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MAKING MARKETS WORK FOR ALL

A gender-sensitive, age and disability-inclusive market assessment



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This market assessment explores the functionality and accessibility of markets for nine items needed by female-headed households, families with members with disabilities and families with infants in Gaza. Data collection for this research assessment took place between September and October 2025.

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Acronyms

BMS	Breastmilk substitute
BNC	Basic Needs Consortium
COGAT	Coordinator of Government Activities in the Territories
CRS	Catholic Relief Services
CVA	Cash and voucher assistance
CWG	Cash Working Group
DRC	Danish Refugee Council
DWG	Disability Working Group
ECHO	European Civil Protection and Humanitarian Aid Operations
IDI	In-depth interview
ILS	Israeli shekel
KII	Key informant interview
MC	Mercy Corps
MPCA	Multi-purpose cash assistance
MSMA	Multi-Sectorial Market Assessment
NGO	Non-governmental organization
PMA	Palestinian Monetary Authority
PWD	Person with disability
RTF	Rehabilitation Task Force
SMEB	Survival minimum expenditure basket
UN	United Nations
UNICEF	United Nations Children's Fund
UNRWA	UN Relief and Works Agency for Palestine Refugees
USD	United States dollar
WFP	World Food Programme

Executive summary

With support from the European Union, Mercy Corps (MC), Catholic Relief Services (CRS), and Danish Refugee Council (DRC) have partnered under the Basic Needs Consortium (BNC) to deliver life-saving humanitarian assistance to Palestinians in Gaza and the West Bank. The BNC combines multi-purpose cash assistance (MPCA), shelter and site management and protection services, reaching over 100,000 people in the Occupied Palestinian Territories, including over 36,000 people (6,400 families) receiving MPCA in the Gaza Strip. The BNC serves displaced families, women, children, persons with disabilities, and communities in hard-to-reach areas. The BNC works with six Palestinian NGOs to deliver a coordinated, multisectoral response that efficiently supports basic needs.

The BNC reaches over 100,000 people working alongside six Palestinian NGOs.

The purpose of this exercise was to conduct a market assessment with a protection lens to fill knowledge gaps about market conditions affecting three specific types of households with unique needs: female-headed households, households with infants (0-23 months), and households with members with disabilities. The mixed-methodology approach sought information on market infrastructure, item availability, prices, market access, and the supply chain. The assessment first employed a phone survey of recent MPCA recipients in the aforementioned household typologies, which aimed to better understand their needs and helped produce a list of “index items” for each type of household. The study then used in-depth interviews with vendors in Khan Younis and Deir El Balah and key informant interviews with various stakeholders to glean more information about market conditions and how they affected these households’ ability to meet their basic needs. Given that the ceasefire came into effect in the middle of this assessment, some aspects were tailored to assess the suitability of a scale-up of MPCA programming to address the needs of households with specific needs, without generating unintended price increases or shortages of items in the markets.

Main findings of this assessment include:

- › Availability has improved for most basic items, while general price levels have decreased yet still remain higher than pre-war levels. This also applies to specific vulnerability items, except items needed by families with members with disabilities (disability-assistive devices, medicines and diapers for adults), which are difficult to find in the markets.
- › Supply chains are not well integrated and competitive due to the extremely limited number of importers currently approved by Israeli authorities to bring commercial goods into Gaza (4-5) as compared to before the war (400-500). Authorized importers each have a large market share and can influence the availability of items in the marketplaces. Importers are motivated by profit; they bring items into the Gaza Strip that are highly profitable. These include items for which there are many customers and high trade volumes. Items that have a smaller customer base with low purchasing power (for example disability-assistive devices) are de-prioritized.
- › The mechanism put in place by Israeli authorities strictly limits the amount and type of commercial items that enters the Gaza Strip daily. Basic food products, baby food, fruits, vegetables and hygiene supplies are authorized, but medicines and disability-assistive devices are not.
- › Authorized importers are subject to exorbitant coordination fees per truck entry, leaving only a few importers capable of accessing the level of capital needed to import goods. Damage to the road infrastructure, the re-routing of all commercial and humanitarian aid trucks through the Philadelphi Corridor and Ar Rasheed (coastal) Road, high transportation costs due to lack of fuel and vehicles and the use of private security to patrol commercial trucks and secure items in warehouses to prevent theft contribute to keep price levels of basic items above pre-war levels.

- › Access to income and low purchasing power remain significant challenges in accessing goods on the market and contribute to low trade volumes.
- › Supply chains for items in demand by female-headed households and households with infants can expand to respond to an increase of up to 20% in demand (corresponding to 70,000 families) as more households receive MPCA and increase their purchasing power. Prices for these items are likely to remain stable, as the supply would increase to meet the increased demand.
- › Supply chains for items in demand by households with members with disabilities would need support in order to meet increased demand from households receiving MPCA. This is due in part restrictions on many medicines and disability-assistive devices from entering the Gaza Strip.
- › Female-headed households are generally smaller than male-headed households and have no able-bodied male member. They are more likely to rely on a female member to visit the markets, an activity that comes with protection risks in the current context in the Gaza Strip. They mitigate risks by visiting markets less often than other family categories and at times (mostly mornings) that are perceived as less risky.
- › Families with members with disabilities and families with infants rely mostly on male members to visit the markets and making the decisions on what items to buy and the family needs to prioritize. Given gendered purchasing patterns, female family members are at risk of being deprived of essential items they need, such as female sanitary pads.

While the CWG members have expanded the MPCA response caseload more than threefold from 16,886 families in August, to 40,446 families in September, and 56,821 families in October, this market assessment concludes that the scale-up of the MPCA response can go further and reach additional 70,000 families with specific vulnerability profiles, without causing inflation or shortage of items in the markets. This scale-up of the MPCA response would generate an increase of 20% in demand for most specific items (regular soap, nappies for babies, baby formula, female sanitary pads, clothes and baby shampoo) and be matched by a corresponding increase in supply, without increasing prices and generating inflation or shortages. Although general price levels remain higher than pre-war levels, this is due to aspects of the market environment (coordination fees, higher transportation costs, additional costs to secure trucks and warehouses). Importers are motivated by profit and make conscious calculations about the amounts they are able to sell inside Gaza given the current purchasing power and price levels. Although 500 trucks entered the Gaza Strip on a daily basis before the war, importers make deliberate decisions about limiting the truck entries when demand and supply break even in the current context.

This market assessment also concludes that the use of MPCA to meet the specific needs of families with members with disabilities (disability-assistive devices, medicines and diapers for adults) is not possible without additional supply-side interventions, due to the regulatory barriers to the entry of these items into the Gaza Strip. Most disability-assistive devices (hearing aid batteries, wheelchairs, crutches) and medicines are not allowed to enter as part of the authorization mechanism by Israeli authorities. While before the war, many of these items were usually provided through social assistance systems, such as the Ministry of Health or UNRWA, these support systems have experienced significant limitations in continuing to operate.



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Introduction

Assessment objective

Market-based programming interventions serve a broad set of strategies: using local markets (such as the provision of multi-purpose cash assistance (MPCA) to affected populations to buy essential items), supporting markets (such as actions that aim to re-establish disrupted supply chains) and transforming markets (such as the introduction of new forms of payments). If market-based programming interventions do not consider how markets function, they can inadvertently cause harm, such as generating inflation, undermining recovery, damaging livelihoods and creating aid dependency. Market assessments are a steppingstone for all forms of market-based programming.

