reconstruction that would enable the population to return to their homes and resume their lives and livelihoods. Vast areas of the Gaza Strip remain under Israeli control or inaccessible to the population, while more than 2 million Palestinians remain confined to a narrow area lacking essential services and the conditions necessary for safe housing. Despite limited improvements in the entry of some supplies during certain periods, restrictions have continued on fuel, medicines, construction materials, equipment, and production supplies. Hospitals have remained unable to provide the treatment required; families have continued to depend on irregular humanitarian assistance; and children have been deprived of regular education, while the burdens of daily life amid rubble, contaminated water, and accumulated waste have continued to grow.

This reality has persisted alongside Israeli plans and statements aimed at forcibly displacing Palestinians from the Gaza Strip. In September 2026, Israeli Defense Minister Israel Katz reiterated that his government was prepared to implement plans to facilitate mass emigration from the Gaza Strip, linking this position to the U.S. position. This came as Prime Minister Benjamin Netanyahu stated that Israel would not withdraw from the territory it held. Israeli National Security Minister Itamar Ben-Gvir also proposed a plan aimed at removing the vast majority of Gaza's Palestinian population within years through what he explicitly called "voluntary emigration." These calls must be understood in light of the conditions imposed by Israel on the ground. By depriving Palestinians of housing, medical care, food, and employment, while simultaneously preventing them from repairing and rebuilding what has been destroyed, these conditions place the population under constant pressure to leave and undermine its ability to exercise a genuinely free and voluntary choice.

This report examines these realities in light of the first three acts stipulated under Article II of the Genocide Convention: killing members of the group; causing serious bodily or mental harm to members of the group; and deliberately inflicting on the group conditions of life calculated to bring about its physical destruction, in whole or in part. The Genocide Convention applies irrespective of whether a war is ongoing or has formally ended. Article I expressly affirms that genocide is a crime whether committed in time of peace or in time of war. Accordingly, PCHR considers the ongoing killing, injury, and deprivation of essential necessities for survival as part of the pattern of conduct documented since October 2023, whether the facts, policies, and statements, taken together, provide indications of the continuation of acts of genocide and of the specific intent to destroy the Palestinian group, in whole or in part.

Focusing on the first year following the entry into force of the ceasefire on 10 October 2026, the report draws on field documentation by PCHR's field researchers, interviews and affidavits they collected, statements issued by competent official bodies, and reports published by the United Nations, humanitarian, health, and international organizations. It distinguishes between incidents that occurred after the ceasefire agreement and impacts that have accumulated since the beginning of the war, while specifying the period covered by each set of statistics. It also presents cases that illustrate recurring patterns of violations, without providing an exhaustive account of all incidents or victims.



The report concludes with recommendations calling for an end to acts of genocide; the protection of the Palestinian population; measures to prevent their forced displacement; and the lifting of restrictions that impede their access to treatment and their ability to rebuild their lives. The report also sets out specific demands addressed to the international community, States, the United Nations, and its agencies, including the provision of urgent humanitarian assistance, the restoration of essential services and livelihoods, accountability for those responsible, and the fulfilment of victims' rights to an effective remedy and reparation.

1. Continued Killing of Palestinians in the Gaza Strip Despite the Ceasefire

The incidents and conditions on the ground documented by PCHR's field researchers demonstrate that the entry into force of the ceasefire on 10 October 2025 has not eliminated the risk of killing and injury in the Gaza Strip. Despite the marked decrease in the intensity of attacks, this has IOF have continued to bomb residential areas, displacement tents, shelters, civilian gatherings, and vehicles, while also opening fire on Palestinians on roads and in ARAs. As a result, civilians have remained at risk of being killed in their homes, tents, and shelters, as well as while attempting to meet their basic needs.

PCHR's monitoring indicates that this period unfolded in three successive stages: a period of relative calm as the first stage; followed by targeted and sporadic attacks as the second stage; and a gradual escalation as the third stage, marked by an increase in the number of attacks, their geographic scope, and the number of casualties. During this period, the "Yellow Zone" also became a recurring site for the killing of civilians. These stages demonstrate that what occurred during this year constitutes continued killing but through methods that have been less intense and more selective, without any fundamental change in the nature of the sites targeted or the identities of the victims. This has deprived the ceasefire agreement of its substantive effect and allowed acts of genocide to continue at varying levels of intensity.

1.1 A Year of Killing Under the Cover of a Ceasefire

The ceasefire has not brought an end to the killing in the Gaza Strip. During the period from the entry into force of the ceasefire until the beginning of October 2026, IOF killed at least 1,391 Palestinians and injured 4,822 others. This amounts to an average of approximately four Palestinians killed and 13 others injured every day, meaning that, on average, one Palestinian was killed approximately every six hours during a period in which military operations were supposed to have ceased.[1]

The decline in the number of attacks has not provided the population with genuine safety. Airstrikes and artillery bombardment, as well as gunfire from Israeli ground forces, gunboats, and drones, have remained an integral part of daily life, intensifying at

1. Palestinian Ministry of Health in Gaza, "Israeli Aggression on the Gaza Strip: Statistics Dashboard 2023–2026," last updated 8 September 2026, accessed 24 September 2026, available at: https://sehatty.ps

times and subsiding at others, but never ceasing altogether. Throughout the year, the population of the Gaza Strip has lived in a state of constant fear and uncertainty, never knowing when or where the next attack would occur. It has had no sustained period of safety in which to resume normal life without the risk of being killed or injured.

The incidents documented by PCHR in the field and reported in its press releases demonstrate that the difference between the period before and after the ceasefire agreement lay more in the frequency of attacks than in their nature. Homes, tents, shelters, civilian gatherings, police checkpoints, and livelihoods have remained among the sites targeted by Israeli fire. The attacks have continued without warning and at times when civilians were present at the targeted locations. Accordingly, these violations cannot be characterized as isolated or sporadic breaches. The recurrence of killings throughout the year, the expansion in the scale of attacks, and the consistent targeting of the same types of sites and categories of persons have rendered the ceasefire ineffective in providing meaningful protection to the civilian population.

The death toll recorded during this year forms part of the devastating toll of the genocide committed by Israel since October 2023 and continuing through September 2026. The Ministry of Health recorded the killing of at least 74,228 Palestinians and the injury of 175,188 others.[2] When compared with the total population of the Gaza Strip, estimated at approximately 2.1 million, the number of those killed represents 3.53 per cent of the population, while those injured account for approximately 8 per cent. Taken together, those killed and injured account for approximately 11.9 per cent of the population, meaning that approximately one in every nine Palestinians in the Gaza Strip has been killed or injured.

Nevertheless, this toll remains incomplete. It does not include those who remain missing under the rubble or in areas under IOF control that remain inaccessible. Nor does it fully capture deaths resulting from the collapse of the healthcare system, hunger, shortages of medicines, or deprivation of medical treatment. From this perspective, the period beginning with the declaration of the ceasefire in October 2025 did not mark a new chapter in the life of the population of the Gaza Strip, nor did it interrupt the pattern of killing that had continued for two years. While the frequency of direct killing decreased, attacks continued, people continued to be killed and injured, and the conditions resulting from death and injury remained in place. Accordingly, the toll recorded during the year following the ceasefire agreement constitutes a continuation of the genocidal campaign, rather than a distinct phase separate from it.

2. Palestinian Ministry of Health in Gaza, “Daily Statistical Report on the Victims of Israeli Aggression,” 19 September 2026, the Ministry’s official Telegram channel, available at: https://t.me/MOHMediaGaza/7625

1.2 Children, Women, and Older Persons at the Heart of Human Losses

The heavy losses among children and women during the year of the ceasefire were not a new phenomenon, but rather a continuation of what they had endured since the beginning of Israel's offensive in October 2023. Of the 74,228 Palestinians killed as recorded by the Ministry of Health as of September 2026, approximately 21,600 were children, accounting for nearly 29.1 per cent of the total number of those killed, while 12,500 were women, accounting for approximately 17 per cent. Together, children and women accounted for 34,100 deaths, or approximately 45.9 per cent of the total toll. This means that nearly half of the Palestinians killed during the offensive were children and women.[3]

This reality did not change following the declaration of the ceasefire. Official statistics, as of 8 September 2026, show that among those killed during the approximately one-year ceasefire period were 312 children, 135 women, and 45 older persons, while those injured included 485 children, 751 women, and 67 older persons.[4] These figures demonstrate that the decline in the frequency of attacks did not provide effective protection for these groups. Children, women, and older persons continued to bear the human cost of bombardment and gunfire directed at civilian objects intended to provide them with some measure of safety, including homes, schools, shelters, and places of displacement.

In several incidents documented by PCHR during the year, attacks resulted in the killing of women and children alone or members of the same family. On 18 July 2026, an Israeli drone strike killed Angham 'Abdullah al-'Attar (52) while it targeted a gathering in front of a school sheltering displaced persons in Beit Lahia.[5] On 6 September 2026, Sa'di 'Abdullah Sa'di Ghalyah (3) was killed when an artillery shell struck a classroom in a school in Deir al-Balah sheltering a displaced family.[6]

Four days after the incident mentioned above, an Israeli warplane targeted a house belonging to the Ahmed family near Kamal 'Edwan Hospital in Beit Lahia at dawn, killing Mo'men 'Abdel Rahman Ahmed, his wife, Hanin Mousa Saleh, and their two daughters,

3. Interview conducted by a PCHR researcher with Dr Isma'il Al-Thawabtah, Director General of the Government Media Office, 8 September 2026.

4. Ibid.

5. PCHR, Press Release, "As Part of the Ongoing Genocide, Israel Continues Destroying What Remains of Homes in the Gaza Strip," 19 July 2026:
https://pchrgaza.org/as-part-of-the-ongoing-genocide-israel-continues-destroying-what-remains-of-homes-in-the-gaza-strip/

6. PCHR, Press Release, "Ongoing Genocide: Israel Kills Eight Palestinians and Injures Dozens More in Gaza," 7 September 2026:
https://pchrgaza.org/ongoing-genocide-israel-kills-eight-palestinians-and-injures-dozens-more-in-gaza/

Lana (10) and Bana (8).[7] These incidents are only part of dozens of similar cases demonstrating that families continued to be killed in the very places where they had sought protection. Children and women were not killed only in the context of military operations, but also inside schools, homes, and places of displacement, which repeatedly became sites of Israeli attacks.

1.3 Persistence of Patterns of Killing Civilians after the Ceasefire

The methods of killing after the ceasefire in October 2025 remained unchanged, with the only change being in the frequency of attacks. IOF continued to bomb homes, tents, and shelters and to open fire on civilians near the "Yellow Line," while targeting gatherings, vehicles, and people waiting in queues for water and food, as well as food distribution kitchens. The cases documented by PCHR demonstrate that these incidents followed recurring patterns, leaving civilians exposed to the risk of death in their homes and places of displacement, as well as while searching for food, water, and livelihoods. These incidents can be categorized in the following patterns:

1.3.1 Bombing of Homes and Tents with Residents Inside

The bombing of residential neighborhoods, including homes, tents, and entire residential buildings, and their destruction with residents inside, without prior warning, constituted one of the most heinous crimes committed by IOF during its military offensive on the Gaza Strip. The targeting of inhabited homes and tents without giving their occupants any genuine opportunity to leave constituted one of the most recurrent and persistent patterns of killing throughout the years of the Israeli offensive. Following the declaration of the ceasefire, nothing changed except the frequency of these attacks. The same pattern has recurred in dozens of incidents documented by PCHR: a strike occurs at night or shortly before dawn while residents are asleep; homes sheltering one or more families are targeted without prior warning or evacuation; and the attack is followed by hours of search and rescue operations to recover the bodies of those killed from beneath the rubble.

PCHR's field researchers documented several crimes committed in accordance with this pattern. The most recent occurred on 10 September 2026, when Israeli warplanes fired

7. PCHR, press release, "Israel Kills 10 Palestinians, including a Couple and Their Two Children, and Injures Dozens in Gaza," 10 September 2026:
https://pchrgaza.org/israel-kills-10-palestinians-including-a-couple-and-their-two-children-and-injures-dozens-in-gaza/

a missile at a house belonging to the Ahmed family near Kamal 'Edwan Hospital in the Beit Lahia Housing Project in the northern Gaza Strip. The strike killed Mo'men 'Abdel Rahman Mohammed Ahmed (39), his wife, Haneen Mousa Fares Saleh (35), and their two daughters, Lana (10) and Bana (8).[8] In most cases, the strikes occurred at night, when families were gathered inside their homes or tents, including children, women, and older persons. Targeting these locations without prior warning therefore resulted in the killing of multiple family members at once. The recurrence of this pattern, coupled with IOF's knowledge of the nature of the targeted locations and the presence of civilians inside, indicates that the attacks were carried out in a manner calculated to inflict the highest possible number of deaths.



1.3.2 Targeting Civilian Gatherings and People Waiting in Queues for Water and Food

The targeting of public places and civilian gatherings constituted a recurring pattern throughout the year of the ceasefire. These attacks occurred while civilians were attempting to carry out the most basic activities of daily life, including in cafés, markets, and bakeries, or while waiting in queues to collect drinking water. In light of the

8. Ibid.

extensive destruction and the limited space available to residents, such places became indispensable gathering points. IOF were aware of the nature of these locations and the presence of civilians there yet continued to target them.

Among the many incidents documented by PCHR, which constitute only examples of the recurrence of this pattern, was the killing of Mohammed Mahmoud Sehweil (14) on 5 May 2026, when an Israeli drone fired a missile at a temporary police checkpoint established near the destroyed Sheikh Redwan police station, near Bahloul Station in al-Nasser neighborhood in Gaza City. The child was selling bread to help support his family and meet their basic needs.[9]

On 18 August 2026, IOF fired a missile at a café on the outskirts of Gaza Seaport in western Gaza City, killing seven Palestinians, including a child, and injuring 15 others, including women and children. The injured sustained varying degrees of injury, some of which were reported to be serious.[10] On 16 September 2025, an Israeli drone targeted Palestinians gathered in front of a café in western al-Bureij refugee camp in the central Gaza Strip, while some residents were waiting in queues to collect drinking water from a central water plant in the area. The attack killed Mohammed Jamal 'Eid (38) and 'Oday Mohammed Walid al-Mureidi (5) and injured 10 others.[11] Thus, carrying out basic daily activities has itself become life-threatening amid this recurring pattern of attacks. Obtaining basic necessities is no longer a safe task; a person may lose their life while buying bread, waiting to collect water, or simply sitting in a café.

1.3.3 Killing of Displaced Persons inside Tents and Shelters

Since the beginning of Israel's military offensive in October 2023, forced displacement has been accompanied by repeated declarations and orders compelling the population to leave their residential areas and move to other locations that IOF claimed were safer or designated as "humanitarian zones". Yet moving to these areas provided displaced persons with no effective protection, as bombardment and gunfire continued to reach them in their tents, schools, and shelters. This pattern was already evident before the ceasefire was declared in October 2025. Following the ceasefire, however, IOF continued to treat areas across the Gaza Strip as open to attack, without even the minimal restrictions that had previously been invoked. During the year, PCHR

9. PCHR, press release, "Israel Continues Targeting Civilians and Civilian Objects in an Apparent Attempt to Spread Chaos and Insecurity," 7 May 2026: https://pchrgaza.org/israel-continues-targeting-civilians-and-civilian-objects-in-an-apparent-attempt-to-spread-chaos-and-insecurity/

10. PCHR, press release, "No Safe Place as Genocide Continues: Mass Killings and Intimidation Besiege Civilians Across the Gaza Strip," 19 August 2026: https://pchrgaza.org/no-safe-place-as-genocide-continues-mass-killings-and-intimidation-besiege-civilians-across-the-gaza-strip/

11. PCHR's field documentation on 16 September 2026

documented hundreds of attacks against places where displaced persons had gathered since the beginning of the offensive, resulting in the killing and injury of displaced persons.

Among the incidents documented by PCHR, on 8 July 2026, an Israeli drone fired two missiles at a tent sheltering displaced persons in the al-Ber and al-Taqwa Displacement Camp in western Khan Younis, killing four Palestinians, including a child.[12] This incident was not an isolated one, but rather a stark example of a recurring pattern of attacks against tents and shelters where civilians were supposed to find protection.

These attacks demonstrate that displacement has never provided a path to safety. Civilians have been killed in their homes, while others have been killed while fleeing them. Bombardment has then followed those who sought refuge in tents, schools, and shelters. As a result, the population has been effectively deprived of any meaningful choice capable of protecting their lives: staying at home is dangerous, fleeing it is equally dangerous, and reaching a designated place of shelter does not guarantee survival. This pattern has persisted throughout the offensive and continued after the ceasefire, reinforcing the reality that there is no safe place in the Gaza Strip.

1.3.4 Killing Near the "Yellow Line" and in ARAs

During the first year of the ceasefire, the "Yellow Line" has become one of the deadliest hotspots for civilians in the Gaza Strip. This line, which determines the scope of IOF's deployment and separates areas under their control from the space available to the population, is neither clearly nor consistently marked on the ground. Its location has also shifted and expanded over time. As the territory under IOF's control or subject to access restrictions has reached approximately 70 per cent of the Gaza Strip, more than two million Palestinians have found themselves confined to the remaining area, living in permanent proximity to a line beyond which, or even close to which, they risk being shot or killed.

Data from the Office of the United Nations High Commissioner for Human Rights (OHCHR) illustrate the gravity of the situation in this area. Of the 629 deaths verified by OHCHR since the announcement of a ceasefire in October 2025 through early April, 196 resulted from attacks near the "Yellow Line", accounting for approximately one-third of

12. PCHR, press release, "Israel's Escalating Attacks in Gaza Reflect Consistent Pattern of Genocide," 13 July 2026, https://pchrgaza.org/israels-escalating-attacks-in-gaza-reflect-consistent-pattern-of-genocide/



the deaths verified during this period.[13] PCHR, for its part, documented dozens of attacks resulting in killings in these areas. One such incident occurred on 24 January 2026, when an Israeli drone dropped a bomb on two children collecting firewood near Kamal 'Edwan Hospital in the Beit Lahia Housing Project. The attack killed Soliman Zakaria Mohammed al-Zawar'ah (14) and Mohammed Yousif Mohammed al-Zawar'ah.[14]

Many of those killed near this line were attempting to check on their homes, access their property or land, or collect firewood and other basic necessities. In many of these cases, there was no documented indication that the victims posed any imminent threat to the lives of soldiers, particularly during a period in which hostilities were supposed to have ceased. Nevertheless, IOF treated any approach to this area as grounds for opening fire. The gravity of this reality is compounded by the increasingly narrow space available to the population, which does not exceed 30 per cent of the total territory of the Gaza Strip. As the “Yellow Line” is neither clearly nor consistently marked on the ground and has shifted and expanded over time, the likelihood of civilians accidentally approaching it has increased.

13. Office of the United Nations High Commissioner for Human Rights (OHCHR) in the Occupied Palestinian Territory, Verified data on the killing of Palestinians in the Gaza Strip since the announcement of the ceasefire, published on 18 June 2026, available at: https://www.un.org/unispal/document/ohchr-palestine-on-x-more-than-1000-palestinians-killed-in-gaza-since-the-announcement-of-a-ceasefire-in-october-2025/.

14. PCHR, press release, " Israel Continues Killing Civilians and Committing Genocidal Acts in Gaza," on 26 January 2026: https://pchrgaza.org/israel-continues-killing-civilians-and-committing-genocidal-acts-in-gaza/

1.3.5 Targeting Civilian Police Officers and Those Responsible for Maintaining Public Order

The targeting of civilian police officers, their headquarters, and field posts constitutes a pattern whose impact extends beyond the killing of individual victims to the civilian apparatus responsible for law enforcement and maintaining public order. The duties performed by these personnel include regulating markets and traffic, securing humanitarian aid convoys, and addressing looting and robbery. The necessity of these functions has increased amid the collapse of essential services, the spread of poverty, overcrowding, and competition over scarce resources. Targeting these personnel therefore undermines civilian institutions and leaves the population, humanitarian aid operations, and markets without protection, thereby expanding the cycle of disorder and exacerbating the risks facing civilians.

PCHR documented dozens of bombardment incidents targeting police officers inside their headquarters or at their posts. Among these attacks was a drone strike carried out on 14 July 2026, when an Israeli drone fired at least three missiles at a police checkpoint in Jabalia refugee camp, killing six police officers, including the director of a police station, Lieutenant Mohammed Merwan Mohammed Salem, as well as a civilian woman.[15] On 19 August 2026, an Israeli drone fired a missile at a room being used as a temporary headquarters by the municipal police in central Gaza City, killing eight police officers, including the female director of the Women's Police Department. The same strike also killed a child, Dana Haitham 'Omar al-Jmasi, who was in a nearby park, and injured 18 others.[16]

These incidents form part of a recurring pattern of targeting police officers while they are performing duties related to maintaining public order, effectively undermining the civilian institutions that the population relies on to maintain internal security and regulate its daily affairs. Police officers performing civilian duties are considered civilians and enjoy protection under international humanitarian law, unless and for such time as they directly participate in hostilities. Membership in the police force does not justify targeting or killing its members while they are carrying out civilian duties. In the absence of evidence that they were directly participating in hostilities, their targeting and killing constitute a grave violation of the principles of distinction and civilian protection.

15. PCHR, Press release, "Israel's Systematic Targeting of Police and Security Forces in Gaza Aggravates Chaos and Undermines Civilian Protection," 20 August 2026: https://pchrgaza.org/israels-systematic-targeting-of-police-and-security-forces-in-gaza-aggravates-chaos-and-undermines-civilian-protection/

16. Ibid.

1.3.6 Targeting and Killing of Civilians While Seeking Food and Livelihoods

During the year of the ceasefire, civilians continued to be killed while attempting to access food or sustain what remained of their livelihoods. Attacks targeted food distribution kitchens and their workers, while fishermen in the Gaza Strip were repeatedly subjected to gunfire, as were farmers and other civilians attempting to reach their land or workplaces in the eastern areas. In a society where most sources of income and employment opportunities have been destroyed and where people have become heavily reliant on humanitarian aid, the impact of these attacks extended beyond the individual victims to their families and communities, which depend on their work or the services they provide.



PCHR documented the continued targeting of civilians while preparing food for displaced people or pursuing their livelihoods through fishing. On 17 May 2026, an Israeli drone fired two missiles at a charitable kitchen in Deir al-Balah that was preparing food and providing free meals to displaced people, killing three of its workers.[17] PCHR documented the killing of five fishermen since the announcement of the ceasefire, the

17. PCHR, press release, "Israel's Targeting of Residential Areas and Humanitarian Workers Deepens the Tragedy in Gaza," 17 May 2026: https://pchrgaza.org/ar/?p=38338

latest of whom was killed by Israeli gunboat fire off the shore of Deir al-Balah on 15 September. As of mid-September, PCHR's data also recorded 30 fishermen injured and 86 others arrested while at sea or fishing off the Gaza Strip coast.[18] These attacks demonstrate the recurrence targeting of civilians while carrying out their daily work, exposing food-service workers and fishermen to killing and injury as they seek to provide food for displaced people or support their families.

When the six patterns documented by PCHR during the year of the ceasefire are examined and compared with those documented during the period preceding the ceasefire agreement, it becomes clear that the nature of the attacks did not change. The shelling of homes and tents continued, as did attacks on gatherings and shelters, gunfire near the "Yellow Line," and the killing of civilian police officers, people seeking food, and those engaged in livelihood activities. The main change was quantitative, reflected in a decrease in the number of daily attacks and the volume of munitions used, rather than qualitative in terms of the nature of the targets, the identity of the victims, or the absence of prior warning. The continuation of these patterns despite the political shift that the ceasefire was expected to bring, and in the absence of clashes or reciprocal combat operations in the incidents documented, confirms that the agreement failed to provide effective protection for the population and that the crime of genocide continued throughout the same year, albeit through less intense and more selective means.

18. PCHR, field monitoring and documentation records on violations committed by the IOF against fishermen in the Gaza Strip during the period following the ceasefire until 10 September 2026, PCHR internal records, 2025–2026.

2. Continued Infliction of Serious Bodily or Mental Harm on the Palestinian Population of the Gaza Strip Despite the Ceasefire

Injury was no less grave than killing. Over three years of war, Israeli attacks have left thousands of survivors with life-changing injuries, including the loss of limbs, senses, or mobility. The harm does not end upon discharge from hospital. Pain, disability, and the need for treatment and rehabilitation can persist throughout a person's life, with the consequences worsening each time treatment is delayed or access to a prosthetic limb, assistive device, or appropriate rehabilitation service is denied. These conditions are now being exacerbated by the intensified siege imposed on the Gaza Strip.

The infliction of this harm continued after the ceasefire was declared in October 2025. Relentless attacks on homes, tents, and civilian gatherings, as well as attacks near the "Yellow Line" and in ARAs, did not merely result in deaths but also left thousands injured. Many were discharged from hospital and returned to tents or damaged buildings amid the collapse of healthcare and rehabilitation services. At the same time, sources of serious mental harm persisted, including the fear of further attacks, the loss of family members, repeated displacement, and living without shelter or a source of income, with no clear prospect of return or recovery.

2.1 Serious and Life-Changing Injuries During the First Year of the Ceasefire

From the entry into force of the ceasefire until the end of September 2026, IOF injured at least 4,822 Palestinians, an average of 14 people per day.[19] Available records up to 8 September 2026 identified 485 children, 751 women, and 67 older persons among the injured.[20] These injuries occurred within the same patterns of attacks that resulted in deaths: strikes on homes, tents, and shelters; attacks on civilian gatherings and people seeking food and water; and gunfire near the "Yellow Line" and in ARAs.

19. Previously cited, Palestinian Ministry of Health in Gaza, *Daily Statistical Report on the Victims of the Israeli Aggression*, 21 September 2026, Ministry's official accounts.

20. An interview conducted by PCHR with Dr. Isma'il al-Thawabtah, Director General of the Government Media Office, on 8 September 2026.

The injuries sustained during this year add to the enormous toll accumulated since October 2023. According to the Ministry of Health in Gaza, at least 174,622 injuries had been recorded between the beginning of the Israeli offensive and 8 September 2026. In May 2026, WHO estimated that approximately 43,000 of the roughly 172,000 people injured during the war had sustained injuries likely to have life-changing consequences. This means that approximately one in every four injured persons may face life-changing consequences, equivalent to around 2 per cent of the total population of the Gaza Strip. In other words, approximately one in every 50 Palestinians in the Gaza Strip is living with an injury that may affect them for the rest of their life.[21]

A comparison over time shows that the ceasefire did not halt the continued influx of injuries requiring rehabilitation. WHO recorded approximately 5,000 additional injuries compared with its previous estimate, issued in September 2025, with around half of these injuries occurring after the ceasefire was declared in October 2025. This means that approximately 2,500 new injuries requiring rehabilitation were sustained in the period following the ceasefire agreement, confirming that serious bodily harm continued, even as the frequency of attacks declined compared with the most intense phases of the war.[22]

The nature of these injuries reveals the scale of the long-term harm. WHO estimated that more than 22,000 people had sustained severe limb injuries, over 5,000 amputations had been recorded, more than 2,000 had sustained spinal cord injuries, approximately 3,400 had sustained major burns, and over 1,300 had suffered traumatic brain injuries.[23] Other Palestinian estimates indicate that the number of amputations has reached approximately 5,400. Nearly 19,000 injured people require prolonged medical care and rehabilitation, while around 1,500 people have sustained complete paralysis and approximately 1,200 have lost their sight.[24]

Data on assessed cases show that around 76 per cent of amputations involved the lower limbs, and nearly one-third were above-knee amputations, among the most complex cases in terms of prosthetic fitting and training in its use. Children accounted for approximately 18 per cent of the assessed amputation cases, while an estimated 10,000 children were among those who had sustained life-changing injuries. Children also accounted for approximately 31 per cent of recorded spinal cord and brain injuries.

21. WHO, "One in four injuries in Gaza is life-changing while rehabilitation services struggle to keep pace," 12 May 2026: https://www.emro.who.int/opt/news/one-in-four-injuries-in-gaza-is-life-changing-while-rehabilitation-services-struggle-to-keep-pace-who-reports.html.

22. Ibid.

23. Ibid.

24. Previously cited, an interview conducted by PCHR with Dr. Isma'il al-Thawabtah, Director General of the Government Media Office, 8 September 2026.

However, no comprehensive specialized rehabilitation service for children with these injuries was available in the Gaza Strip.[25]

The effects of these injuries are compounded in children. A prosthetic limb that fits a child today may need to be adjusted or replaced as the child grows and the shape of the residual limb changes. Delays in physical therapy or injuries to the growth plates may also lead to deformities and muscle contractures, making prosthetic fitting more difficult later. The denial of early rehabilitation therefore does not merely delay a child's ability to move independently; it can affect their physical development, education, independence, and relationship with their own body and surroundings for years to come. UNRWA has described the Gaza Strip as now being home to the largest group of child amputees in modern history.[26]

Meanwhile, rehabilitation capacity has remained far below the scale of need. Of the 2,277 amputation cases assessed between September 2024 and May 2026, only 502 people received permanent prosthetic limbs—approximately less than a quarter of the cases. No new equipment entered rehabilitation facilities between May 2024 and 14 April 2026, while trucks carrying assistive devices faced an average waiting period of 136 days. Moreover, around 30 per cent of the limited number of rehabilitation beds were occupied by patients suffering from advanced pressure ulcers—complications that could have been prevented with adequate nursing care, appropriate bedding, regular repositioning, and early treatment.[27]

The shortage extended to specialized personnel. Before the war, the Gaza Strip had 1,300 physiotherapists and 400 occupational therapists. However, at least 42 professionals in these fields had been killed by September 2024, while others had been forcibly displaced or had left the Gaza Strip. Amid thousands of amputations, only eight trained specialists remained on duty to manufacture and fit prosthetic limbs. Meanwhile, multidisciplinary rehabilitation services, including physiotherapy, occupational therapy, and psychological support, were available at only two hospitals.[28]

The suffering of injured persons does not end upon leaving healthcare facilities. Destroyed roads, the lack of accessible transport, cramped tents, inadequate toilet facilities, and loss of income all impede access to treatment and the use of assistive devices. A UNICEF estimate found that a quarter of households reported caring for a

25. WHO, previously cited, and United Nations Office for the Coordination of Humanitarian Affairs (OCHA), *Humanitarian Situation Report*, 14 August 2026: https://www.ochaopt.org/content/humanitarian-situation-report-14-august-2026.

26. UNRWA, " Gaza now hosts the largest group of child amputees in modern history,": https://www.unrwa.org/newsroom/official-statements/unrwa-commissioner-general-gaza-gaza-now-hosts-largest-group-child

27. WHO, "Estimating Trauma Rehabilitation Needs in Gaza, September 2025 Update," Pages 26-29 https://cdn.who.int/media/docs/default-source/hq-whe/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf

28. Ibid.

child with a disability or functional difficulty, and that approximately 57 per cent of functional difficulties among children emerged after October 2023. Transport costs, the lack of assistive technology, and the absence of accessible, adapted facilities were among the barriers preventing children from accessing services.[29]

In addition to visible injuries, repeated explosions have caused damage to hearing, vision, and other senses. Data published in 2026 indicate that approximately 35,000 children and adults have experienced partial or complete hearing loss, while cochlear implant procedures and the provision of hearing aids have remained extremely limited.[30] The impact of hearing loss extends beyond its medical consequences. It impedes children's learning, language acquisition, and communication with their surroundings, while leaving deaf and hard-of-hearing people more vulnerable to danger because they may be unable to hear warnings or recognize when bombardment begins.

An injured person does not become a person with a disability only as a result of the injury. Rather, the consequences of an injury are exacerbated by delays in treatment, the lack of assistive devices and an accessible environment, and restrictions imposed by the Israeli authorities on the entry of rehabilitation equipment, prosthetic limbs, and spare parts, despite their knowledge of the scale of need and the Gaza Strip's dependence on supplies from abroad. Taken together, these factors aggravate the consequences of injuries and undermine injured persons' rights to health, dignity, independence, education, work, and participation in society. They also violate the obligation to protect and care for the wounded and sick, as well as the obligations enshrined in the Convention on the Rights of Persons with Disabilities, particularly those relating to the rights to health and rehabilitation and to protection in situations of risk and humanitarian emergencies.[31]

2.2 Infliction of Collective Mental Harm Amid Ongoing Killing, Fear, and Loss

The population of the Gaza Strip has not entered a post-trauma phase, as the sources of trauma have yet to cease. Throughout the first year of a fragile ceasefire, airstrikes, gunfire, the sounds of drones, and the fear of a resumption of large-scale military operations have persisted. Meanwhile, people have continued to live in tents or amid the rubble of their homes, struggling daily to access food, water, and medical care.