Throughout the conflict in Gaza, members of the humanitarian community have monitored market conditions to inform the selection of aid modality, primarily in-kind or cash and voucher assistance (CVA). The Gaza Market Monitoring Committee, which is part of the Cash Working Group (CWG) and meets weekly, focuses on analyzing metrics of market functionality such as price levels in digital transactions and physical cash, geographical differences in prices, and item availability. The CWG supports daily price monitoring through a dedicated dashboard.¹ This inter-agency, high-frequency initiative is limited to a few essential food and non-food items and the liquidity fee for cash-outs. It relies on CWG members submitting data on a voluntary basis. The World Food Programme's (WFP) "Market Monitor – Gaza" provides monthly updates on availability and prices of a wide selection of food items and some non-food items, in addition to food security updates. It triangulates three data sources, including in-person data collection by a third-party monitoring agency.² The United Nations Children's Fund's (UNICEF) "Gaza Humanitarian Cash Transfer Monthly Bulletin" provides monthly updates on availability, prices, and stock of a wide selection of food and non-food items, in addition to nutrition updates and results of MPCA post-distribution



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monitoring reports.³ REACH collates monthly post-distribution monitoring data from a few CWG members to produce a monthly Rapid Market Overview. Ad-hoc market assessments include the Save the Children, CRS and MC' assessment reports in 2024⁴ and 2025⁵, which are in-depth assessments of marketplaces.

This market assessment built on past and ongoing market monitoring activities by introducing a protection perspective. It looked at market functionality and accessibility through the lens of three categories of vulnerable families: female-headed households, families with members with disabilities and families with infants (0-23 months). While ongoing market monitoring activities show that market-based programming (such as MPCA distributions) remains feasible and relevant for the average family recipient in Gaza, this market assessment focuses on the items that families with specific vulnerability profiles need and the challenges and opportunities that they face to buy them in the market. The ultimate objective of the assessment was to make recommendations for more gender-sensitive and age- and disability-inclusive MPCA programs.

Following the 10 October 2025 ceasefire, this market assessment pivoted to also assess the appropriateness of a scale-up of the multi-purpose cash assistance response for basic needs. In Gaza, the Cash Working Group guidance recommends distributing two rounds

¹ Gaza Cash Working Group, "[Price Monitoring Dashboard](#)" (November 2025 – updated several times a week)

² WFP, "[Monthly Market Dashboard](#)" (October 2025)

³ UNICEF, "[Gaza Humanitarian Cash Transfer Monthly Bulletin](#)" (August 2025)

⁴ CRS, Mercy Corps, Save The Children, "[Gaza Rapid Market Assessment](#)" (July 2025)

⁵ CRS, Mercy Corps, Save The Children, "[Markets under Fire](#)" (July 2025)

of assistance per year, each including three monthly transfers of ILS 1,250 (USD 383.2 as of 8 November 2025) per family per transfer.⁶ A family receives six transfers per year at most. Among other things, the appropriateness of MPCA scale-up is contingent on the capacity of the markets to accommodate the expected increase in demand. If market functionality is feeble, the risk that a scale-up of the MPCA response generates inflation or causes shortages of items is high. As part of the ceasefire response plan, the CWG planned to target 120,000 families with MPCA, or 34.3% of the population in Gaza, in addition to those targeted under the regular response plan. In practice, the number of families assisted with MPCA in Gaza (as part of regular or ceasefire response) went from 16,886 families in August, to 40,446 families in September, and 56,821 families in October.⁷ Based on average household size of 6 members and the overall population estimate of 2.1 million people, the post-ceasefire MPCA scale-up as of the end of October 2025 corresponded to an extra 11% of the affected population in Gaza being assisted with MPCA. To inform decision-making regarding MPCA scale-up, this assessment explored the extent to which the markets for specific vulnerability items are able to accommodate an additional increase of 20% in demand (corresponding to 70,000 families assisted with MPCA per month), which is a standard benchmark used in similar market assessments, without increasing prices or experiencing shortages.

60% of families preferred a mix of MPCA and in-kind support, while 36% preferred MPCA only.

Context

Since October 2023, the conflict in Gaza has caused over 69,000 trauma-related deaths and over 170,000 reported injuries.⁸ The war caused extensive damage to infrastructure and agricultural assets. Using satellite imagery, the United Nations Satellite Centre has estimated that around 70% of the total structures in the Gaza Strip are either destroyed or damaged.⁹ Since the ceasefire, 36.8% (5,542 ha) of cropland is accessible, but only 4.0% (601 ha) is not damaged and accessible.¹⁰ The economic toll is immense. Almost all sectors in Gaza have experienced a total halt in economic production. Prices in Gaza have soared over 300% in one year, with food prices alone up by 450%. Gaza's economy is projected to have contracted by 83% in 2024, dropping its overall contribution to the economy to 3%, despite being home to 40% of the population in the Palestinian territories.¹¹ During this period, Israeli authorities have enforced tight controls on commercial and humanitarian aid goods entering the Gaza Strip. As a result, availability of basic items in the markets reduced and prices increased. In July 2025, the cost of the survival minimum expenditure basket (SMEB) reached ILS 10,995, nearly ten times its cost before the war. In August 2025, famine was declared in Gaza City governorate, while famine thresholds were expected to be crossed in Khan Younis and Deir El Balah in the following weeks. The 10 October ceasefire brought some relief to the starving population. On 23 October, 1,033,000 meals were prepared and delivered by 20 partners through 171 kitchens – 72,000 meals by 14 kitchens in the north and 961,000 meals by 157 kitchens in the south.¹² While the number of children suffering from acute malnutrition remained high in the first two weeks of October, the detection rate among those screened has decreased from 14% to 10% compared to September. This reduction may be attributed to the improved availability of food in some areas.

- ⁶ The MPCA transfer value corresponds to 100 percent of the value of the monthly survival minimum expenditure basket (SMEB), which was calibrated in 2023, before the start of the war. In September 2025, due to inflation, the SMEB item's price exceeded the SMEB/MPCA transfer value by 2,862 ILS (around USD 860).
- ⁷ CWG database at OCHA
- ⁸ The Gaza MoH provides one source of mortality information; however, these figures focus mainly on trauma-related deaths and fail to capture much of the non-traumatic mortality.
- ⁹ UNOSAT, "UNOSAT Gaza Strip Comprehensive Damage Assessment" (May 2025)
- ¹⁰ FAO, "West Bank and Gaza Strip: Humanitarian response update" (November 2025)
- ¹¹ World Bank, "New Report Assesses Damages, Losses and Needs in Gaza and the West Bank" (February 2025)
- ¹² OCHA, "Gaza Humanitarian Response | Situation Report No. 4" (24 October 2025)

Funded by DG-ECHO, the Basic Needs Consortium (BNC) is a consortium of Mercy Corps (MC) (lead agency), Catholic Relief Services (CRS), the Danish Refugee Council (DRC) and six local partners to help vulnerable populations meet their basic needs in Gaza and the West Bank. Established in May 2025, the BNC provides site management, protection, shelter, MPCA and coordination support. The BNC targets 6,400 families with MPCA in the Gaza Strip. The BNC aims to provide thought leadership and influence the design of the MPCA response in the Occupied Palestinian Territories through evidence generation and advocacy. Led by MC, with the support of CRS, this market assessment is part of the BNC's evidence generation activities.