29. UNICEF, "The Gaza Child-Focused Assessment INSIGHTS FROM GAZA (DECEMBER 2025 - JANUARY 2026) UNICEF State of Palestine, April 2026: https://www.unicef.org/sop/media/6316/file/Child-Focused%20Assessment%20Report.pdf.pdf

30. Al Jazeera Net, "The Sounds of War Deafen 35,000 Children in Gaza," 3 April 2026, https://aja.ws/pbecl1

31. Fourth Geneva Convention, Articles 16, 17, and 18; Convention on the Rights of Persons with Disabilities, particularly Articles 11, 25, and 26; and Convention on the Rights of the Child, Article 24.

Accordingly, the response cannot be reduced to brief psychological support sessions while fear, loss, displacement, and deprivation remain ongoing realities. Psychological recovery requires, first and foremost, security and stability, as well as family reunification and the restoration of shelter, livelihoods, education, and the conditions necessary for daily life.

Estimates by WHO indicate that approximately 485,000 people in the Gaza Strip are living with mental health disorders, including around 20,000 who require specialized interventions. UNICEF estimates have shifted from indicating that approximately half of the children in the Gaza Strip needed mental health and psychosocial support before the war to indicating that all children in the Gaza Strip—approximately one million—now require these services. A field study found that 96 per cent of children felt that death was imminent, while 87 per cent reported extreme fear and 79 per cent suffered from nightmares.[32]



Data collected after the ceasefire further underscores the persistence of these effects. In an assessment of 2,071 households conducted between 21 December 2025 and 15

32. Palestinian Non-Governmental Organizations Network (PNGO), "Statement on the Unprecedented Mental Health Crisis in the Gaza Strip," drawing on data from UNICEF, WHO, and the Community Training Centre for Crisis Management, https://pngoportal.org/post/28420

January 2026, caregivers reported sleep disturbances among 40 per cent of children, involuntary urination among 32 per cent, aggressive behavior among 19 per cent, and social withdrawal among 15 per cent. Some 92 per cent of the reported symptoms emerged after October 2023. Caregivers also reported that, during the two weeks preceding the assessment, 62 per cent had felt overwhelmed, sad, or unable to cope with the pressures they faced.[33] The exhaustion experienced by parents and other caregivers undermines their ability to provide children with a sense of safety and emotional stability, despite their determination to do so.

Mental harm does not arise solely from the immediate fear of bombardment, but also from the circumstances of loss itself. Thousands of bodies have remained trapped beneath the rubble, ambulances have been unable to reach the injured, and families have been forced to bury their loved ones without a final farewell. Some have been unable to identify the bodies of their children, while others continue to await the return of missing and detained family members, with no certainty about their fate. This harm extends beyond the direct victims to their families and wider social circles, leaving them caught in a cycle of grief and uncertainty with no clear end.

The harm extends to the family and social fabric. Available data indicates that 59,759 children have lost one or both parents and that there are 26,370 widows, in addition to thousands of families who have been entirely killed or leaving only one surviving family member in some cases. Many children have also been left unaccompanied or separated from their families.[34] These losses simultaneously deprive children of family providers, care, and stability, forcing them into increasingly unstable environments and leaving women who have survived shoulder the burden of caring for and supporting their families amid a lack of income, housing, and services.

The prolonged state of limbo has itself become a source of psychological distress. Nearly three years on, people are still waiting for assistance that may or may not arrive, travel permits for patients, the removal of rubble of their homes, the reopening of schools, job opportunities, or a political breakthrough whose timing remains unknown. As aid has declined and employment and income have been lost, many breadwinners have become unable to meet even the most basic needs of their families. They have been forced to incur debt, sell what remains of their possessions, or rely on community kitchens. This reality generates feelings of helplessness, guilt, and frustration, heightens tensions within families and contributes to social withdrawal, while undermining people's ability to plan for the future.

33. Previously cited, UNICEF, "The Gaza Child-Focused Assessment INSIGHTS FROM GAZA (DECEMBER 2025 - JANUARY 2026) UNICEF State of Palestine, April 2026"

34. Government Media Office, press release issued by the Ministry of Social Development, "The Ceasefire Has Not Stopped the Bleeding of the Palestinian Family: Alarming Rise in the Number of Orphans and Widows and Continued Destruction of Shelters," 23 July 2026, available at: https://t.me/s/mediagovps?before=4129

A specialized study tracking 677 adults in the Gaza Strip across 2020, 2023, and early 2025 revealed the extent of the deterioration in mental health. The proportion of participants reporting high levels of psychological distress rose from 19.5 per cent in 2020 to 17.4 per cent in 2023, before surging to 67.2 per cent in January 2025. The likelihood of experiencing high psychological distress was approximately 12 times higher than before the war. More than 99 per cent of study participants had experienced displacement at least once, with each person displaced an average of four times.[35]

To underscore that the ceasefire has done nothing to reverse this trend, in August 2026, the United Nations warned that people in the Gaza Strip were "losing hope" amid continued attacks and persistent humanitarian challenges, with approximately two-thirds of the territory remaining inaccessible to the population or subject to severe access restrictions.[36] Furthermore, a joint assessment issued by the World Bank, the United Nations, and the European Union in April 2026 found that more than 60 per cent of young people exhibited moderate to severe signs of anxiety, fear, and loss of hope for the future. The assessment also concluded that the deterioration in living conditions, incomes, food security, and social inclusion had set human development in the Gaza Strip back by approximately 77 years.[37]

Psychological exhaustion has also affected healthcare personnel, who continue to provide care while experiencing loss, forced displacement, and fear for the safety of their families. A study involving 667 doctors, nurses, pharmacists, and laboratory technicians found high levels of emotional exhaustion among healthcare workers, with 25 per cent reporting depersonalization or psychological detachment from work. A 40 per cent decline in their personal accomplishment was also reported. Meanwhile, 68.1 per cent of those surveyed had experienced forced displacement, 67.3 per cent had lost their homes, and 29.5 per cent had lost a first-degree relative. Furthermore, 78 per cent reported being unable to access mental health services.[38]

Although the study was conducted in November 2024, the factors contributing to psychological exhaustion that it revealed have persisted throughout the year following the ceasefire. The impact of this exhaustion extends beyond healthcare workers' own well-being to their ability to continue working and to maintain the quality and safety of

35. Curdin Brugger et al., "Changes in Psychological Distress During Conflict Escalation in an Adult Population-Based Cohort in the Gaza Strip (2020–2025): A Longitudinal Analysis," eClinicalMedicine, Vol. 90, December 2025, Article 103647, available at: https://w.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00581-4/fulltext

36. OCHA, Humanitarian Situation Report | 28 August 2026,

37. the World Bank, UN, European Union, "Final Gaza Rapid Damage and Needs Assessment estimates $71.4 billion for recovery and reconstruction," April 2026:

38. Basem Aldabbour et al., "Emotional Exhaustion, Depersonalization, and Personal Accomplishment: Exploring Burnout in Gaza's Healthcare Workforce During the War," Middle East Current Psychiatry, Vol. 32, Article 25, 18 March 2025, available at: https://link.springer.com/content/pdf/10.1186/s43045-025-00519-9.pdf.

the care they provide, at a time when a limited number of healthcare personnel are expected to meet the needs of an entire population.

Mental harm intersects with gender, age, and disability. Reports of gender-based incidents increased by 27 per cent in the second quarter of 2026 compared with the first quarter, amid overcrowding, lack of privacy, poverty, and economic dependence.[39] Injured persons, amputees, and persons with disabilities also face psychological harm associated with the loss of independence, mobility difficulties, inadequate and inaccessible tents and facilities, and the lack of access to treatment, rehabilitation services, and assistive devices.

Expanding short-term activities and child-friendly spaces is not sufficient to address this challenging reality. An effective response must begin by eliminating the sources of fear and securing the basic conditions necessary for life. It must also ensure sustained access to psychosocial support and specialized inpatient services for severe cases, backed by psychiatrists and other mental health specialists, clear referral pathways, regular access to medication, and records that ensure continuity of care and follow-up even after forced displacement. Services must be tailored to age, gender, and disability, and must also extend to caregivers, healthcare personnel, and humanitarian aid workers.

Accordingly, the population of the Gaza Strip is not facing a collection of isolated psychological disorders, but rather collective mental harm generated by ongoing killing, fear, and loss, and compounded by the absence of shelter, employment, income, education, and any clear prospect of recovery or return. When assessed in its context, scale, and persistence, this harm forms part of the circumstances relevant to the act stipulated in Article II(b) of the Genocide Convention, which identifies “causing serious bodily or mental harm to members of the group” as one of the acts constituting genocide.

39. UNICEF in the State of Palestine Escalation Humanitarian Situation Report No.48, Reporting Period 1 January to 30 June 2026: https://www.unicef.org/sop/reports/unicef-state-palestine-escalation-humanitarian-situation-report-no48.

3. Continued Deliberate Infliction on the Gaza Strip Population of Conditions of Life Calculated to Bring about Their Physical Destruction

The ceasefire has brought neither the safety that the Palestinian population of the Gaza Strip had been hoping for nor a pathway to return and recovery. Although the intensity of attacks decreased for a time, bombardment and gunfire continued to claim lives and inflict injuries, while the fear of death permeated every aspect of daily life. At the same time, hospitals remained incapacitated, homes lay in ruins, and tents became shelters for hundreds of thousands of displaced Palestinians. Markets were left without sufficient purchasing power, and agricultural lands remained inaccessible to their owners, while restrictions on the entry of food, medicine, fuel, and materials needed for repairs and reconstruction continued. One year into the ceasefire, the Palestinian population of the Gaza Strip remains trapped between the threat of direct death and the daily struggle to secure the most basic necessities for survival.

These circumstances cannot be considered in isolation or addressed as transient crises. A person who survives bombardment has no safe home to return to; an injured person cannot obtain comprehensive treatment; a patient awaits medical evacuation; a displaced person remains in a tent or damaged building; and a family that has lost its source of income can no longer afford even the goods available in the market. In this way, direct killing intersects with the deliberate deprivation of the conditions necessary for survival, placing the circumstances documented in this report at the heart of the act stipulated under Article II(c) of the Genocide Convention: “deliberately inflicting on the group conditions of life calculated to bring about its physical destruction, in whole or in part,” where accompanied by the specific intent required by law.[40]

The International Criminal Tribunal for Rwanda has held that genocide does not require the immediate death of members of the group. Rather, it may be perpetrated through the deprivation of resources essential for survival, the expulsion of people from their homes, and the reduction of essential medical services below the minimum level required.[41]

40. UN, United Nations, Convention on the Prevention and Punishment of the Crime of Genocide, adopted by General Assembly resolution 260 A (III) on 9 December 1948 and entered into force on 12 January 1951, Article II(c): https://www.un.org/en/genocide-prevention/1948-convention

41. International Criminal Tribunal for Rwanda (ICTR), The Prosecutor v. Jean-Paul Akayesu, Trial Chamber Judgment, Case No. ICTR-96-4-T, 2 September 1998, para. 505: https://unictr.irmct.org/files/case-documents/ictr-96-4/trial-judgements/en/980902.pdf

Accordingly, continued killing, coupled with tightening control over territory, crossings, and supplies, and the prevention of efforts to repair the destruction and restore the means of survival, must be understood as a pattern that defies the provisional measures ordered by the International Court of Justice (ICJ).[42] This report further proves this assessment by examining Israel's approach, which indicates the continued subjection of the population of the Gaza Strip to conditions of life that threaten their physical survival.

3.1 Continued Collapse of the Healthcare System and Systematic Destruction of the Right to Health

The ceasefire has not opened a pathway to the recovery of the healthcare system in the Gaza Strip. Hospitals and healthcare centers have continued to operate in a state of daily survival, with destroyed or damaged buildings, overcrowded departments, worn-out equipment, diminishing medicine stocks, and medical evacuations proceeding far more slowly than the growing number of patients awaiting referral. Continued attacks and the resulting casualties have placed the healthcare system under constant pressure, bringing in more injured people at a time when the system has yet to regain its former capacity.[43] The health crisis has therefore not remained merely a legacy of the war; it is continually renewed by the combined effects of the destruction already inflicted, subsequent attacks, and restrictions on the entry of fuel, medicines, medical equipment, and maintenance supplies, as well as restrictions on the movement of patients.

3.1.1 Collapse of Health Services in Hospitals and Primary Healthcare Centers

The Gaza Strip entered the ceasefire period with its healthcare system already fragmented and its components disconnected from one another. Healthcare facilities had gone out of service, referral networks, laboratories, and ambulance services had sustained damage, specialized personnel had been lost, and the capacity to repair and replace equipment had been disrupted. By 6 August 2026, only 33 of the Gaza Strip's 55 hospitals and field hospitals were operational, even partially, while the remaining 22 were out of service. Similarly, only 129 of the 229 primary healthcare centers were operating, leaving 100 out of service. Classifying the remaining facilities as "operational"

42. International Court of Justice (ICJ), Application of the Convention on the Prevention and Punishment of the Crime of Genocide in the Gaza Strip (South Africa v. Israel), Orders on Provisional Measures of 26 January and 28 March 2024, particularly the measures concerning the protection of Palestinians in the Gaza Strip and the urgent and unimpeded provision of basic services and humanitarian assistance, https://www.icj-cij.org/sites/default/files/case-related/192/192-20240126-ord-01-00-en.pdf https://www.icj-cij.org/sites/default/files/case-related/192/192-20240328-ord-01-00-en.pdf

43. Palestinian Ministry of Health, Statistical Dashboard, accessed on 2 September 2026: https://sehatty.ps

does not mean that they are functioning at full capacity. This classification includes facilities providing only a very limited range of services, operating for sporadic hours, or relying on emergency measures that cannot ensure continuity of services.[44]

The exact meaning of partial operation is clearly reflected in the energy crisis, between 10 and 16 August, four UNRWA-run health centers experienced generator shutdowns lasting four to five days, while approximately 10 vehicles remained out of service, due to lack of lubricants.[45] According to field testimony obtained by PCHR researchers, 72 of the 111 generators in hospitals across the Gaza Strip had gone out of service, leaving only 39 operating at reduced capacity. Of these, 11 were at risk of shutting down unless maintenance was carried out. Similarly, only 12 of the 34 oxygen generation plants were operational, along with just four of the 30 oxygen cylinder-filling machines.[46] These malfunctions cannot be dismissed as minor technical issues. A power or oxygen supply failure can immediately jeopardize operating rooms, intensive care units, neonatal incubators, ventilators, and dialysis machines, turning a technical fault that could otherwise be repaired into a direct cause of patients' deaths.



44. WHO Attacks on health care in the Gaza Strip (Since 1 January 2026 - 6 August 2026)**:** https://reliefweb.int/report/occupied-palestinian-territory/who-attacks-health-care-gaza-strip-1-january-2026-6-august-2026

45. OCHA, Humanitarian Situation Report | 28 August 2026, published on 29 August 2026: https://www.ochaopt.org/content/humanitarian-situation-report-28-august-2026

46. Two interviews conducted by PCHR researchers with Zaher al-Waheedi, Director of the Information Department at the Ministry of Health, on 14 June 2026, and Mazen al-'Arayishi, Director-General of Engineering and Maintenance at the Ministry, on 15 August 2026.

This fragmentation has also extended to medical transportation. Of the 114 ambulances owned by the Ministry of Health, 39 had gone out of service and a further 25 required urgent repairs. For the Palestinian Red Crescent Society (PRCS), only 41 of its 99 ambulances remained operational. Meanwhile, only eight of the 30 ambulances operated by the Medical Services and 10 of the 17 operated by the Civil Defense remained in service.[47] On 14 September 2026, the Ministry of Health warned that 99 buses used to transport medical personnel to hospitals and primary healthcare centers were at risk of gradually ceasing operations due to shortages of fuel, oil, batteries, tires, and spare parts.[48] As a result, the ability of doctors and nurses to reach their workplaces has become another disrupted part in the healthcare system, compounding the difficulties faced by paramedics in reaching injured people and transporting patients between healthcare facilities or to border crossings for medical evacuation.

In primary healthcare, the declining number of operational centers and their reduced capacity have forced increasing numbers of patients to seek care at hospitals for conditions that should be diagnosed and treated closer to their places of residence. This has disrupted routine vaccination programmes, maternal and child healthcare, and the regular monitoring and management of diabetes, hypertension, cardiovascular conditions, and other chronic diseases. A UNICEF assessment found that half of households were unable to access healthcare when needed. The main barriers included safety concerns, transportation costs, and distant or nonfunctional facilities.[49]

The shortfall has also undermined the conditions necessary to provide safe care within healthcare facilities themselves. In early September, Israeli approvals remained on hold, delaying the entry of laboratory equipment and the restoration of diagnostic capacity. Priority shortages included chlorine-based supplies, spare parts for water treatment systems within healthcare facilities, gloves and hand hygiene supplies, laboratory reagents, and oxygen equipment. The absence of these essential supplies undermines infection prevention and control, disrupts diagnostic services, and impairs the monitoring of blood and water safety. As a result, overcrowded healthcare facilities risk becoming additional sites of disease transmission rather than safe environments for treatment.[50]

Partial interventions highlight the limits of recovery. At the end of August, 20 dialysis machines entered the Gaza Strip and were distributed equally between al-Shifa Hospital

47. Interviews and field information obtained by PCHR researchers from Mohammed Abu Samak, Head of the Planning Department at the Ministry of Health's Ambulance and Emergency Services Unit, on 16 July 2026; Ra'ed al-Nemes, spokesperson for the Palestinian Red Crescent Society in the Gaza Strip, on 15 July 2026; and the National Higher Committee for Ambulance Services, on 19 July 2026.

48. MOH, Palestinian Ministry of Health, *Warning of the Imminent Suspension of Transport Services for Medical Personnel*, 14 September 2026, https://www.facebook.com/share/v/1DKm7ydfSM/

49. UNICEF, *Child-Focused Assessment in the Gaza Strip*, previously cited; and OCHA, *Humanitarian Situation Report*, 4 September 2026, previously cited.

50. Ibid

and Nasser Medical Complex. Some supplies for cardiac catheterization also arrived. However, approximately 400 patients remained on the waiting list for catheterisation, while treatment remained constrained by shortages of consumables. This demonstrates that the sporadic entry of equipment cannot restore healthcare services unless accompanied by a systematic supply of consumables, medicines, electricity, and spare parts, as well as the availability of teams capable of operating and repairing the equipment and providing ongoing follow-up and maintenance.[51]

Under the authoritative interpretation of the International Covenant on Economic, Social and Cultural Rights, the right to health is assessed in terms of the availability, accessibility, acceptability, and quality of healthcare services, not merely whether a facility has opened its doors or is listed as operational. Article 56 of the Fourth Geneva Convention also requires the Occupying Power, to the fullest extent of the means available to it, to ensure the maintenance of medical and hospital establishments and services, and to adopt and implement the necessary measures to combat the spread of contagious diseases and epidemics. Accordingly, the continued denial of equipment, spare parts, fuel, and laboratory supplies, in circumstances where the resulting impact on patients' lives is foreseeable and known, constitutes a failure to fulfil the obligations incumbent upon the Occupying Power towards the civilian population.

Accordingly, recovery cannot be measured by the number of hospitals and healthcare facilities that are open, but by their ability to provide safe and continuous package of care, supported by reliable electricity and oxygen supplies, safe water, laboratory services, medicines, healthcare personnel, and effective referral pathways all available simultaneously. Throughout the year of the ceasefire, this chain of essential services has remained incomplete. The healthcare sector has continued to operate in a state of near-collapse, struggling to avoid a complete shutdown without restoring the capacity necessary to guarantee the right to health or prevent avoidable deaths and disabilities.

3.1.2 Impact of Shortages of Medicines and Medical Consumables on Patients in the Gaza Strip

The shortfall in the healthcare system during the year of the ceasefire extended beyond the damage inflicted by the war on healthcare facilities and buildings. Restrictions on the entry of supplies essential to providing treatment have also continued. On 7 May 2026, the Ministry of Health reported zero stock levels for approximately 47 per cent of essential medicines, 59 per cent of medical consumables, and 87 per cent of laboratory testing materials. A zero-stock designation means that no central stocks remain

51. Ibid

available for distribution to hospitals and healthcare centers, although limited and varying quantities may still be available at only some facilities. During the first half of the year, the Ministry's laboratories were able to conduct only 38 per cent of the tests they would normally have performed, on average, before the war.[52] As a result, patients may arrive at healthcare facilities only to find that the tests needed to emphasize a diagnosis are unavailable, that medicines required to initiate treatment are out of stock, or that the consumables necessary to carry out a medical procedure are lacking.

The shortage has been compounded by the collapse of diagnostic capacity. Some 76 per cent of medical imaging equipment has gone out of service. All nine MRI machines have been destroyed, while only five of the 18 CT scanners, 33 of the 88 X-ray machines, and five of the 16 fluoroscopy machines used in surgeries remain operational.[53] This has prolonged waiting lists, prevented conducting certain tests, and increased the risk of errors or delays in diagnosing tumors, nerve injuries, blood clots, complex fractures, and cases requiring precise surgical intervention.

As of early September, shortages continued to include insulin and diabetes monitoring supplies, heart and cancer medicines, dialysis consumables, laboratory reagents, and sterilization and infection prevention supplies.[54] Moreover, the supplies allowed to enter the Gaza Strip did not meet the actual needs. The medicine might arrive after a prolonged period of unavailability, rendering their quantities possibly sufficient for only a few days, or equipment might arrive without the consumables and materials required to operate it. Thus, healthcare services remained subject to repeated cycles of operation, reduction, and shutdown, rather than being supported by a reliable supply chain on which healthcare facilities could ground their treatment plans.

People with diabetes provide a clear example of the impact of these shortages. The lack of insulin, blood glucose monitor, and test strips not only deprives patients of their medication but also prevents them from determining the required dose and monitoring its effects. This exposes patients, particularly children with type 1 diabetes, to the risk of severe hypoglycemia, diabetic ketoacidosis, and coma. The shortage of tools for screening diabetic neuropathy and diabetic foot complications also delays the detection of wounds and ulcers, increasing the risk of infection, further complications, and potentially avoidable amputations.

52. Palestinian Ministry of Health in Gaza, statement on the shortage of medicines, medical consumables, and laboratory testing materials, 7 May 2026: https://www.facebook.com/share/p/1DuatNbz6d

53. Palestinian Ministry of Health in Gaza, "76% of Medical Imaging Equipment Out of Service, Crisis Threatens the Lives of Thousands of Patients and Injured People," 19 May 2026, https://www.moh.gov.ps/portal/%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-76-%D9%85%D9%86-%D8%A3%D8%AC%D9%87%D8%B2%D8%A9-%D8%A7%D9%84%D8%AA%D8%B5%D9%88%D9%8A%D8%B1-%D8%A7%D9%84%D8%B7%D8%A8%D9%8A-%D8%AE%D8%B1%D8%AC%D8%AA-%D8%B9%D9%86-%D8%A7/

54. OCHA, Humanitarian Situation Report, 4 September 2026, previously cited

Cancer patients were among those most severely affected. Around 11,000 patients at different stages of the disease remain in the Gaza Strip, where radiotherapy is unavailable. The shortage of cancer medicines reached 61 per cent, disrupting treatment protocols and forcing their replacement with less suitable alternatives. The Medical Director of the Gaza Cancer Centre reported that approximately 4,000 cancer patients require treatment abroad[55]. Incomplete or delayed doses do not merely cause administrative delays; they allow tumors to progress, reduce response to treatment, and force doctors to alter protocols originally selected according to the type and stage of the tumor. The absence of supportive medicines and anti-infective drugs also exposes patients whose immune systems have been weakened by chemotherapy to potentially life-threatening complications. Similarly, around 650 patients with kidney failure faced recurring risks due to shortages of filters, tubing, dialysis solutions, and medicines used to treat anemia and electrolyte imbalances. In June 2026, a shortage of sodium bicarbonate at al-Shifa Medical Complex forced 25 of its 51 dialysis machines out of service, reduced session times from four hours to three, and cut the number of sessions from three to two per week.[56] These reductions increase the risk of toxins and fluid accumulating in patients' bodies, potentially leading to breathlessness, cardiac complications, and death. They also demonstrate that the number of available machines alone does not reflect a department's capacity to provide treatment, as each dialysis session depends on a range of consumables and medicines that are rapidly depleted.

One year into the ceasefire, patients have yet to experience any meaningful recovery. Israeli policies have continued to undermine or even deprive patients' ability to access timely and complete treatment in the Gaza Strip. Healthcare facilities remain unable to maintain adequate medicine stocks to ensure continuity of service, while the entry of medicines for patients with cancer, kidney failure, thalassemia, diabetes, and heart diseases remains limited and intermittent. Their suffering is thus prolonged by incomplete treatment, with continuity of care determined by decisions governing the entry of supplies rather than by patients' medical conditions.

3.1.3 Delays in the Medical Evacuation of Sick and Injured Patients

Medical evacuation should have provided an urgent means of compensating for the collapse of specialized services within the Gaza Strip. Instead, it has remained a severely restricted corridor, with waiting lists growing faster than patients can be evacuated abroad. According to statistics obtained by PCHR from the Ministry of Health, as of June

55. Palestinian Ministry of Health in Gaza, statement on the unprecedented shortage of medicines for cancer patients, 21 July 2026; and interview conducted by a PCHR researcher with Dr Mohammed Abu Nada, Medical Director of the Gaza Cancer Centre, on 4 August 2026.

56. Interview conducted by a PCHR researcher with Dr Ghazi al-Yazji, Head of the Nephrology and Kidney Transplant Department at al-Shifa Medical Complex, on 28 June 2026.

2026, 20,863 patients and injured persons required treatment abroad, including 5,342 children. Of these, 2,194 cases were classified as critically serious and requiring urgent evacuation, while 189 were classified as extremely critical. Meanwhile, 1,628 patients had died while awaiting medical evacuation during the war. The number of deaths alone does not capture the full human cost of the travel restrictions. Delays can also allow cancer to progress, eliminate opportunities for surgical intervention, result in permanent paralysis, or reduce the likelihood of successful treatment even when patients eventually become able to travel.[57]

The declaration of a ceasefire and the subsequent reopening of Rafah Crossing on 2 February 2026 failed to establish a medical evacuation corridor aligning with the scale of need or the urgency of patients' conditions. According to the latest update on the Health Cluster's dashboard in the Gaza Strip, dated 10 September 2026, a total of 3,120 medical evacuations had been recorded during the current ceasefire.[58] In only numerical terms, this represents approximately 15 per cent of the number registered as requiring treatment abroad by the Ministry of Health in June. However, this figure does not reflect any actual reduction in the waiting list, as new patients continue to be added while others leave it because they have travelled for treatment, died, experienced a deterioration in their health, or had their medical priority status changed.

According to WHO statistics, between 10 October 2025 and 13 August 2026, WHO facilitated the medical evacuation of 2,723 patients, including 848 children, accompanied by 4,879 companions, through just 124 missions. This amounts to an average of fewer than nine patients evacuated per day over the period.[59] The pace of evacuations was also inconsistent, with the number of patients evacuated falling to 63 in January and 82 in March, before rising to 404 in April and 423 in June. Even in August, the most active month, only 444 patients were evacuated, accompanied by 574 companions, through the Rafah and Kerem Shalom crossings.[60] This uncertainty leaves patients unable to anticipate when they will be evacuated or plan their treatment according to clearly established medical criteria. Their fate remains reliant on the operation of the crossings, the scheduling of evacuation missions, and political approvals and security clearances.

57. Palestinian Ministry of Health in Gaza, interview conducted by a PCHR researcher with Eng. Zaher al-Waheedi, Director of the Health Information Unit, 4 June 2026. For comparison, WHO reported that Ministry of Health records documented the deaths of 1,092 patients while awaiting medical evacuation between July 2024 and 28 November 2025. WHO stressed that this figure was an underestimate, as it included only reported deaths. See: United Nations Office at Geneva, UN Press Briefing, 12 December 2025, https://www.ungeneva.org/en/news-media/press-briefing/2025/12/un-information-service-geneva-press-briefing-1

58. Health Cluster in the Occupied Palestinian Territory and WHO Unified Health Information Dashboard – Medical Evacuation, last updated 10 September 2026: https://response.reliefweb.int/palestine/health

59. Ibid.

60. OCHA, Humanitarian Situation Report|4 September 2026, published on 8 September 2026: https://www.ochaopt.org/content/humanitarian-situation-report-4-september-2026

The medical evacuation process was also highly geographically concentrated, leaving it vulnerable to suspension or reduction. Of the patients whose evacuation WHO facilitated during the aforementioned period, 2,024 (74 per cent) were evacuated through Rafah Crossing, while 699 were evacuated through Kerem Shalom Crossing. Egypt received 2,021 patients, accounting for approximately three-quarters of all evacuees, while Jordan received 457. Other countries collectively received only 9 per cent of the patients.[61] Medical evacuation depended not only on Israeli approval for the departure of each patient and their companion, but also on the availability of a specific operational crossing and the capacity of receiving countries to provide a treatment bed in an appropriately equipped hospital, along with funding for transportation, treatment, and accommodation. The process remained concentrated along a very limited number of routes and in a small number of receiving countries, rendering it a fragile mechanism vulnerable to disruption in response to any security, administrative, or political change.

The nature of the cases evacuated demonstrates that medical evacuation is essential for life-saving treatment and interventions to prevent disability, not for services that can be postponed without harm. During the same period, WHO-facilitated missions included 866 persons with critical injuries, 612 cancer patients, and 383 patients with cardiovascular diseases, kidney conditions, neurological and eye disorders, deformities, and conditions requiring organ transplants, as well as blood disorders and immune system diseases. Injuries, cancer, and cardiovascular diseases alone accounted for approximately two-thirds of the evacuated cases. Delays in treating these conditions have cumulative consequences: with each passing day, a patient's diagnosis, chances of survival, and required course of intervention may change, increasing the cost of treatment or making the resulting harm irreversible.

The medical evacuation process remained subject to Israeli approval and security clearance of patients' names and those of their companions, decisions determining which crossing and route could be used, and the possibility of vehicles being delayed or searched. During the first seven months of 2026, WHO recorded 45 incidents affecting healthcare in the Gaza Strip, approximately half of which occurred in Rafah. WHO reported that most of these incidents took place during medical evacuation missions in the vicinity of the crossing and involved convoys being obstructed, delayed or searched, and, in some cases, patients or their companions being detained.[62] A companion is not secondary consideration, particularly for children, persons with disabilities, older persons, and patients who are unable to move independently or communicate. Rejecting a companion or delaying approval for them can therefore effectively prevent the patient from travelling for treatment.

61. Ibid.

62. OCHA, Humanitarian Situation Report|14 August 2026, paragraph on the attacks affecting health care and evacuations in Rafah: https://www.ochaopt.org/content/humanitarian-situation-report-14-august-2026

It is important to note that patients in the Gaza Strip relied on access to treatment outside the Strip even before the war. In 2022, WHO recorded 20,295 permit applications for patients seeking treatment in East Jerusalem (51 per cent), the West Bank (31 per cent), and Israeli hospitals (18 per cent). However, approximately two-thirds of patients' permit applications were delayed or denied, as were 62 per cent of applications for their companions.[63] Following October 2023, Israel halted the regular referral pathways and replaced them with a limited number of medical evacuation missions abroad. It also prevented patients from the Gaza Strip from accessing urgent treatment in the West Bank, with only one documented exception on 11 January 2026, following a judicial ruling. This demonstrates how the war disrupted an established pathway within the healthcare system and confined patients to a slower, more restrictive, and more complex mechanism for accessing treatment.[64]

Leaving patients on an open-ended waiting list, despite full knowledge that the treatment they need is unavailable within the Gaza Strip, while denying them freedom of movement and travel abroad for treatment, constitutes a compounded crime. This failure to fulfil the obligation to protect the wounded and sick violates the right to health. Where the Israeli authorities know that delays in treatment are likely to result in a patient's death or cause permanent harm, such delays may also engage responsibility for violating the right to life.

3.2 Depriving the Population of the Gaza Strip of the Right to Adequate Housing Amid the Absence of Reconstruction

The ceasefire has not brought about a transition from displacement to return or from emergency shelter to reconstruction. Instead, it has entrenched a reality in which most of the population of the Gaza Strip continue to live in worn-out tents, overcrowded shelters, and damaged buildings that do not meet basic safety standards and adequate living conditions. The problem extends beyond the destruction of homes to the continued denial of access to vast areas of the Strip, restrictions on the entry of materials essential for shelter, repairs, and construction, and the absence of an effective mechanism to enable families to rebuild their homes and reclaim their rights to land and property. As a result, emergency assistance has been used to manage displacement and mitigate some of its effects, without addressing the conditions that cause displacement and prevent its end.

63. WHO, Regional Office for the Eastern Mediterranean, Gaza Health Access 2022: Patient and Companion Permit Applications, 2023: https://www.emro.who.int/images/stories/palestine/finalGaza_Health_Access_2022_infographic_002.pdf

64. OCHA, Humanitarian Situation Update No. 353: Gaza Strip, 14 January 2026; see also WHO's call to resume medical evacuations to the West Bank, including East Jerusalem: United Nations Office at Geneva, previously cited.