Target population and rationale

While extensive evidence exists on the opportunities and challenges of the average household in Gaza to access markets and buy items to meet their basic needs, this market assessment aimed to fill evidence gaps by focusing on specific items needed by three family categories: female-headed households, families with members with disabilities and families with infants.¹³ This is in line with the objective of designing a gender-sensitive and age- and disability-inclusive MPCA response under the Basic Needs Consortium that leaves no one behind.

Female-headed households include a wide variety of families, including widowed female adults living with children, elderly women living alone, and women living with a disabled husband and their children. It is difficult to summarize the experience of female-headed households in a single typology, also because of overlapping vulnerabilities. For example, disability is highly correlated with age, with elderly women highly likely to be affected by functional vulnerabilities. As of 29 October 2025, the Gaza Ministry of Health had reported

nearly 69,000 deaths, of which over 30,000 are women and children.¹⁴ In 2025, a Lancet study found that the Gaza Ministry of Health has likely underestimated fatalities by approximately 41%.¹⁵ As in many cultural contexts, women in Gaza often eat “the least and last,” and many women self-ration to ensure children and others get food first.¹⁶

“To secure even a simple lunch, I have no choice but to send my children to walk long distances, exposing them to exhaustion and risk, just to bring back food for the family.”

46-year-old female head of household in Deir El Balah, living in a family of 5 members

Infants and children aged 0-23 months and pregnant or breastfeeding women are among those most vulnerable to the impact of malnutrition. The humanitarian nutrition response in the Gaza Strip has included large-scale programs to complement food assistance programs for the general population. The focus of these programs has been mainly on children aged 6-59 months and pregnant and breastfeeding women. The nutrition services for children have included a large-scale blanket supplementary feeding program (BSFP) for children, a community-based management of acute malnutrition program for the treatment of moderate and severe acute malnutrition, and provision of ready-to-use infant formula for non-breastfed infants. According to the Integrated Phase Classification Global Famine Review Committee in August 2025, the BSFP program was experiencing stockouts of nutritional products, with the number of children receiving supplementary feeding declining in the previous two months and a complete

¹³ At the assessment design stage, additional family categories (families with members with chronic illnesses, pregnant and lactating women, elderly) had been considered. Ultimately, the choice fell onto these three categories, for theoretical and operational reasons. From a theoretical perspective, families often have overlapping and intersecting vulnerabilities. For example, families with infants are likely to also have a lactating woman; families with a member with disabilities are likely to have an elderly member since disability is highly correlated with age; families with a member with disabilities are also likely to have a member with a chronic illness, since in the context of Gaza chronic illnesses often cause disability for affected individuals that are unable to secure regular medication. So, the three selected categories are likely to provide insights on the lives of families with individuals with other types of vulnerability. From an operational perspective, the resources available for this assessment were limited.

¹⁴ OCHA, “Reported impact snapshot | Gaza Strip” (29 October 2025)

¹⁵ Z. Jamaluddine et al. 2025. “Traumatic Injury Mortality in the Gaza Strip from Oct 7, 2023, to June 30, 2024: A Capture Recapture Analysis.” Lancet 405 (10477): 469–77.

¹⁶ Women's Refugee Commission, “I Starve Myself So My Children Can Eat – The Gendered Impacts of Food Insecurity and Famine in Gaza” (September 2025)

closure of preventive malnutrition services. Closure of malnutrition treatment services was expected within a few weeks.¹⁷ The percentage of children identified as acutely malnourished in screenings across Gaza increased from 8% in July to 14% in August.¹⁸ Pre-existing illness and vulnerabilities increase starvation risks, as vulnerable groups deteriorate first when food, hygiene, sanitation and healthcare collapse.¹⁹ In addition to ensuring adequate nutrition for their development, infants have additional needs compared to those of other family members. They require diapers and wipes to maintain hygiene conditions. In the development phase, their skin is sensitive and requires specific soap to avoid rashes or other forms of adverse skin reaction. They are more vulnerable to medical complications without access to health services and medication in the case of illness.

“The baby girl needs baby formula for her growth, while the rest of the family can eat different types of food. The baby also needs diapers to stay clean, while the rest of the family can use toilets. As for soap, the baby needs a specific type because she suffers from allergies, while the rest of the family can use any type of soap.”

50-year-old male head of household in Deir El Balah, living in a family of 5 members

Before October 2023, an estimated 58,000 **people with disabilities (PWDs)** lived in the Gaza Strip. Since then, the war has caused an estimated 32,000 new disabilities, bringing the current number of people with disabilities to

90,000 in the Gaza Strip.²⁰ Families with members with disabilities face additional financial costs to meet their basic needs compared to other families. This is because they require assistive devices or consumables (i.e. medication, hygiene items, etc.) or services (i.e. medical appointments, transportation, etc.) and face foregone income from work when another family member gives up employment to care for members with disabilities. The costs of living with a disability vary according to the severity of disability, age, and household composition. The highest cost burdens are observed among people with severe disabilities, and among people with disabilities living alone or in small households.²¹ It is estimated that 83% of people with disabilities have lost their assistive devices during the war, including wheelchairs, walkers, hearing aids, glasses, crutches, prosthetic limbs, and toilet chairs; this does not include the need for assistive devices by the vast number of individuals with newly acquired disabilities resulting from attacks.²² According to WHO, nearly 42,000 people in the Gaza Strip have life-changing injuries caused by the ongoing conflict. One in four of these injuries are in children. Over 5,000 people have faced amputation.²³

“He needs diapers because of total inability to move; medical equipment such as a medical mattress due to bedsores from lying on the back all the time; regular medical appointments due to his condition; and assistive devices such as a wheelchair because of the difficulty in moving him from one place to another.”

46-year-old male head of household in Middle Area, living in a family of 7 members

¹⁷ IPC, [“FAMINE REVIEW COMMITTEE: GAZA STRIP”](#) (August 2025)

¹⁸ UNICEF, [“Devastating rate of child malnutrition in the Gaza Strip in August surpasses July record”](#) (September 2025)

¹⁹ Nutrition Cluster, [“Gaza Malnutrition: Claim-by-Claim Rebuttal”](#) (15 August 2025)

²⁰ Disability & inclusion Working Group, presentation at the Cash Working Group meeting on 27 July 2025

²¹ Mitra S, Palmer M, Kim H, Mont D, Groce N. [“Extra costs of living with a disability: A review and agenda for research”](#). *Disabil Health J.* 2017 Oct;10(4):475-484

²² Global Disability Fund, [“Situational Analysis - Persons with Disabilities in the Occupied Palestinian Territory”](#) (August 2025)

²³ WHO: [“Estimating trauma rehabilitation needs in Gaza: September 2025 update”](#) (October 2025)