By the end of August 2026, two-thirds of the Gaza Strip's territory remained inaccessible to the population or subject to severe access restrictions, confining the majority of its 2.1 million people to the remaining third. The United Nations described the areas in which people had gathered as overcrowded and unsafe, while vast areas to the south, east, and north of the "Yellow Line", as well as areas beyond it, remained inaccessible to civilians.[65]

As a result, neighborhoods, towns, agricultural land, industrial zones, and public facilities were rendered inaccessible, forcing the population to concentrate in Gaza City, Deir al-Balah, Khan Younis, and coastal areas. This forced concentration has crowded a population far beyond the carrying capacity of the available land into a limited area, placing immense pressure on shelter, water supplies, sanitation, healthcare, roads, markets, and public services.



Approaching ARAs remained fraught with the risk of gunfire and bombardment, while ambulance crews, municipal teams, and humanitarian organizations were unable to access them regularly. Families might find their homes or land just a short distance away, yet remain unable to reach them, assess the damage, or restore their property, while no alternative shelter was available outside overcrowded areas. This displacement

65. OCHA, Humanitarian Situation Report issued on 4 September 2026 and on 28 August 2026, previously cited.

may appear to reflect the population's continued residence in temporary sites, but in reality, it is sustained by interconnected forms of coercion, including restricted access, fear of being targeted, inappropriate shelter, the absence of alternatives, and the obstruction of repairs and reconstruction.

This confinement has provoked forced competition for every available plot of land on which a tent can be erected, including private land, open spaces, the grounds surrounding public facilities, and low-lying areas prone to rainwater accumulation. By early September 2026, most land less exposed to flooding was no longer accessible, hindering the preventive relocation of displaced persons from hazardous sites ahead of the winter season.[66] Restrictions on access to land have thus become a direct factor keeping families in sites already known to be vulnerable to flooding, fires, and health hazards.

According to the latest classification by the Shelter Cluster, based on surveys conducted between 14 and 28 June 2026, an estimated 1.98 million people (94 per cent of Gaza's population) require shelter assistance and non-food items (NFIs). More than half of the population (58%) faces critical or catastrophic shelter needs while some 84 per cent of households experience severe living condition constraints, including inadequate protection from weather conditions. including inadequate protection from heat, cold, and rain.[67]

Shelter deprivation is not limited to living in tents. Tens of thousands of residents and displaced people have been forced to live in cracked, severely damaged buildings at risk of collapse, despite being aware of the danger. This is due to the lack of alternatives, high rental costs, insufficient tents, and the concentration of the population in overcrowded areas where no adequately safe land remains available for establishing additional shelter sites.

During the first five months following the announcement of the ceasefire, PCHR documented the collapse of approximately 50 damaged buildings across the Gaza Strip, including 20 homes that collapsed due to heavy rainfall, resulting in the deaths of 20 people and injuries to others.[68] The danger did not end with the initial post-ceasefire period. Estimates indicate that more than 2,000 buildings remain at risk of collapse. This actually occurred on 11 September 2026, when parts of the Layalina building in northwestern Gaza City collapsed, prompting Civil Defense teams to evacuate the

66. Ibid.

67. Occupied Palestinian Territory Shelter Cluster, Severity Classification of Shelter and Non-Food Item Needs, based on assessments conducted between 14 and 28 June 2026, as cited by OCHA in its 28 August 2026 report.

68. PCHR, Genocide Continues Through Less Visible Means: Humanitarian Conditions Five Months into the Fragile Ceasefire Agreement in the Gaza Strip, Gaza, March 2026, Shelter section, previously cited.

families living there. Just five days later, al-Sa'ada building collapsed, marking the second such incident in less than a week and providing another deadly illustration of the threat. According to Civil Defense data on the incident, approximately 96 people were inside the building when it collapsed. The disaster resulted in 21 deaths and 45 injuries, including ten people in serious condition, while 30 people managed to escape in the initial moments.[69] These incidents demonstrate that damaged buildings have become ticking time bombs. Preventing the entry of structural reinforcement materials, heavy machinery, and inspection and rescue equipment not only obstructs reconstruction but also leaves residents facing a coercive choice between a tent that offers inadequate protection from weather conditions and a building that could collapse on them at any moment.

The mere existence of a standing building does not mean that a family has access to adequate housing. In a detailed assessment conducted since the beginning of 2026 38,240 buildings comprising 178,632 housing units were examined. It found that 107,941 units—60 per cent of those assessed—were destroyed, severely damaged, or uninhabitable. By contrast, the two partners had completed basic repairs to only 627 units by the end of August 2026.[70]

The scale of this gap becomes even more apparent when compared with the estimated reconstruction needs. The Rapid Damage and Needs Assessment, prepared by the World Bank, the United Nations and the European Union in April 2026, estimated the cost of recovery and reconstruction in the Gaza Strip at approximately US$71.4 billion, with housing accounting for the largest share, at US$16.2 billion. The assessment identified housing as a priority requiring an integrated approach combining temporary and transitional shelter, cash assistance, urgent repairs, and starting the reconstruction of destroyed housing units.[71] However, nearly a year after the ceasefire, the absence of any tangible transition to this phase has left interventions focused on managing the emergency rather than establishing a clear pathway to housing recovery.

Meanwhile, the shelter response remained dependent on the volume of materials permitted by the Israeli authorities to enter the Gaza Strip. The number of households receiving shelter materials and non-food items fell from approximately 42,000 in July to 28,631 in August, a decline of around 32 per cent. Moreover, this assistance remained largely limited to tents, tarpaulins, bedding kits, blankets, and a limited number of tool kits and temporary housing units, without marking a transition towards largescale

69. PCHR, Press release, "21 Killed, Including 12 Children and 5 Women, as War-Damaged Residential Building Collapses in Gaza; Around 2,000 Damaged Inhabited Buildings at Imminent Risk of Similar Collapse," 16 September 2026: https://pchrgaza.org/21-killed-including-12-children-and-5-women-as-war-damaged-residential-building-collapses-in-gaza-around-2000-damaged-inhabited-buildings-at-imminent-risk-of-similar-collapse/

70. Ibid.

71. World Bank, UN and EU, Gaza Strip Rapid Damage And Needs Assessment, April 2026, previously cited.

housing repairs.[72] In early September, the Shelter Cluster estimated that at least 400 truckloads would be required to bring into Gaza all urgent and critically needed humanitarian shelter items currently awaiting clearance in the Jordan corridor. These include 141,000 tarpaulins, 7,540 tents, 3,500 sealing-off kits, as well as over 442,000 pieces of timber, 19,500 toolkits. Given that most critical shelter inputs – including tents, tarpaulins, timber, ropes and tapes, tools, kitchen sets and solar systems – are classified as having “dual-use".[73] The Israeli authorities are only allowing 15 truckloads to enter each week. As a result, restrictions have affected not only the number of tents available, but also families’ ability to secure their tents, seal windows, or reinforce damaged roofs before winter.

A tent deteriorates by time; it does not become a home. In safety audits conducted across approximately 230 displacement sites hosting at least 187,462 people, the assessments found site management teams had identified worn-out tents requiring urgent winterproofing, poor drainage, unsafe pits and latrines, overcrowding, inadequate lighting, fire hazards, and pests.[74] UNICEF reveals 47 per cent of households were living in makeshift sites or tents, while 36 per cent were residing in damaged residential buildings. Only 4 per cent of households were living in undamaged houses while 90% of households have been displaced three or more times, with the average household displaced more than 8 times.[75]

These conditions excessively affect the most vulnerable groups. Women are deprived of privacy and safety, while children must study, sleep, and play in the same confined space. Older persons and persons with disabilities cannot use pathways and toilets that are inaccessible. The occupation of schools as shelters and the establishment of tents far from essential services further compound the deprivation of education, healthcare, and protection. Distributing a tent or tarpaulin, therefore, does not fulfil the right to adequate housing; it offers only a temporary means of survival and must be accompanied by repairs to reparable housing units, reconstruction, and the provision of essential services.

When deprivation of shelter is considered alongside continued restrictions on food, water, medical treatment, and other essentials for survival, these circumstances cannot be viewed as separate crise. Rather, these conditions must be assessed cumulatively, as a pattern of living conditions calculated to bring about the physical destruction of the Palestinian population of the Gaza Strip and prevent its recovery. Article II(c) of the Genocide Convention provides that deliberately inflicting on a group conditions of life

72. OCHA, Humanitarian Situation Report|4 September 2026, previously cited.

73. Ibid.

74. Ibid

75. UNICEF, The Gaza Child-Focused Assessment, previously cited

calculated to bring about its physical destruction, in whole or in part, constitutes an act of genocide, where the requisite specific intent is established. In the broader context documented by PCHR, the continued imposition of these conditions after the ceasefire underscores the imperative of preventing genocide and investigating the continued commission of genocidal acts.

3.3 Engineering Hunger and Obstructing Economic Recovery

The ceasefire declared on 10 October 2025 did not bring an end to Israel's policy of starvation or lift the restrictions obstructing any path to economic recovery in the Gaza Strip. Although the relative reduction in hostilities and the expansion of aid deliveries during the initial months helped alleviate the most acute manifestations of hunger, this improvement remained dependent on the continued flow of humanitarian assistance. It was not underpinned by the restoration of household incomes or the resumption of productive activity. Israel's continued control over the quantity, type, and timing of goods and humanitarian assistance permitted to enter the Gaza Strip, coupled with restrictions on the entry of equipment and essential inputs needed to resume production, has perpetuated the population's near-total dependence on an unstable aid system. This system offers no reliable or lasting protection against hunger. After a year of ceasefire, the population of the Gaza Strip had not transitioned towards meaningful recovery; instead, it remained trapped in a cycle of crisis management aimed at preventing a renewed descent into widespread starvation.

3.3.1 Declining Food Assistance and the Growing Risk of Hunger

The Integrated Food Security Phase Classification (IPC) released the findings of its analysis from mid-April to end of June 2026 which indicated that the scale-up of humanitarian assistance, enabled by improved access following the ceasefire announcement had reduced the number of people facing the worst levels of food insecurity. However, according to the analysis over 1.2 million people (59 per cent of the population) continued to face Crisis (IPC Phase 3) while 212,000 people were classified in IPC Phase 4.[76] Having no people classified in Phase 5, the most catastrophic level of food insecurity, during this period does not mean that the risk of famine has been lifted. This outcome followed a large-scale humanitarian food assistance response, yet conditions remained vulnerable to a reversal as soon as the volume of assistance

76. OCHA, Humanitarian Situation Report|31 July 2026: https://www.ochaopt.org/content/humanitarian-situation-report-31-july-2026

declined. This risk persisted throughout the year following the ceasefire, which proved fragile and ineffective. Interpreting these indicators as evidence that the hunger crisis had ended overlooks a fundamental reality: the majority of the population of the Gaza Strip remained unable to meet their food needs from their own resources.

Conditions are estimated to worsen between July and December 2026, with more than 1.4 million people (67 percent of the Gaza population) expected to face IPC Phase 3.[77] This expectation is linked to the decline in the coverage of humanitarian assistance since February 2026, uncertainty over the renewal of operational authorizations for dozens of international organizations, the continued deterioration of humanitarian and security conditions, the accelerating pace of forced displacement, the shrinking area available to the population of the Gaza Strip, and the irregular entry of commercial goods and humanitarian supplies. International organizations have openly stated that the gains made following the first months of the fragile ceasefire have rapidly eroded with the declining humanitarian assistance coverage amid intensified Israeli siege and the absence of any political prospects for a solution.

The IPC estimated that approximately 74,200 children aged 6–59 months and 24,600 pregnant and breastfeeding women would require treatment for malnutrition through April 2027.[78] This underscores that the effects of the Israeli offensive and siege do not end with the entry of flour or a decline in the prices of some food items. Recovery depends on access to a diverse range of foods, safe water, healthcare and sanitation services, as well as a reliable source of income that enables families across the Gaza Strip to meet their needs on an ongoing basis.

This is reflected in reports by international and local organizations documenting the shrinking scope of the humanitarian response and its inability to reach the majority of the population of the Gaza Strip on a regular basis. During the first week of August 2026, general food assistance reached only 189,000 people, less than one-tenth of the population. Meanwhile, the number of community kitchens fell from 102, providing 698,000 meals a day in early July, to 97, providing 691,000 meals a day in August. More kitchens are expected to cease operations if these conditions persist. The consequences for displaced persons are devastating: the closure of even one kitchen, or a reduction in its output, deprives entire communities of their daily—and often sole—source of food.[79]

77. Gaza Strip: IPC Global Initiative - Special Report | 16 April - 31 December 2026 (Published on 13 August 2026): https://reliefweb.int/report/occupied-palestinian-territory/gaza-strip-ipc-global-initiative-special-report-16-april-31-december-2026-published-13-august-2026

78. State of Palestine Nutrition Cluster, Nutrition Cluster Performance, Activity Statistics, accessed on 28 August 2026, https://app.powerbi.com/view?r=eyJrIjoiMmIyMDllZjMtZTJkOS00YTBlLThkZjItYTZmMGMxNzViMDMwIiwidCI6Ijc3NDEwMTk1LTE0ZTEtNGZiOC05MDRiLWFiMTg5MjAyMzY2NyIsImMiOjh9

79. OCHA, Humanertian Situation Report|10 July and 14 August 2026, available on: 10 July 2026 Report and 14 August 2026 Report

The decline is not only limited to the number of community kiychens as the World Central Kitchen (WCK) in May 2026 announced diminishing cooking meals returning to the level of meals we were delivering before the ceasefire. This decision is driven entirely by financial pressure. It does not reflect any reduction in need on the ground.[80] This demonstrates that the reduction is determined by organizations' ability to secure funding, rather than by a human rights-based assessment of the extent of hunger across the Gaza Strip. Moreover, the continued operation of community kitchens depends on the availability of food, cooking gas, fuel and oil for generators and vehicles. The entry of these essential supplies remains subject to Israeli restrictions, threatening the continuity of meal production and delivery to areas farther away.

At several points during the first year of the fragile ceasefire, shortages of essential supplies, particularly flour and fuel, quickly forced bakeries to halt production. The resumption of bakery operations therefore does not signify a stable recovery, but rather a temporary capacity that may diminish or cease altogether when supplies of flour and fuel are interrupted. Moreover, allocating 75 per cent of bread production for sale, even at subsidized prices, poses a significant challenge for families across the Gaza Strip, who must still be able to afford it. This is particularly difficult when most of the population has no source of income and commodity prices remain high.[81]

While prices have declined for many products, particularly vegetables, fruit, and flour, this decline has been relative and has not resolved the problem of affordability for most of the population of the Gaza Strip. According to the Gaza Consumer Price Index, the overall price level in August 2026 remained approximately 209 per cent higher than in October 2023.[82] With many families still lacking a regular source of income, the availability of food in markets does not, in itself, guarantee access to it. The right to food can only be realized when people have the economic means to obtain adequate food on a regular basis without being forced to sacrifice other essential needs.

3.3.2 Deteriorating Poverty and Employment Indicators and Failure to Revive Economic and Agricultural Activity

The latest quarterly estimates by the Palestinian Central Bureau of Statistics (PCPS) emphasize that ceasefire has placed the Gaza Strip on the track to recovery. In the first quarter of 2026, which is a whole quarter after the ceasefire, the Gross Domestic Product (GDP) reached around 167 million dollars for the Gaza Strip while it was around

80. WCK, Your Gaza Questions Answered | Updated May 2026, 20 May 2026: https://wck.org/news/gaza-questions/

81. OCHA, Humanitarian Situation Report|14 August 2026: https://www.ochaopt.org/content/humanitarian-situation-report-14-august-2026

82. Gaza Governorate Chamber of Commerce and Industry, Weekly Report No. 104–105: 20 July–2 August 2026, 3 August 2026. https://www.gazacham.ps/InformationCenter/Details?slug=weekly-report-104-105-from-july-20---august-02-2026

176 million dollars in the last quarter of 2025 showing a decrease of 5%. Gaza's GDP per capita also declined by a further 6 per cent over the same period.[83] These indicators show that the first months of the ceasefire did not even bring economic activity to a point of stability at its already collapsed level. Instead, contraction continued under the weight of destroyed productive assets, lost capital, supply chains, and restrictions on fuel, raw materials, equipment, and production inputs.