Goods list, specifications, and quantities

This market assessment focused on nine items, three per family category.²⁴ The list of items is described in Table 1 below. Given the widespread levels of food insecurity in Gaza, large-scale needs assessments consistently find that the top priority need for all families is food items. Noting that extensive monitoring on food markets is conducted regularly by multiple sources, this assessment focused on the items that families with specific vulnerabilities need above and beyond food items. To identify these vulnerability-specific items, a phone-based needs assessment was conducted with samples of families with specific

vulnerability profiles (see more details in the Methodology section below). Respondents were asked about the specific needs of their vulnerable members (infants and members with disabilities). In the case of female-headed households, the survey asked about family priority needs, which were then triangulated with those of other families to identify significant deviations. For each vulnerability profile, three items were identified. Item specifications and units of measure were not needed because the items are either sold in standard packs (for example, nappies for infants, baby formula, female sanitary pads, diapers for adults, regular soap, baby shampoo) or, on the contrary, highly diversified in sizes and types (for example, medicines and clothes); in this case, the analysis was disaggregated by item.²⁵

TABLE 1. ITEMS IN THE MARKET ASSESSMENT

Family category	Item	Assessment specification	SMEB specification
Female-headed household	Regular soap	Regular soap for everyday use by adults. Bar or liquid.	Bath soap (Palmolive) – 2 units per month
	Clothes	Summer or winter clothes for infants and children	Not part of SMEB
	Female sanitary pads	Sanitary pads for monthly female menstrual hygiene	Pack (Always) – 2 packs per month
Families with infants	Baby shampoo	Shampoo for everyday use, suitable for infants' skin and eyes	Not part of SMEB
	Baby formula	Milk powder	Not part of SMEB
	Nappies for infants	Diapers for sizes of newborn to small children	Not part of SMEB
Families with disabilities	Disability-assistive devices	Eyeglasses and crutches. No other devices (hearing aids, wheelchairs) were found in the markets.	Not part of SMEB
	Medicines	Medicines for cancer treatment, epilepsy, diabetes, blood pressure	Not part of SMEB
	Diapers for adults	Diapers for adult sizes	Not part of SMEB

²⁴ Market assessment methodologies recommend focusing on 4-6 items per assessment. In focusing on nine items, this assessment is anomalous. The average number of interviews per item (8) is smaller than that used in other market assessments. However, this was mitigated by the fact that the assessment does not disaggregate by marketplace, instead it focuses on a geographical area (Deir El Balah and Khan Younis).

²⁵ Market assessment methodologies recommend articulating the item specifications when designing the scope of the assessment, before data collection starts. This is because information such as price and unit of measure varies for different specifications.

The survival minimum expenditure basket (SMEB) is used to identify and calculate, in a particular context and for a specific moment in time, the average cost of a socio-economically vulnerable household's multisectoral basic needs that can be quantified in monetary terms and accessed in adequate quality through the local market.²⁶ In Gaza, the SMEB is calibrated on an average family size of 6. The SMEB does not include the items needed by families with specific vulnerabilities or in specific season (for example winter items). The SMEB only includes items that can be found regularly in the markets. Only two (regular soap and female sanitary pads) of the specific items analysed in this assessment are found in the Gaza SMEB. All other items are not part of it. This is partly because they were usually provided through social assistance systems before the war (for example, disability-assistive devices and medicines) or are not bought on a regular monthly basis (for example, clothes).

The UN Relief and Works Agency for Palestine Refugees (UNRWA) remains a key provider in disability services in Gaza, with numerous humanitarian organizations and other UN agencies using UNRWA's Relief and Social Services database²⁷ as an additional source of reliable data, alongside the Social Registry.²⁸ The agency has established committees in collective shelters on UNRWA premises; committees play a key role in the coordination and delivery of humanitarian assistance. The Rehabilitation Task Force (RTF), under the Health Cluster, and the Disability Working Group (DWG), under the Protection Cluster, play important roles in the provision of disability-assistive devices. While the provision of mobility-related devices is coordinated under the Rehabilitation Task Force, the provision of assistive devices for hearing and visual impairments is coordinated under the Protection cluster.²⁹ This market assessment assessed the extent to which markets have replaced social assistance as a source of disability-assistive devices and the coping strategies used by families with members with disabilities to source or live without them.



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Based on the self-reported needs of families with infants, the list of items covered by this market assessment includes baby formula. Since the start of the war in October 2023, the Nutrition Cluster has disseminated breastmilk substitute (BMS) guidance and started an awareness-raising campaign to support adherence to this guidance.³⁰ In emergencies, formula feeding is risky. In emergencies, as in regular situations, exclusive breastfeeding is the safest way to feed infants under the age of 6 months. Contaminated water, poor sanitation, and the spread of germs and bacteria are widespread in emergencies, and infants and young children are at heightened risk. In an emergency setting, there might be situations in which infants and young children cannot be breastfed, or are partially breastfed, for a longer or shorter period of time. This includes infants who are orphaned, whose mother is absent, has a medical condition or is being supported to transition to exclusive breastfeeding. Infants and young children who belong to one of the categories above need to receive BMS and BMS kits by trained practitioners and in a controlled and monitored program. By including it in the list of items of analysis, this assessment does not promote the use of MPCA for the purchase of baby formula by recipients but merely reflects the self-reported preferences of many households in need.

²⁶ CALP, [Glossary of Terms](#)

²⁷ The Relief and Social Services department at UNRWA is responsible for social assistance and services. The Relief and Social Services database contains information about persons with disabilities.

²⁸ Global Disability Fund, ["Situational Analysis - Persons with Disabilities in the Occupied Palestinian Territory"](#) (August 2025)

²⁹ Since 2024, there has been considerable overlap between the RTF and the DWG over the provision of assistive devices; stakeholders from the Health Cluster raised that this overlap is causing duplication in efforts and that the provision of mobility-related assistive devices is outside the mandate of the DWG. (Source: Global Disability Fund, ["Situational Analysis - Persons with Disabilities in the Occupied Palestinian Territory"](#) (August 2025))

³⁰ Nutrition Cluster, ["Infant and Young Child Feeding in Emergencies \(IYCF-E\) Standard Operating Procedures"](#) (December 2023)

Methodology

Approach

The assessment combines elements of the Stoplight³¹ and Multi-Sectoral Market Assessment (MSMA)³² methodologies. Stoplight data collection tools (trader interview and price data collection tool) were adapted to the context and complemented with MSMA questions on supply chain (Tool 3A - Detailed Trader Questionnaire)³³. Data analysis used the Stoplight template, using an existing map by OCHA and following the Minimum Market Requirements for Cash: free movement of goods/supplies in and out of the area; supply can meet minimum demand; target population can safely meet needs through markets. The report adopted the MSMA reporting template. The tools did not include a detailed trade volume module. Instead, the assessment adopted a standard 20% increase in demand to assess the expandability of the supply chains, following a potential scale-up of the MPCA response to 70,000 families per month.

The assessment covers the analysis of marketplaces (the physical places where vendors and final consumers meet) and supply chains (the links between suppliers or source markets/importers/suppliers and vendors). Some elements of the wider market system (for example, regulatory framework, financial service providers, role of local authorities, road conditions, telecommunication network) are analyzed based on existing evidence from other sources. The assessment assesses the functionality and accessibility of markets for nine items needed by families with specific vulnerability profiles. In contrast, it does not disaggregate by geographical marketplace, i.e. it does not provide disaggregated findings by marketplace. It focuses on Khan Younis and Deir El Balah governorates, two contiguous and relatively small geographical areas that experience similar conditions in infrastructure and regulatory framework.³⁴

The assessment combined primary data collection with extensive triangulation of existing evidence from regular market monitoring and previous market assessments, situational reports and documents from humanitarian coordination mechanisms, among others. Primary data collection took place in two steps. In the first step (needs assessment), a sample of 115 MPCA recipients, disaggregated by family vulnerability profile, was surveyed through a phone survey to assess their specific needs and identify the items of interest for the assessment. In the second step, the team conducted 61 in-depth interviews (IDIs) with market traders and 24 MPCA recipients in person. In parallel, the team conducted 7 key informant interviews (KIIs) with relevant stakeholders.