This quarterly decline is part of a deeper economic collapse. Estimates by PCBS and the Palestinian Monitory Authority showed that During 2025, GDP recorded a sharp decline in Gaza Strip, reaching 84% compared to 2023 and contracting by a further 8.7% compared with 2024. Therefore, the limited return of some goods to markets does not represent a recovery of productive capacity or employment opportunities. Rather, it reflects buying and selling within an economy that has lost most of its material productive base and remains dependent on limited and selective external supplies that are insufficient to enable agriculture, industry, and services to resume operations on a stable basis.[84]

PCBS found that activities capable of providing employment, income, and domestic production remained almost entirely paralyzed. Compared with 2023, construction activity in the Gaza Strip fell by approximately 99% in 2025, industry by 94%, and agriculture by 92%. The Gaza Strip's share of Palestinian foreign trade also fell to less than 4%, down from 29% in 2023, reflecting a long-standing process of economic isolation that has been further entrenched by the war and restrictions on the movement of goods.[85]

Amid the economic collapse, the labor market was almost completely disrupted. The unemployment rate in the Gaza Strip reached 78 per cent in 2025, compared with 53 per cent in 2023, while the labor force participation rate did not exceed 38 per cent. The latter figure does not indicate the availability of regular employment opportunities; rather, it reflects people's efforts to find a source of income, including through temporary and informal work linked to humanitarian response, such as selling humanitarian aid, and other newly emerging economic activities. As a result, most households lost their reliance on wages and productive activity for their livelihoods, becoming increasingly dependent on humanitarian assistance, cash transfers, and debt, as well as selling their remaining possessions. Unemployment has thus become more than an economic

83. Palestinian Central Bureau of Statistics (PCBS), Preliminary Estimates of Quarterly National Accounts: First Quarter of 2026, press report, 30 June 2026: https://www.pcbs.gov.ps/media/0xjkhfip/qnaq12026e.pdf

84. Palestinian Central Bureau of Statistics (PCBS), The Performance of the Palestinian Economy for 2025, and Economic Forecasts for 2026, 21 December 2025: https://www.pcbs.gov.ps/ar/post-details/?postId=23302

85. Ibid.



indicator: it is a direct driver of deprivation of food, housing, healthcare, and other fundamental rights.[86]

These findings point to a bleak reality and the severe hardships endured by the population of the Gaza Strip as their economic resources have decreased. Despite the relatively low and fluctuating consumer price indicators recorded during the first half of 2026, this did not translate into a corresponding improvement in purchasing power. Families remained unable to afford their basic needs, even when goods were available in the markets, forcing them to reduce the number of meals they ate, incur debt, and, in some cases, postpone medical treatment or forgo hygiene supplies and other essentials, including education and adequate shelter.

The fragility of the ceasefire during its first year further undermined the agricultural sector, which the IOF had systematically targeted, destroying it as an integrated production system, from land and water to marketing and consumption. In one of its reports, PCHR documented the extensive destruction of agricultural land and crops, greenhouses, wells, irrigation networks, and agricultural equipment.[87] Before the

86. Ibid.

87. PCHR, "We Will Leave Them Nothing": The Israeli Systematic Destruction of the Agricultural Sector and Food Production Systems in Gaza, 5 May 2026: https://pchrgaza.org/we-will-leave-them-nothing-new-pchr-report-reveals-israeli-destruction-of-gazas-agricultural-sector-and-food-systems-aims-to-erase-palestinian-existence/

outbreak of the war in October 2023, agriculture accounted for approximately 10 per cent of the Gaza Strip's economy and supported the livelihoods of more than 560,000 people through crop production, herding, and fishing.[88]

A comparison of indicators published in the immediate aftermath of the ceasefire with those released approximately nine months later confirms that prospects for restoring agricultural production have not improved; on the contrary, they have deteriorated. In November 2025, recent geospatial analysis by the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Satellite Centre (UNOSAT) indicated that only 13 per cent of cropland in the Gaza Strip remained undamaged. Most of this land, however, remained inaccessible, as it lay in areas where Israeli forces continued to be deployed or deny access to, the areas known as "Yellow Line". At the time, only 4 per cent of the Gaza Strip's total cropland—601 hectares—was both undamaged and accessible, equivalent to approximately 6 square kilometers out of the 150 square kilometers of land that had been suitable for cultivation before the war.[89] By 24 June 2026, the area of undamaged and accessible cropland had shrunk further to just 448 hectares, representing approximately 3 per cent of the Gaza Strip's total cropland. This marked a 25.5 per cent decline compared with the situation before the ceasefire.[90]

The decline in the area of agricultural land available for cultivation has been accompanied by an expansion of Israeli control westwards beyond the so-called "Yellow Line". On 28 May 2026, the Israeli Prime Minister stated that he had directed the Israeli military to seize additional territory in the Gaza Strip, initially targeting 70 per cent of the territory. Israel already exercises effective control over an estimated 64 per cent of the small coastal strip.[91] By late August 2026, the United Nations had documented that approximately two-thirds of the Gaza Strip remained inaccessible to the population or subject to severe access restrictions, confining 2.1 million Palestinians to the remaining third.[92] In practice, however, the area available for safe use is even smaller. Gunfire, the risks associated with approaching the line, shifting and unstable field boundaries, unexploded ordnance, rubble, and the absence of essential services further restrict the population's ability to access and use the land.

88. UN Food and Agriculture Organization (FAO): Gaza's agricultural infrastructure continues to deteriorate at alarming rate, 26 May 2025: https://www.fao.org/newsroom/detail/gaza-s-agricultural-infrastructure-continues-to-deteriorate-at-alarming-rate/en

89. OCHA, Humanitarian Situation Update #338 | Gaza Strip, 6 November 2025, https://www.ochaopt.org/content/humanitarian-situation-update-338-gaza-strip

90. FAO and UNOSAT, Gaza Strip: Only 3 percent of Gaza's cropland remains accessible and undamaged, new assessment finds: https://www.fao.org/newsroom/detail/gaza-strip---only-3-precent-of-gaza-s-cropland-remains-accessible-and-undamaged--new-assessment-finds/ar

91. Netanyahu directs Israeli forces to expand Gaza control to 70 percent, 28 May 2026, Reuters: https://www.reuters.com/world/middle-east/netanyahu-directs-israeli-forces-expand-gaza-control-70-percent-2026-05-28

92. OCHA, Humanitarian Situation Report| 28 August 2026, published on 29 August 2026, previously cited.

The expansion of Israeli control has therefore done more than reduce the geographical area available to the population. It has deprived residents of a major share of their agricultural land and sources of food and employment, directly contributing to the decline in the area of undamaged and accessible cropland from 601 hectares in November 2025 to 448 hectares in June 2026. Nor has access to damaged agricultural land west of the "Yellow Line" translated into a practical ability to repair it and restore production. Of the 4,091 hectares that were accessible in June 2026, 3,643 hectares were damaged and required rehabilitation before cultivation could resume. Yet repair efforts remained extremely limited. Between October 2025 and April 2026, only approximately 24 hectares of damaged greenhouses were repaired, while 81 per cent of greenhouses remained out of operation.[93] These gaps confirm that the mere fact that land lies west of the "Yellow Line" does not make it cultivable. Damaged land and greenhouses require the removal of rubble and remnants of war, soil levelling and remediation, and the repair of wells, irrigation networks, agricultural roads, and storage facilities. All these measures require funding and security stability, neither of which was available to the extent necessary during the period following the ceasefire.

Efforts to restore agricultural production faced persistent restrictions on the entry of seeds, soil, irrigation equipment, fuel, and materials needed to repair greenhouses, wells, and agricultural vehicles. The FAO confirmed that agricultural input remained scarce, often of poor quality, and were sold at prices beyond the reach of farming families who had lost their assets, savings, and sources of income. Consequently, repairs were largely confined to individual initiatives and small plots of land, falling far short of restoring the agricultural production system or compensating for the widespread collapse of local food production capacity.[94]

This demonstrates that, a year after the ceasefire, the obstruction of agricultural production extends beyond the destruction of land and agricultural infrastructure. It has taken the form of a combination of measures, including reducing the area of accessible cropland, preventing the rehabilitation of damaged land, restricting the entry of agricultural inputs, and increasing their cost. These conditions have kept farmers and livestock breeders under the constant threat of renewed military operations and continued instability. Consequently, land that is technically accessible remains largely incapable of producing food. Farming families have been deprived of the ability to turn their land, or the livestock they have managed to retain, into sustainable sources of food and income. This has prolonged the population's dependence on humanitarian

93. FAO, Gaza Strip's agriculture and livestock sectors show early signs of recovery amid widespread destruction, 26 June 2026: https://www.fao.org/newsroom/detail/gaza-strip-s-agriculture-and-livestock-sectors-show-early-signs-of-recovery-amid-widespread-destruction/en

94. Ibid.

assistance and undermined its ability to restore livelihoods with dignity and independence.

The same applies to the marine fishing sector, which has also sustained extensive destruction. Gaza Seaport and other fishing harbors across the Gaza Strip, along with fishermen's facilities, equipment warehouses, maintenance workshops, and fish cooling and storage facilities, have all been damaged or destroyed. The destruction has also affected the two main fish farms and the only fish hatchery in the Gaza Strip. Estimates indicate that between 85 and 90 per cent of fishing boats and related assets have been destroyed or damaged. The number of fishermen has fallen from approximately 4,500 registered fishermen before the war, whose livelihoods supported around 110,000 people, to only 500–600 fishermen.[95]

Throughout the year, a persistent pattern of attacks targeted fishermen, depriving them of safe access to their sources of livelihood. Since the ceasefire entered into force on 10 October 2025, PCHR's field researchers have documented the killing of four fishermen, the injury of 30 others, and the arrest of 86 fishermen in incidents that occurred while they were at sea or fishing off the Gaza Strip's shore.[96] These incidents confirm that the danger is not confined to waters far from the shore but also extends to fishermen operating small boats and fishing in areas close to the beach, driven by the loss of income and the need to provide for their families.

The ceasefire therefore did not lead to the resumption of marine fishing activities. Instead, the sea has effectively become a prohibited area, where fishermen face the risk of gunfire and arrest, even when sailing very close to the shore. Testimonies given by fishermen to PCHR's field researchers indicate that current catches do not exceed 1 per cent of pre-war production levels. By June 2026, total monthly catches had fallen to less than 15 tons, compared with 15–20 tons per day during fishing seasons before the war.[97]

Restrictions on the entry of fiberglass, engines, spare parts, fishing nets, and navigation equipment have also obstructed boat repairs, forcing fishermen to rely on small boats and wooden and metal parts recovered from the rubble. According to fishermen's testimonies, the price of one kilogram of fiberglass rose from approximately 50–60 shekels before the war to nearly 800 shekels in June 2026.[98]This demonstrates that the

95. Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Protection Cluster in the Occupied Palestinian Territory, Building to starvation: Systematic attacks on fishing in Gaza and implications for livelihoods and protection (May 2025): https://www.un.org/unispal/document/building-to-starvation-systematic-attacks-on-fishing-in-gaza-and-implications-for-livelihoods-and-protection-may-2025

96. Palestinian Centre for Human Rights (PCHR), Field Monitoring and Documentation Records of Violations Committed by the Israeli Occupation Forces against Fishermen in the Gaza Strip during the Period Following the Ceasefire up to 10 September 2026, PCHR internal records, 2025–2026.

97. Testimony provided by fisherman Zakaria Baker, Head of the Palestinian Fishermen's Syndicate, 2 July 2026.

98. Ibid.

obstruction of recovery has not been limited to the destruction of fishing boats and facilities. It has continued through a combination of denying fishermen safe access to the sea and preventing the entry of supplies necessary for repairs and production. As a result, a natural source of food, employment, and income has remained beyond the population's reach, deepening its forced dependence on imported food and humanitarian assistance.

3.3.3 Controlling the Flow of Goods and Restricting Production Inputs and Energy to Prevent Economic Recovery

Israeli restrictions on the movement of goods into the Gaza Strip have extended beyond controlling the quantities of food and humanitarian assistance permitted to enter, to include raw materials, machinery, spare parts, batteries, and solar power systems. These items have become doubly essential amid the ongoing outage of electricity supplied by Israel since October 2023, the shutdown of the Gaza Strip's only power plant, and the extensive destruction of electricity transmission and distribution networks. Consequently, industrial and commercial facilities that survived complete destruction, particularly those located west of the so-called "Yellow Line", have become dependent on access to independent energy sources, as well as the raw materials and spare parts required to resume operations.

These facilities have remained unable to resume their activities due to the combined effects of the destruction of their physical assets, the loss of capital, disrupted supply chains, rising transportation costs, and shortages of tires and spare parts for vehicles, generators, and machinery. This was confirmed by the Gaza Chamber of Commerce, Industry and Agriculture, which noted that the improved availability of some consumer goods had not extended to production inputs, raw materials, or supplies needed for rehabilitation. As a result, economic activity has remained confined to trading in goods that the Israeli authorities permit to enter, rather than restoring local productive capacity, resuming operations, and creating employment opportunities.[99]

The ongoing energy crisis in the Gaza Strip cannot be viewed in isolation from other rights and essential services, as access to energy is indispensable for the functioning of hospitals, laboratories, and medical refrigerators; water pumping and wastewater treatment; the operation of bakeries and community kitchens; the storage of food and medicines; the continuity of communications; and the restoration of industrial, agricultural, and commercial activities. Accordingly, restricting the entry of fuel, energy equipment, and spare parts does not merely disrupt the operations of individual

99. Gaza Chamber of Commerce, Industry and Agriculture, Gaza Economic Observatory, Issue No.1 2026, https://www.gazacham.ps/Uploads/Versions/Gaza_Economic_Observatory_%28GEO%29_Issue_No._1_-_2026_001.pdf

economic facilities. Its effects extend progressively to the rights to food, water, health, adequate housing, and work, while substantially increasing the cost of any humanitarian intervention or service that depends on electricity, transportation, and refrigeration.

Solar power systems, batteries, and repair supplies have experienced sharp price increases, alongside persistent shortages of fuel and oils for engines and generators. These shortages cannot be attributed solely to funding shortfalls among humanitarian organizations; they are also the result of restrictions on the types and quantities of materials permitted to enter, the parties authorized to import them, and the coordination and approval mechanisms governing their entry. Consequently, humanitarian organizations have been forced to restrict the use of their vehicles to the most urgent journeys, while community kitchens and service facilities have had to purchase electricity from commercial generators at high prices rather than operate their own generators. This has increased the cost of humanitarian response and reduced organizations' capacity to reach displacement sites in remote areas.[100]

While economic activity remains confined to humanitarian relief and limited trading, the rehabilitation of facilities and infrastructure and the restoration of employment opportunities remain reliant on the achievement of security and political stability—a prospect that appears distant in light of continued Israeli violations, ongoing bombardment, and daily killings. Even if military operations were to cease completely, economic recovery would neither be immediate nor swift, given the scale of destruction and the uncertainty surrounding the arrival of the supplies required for reconstruction. This will constitute the greatest challenge facing the population of the Gaza Strip.

To assess the impact of Israeli restrictions on the flow of goods and economic recovery nearly one year after the ceasefire in the Gaza Strip, this report analyses truck movement statistics published by the Gaza Governorate Chamber of Commerce, Industry and Agriculture. The figures show that the volume of goods entering the Gaza Strip remained far below the expected average, with deliveries fluctuating considerably and remaining vulnerable to disruption. Moreover, the increased share of the private sector in incoming truckloads was not accompanied by a corresponding increase in the entry of fuel, raw materials, machinery, or production and repair inputs. Instead, imports continued to consist mainly of foodstuffs and consumer goods. The following table presents the volume of truckloads entering the Gaza Strip and their distribution between humanitarian aid and the private sector:

Table: Movement of Trucks Entering the Gaza Strip, by Importing Entity, 13 October 2025–16 August 2026

100. OCHA, Humanitarian Situation Report|10 July 2026, https://www.ochaopt.org/content/humanitarian-situation-report-10-july-2026

Period	Total trucks	Humanitarian aid trucks	Share (%)	Private-sector trucks	Share (%)	Daily average
13 October–7 December 2025	13,798	8,089	58.6	5,709	41.4	246
8–21 December 2025	4,308	2,975	69.1	1,333	30.9	308
22 December 2025–4 January 2026	3,899	2,627	67.4	1,272	32.6	279
5–18 January 2026	3,812	2,083	54.6	1,729	45.4	272
19 January–1 February 2026	3,487	1,657	47.5	1,830	52.5	249
2–15 February 2026	3,297	1,361	41.3	1,936	58.7	236
16 February–1 March 2026	3,052	1,413	46.3	1,639	53.7	218
2–15 March 2026	1,777	1,373	77.3	404	22.7	127
16–29 March 2026	1,908	1,065	55.8	843	44.2	136
30 March–12 April 2026	1,718	988	57.5	730	42.5	123
13–26 April 2026	2,502	1,262	50.4	1,240	49.6	179
27 April–10 May 2026	2,825	1,286	45.5	1,539	54.5	202
11–24 May 2026	2,695	1,456	54.0	1,239	46.0	193
25 May–7 June 2026	2,383	858	36.0	1,525	64.0	170
8–21 June 2026	2,291	998	43.6	1,293	56.4	164
22 June–5 July 2026	2,575	1,001	38.9	1,574	61.1	184
6 July–16 August 2026	8,552	3,580	41.9	4,972	58.1	204

A cumulative analysis of the data in the above table shows that 64,879 trucks entered the Gaza Strip between 13 October 2025 and 16 August 2026. These comprised 34,072 humanitarian aid trucks, accounting for 52.5%, and 30,807 trucks for the private sector, accounting for 47.5%. The overall daily average therefore did not exceed approximately 211 trucks, equivalent to just 35.1% of the 600 trucks per day stipulated under the ceasefire arrangements. At this rate, approximately 184,800 trucks should have entered during the period. This reveals a cumulative shortfall of approximately 119,921 trucks, equivalent to an average daily deficit of 389 trucks, or 64.9%.

A comparison across the different periods shows that the highest daily average was recorded between 8 and 21 December 2025, at 308 trucks per day. Even at its peak, however, this figure did not reach half the daily rate stipulated under the ceasefire

arrangements. The lowest average was recorded between 30 March and 12 April 2026, when it fell to just 123 trucks per day.

Comparing the beginning and end of the period, the daily average declined from approximately 246 to 204 trucks, a decrease of 17.4%. Meanwhile, the private sector's share rose from 41.4 to 58.1%. This shift, however, does not in itself indicate a recovery in commercial flows, particularly when the nature of the goods entering the Gaza Strip is taken into account. The average number of commercial trucks increased from approximately 102 to 118 per day, a rise of around 16%, while the average number of humanitarian aid trucks fell from approximately 144 to 85 per day, a decline of around 41%. Accordingly, the increase in the private sector's share resulted primarily from the sharp decline in humanitarian aid, rather than from a sufficient increase in commercial imports or any meaningful approach towards the agreed overall target. This is a particularly important factor in understanding Israel's underlying approach.* [101]Reading these statistical figures in isolation from the nature of the goods transported by the trucks would be misleading. What occurred was a shift of a larger share of consumer goods supplies to the commercial channel at the expense of humanitarian aid supplies. This does not represent a transition from relief to production. The relative increase in commercial truckloads was not accompanied by a corresponding increase in the entry of machinery, raw materials, energy equipment, communications equipment, or repair supplies. Consequently, it contributed to increasing the availability of some goods in the markets without building local productive capacity or creating stable employment opportunities.

These figures reveal that the system governing the entry of goods into the Gaza Strip during the year following the ceasefire has served two simultaneous purposes: first, permitting limited quantities of goods available for consumption to enter; and second, preventing the population from accessing the economic resources and tools necessary for production and the repair of war-damaged infrastructure and facilities. As a result, the population has remained dependent on imported ready-made food and consumer goods, while factories, workshops, farms, bakeries, and public facilities have continued to lack access to the energy, equipment, and production inputs required to operate at full capacity. This deliberate separation between permitting consumption and obstructing production has prolonged dependence on humanitarian assistance and restricted commercial activity, while keeping employment opportunities and income levels extremely low.

101. **Analysis and calculations conducted by a PCHR researcher based on reports and data issued by the Gaza Governorate Chamber of Commerce, Industry and Agriculture for the period from 13 October 2025 to 16 August 2026. The comparison was calculated against the rate of 600 trucks per day stipulated under the ceasefire arrangements.*

3.4 Entrenching the Collapse of Water, Sanitation and Waste Management Systems and Obstructing Rubble Removal

The ceasefire did not restore water, sanitation, or waste management systems, despite their direct relevance to the population's survival, health, and dignity. These systems continued to operate only partially and intermittently, relying on temporary repairs amid severe shortages of the materials and supplies needed for maintenance and rehabilitation, including fuel, oils, equipment, and spare parts for engines and generators. The danger stems not only from the destruction inflicted during military operations, but also from leaving damaged infrastructure damaged and preventing the competent authorities from operating and rehabilitating it on a sustainable basis.

Estimates by the World Bank, the United Nations, and the European Union indicate that the water and sanitation sector sustained approximately US$1.7 billion in physical damage as of October 2025. These estimates, however, do not fully reflect the extensive scale of the destruction, as they do not comprehensively account for the health and environmental losses resulting from service interruptions, people being forced to purchase water or use contaminated sources, or their exposure to wastewater and solid waste. Moreover, repairing a damaged facility does not automatically restore the service it provides if the electricity and fuel crises, shortages of chemicals, or even the inaccessibility of roads leading to the facility persist.[102]

3.4.1 Continued Collapse of Water and Sanitation Systems and the Inability to Restore Services

Access to safe, uncontaminated water remained sporadic and unpredictable for the overwhelming majority of the population of the Gaza Strip throughout the year following the ceasefire. A rapid monitoring survey conducted by the Water, Sanitation and Hygiene (WASH) Cluster in early July 2026 found that 90 per cent of the population experienced moderate to high levels of water insecurity, compared with 84 per cent in June 2026. This included recurrent and unexpected interruptions in access to clean, reliable, and safe water for drinking, cooking, and personal hygiene. Gaza City was the most affected,

102. World Bank, United Nations, and European Union, Gaza Strip Rapid Damage and Needs Assessment, April 2026, covering damage and losses up to October 2025, https://reliefweb.int/report/occupied-palestinian-territory/gaza-strip-rapid-damage-and-needs-assessment-april-2026-enar

with 92 per cent of households experiencing water insecurity, followed by Khan Younis at 90 per cent and Deir al-Balah at 87 per cent.[103]

A joint assessment conducted between 29 March and 9 April 2026 by organizations operating in the water and sanitation sectors found that 63 per cent of the households assessed had access to less than six liters of drinking water per person per day, while 34 per cent had access to less than nine liters of water for domestic use per day. These quantities are insufficient to meet basic needs, including drinking, cooking, personal hygiene, dishwashing, and cleaning living spaces, particularly amid overcrowding, high temperatures, and the spread of communicable diseases. Consequently, displaced families are forced to make daily choices about how to prioritize their limited water supplies between drinking, maintaining personal hygiene, and preventing disease.[104]

The same assessment revealed that the crisis extended beyond the quantity of water available to encompass the method by which people accessed it, the conditions under which it was stored, and how it was used. Approximately 74 per cent of households collected water directly from water trucks, often under unsafe and overcrowded conditions and through irregular services. Households also reported an additional barrier to the safe management of water: an insufficient number of suitable containers to collect and store water. Moreover, overcrowding and long waiting times at water collection points and the need for households to transport water manually over varying distances placed an additional burden on women, children, older persons, and persons with disabilities. These conditions also heightened the risk of water contamination between the distribution point and its arrival at households.[105]

This shortage was not attributable solely to the limited availability of natural water sources, but also to the extensive destruction of wells, desalination plants, water pipelines, distribution networks, water tankers, and water treatment and pumping facilities. It was further compounded by restrictions on the entry of fuel, engine oils, generators, pumping equipment, and spare parts required to operate the remaining facilities. According to UNRWA, nearly 90 per cent of water and sanitation infrastructure in the Gaza Strip has been destroyed or damaged.[106] The WASH Cluster also recorded a 20 per cent decline in total water production in May 2026 compared with the level

103. Water, Sanitation and Hygiene (WASH) Cluster in the Occupied Palestinian Territory, Gaza Strip WASH Dashboard: Flash Appeal Indicators, July 2026:
https://app.powerbi.com/view?r=eyJrIjoiNDBjNmQwOTktNzFmOS00YWFkLThlYTItN2ExNWZmNzJhNTUyIiwidCI6Ijc3NDEwMTk1LTE0ZTEtNGZiOC05MDRiLWFiMTg5MjAyMzY2NyIsImMiOjh9

104. OCHA, Humanitarian Situation Report| 16 July 2026 published on 17 July 2026:
https://www.ochaopt.org/content/humanitarian-situation-report-16-july-2026

105. Ibid.

106. UNRWA Situation Report #219 on the Humanitarian Crisis in the Gaza Strip and the Occupied West Bank, including East Jerusalem:
https://www.unrwa.org/news-reports/reports/unrwa-situation-report-219-humanitarian-crisis-gaza-strip-and-occupied-west

recorded two months earlier, attributing this primarily to shortages of operational supplies and spare parts.[107]

This reality demonstrates that the mere existence of a well or desalination plant that has not been completely destroyed does not mean that it is capable of providing services. Several facilities continued to operate only partially and intermittently, depending on the availability of fuel, engine oils, electricity, and spare parts. Municipalities were consequently forced to reduce water-pumping hours or suspend pumping altogether in some areas. Damage to water pipelines also resulted in water losses before supplies could reach the population, while depriving neighborhoods in elevated areas or those located far from pumping stations of their allocated share. Access to water thus became increasingly dependent on the location of each household and its ability to store and transport water or purchase it from private suppliers.

Amid the inability of public water networks to meet the population's needs, reliance on water trucking as a means of partially compensating the shortage has increased. However, necessary as this intervention may be, it cannot substitute for a stable public water network. It is more costly, and the delivery of water to displaced persons depends on the availability of fuel and vehicles, as well as safe and accessible roads. Water trucking is also affected by military operations and restrictions on movement and access. As a result, water distribution is subject to spatial and temporal disparities: some displacement sites receive water deliveries regularly, while other communities remain without service or receive only very limited and irregular quantities. In August 2026, humanitarian organizations reported that, since early July, they had been unable to access approximately 5,000 people living in six displacement sites in northern Rafah due to insecurity and recurrent gunfire by IOF. This had deprived these communities of regular water deliveries and other essential humanitarian interventions.[108]

The deterioration in living conditions was not confined to water. The joint assessment revealed that only about 52% of households have access to basic sanitation, meaning they have private, improved facilities that safely separate human waste from contact. The rest rely on shared, inadequate, or unsafe options. Meanwhile, 60% of the population is exposed to sewage or fecal matter within 10 meters of their homes. Although this proportion subsequently declined to 43 per cent, it still means that hundreds of thousands of people remain exposed to sources of direct contamination in the immediate vicinity of their tents, homes, or shelters.[109]

107. Previously cited, Water, Sanitation and Hygiene (WASH) Cluster in the Occupied Palestinian Territory, Gaza Strip WASH Dashboard.

108. OCHA, Humanitarian Situation Report| 14 August 2026: https://www.ochaopt.org/content/humanitarian-situation-report-14-august-2026

109. Ibid.

The collapse of the sanitation system posed particularly serious dangers, as any disruption could result in wastewater being discharged back into the environment in which displaced persons live, including within destroyed neighborhoods and displacement sites. In Gaza City and North Gaza, the Sheikh Radwan and al-Saftawi lagoons, originally designed to collect rainwater, continued to receive wastewater due to damage to sewerage networks and pumping stations. Shortages of engine oils reduced the operating hours of the Sheikh Radwan Pumping Station to just five hours a day in July 2026, causing contaminated water levels in the lagoon to rise rapidly and threatening surrounding neighborhoods with flooding.[110]

Following the entry of limited quantities of engine oils into the Gaza Strip, the pumping station resumed operations for 12–16 hours a day, representing the minimum level of operation required to maintain or reduce water levels. Pumping facilities at the Sheikh Radwan and al-Saftawi lagoons also gradually resumed operations during the second half of July. The accumulated water was subsequently pumped into the sea to avert the risk of flooding and allow preparations for the winter season. The Palestinian Water Authority estimated that approximately 55,000 cubic meters of untreated wastewater were being discharged into the environment every day across the Gaza Strip due to the breakdown of treatment facilities and damage to pumping and sewage networks. The effects of this discharge are not confined to marine pollution; they also extend to beaches, the air, soil, and surrounding areas where displaced persons are living, increasing the risk of diseases transmitted through contaminated water, insects, and rodents. The continued discharge of untreated wastewater into the sea threatens the marine environment and the food sources associated with it, turning the coastline, which should serve as an economic and environmental resource, into a persistent source of contamination.[111]

Reliance on cesspits and temporary latrines also increased in displacement sites and areas where sewerage networks had been disrupted. The United Nations Environment Programme warned that the collapse of sewage treatment infrastructure, the destruction of piped systems and the use of cesspits for sanitation have likely increased contamination of the aquifer that supplies much of Gaza with water. Contamination is not confined to the sites where it occurs; it can also seep into the soil and groundwater, affecting wells, crops, and surrounding areas. This threatens existing water sources and increases the recovery cost in the future.[112]

110. OCHA, Humanitarian Situation Report| 16 July 2026 published on 17 July 2026: https://www.ochaopt.org/content/humanitarian-situation-report-16-july-2026

111. Palestinian Water Authority, statement to news agencies on the sewage crisis in the Gaza Strip and the discharge of approximately 55,000 cubic meters of untreated wastewater daily, September 2026.

112. United Nations Environment Programme, Environmental damage in Gaza Strip harming human health, threatening long-term food and water security - new UNEP report

The ceasefire therefore did not lead to the restoration of water and sanitation services. Instead, it left the population trapped in a cycle of fragile, emergency solutions: scarce water supplies delivered by truck; facilities operating for limited hours; damaged networks causing water losses before it reaches households; inadequate latrines and cesspits threatening groundwater; and untreated wastewater continuing to be discharged into the sea. The continued provision of even this limited level of service remains dependent on the entry of fuel, engine oils, pumping equipment, and spare parts, as well as the ability of local teams to access damaged facilities safely.

3.4.2 Turning the Environment in the Gaza Strip into a Constant Source of Danger and Disease

The destruction of waste and wastewater management systems, the obstruction of rubble removal, population overcrowding, and recurrent displacement have turned the immediate surroundings in which people live into a persistent source of contamination and health risks. The causes of disease are no longer confined to inadequate healthcare services or shortages of medicines; they are also embedded in the living environment, including flooding with wastewater, accumulated waste, insects, rodents, dust generated by rubble, and unsafe, temporary sanitation facilities within displacement sites.

Wastewater and solid waste have become a daily feature of the environment surrounding tents and damaged homes. A rapid assessment conducted by the WASH Cluster in July 2026 found that the proportion of households reporting sewage or sludge within 10 meters of their shelter had declined to 43 per cent, while 26 per cent reported solid waste accumulations nearby. Despite the decrease in both proportions compared with June, these figures still represent large numbers of people exposed to sources of contamination in the immediate vicinity of their sleeping areas and places where they cook and store food and water.[113]

The Gaza Strip generates approximately 4,200 cubic meters of solid waste every day, while waste collection capacity covered no more than 86 per cent of the total amount generated in July 2026. This means that approximately 588 cubic meters of waste remained uncollected every day, even when collection services operated at the estimated average capacity. Over a month, this would amount to an additional 17,600 cubic meters of uncollected waste. These quantities are added to the enormous volumes of waste that had already accumulated during periods of service disruption, explaining the continued emergence of random dumpsites within neighborhoods and markets and

113. OCHA, Humanitarian Situation Report| 14 August 2026: https://www.ochaopt.org/content/humanitarian-situation-report-14-august-2026



near displacement sites.[114] However, the increase in the proportion of waste collected does not mean that it is being disposed of safely. In many cases, collection operations are limited to transferring waste from overcrowded neighborhoods to emergency or temporary sites that are not fully equipped to handle it. This is compounded by the inability to access the main landfills, which are located in areas under Israeli military control or within Access-Restricted Areas (ARAs), east of the so-called 'Yellow Line'. Consequently, waste is merely being moved from one pollution hotspot to another, rather than being managed through an integrated system encompassing collection, transportation, sorting, treatment, and safe final disposal.

The temporary waste collection site at Firas Market, near Gaza's Old City, provides one of the clearest examples of this situation. Throughout 2024 and 2025, the site became an emergency landfill amid a densely populated residential and commercial area, posing serious health hazards due to the accumulation of waste, foul odors, and the spread of insects and rodents. In early July 2026, approximately 70 per cent of the accumulated waste had been removed, with around 10,000 cubic meters transported daily. This proportion had risen to approximately 75 per cent by 23 July. However, the waste was transferred to the temporary Abu Jarad site south of Gaza City, while preparations for Phase 2 of the Abu Jarad site remained pending the arrival of geomembrane materials needed to prevent leachate and other pollutants from seeping into the soil and

114. Previously cited, OCHA, Humanitarian Situation Report|10 July 2026.

groundwater.[115] This demonstrates how preventing or delaying the entry of a single technical material can undermine an extensive waste management intervention. The absence of geomembrane materials does not merely delay the transfer of waste; it also risks turning the alternative disposal site itself into a new source of contamination.