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³¹ NRC, [Stoplight: Rapid Market Assessment Toolkit](#) (February 2025)

³² UNHCR and NRC, [Multi-Sector Market Assessment Guidance and Toolkit](#) (December 2020)

³³ Questions around seasonality have been dropped from data collection tools.

³⁴ The phone-based need assessment included families in Gaza City and took place during the main offensive on Gaza City, which started on 15 September. As part of the offensive, the entire Gaza City governorate was placed under evacuation orders, causing the displacement of more than 870,000 people who fled to the South in Deir El Balah and Khan Younis. Due to security and accessibility reasons, it was decided to exclude Gaza City from the rest of the data collection activities. Rafah governorate has reportedly been depopulated since early 2025 and North Gaza has been largely inaccessible since the offensive on Gaza City and the closure of the Zikim crossing.

TABLE 2. DATA COLLECTION OVERVIEW

Activity	Description	Disaggregation
Phone survey (needs assessment) 21-24 September 2025	Phone-based survey with 115 MPCA recipients. Participants received MPCA in the previous 30 days by MC or CRS.	› 33 female-headed households › 50 families with members with disabilities › 32 families with infants
IDIs with market vendors 22-25 October 2025	In-person IDIs with 61 market vendors. The breakdown by structure type is as follows: 5 minimarkets; 13 pharmacies; 16 stalls/informal vendors; 22 supermarkets; 5 shops.	Each IDI focused on one item: baby shampoo (4), baby formula (9), nappies for babies (8), female sanitary pads (7), regular soap (8), clothes (6), medicines (8), diapers for adults (6), disability-assistive devices (5)
IDIs with MPCA recipients 24-25 October 2025	In-person IDIs with 24 MPCA recipients.	› 8 female-headed households › 8 families with members with disabilities › 8 families with infants
KIIs with stakeholders 15 September-4 November	Remote semi-structured interviews with 7 stakeholders.	DRC protection team, MC procurement, WFP Vulnerability Assessment and Mapping team, Disability Working Group, Gaza Chamber of Commerce

Challenges and solutions

- › The sample of families with specific vulnerability profiles is only representative of the BNC caseload of MPCA recipients. The families in the sample received MPCA from MC or CRS within the 60 days prior to the phone-based needs assessment. The sample is not representative of the entire affected population in Gaza, which also includes families that didn't receive MPCA in the 60 days prior to the needs assessment or families with different vulnerability profiles.
- › Between 15 September and 4 October 2025, the Gaza City governorate became largely inaccessible due to displacement orders and was subject to an intense military offensive, with extensive levels of destruction and mass displacement. While the initial scope of the assessment included Gaza City governorate, this was reduced to Deir El Balah and Khan Younis governorates only, which hosted 88.7% of the population in the entire Gaza Strip in September 2025.³⁵
- › The 10 October ceasefire came into effect during data collection, between the needs assessment phone survey and the in-person interviews with market vendors and MPCA recipients. Market conditions changed rapidly, with large amounts of goods entering the Gaza Strip through humanitarian aid and commercial trucks. This market assessment adapted to the new context by expanding the objectives to include an assessment of the scale up of the MPCA response.
- › The MPCA response under the Cash Working Group expanded more than threefold during the data collection for this assessment. This made it difficult to establish a baseline for market expandability and assess the size of additional demand that the markets could absorb without generating price increases or item shortages. A benchmark 20% increase in demand was used in the data collection and analysis, noting that demand may have increased shortly after data collection for this assessment.

³⁵ According to OCHA's Population Breakdown estimates, Khan Younis and Deir El Balah hosted 1,896,575 people by the end of September 2025.

Findings

Market infrastructure and regulatory framework

As part of the 10 October ceasefire, a higher number of humanitarian aid trucks have been allowed to enter the Gaza Strip. In the month of October 2025, the UN 2720 mechanism reported 3,024 (+11.4% compared to September 2025) trucks carrying 46,775 (+34% compared to September 2025) pallets of humanitarian aid and corresponding to 35,780 tons in weight (+24% compared to September 2025) were collected from Kerem Abu Salem in the South and Kissufim in the East³⁶. Of the collected weight, 80% comprised food items, 7% comprised shelter items, 6% comprised water-, sanitation- and hygiene-related items, 2% comprised health and nutrition items respectively items and the rest comprised other aid items such as fuel, agricultural and livestock and operations, logistics and telecommunications. Direct bilateral aid (provided directly from one country's government to specific projects) from countries like Gulf states and Egypt, is also entering through the crossings but it is not reported as part of the UN 2720 mechanism. The Zikim Crossing was sealed on 12 September, reducing humanitarian access to North Gaza, until it was re-opened on 12 November. Other crossings (Rafah in the South, Gate 96 in the East and Erez in the North) remained closed. Since the ceasefire took effect, there has been a reduction in the interception of supplies collected by the UN and its partners from Gaza's crossings, indicating a reduction in looting and a gradual restoration of order. Between 10 and 28 October, 5% of collected supplies were reportedly intercepted, compared with about 80% between 19 May and 9 October.³⁷

On 5 August 2025, the Coordinator of Government Activities in the Territories (COGAT), the department of the Israeli Ministry of Defense facilitating logistical coordination between Israel and the Gaza Strip, announced the launch of a new mechanism to allow the



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entry of goods from the private commercial sector into the Gaza Strip, a practice that had been stopped since October 2024.³⁸ As part of the new mechanism, COGAT announced that "a limited number of local merchants were approved subject to specific criteria and security screening. Goods include basic food products, baby food, fruits and vegetables and hygiene supplies. Payments for the purchase of these goods will be conducted via bank transfers only, under a monitoring and oversight mechanism. All goods will undergo thorough inspection."³⁹ Since then, the number of commercial trucks entering the Gaza Strip has steadily increased. In the month of October 2025, 930 commercial trucks entered the Gaza Strip.⁴⁰ Overall, approximately 128 humanitarian or commercial trucks per day entered the Gaza Strip in October 2025, a significantly lower number than the average 500 trucks per working day before the war. Despite their smaller number compared to humanitarian aid (commercial trucks corresponded to 24% of all trucks entering the Gaza Strip in October 2025), commercial

³⁶ OPS, "UN2720 Monitoring & Tracking Dashboard" (accessed on 31 October 2025)

³⁷ OCHA, "Humanitarian Situation Update #336 | Gaza Strip" (31 October 2025)

³⁸ The Times of Israel, "For first time in nearly a year, Israel to gradually allow flow of goods to Gaza's private sector" (5 August 2025)

³⁹ COGAT, [post on X](#) (5 August 2025)