These risks were further exacerbated by the presence of enormous mass of rubble resulted from destroyed buildings and facilities. In September 2025, the United Nations Environment Programme estimated the volume of rubble at approximately 61 million tons, following the destruction or damage of 78 per cent of the Gaza Strip's approximately 250,000 buildings. This volume was 20 times greater than the total amount of rubble generated by all Israeli military offensives against the Gaza Strip since 2008. It also represented a 57 per cent increase compared with Programme's estimate issued in June 2024. The Programme added that About 15 per cent of this debris could be at relatively high risk of contamination with asbestos, industrial waste, or heavy metals if waste streams are not effectively segregated early on. [116]

This ongoing reality demonstrates that the hazardous environment in the Gaza Strip is not merely a temporal consequence of previous military operations. Rather, the harm is continually renewed as long as sanitation networks remain disrupted, waste continues to accumulate near residential areas, access to landfills is denied, and the entry of materials required to prepare alternative disposal sites is delayed. This occurs amid vast quantities of contaminated rubble containing unexploded ordnance scattered throughout neighborhoods. Rubble also becomes a factor prolonging displacement, as it prevents families from accessing their homes and obstructs the reopening of roads and the repair of water and electricity networks, as well as healthcare and educational facilities.

The effects of destruction intersect with subsequent restrictions on repairs, access, and the entry of supplies, resulting in ongoing violations of the rights to health, water, adequate housing, a healthy environment, and an adequate standard of living. The facts presented confirm that the continued prevention of measures to remove sources of danger and restore essential services exacerbates the harm inflicted on the civilian population. Depending on the circumstances of each incident and the fulfilment of the requisite material and mental elements, such conduct may fall within the scope of the prohibitions on destroying objects indispensable to the survival of the civilian population, obstructing humanitarian relief, causing widespread and long-term damage to the environment, and using the deprivation of the necessities of life as part of a broader course of conduct aimed at rendering the Gaza Strip uninhabitable.

115. OCHA, Humanitarian Situation Reprot|23 July 2026:
https://www.ochaopt.org/content/humanitarian-situation-report-23-july-2026

116. United Nations Environment Programme, Environmental damage in Gaza Strip harming human health, threatening long-term food and water security – environmental impact of the escalation of conflict on the Gaza Strip issued: 23 September 2025:
https://www.unep.org/news-and-stories/press-release/environmental-damage-gaza-strip-harming-human-health-threatening

3.5 The Continued Undermining of Gaza Children's Right to Safe and Formal Education

The majority of children in the Gaza Strip have completed three consecutive academic years without returning to their regular classrooms and schools. As they entered the fall of 2026, they faced a fourth school year amid an education system devastated and incapable of resuming normal operations. IOF destroyed or severely damaged educational buildings, while many of the schools that remained standing were turned into shelters for displaced families. Despite the relative expansion of temporary learning spaces following the ceasefire in October 2025, the education process has not progressed from the emergency response phase to recovery. Most children continue to receive only limited hours of learning in tents, temporary facilities, or damaged buildings, amid a shortage of safe learning spaces, teachers, textbooks, educational materials, and basic services.

UNICEF estimated that about 700,000 children (ages 4-17) have missed formal in-person schooling for almost three school years in a row. Nearly all children have not had a formal school day since October 2023. This means not only the loss of classes, but also a prolonged disruption of the school environment and the formal education it provides, as well as opportunities for social interaction, protection, psychological support, and the early identification of neglect, violence, and learning difficulties.[117] The extensive destruction inflicted on educational facilities remains the primary obstacle to the resumption of formal, in-person schooling. Restoring education requires far more than carrying out limited repairs to classrooms. It must also encompass rubble removal, the clearance of unexploded ordnance and other explosive hazards, structural safety assessments, the rehabilitation of water, electricity, and sanitation networks, and the provision of furniture, laboratories, and protective measures, while ensuring that children with disabilities can access educational facilities.[118]

Even school buildings that have not been completely destroyed are not necessarily available for educational use, as many continue to shelter families who have lost their homes. As a result, the rights to shelter and education are effectively competing claims to the same building. Schools cannot be vacated by displaced families without first providing them with alternative, adequate shelter; nor can they resume their educational function for as long as their classrooms, playgrounds, and facilities remain occupied by displaced families. This dilemma demonstrates that the recovery of education is directly

117. UNICEF, Back To Learning, Back To Life: UNICEF Provides Learning And Healing For Gaza's Children: Education Situation Update, 30 April 2026: https://www.unicef.org/sop/reports/unicef-state-palestine-humanitarian-situation-update-education

118. Education Cluster in the oPt, Education Sector Response and Operational Resources Page. Data as of 26 April 2026. Accessed on 4 September 2026: https://www.educationcluster.net/country/occupied-palestinian-territory

linked to the provision of housing and reconstruction and cannot be addressed in isolation from the broader living conditions of the population.

Although temporary learning spaces have enabled some children to resume informal educational activities, their capacity remains far below the scale of needs. By the end of April 2026, approximately 420,000 children- nearly three in every five—still had no access to face-to-face learning. Meanwhile, UNICEF reported that, since January 2026, it had reached approximately 255,000 children through its educational interventions and supported the operation of 172 learning centers, drawing on the services of more than 5,782 volunteer teachers, facilitators, counsellors, and educational workers, who received monthly incentives rather than regular salaries.[119] Even at funded learning centers, growing demand and a shortage of available places have forced restricted schedules, with each center serving two separate groups of students. Each group receives classes for only three days a week, at three hours per day. This falls far short of the time allocated to a regular school week and cannot compensate for the prolonged disruption of formal schooling.



119. UNICEF, After Two Years of War: Gaza's Education System on the Brink of Collapse, 4 November 2025: https://www.unicef.org/sop/stories/after-two-years-war-gazas-education-system-brink-collapse

The emergency education response has relied largely on tents, temporary sites, and lands cleared of rubble. Although these spaces play an essential role in maintaining children's connection to education, they do not necessarily provide a safe and adequate learning environment throughout the year. Tents offer insufficient protection from heat, cold, rains, and noise, and often lack adequate lighting, ventilation, seating, and water and sanitation facilities. Moreover, reaching these spaces may require children to cross damaged roads and areas covered with rubble, estimated at tens of millions of tons and containing unexploded ordnance. This renders the journey to a learning space a source of danger in itself.

Online learning has not provided an equitably accessible alternative for children in the Gaza Strip. Electricity and communications networks have been destroyed, while many families have lost their phones and computers or been forced to sell them to cover their basic needs. The cost of internet access and charging devices has also risen amid prolonged periods of disruption. Moreover, many families live in tents and overcrowded areas that offer neither a safe nor a quiet environment for learning. Consequently, digital platforms may help maintain a degree of educational continuity for a limited segment of children, but they cannot replace face-to-face education. Instead, reliance on them risks deepening educational inequalities among children, depending on their families' ability to afford a device, secure a power source, and maintain a stable internet connection.

The destruction has also extended to higher education, which is an integral part of the continuity of the education system and of preparing the teachers, doctors, engineers, and other specialists essential to the recovery process. An assessment done by UNESCO in cooperation with the Ministry of Education and Higher Education and AWRAD demonstrated that 95% of assessed campuses have been affected: 22 campuses out of 38 are completely destroyed, and an additional 14 campuses have sustained different levels of damage. Of the 206 buildings assessed, 195 are destroyed or have sustained severe damage, rendering them non-operational. About 120,000 PCs/Laptops and 620 specialized labs and facilities across all campuses are destroyed or severely damaged and cannot operate.[120]

The impact of the destruction of higher education institutions extends beyond current university students. It also affects schoolchildren, as it obstructs the training and preparation of teachers, counsellors, and other specialists, undermines Palestinian institutions' ability to rebuild the education system, and deprives children of the academic and vocational pathways they aspire to pursue in the future. Although universities have resumed some educational activities through digital platforms and

120. UNESCO, UNESCO presents the assessment of damage and reconstruction needs for higher education institutions in Gaza, 18 November 2025: https://www.unesco.org/en/articles/unesco-presents-assessment-damage-and-reconstruction-needs-higher-education-institutions-gaza

provided temporary learning spaces for students, these interventions remain limited in scale compared with the approximately 88,000 university students whose educational pathways have been disrupted.[121]

One of the most serious consequences of the disruption to education is the loss of foundational literacy and numeracy skills, which children are expected to acquire during the first years of primary school. A child who entered Grade 1 when the war began should, under normal circumstances, have spent approximately three years in formal education by now. In reality, however, that child has not attended a single regular classroom session. UNICEF indicated that approximately 56,000 children reached school age during the war, while those who enrolled in Grade 1 have yet to experience the routine of a structured classroom.[122] This presents a dilemma that goes beyond school enrolment. Automatically promoting children to higher grades may conceal significant learning gaps, leaving them unable to keep pace with the curriculum. On the contrary, placing them in lower grades may expose them to stigma and psychological distress, particularly those who are older than their classmates.

The risk of school dropouts in the Gaza Strip therefore increases the longer the disruption continues and the further children become detached from the routine of school. Poverty and hunger have driven children to help fetch water, collect firewood, search for humanitarian assistance, or engage in informal work to support their families. These temporary roles risk becoming permanent, particularly for older boys. Girls, meanwhile, face increased caregiving and domestic responsibilities, heightened protection risks, and difficulties accessing learning spaces that lack adequate privacy and sanitation facilities.

Children with disabilities and those who have sustained injuries face even more severe challenges. They require accessible entrances and pathways, suitable seating and toilets, assistive devices, transportation, and specialized educational support; provisions that are difficult to ensure in tent-based learning spaces. International organizations estimated that approximately 9,300 children with disabilities had been reached by the response during the first half of 2026. However, this figure does not demonstrate that all such children have been reached or that they have equal access to education of comparable quality.[123]

121. UNESCO: In Gaza, UNESCO supports students amid a devastated education landscape, 2 October 2025:https://www.unesco.org/en/articles/gaza-unesco-supports-students-amid-devastated-education-landscape

122. Ibid.

123. OCHA, Humanitarian Situation Report issued on 16 June 2026, access to education part published on 17 July 2026: https://www.ochaopt.org/content/humanitarian-situation-report-16-july-2026

It is hard to separate the educational process from children's psychological well-being. Children in the Gaza Strip have been exposed to death and injury, the loss of parents and siblings, and the destruction of their homes. They have also witnessed and endured repeated displacement, hunger, and fear in areas affected by military operations. UNICEF therefore estimated that approximately one million children require mental health and psychosocial support. In this context, the education crisis is intertwined with hunger, water shortages, inadequate shelter, and poor health conditions. A child who has not had food enough to eat, spent hours fetching water, or been unable to sleep because of the heat inside a tent or overcrowding cannot be expected to attend school regularly or concentrate. Learning spaces without drinking water and safe toilets may also exclude girls and children with disabilities. Restoring education, therefore, cannot be reduced to erecting tents and distributing stationery; it requires the simultaneous restoration of the conditions necessary for a dignified life.

The facts thus confirm that undermining children's right to education in the Gaza Strip did not cease with the decline in the intensity of military operations. It has continued through the destruction of schools or their use as shelters due to the obstruction of reconstruction, restrictions on the entry of materials and equipment, the inadequacy of temporary learning spaces, and the ongoing displacement, poverty, hunger, and security risks. Every additional month that passes without restoring this right does more than widen the learning gap: it deepens inequality, heightens the risks of protection violations, school dropout, and exploitation, and undermines an entire generation's ability to participate in rebuilding its society and shaping its future.

Recommendations

The facts documented in this report confirm that protecting the population of the Gaza Strip requires putting an end to killings and the infliction of physical and psychological harm, as well as ending the conditions that deprive people of the essentials for survival. Continued restrictions on access to medical treatment, shelter, food, water, and work keep the population's lives at risk, even if the intensity of bombardment declines.

Accordingly, PCHR calls for the following:

First: The international community must exert pressure on Israel, as the occupying Power, to:

- Immediately and comprehensively cease all acts of genocide and attacks against civilians and civilian objects; comply with the binding provisional measures ordered by the ICJ, including by preventing acts prohibited under the Genocide Convention and ensuring the unimpeded provision of essential services and humanitarian assistance.

- End forced displacement and any plans to forcibly transfer the population; cease confining people to overcrowded areas behind the so-called "Yellow Line"; and withdraw Israeli forces to enable the population to return voluntarily, safely, and with dignity to their areas of origin, regain access to their homes, land, facilities, and fishing zones, and exercise their rights to adequate housing and property.

- Lift the siege, ensure the regular reopening of all crossings, and guarantee the unimpeded entry of humanitarian aid and goods in accordance with the population's needs, including food, medicines, fuel, shelter materials, construction materials, equipment, raw materials, and spare parts. End the use of the classification of "dual-use items" to impose arbitrary restrictions that obstruct the provision of services, repairs, and production.

- Ensure the continuity of healthcare services and protect medical facilities and personnel; facilitate medical evacuations in accordance with medical needs and priorities with the necessary companions; restore the system for issuing medical permits allowing patients from the Gaza Strip to access hospitals in the West Bank and occupied East Jerusalem; and guarantee the right of patients and their companions to return to the Gaza Strip following treatment.

- Allow the immediate entry of heavy machinery and rescue and structural assessment equipment, ensure that Civil Defense teams and specialised personnel can access buildings at risk of collapse, search for missing persons, recover bodies, establish the identities of the deceased, and return their remains to their families with dignity, while preserving evidence and safeguarding families' right to know the fate and whereabouts of their loved ones.

- Ensure that UNRWA and other humanitarian and service organizations are able to operate and reach all those in need, protect their personnel, and lift restrictions that obstruct the repair and rehabilitation of hospitals, homes, schools, water networks, sanitation systems, and electricity infrastructure.

Second: Third States, particularly States Parties to the Genocide Convention and the Geneva Conventions

- Fulfill their obligation to prevent genocide by taking all effective economic, legal and diplomatic measures and ensuring Israel's compliance with its obligations. These measures should include imposing a comprehensive arms embargo on the transfer of weapons, ammunition, and military equipment to Israel, and suspending any cooperation that may contribute to the commission or continuation of crimes.

- Support investigation and prosecution before ICC and competent national courts, including the exercise of international jurisdiction where the requisite conditions are met. States Parties to Rome Statute must fulfil their obligations to cooperate with the Court and execute arrest and surrender warrants while protecting victims, eyewitnesses, and human rights defenders from reprisals for their cooperation with justice mechanisms.

- Reject any arrangements that entrench the forced displacement of Palestinians or undermine their right to self-determination and ensure that humanitarian assistance and reconstruction are not made conditional on the population's departure or relinquishment of its rights. Exert efforts to ensure that Israel is held responsible for providing reparation for the harm inflicted, including compensation, rehabilitation, and guarantees of non-repetition.

Third: The United Nations, International Organizations, and Donor States

- Establish an independent and effective international mechanism to monitor the ceasefire and ensure the protection of civilians, with a mandate to conduct field

visits, and publish its findings regularly while ensuring access to the Gaza Strip for international investigative bodies, journalists, and human rights defenders, and preserving evidence related to crimes.

- Ensure the provision of urgent and stable funding for food, water, cash assistance, and shelter, and develop a plan to protect the population during the winter season. This should begin with assessing buildings at risk of collapse and displacement sites vulnerable to flooding, providing safe alternative shelter, repairing rainwater drainage systems, and winterizing existing shelters, without forcing families into new displacement sites that lack essential services.

- Fund the restoration of the healthcare system, including its personnel, medicines, and medical equipment, and expand opportunities for patients and injured persons to receive treatment abroad. Prioritize long-term rehabilitation, prosthetics and hearing and visual aids, and specialized mental health services, while ensuring continued follow-up and support for children, caregivers, and healthcare workers.

- Support municipalities and Palestinian institutions in restoring water, sanitation, electricity, and waste management networks, ensure the safe clearance of rubble while taking into account unexploded ordnance, hazardous materials, and human remains, and link these operations to the reopening of roads and the repair of homes and public facilities.

- Support the restoration of safe, formal education by rehabilitating schools, funding teachers and educational materials, implementing programmes to address learning loss, and ensuring access to education for injured children and children with disabilities, alongside support for the recovery of higher education.

- Launch programmes to restore agriculture, fishing, industry, small businesses, and employment opportunities, alongside social protection for families who have lost their sources of income. Ensure that the population and Palestinian institutions participate in setting reconstruction priorities, implementing them, and monitoring their progress, with sustainable and transparent funding that does not absolve Israel of its legal responsibility for the destruction and the reparation of the harm caused.

Genocide ongoing

Inside the Gaza Strip