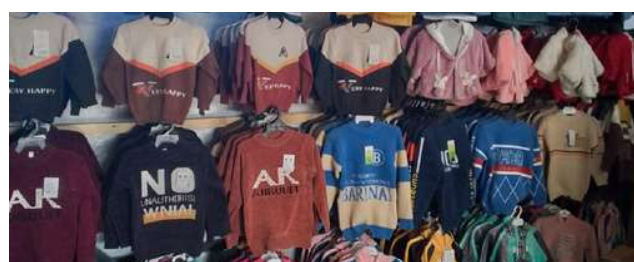
⁴⁰ Gaza Chamber of Commerce, "Weekly Report on the Status of Crossings and Market Monitoring in the Gaza Strip", presentation at the Cash Working meeting on 3 November 2025

trucks contributed to improving the availability of goods in markets.⁴¹ No extra detail has been published on the authorized list of commercial items and the coordination mechanism for commercial trucks remains opaque. Profit motive is the primary determinant of what gets imported, with high expected demand and trade volumes for some goods driving decisions of the few importers authorized to operate. As a result, specialized items needed by vulnerable people with limited purchasing power such as assistive devices are not prioritized for import. According to key informants, only a handful of importers (reportedly four or five) have the necessary authorizations issued by Israeli authorities, compared to 400-500 authorized importers before the war. Limited authorizations generate fertile ground for the creation of a cartel of importers with significant market power, where few authorized importers can influence market dynamics related to supply volumes and prices (see *Supply Chain* section below for more details). According to key informants, commercial trucks are subject to fees ranging between ILS 300,000-400,000 per truck (USD 92,000-123,000).⁴² Ultimately, these fees contribute to high price levels of essential goods in the markets in Gaza, with the final consumers bearing the brunt.

On 26 October, Israeli forces announced that, beginning the following day, all humanitarian and commercial truck movements through Karem Abu Salem crossing would be rerouted via the Philadelphi Corridor and Ar Rasheed (coastal) Road, replacing the previous routes through the Morag Corridor and Salah Ad Deen Road. This route, unused for cargo collection by the UN and its partners since May 2025, is considered unsuitable for high-volume transport because the road is narrow and heavily congested with traffic as it passes through densely populated areas. As of 29 October, congestion along this route has led to delays in aid movements from and to the Karem Abu Salem Crossing. This further adds to the challenges already facing humanitarian aid delivery,

including due to the ongoing closure of all crossings directly into northern Gaza since 12 September.⁴³

According to the World Bank, the financial sector suffered significant damage during the war in Gaza. Nearly 98% of Gaza's banking infrastructure was affected, with 33 out of 56 bank branches destroyed and 19 partially damaged.⁴⁴ Of 94 ATMs, only two remained semi-functional, while 59 were destroyed and 33 partially damaged. Since the start of the war, banks have been unable to bring new Israeli Shekels banknotes into the Gaza Strip, leading to an acute shortage of physical cash. As a result, banknotes themselves have become a commodity in high demand, fueling a parallel market in which fees to access physical cash ("liquidity fees") reached as high as 50% of the value withdrawn.⁴⁵ To address the liquidity crisis, the Palestinian Monetary Authority (PMA) promoted greater use of bank cards, e-wallets, and mobile applications, significantly reducing reliance on traditional in-branch services. Nationwide financial literacy campaigns and targeted educational initiatives have increased consumer confidence in using digital payment channels.⁴⁶ Among the MPCA recipients interviewed for this assessment, 56% had a bank account and 24% used an e-wallet before the war. In November 2025, 96% of the MPCA interviewed for this assessment reported having an active e-wallet, indicating the uptake of the e-wallet technology during the war. This resonates with existing evidence from other sources. In July 2025, the PMA estimated that 34% of the population in Gaza had a bank account and 59% had an active e-wallet.⁴⁷



© Hossam Al-Qazzaz/Mercy Corps, Khan Younis, 22/10/2025

⁴¹ Gaza Chamber of Commerce, "[Gaza Movement of Goods – Weekly Report – Week 62 and week 63](#)" (October 2025)

⁴² The Gaza Chamber of Commerce reports that the entry of certain types of goods into the Strip only occurs after paying exorbitant unofficial fees collected by unknown parties. Extortion amounts range between ILS 500,000 and 1 million per truck, depending on the type of goods (Source: Gaza Chamber of Commerce, "Fact Sheet: Commercial Extortion and Restrictions on the Movement of Goods into the Gaza Strip" (5 November 2025))

⁴³ OCHA, "[Humanitarian Situation Update #336 | Gaza Strip](#)" (31 October 2025)

⁴⁴ World Bank, "[GAZA AND WEST BANK INTERIM RAPID DAMAGE AND NEEDS ASSESSMENT](#)" (February 2025)

⁴⁵ Save The Children, Catholic Relief Services, Mercy Corps, "[Market Under Fire - An analysis of the local economy, structural setbacks, and adaptation strategies in Gaza](#)" (July 2025)

⁴⁶ Palestinian Monetary Authority, "Position Paper: Banking Sector Resilience Amid Unprecedented Challenges" (June 2025)

⁴⁷ Palestinian Monetary Authority, "Financial Inclusion" presentation at the CWG meeting in West Bank on 23 July 2025

Item availability

TABLE 3. ITEM AVAILABILITY AND DESCRIPTION

Type	Items found	Description	Image
Supermarket	Diapers for adults, baby shampoo, baby formula, nappies for babies, female sanitary pads, regular soap	A permanent structure with concrete floor and walls. They are typically large commercial structures, serving over 200 customers per day. They sell food, hygiene items, and firewood. They are often contracted by aid providers such as WFP and CRS to provide cash or digital transfer redemption services, and/or participate in voucher assistance programs.	
Minimarket	Nappies for babies, female sanitary pads, regular soap	A permanent structure with concrete floors (but not walls). They are typically small structures, serving less than 200 customers per day. They sell food, hygiene items, and firewood.	
Shop	Disability-assistive devices, clothes	A permanent structure with concrete floors and walls. They sell specific items, for example clothes and eyeglasses.	
Stall	Medicines, diapers for adults, baby shampoo, baby formula, nappies for babies, female sanitary pads, regular soap, clothes	A non-permanent structure sitting on sand, dirt or pavement. They can have a roof or be open-air. They are small structures and specialize in a few items.	
Pharmacy	Medicines, diapers for adults, disability-assistive devices, baby formula	A permanent structure with concrete floors and walls. They sell medicines, baby formula, diapers and some disability-assistive devices (such as crutches).	

Supermarket: © Abdallah Abu Alkas/CRS, Deir El Balah, 22/10/2025 | Minimarket: © Hossam Al-Qazzaz/Mercy Corps, Khan Younis, 22/10/2025 | Shop: © Rasha Al-Amour/Mercy Corps, Khan Younis, 23/10/2025 | Stall: © Haneen Zuhud/CRS, Deir El Balah, 23/10/2025 | Pharmacy: © Ibrahim Hammad/CRS, Deir El Balah, 23/10/2025

- › Regular soap, female sanitary pads, nappies for babies, baby formula, baby shampoo and diapers for adults are available at a wide variety of vendors (supermarkets, minimarkets, pharmacies, and stalls). Clothes can be found in shops or stalls. Medicines are found in pharmacies or stalls. Disability-assistive devices are found in shops or pharmacies.
- › Among disability-assistive devices, only eyeglasses and crutches are available in the markets; however, the assortment of lenses for eyeglasses is limited. Other devices (batteries for hearing aids, wheelchairs) are not available.

› Medicines for the treatment of chronic diseases (cancer, epilepsy, diabetes, blood pressure, etc.), antibiotics, painkillers, among others, are available.

› Regular soap (8-9 vendors per marketplace) has the highest number of competitors, followed by baby formula and nappies for babies (6-7 vendors per marketplace), clothes, female sanitary pads, baby shampoo (4-5 vendors per marketplace), disability-assistive devices and medicines (2-3 vendors per marketplace) and diapers for adults (1-2 vendors per marketplace).

TABLE 4. ITEMS AND VENDORS

Item	Average number of vendors
Regular soap	8–9
Baby formula	6–7
Nappies for babies	6–7
Clothes	4–5
Female sanitary pads	4–5
Baby shampoo	4–5
Disability-assistive devices	2–3
Medicines	2–3
Diapers for adults	1–2

The ceasefire had positive effects on item availability, with regular soap, baby formula, and nappies for babies being found in more than 6 vendors per marketplace on average. MPCA recipients confirm the improvement in market availability. A respondent from a family with infants said: *“With the opening of the crossings, supply doubled, and products diversified and became easier to find.”* A respondent from a female-headed household said: *“It improved significantly; we can find all products more easily, and prices dropped slightly, but the problem hasn’t been solved completely, and stock isn’t enough—only for daily or weekly use.”* MPCA recipients indicated that the quality of the items they find in the markets is good. Items are reported to serve their purposes well. Data collection for this assessment found no reports of defective or expired or loose items. For example, no MPCA recipient reported that medicines were expired, indicating that they had been brought into the Gaza Strip recently.

Items needed by families with members with disabilities (disability-assistive devices, medicines and diapers for adults) are available at fewer vendors per marketplace. This mirrors findings from UNICEF’s monthly bulletin in October 2025, which reported that chronic disease medications and basic medicines were among the most frequently reported items in high demand but limited supply, as pharmacies and small vendors continued to face difficulties in replenishing medical stocks.⁴⁸ Disability-assistive devices remain scarce. Crutches were found only in two shops. While eyeglasses can be found in many shops, MPCA recipients report that the lens types are limited and not suitable for all. A respondent in a family with disabilities said: *“Lower-quality glasses are used with a high degree because the lens size is unsuitable and large, which may negatively affect vision, and the glasses have not been changed for two years, noting that they need replacement every six months.”*⁴⁹ This

⁴⁸ UNICEF, “Gaza humanitarian cash transfer monthly bulletin” (October 2025)

⁴⁹ According to the Disability Working Group, under the Gaza health systems individuals with vision problems or those who wear corrective glasses are recommended to undergo eye examinations every six months and update their eyeglass lenses as necessary.

medical neglect worsens the patient's health condition." Another respondent from a family with disabilities said: *"We use a regular mattress instead of a medical one due to unavailability in the market; the wheelchair is bad and worn out, unfit for use, and was borrowed from relatives because it's unavailable in the market; and we use fabric from old clothes repurposed as an alternative to diapers."* Data collectors reported asking for items such as wheelchairs and hearing aids, with many vendors saying they were not available. Disability-assistive devices and medicines are not authorized to enter into the Gaza Strip through commercial trucks. NGOs have reported being denied entry permission for truckloads of assistive products to the Rehabilitation Task Force, leaving stock levels across Gaza consistently depleted or critically low, despite supplies waiting at the border.⁵⁰ Before the war, disability-assistive devices were provided through social assistance programs, such as those based on the social registry under the Ministry of Social Development. Organizations of people with disabilities and local NGOs have always played an essential role in enabling access to, or directly providing, essential services for people with disabilities, and continued to do so during the war in Gaza. However, the Rehabilitation Task Force suffered a significant depletion of its technical workforce leaving persons with disabilities—existing and newly acquired disabilities—without essential services. Service providers have lost staff, infrastructure, and equipment, preventing them from functioning at a capacity that meets the vast emerging needs.⁵¹ The lack of access to equipment itself had long-term affects on the rehabilitation of individuals.

"I was born with this condition. My eyeglasses haven't been replaced for two years, they are scratched, I cannot see well, and my condition has worsened."

47-year-old male head of household, living in a family of 6 members in Middle Area

For example, shortages of batteries for hearing aids meant that children couldn't be fitted with hearing aids or use them continuously, leading to their hearing impairments gradually getting worse, sometimes to the point where they lost hearing altogether.⁵²

"Because I am the head of my household, I want to live independently, but I cannot. My wife keeps guiding me as I walk, and my glasses are slightly damaged. I was injured in the war, and I haven't been able to get a new pair."

43-year-old male head of household, living in a family of 8 members in Middle Area

Prices

Key highlights

- › Vendors report adopting a price-taking behavior for the sale prices of regular soap, baby formula, nappies for babies, clothes female sanitary pads, and baby shampoo, based on the price they pay to the wholesaler.
- › Vendors of disability-assistive devices, medicines and diapers for adults continue to be influenced by shortages in addition to the price at which they buy from the wholesaler.

⁵⁰ WHO, "Estimating trauma rehabilitation needs in Gaza: September 2025 update" (September 2025)

⁵¹ Global Disability Fund, "Situational Analysis - Persons with Disabilities in the Occupied Palestinian Territory" (August 2025)

⁵² GISHA, "Like taking the soul out of the body" (February 2025)

- › Before the ceasefire, 89% of MPCA respondents said the markets showed different prices for physical cash and e-wallet transactions. After the ceasefire, the price deviation for physical and digital transactions was 13% for regular soap, 8% for nappies for babies, 6% for medicines, and 4% for disability-assistive devices; all other specific items (female sanitary pads, diapers for adults, clothes, baby shampoo and baby formula) showed no difference in prices.
- › All minimarkets, supermarkets, pharmacies and shops accept digital payments. While the majority of stalls (75%) accept digital payments, 25% of stalls do not accept them.
- › Among vendors interviewed for this assessment, supermarkets have the highest number of customers per day (217), followed by minimarkets (162), shops (114), pharmacies (84) and stalls (72).

The increased entry of commercial goods into the Gaza Strip has resulted in a general reduction in prices. According to WFP's Market Monitor, the prices of most food items in the second week of October (from the 8th till the 15th) decreased compared to September and the first week of October.⁵³ The price of 1 kilogram of onions in October 2025 reduced by 83% in Gaza governorate, 75% in Deir El Balah, 78% in Khan Younis, compared to September 2025; the price of soap in October 2025 decreased by 60% in Gaza governorate and Deir El Balah and by 50% in Khan Younis, compared to September 2025; the price of nappies for babies in October 2025 decreased by 86% in Gaza governorate, 79% in Deir El Balah, and 80% in Khan Younis.⁵⁴ The value of the Gaza Consumer Price Index (a price index of 12 food and non-food commodities produced and monitored by the Gaza Chamber of Commerce) has decreased to ILS 351.73 in October 2025 from its peak of ILS 2,766.49 in July 2025.⁵⁵ However, prices remain higher than February 2025 (previous ceasefire) and pre-conflict levels. For example, in October 2025, the price of 1 kilogram of onions was two times higher or more than February 2025 in Gaza governorate, Deir El Balah and Khan Younis. In October 2025, the Gaza Consumer Price Index remained 3.8 times higher than its pre-war value (ILS 92.4).⁵⁶

This market assessment finds that price dynamics differ for different items. For key items needed by female-headed households and households with infants (regular soap, baby formula, nappies for babies, clothes, female sanitary pads, and baby shampoo), the improved availability and abundance of stock have made marketplaces more competitive, with more than 4 vendors per marketplace. When asked how they set prices for specific vulnerability items, all vendors for these items reported that prices were set based on the wholesale price. A stall owner in Khan Younis said: *"[The price is set] according to the market wholesale price of the product, adding a profit margin suitable for everyone."* A supermarket owner in Khan Younis said: *"[The price is set] according to the purchase invoice and the price set by the supplier, adding a profit margin to the wholesale product price."* Given the high degree of competition in the marketplace for these items, vendors have low market share and no market power (ability to influence prices) and adopt a price-taking behavior, i.e. they are unable to set a higher price than the one they buy at. Overall, the supply of these specific vulnerability items (regular soap, baby formula, nappies for babies, clothes, female sanitary pads, and baby shampoo) has demonstrated a high degree of elasticity since the ceasefire, with prices dropping sharply as available quantities increased.

Vendors of key items needed by households with disabilities (medicines, disability-assistive devices and diapers for adults) continue to be affected by shortages. The degree of competition for these items is lower, with three or fewer vendors in the marketplaces. One pharmacy owner in Deir El Balah said about the price of medicines: *"The product is rare and there is only one company that supplies this treatment."* Another pharmacy owner in Deir El Balah said about the price for diapers for adults: *"The product is scarce and is available in small quantities in the market."* Another pharmacy owner in Deir El Balah said about the price of crutches: *"Medical devices always have a higher price because the supply is less and their availability is low."* While medicines and disability-assistive devices are not authorized to enter into the Gaza Strip through commercial trucks, diapers for adults fall within

⁵³ WFP, "Gaza Market Monitor" (October 2025)

⁵⁴ UNICEF, "Gaza humanitarian cash transfer monthly bulletin" (October 2025)

⁵⁵ Gaza Chamber of Commerce, "Weekly Report on the Status of Crossings and Market Monitoring in the Gaza Strip" (November 2025)

⁵⁶ Gaza Chamber of Commerce

the hygiene item category and therefore should be allowed to enter. Overall, this shows that the shortages that affect the markets for the specific items needed by families with members with disabilities (medicines, disability-assistive devices and diapers for adults) continue to influence the price-setting mechanisms in the markets as a result of import restrictions.

The use of digital payments (payments made through e-wallets) has increased compared to September 2025. According to UNICEF, 52% of survey respondents stated that “most” or “all” vendors accept digital transfers in September 2025– up from 35% in August 2025.⁵⁷ This is mirrored by a decrease in the liquidity fee (the fee paid to financial service providers to cash digital transfers out into physical banknotes), which decreased from 42% on average in July 2025 to 24% on average in October 2025.⁵⁸ This assessment confirms the downward price and liquidity fee trends highlighted by regular market monitoring from other sources. Specifically, primary data collected for this assessment found no deviation in prices for payment in physical cash and digital

transaction for baby formula, baby shampoo, clothes for children, diapers for adults, and female sanitary pads. The only items that continued to show small (13% or below) deviations are regular soap, medicines, nappies for babies and disability-assistive devices. One supermarket owner in Deir El Balah said: “*Products are purchased through digital transactions, and therefore they are sold through digital transactions, and in these times, sales in both ways [physical cash and digital payment] have become convergent.*” The decrease in the general level of prices and liquidity fee took place at the same time as the CWG members scaled up the MPCA response from 16,886 families in August, to 40,446 families in September, and 56,821 families in October.⁵⁹ The fact that the availability of goods increased and the general price levels decreased during this period means the markets were able to absorb the increase in demand generated by the MPCA scaleup. Overall, the increase in supply has outstripped the MPCA-fueled increase in demand.

TABLE 5. PRODUCT PRICING

Product	Specification	Price in physical cash (NIS)	Average difference in physical cash and digital price
Baby formula		51	0%
Baby shampoo		8	0%
Clothes for children		Depending on item	0%
Diapers for adults		128	0%
Disability-assistive devices	Crutches	140	0%
	Eyeglasses	267	0%
Female sanitary pads		9	0%
Medicines		Depending on item	6%
Nappies for babies		47	8%
Regular soap		6	13%

⁵⁷ UNICEF, “Gaza Humanitarian Cash Transfer Monthly Bulletin” (October 2025)

⁵⁸ Gaza Chamber of Commerce, weekly presentation at the Gaza Market Monitoring Committee meeting on 27 October 2025

⁵⁹ CWG Information Management Officer

During the war, MPCA recipients had turned to stalls and informal street sellers to shop for their basic items. In August 2025, 89% of MPCA recipients reported stalls as their primary source for essential items, followed by street vendors (15%).⁶⁰ Among the vendors interviewed for this market assessment in October 2025, supermarkets reported the highest number of customers per day (217), followed by minimarkets (162), shops (114), pharmacies (84) and stalls (72). While the numbers are not directly comparable, the overall evidence points to the fact that supermarkets and other formal shops have increased their customer base following the ceasefire. All supermarkets, minimarkets, pharmacies and shops accepted digital payments through e-wallets, while 25% of stalls did not accept them. Given the decrease in the liquidity fees and deviation in prices between physical cash and digital transaction payments, consumers are returning to buy essential items from formal shops, which are more likely to accept digital payment through e-wallets than informal sellers, like stalls.



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Market access

Key highlights

- › For all female-headed households, a female member goes to the market, either the household head (91%) or a daughter (9%). Families with members with disabilities (76%) and families with infants (84%) are more likely to count on a male member to go to the markets.
- › Before the ceasefire, female-headed households (97%) and families with members with disabilities (90%) are more likely to report challenges to reach the market than families with infants (84%). Across family categories, the most frequently reported challenges to access the markets are the cost of transportation, distance, and security risks.
- › The most frequently reported mitigation measures are reducing the number of visits to the markets, reducing the time spent at the market, and buying less preferred or more expensive items from closer vendors.
- › Female-headed households went to the market less frequently (2.1 times per week) than families with infants (3.4 times per week) and families with members with disabilities (2.5 times per week).
- › Expenditure habits show gendered patterns. While customer gender is balanced for most specific items (baby formula, nappies, regular soap, hypoallergenic soap, disability-assistive devices), vendors report that women are more likely to buy clothes for children (83% vendors) and female sanitary pads (71% of vendors).
- › Two thirds of vendors report that there is a difference in the time men and women shop. Women (according to 69% of vendors) are more likely to visit vendors in the morning, while men (according to 63% of vendors) are more likely to visit vendors in the evening.
- › Fifty-seven percent of vendors reported that the customers for specific items had received MPCA within 60 days prior to the purchase. The incidence was particularly high for disability-assistive devices (100%, as reported by vendors) and female sanitary pads (71%).
- › Before the ceasefire, 60% of families with specific vulnerabilities preferred receiving a combination of MPCA and in-kind, while 36% preferred receiving MPCA only. Among the items they wanted to receive in kind was food.

⁶⁰ REACH, "Gaza Strip – Market Overview and Multi-Purpose Cash Assistance Analysis - August 2025"

FIGURE 1. FREQUENCY OF GOING TO THE MARKET

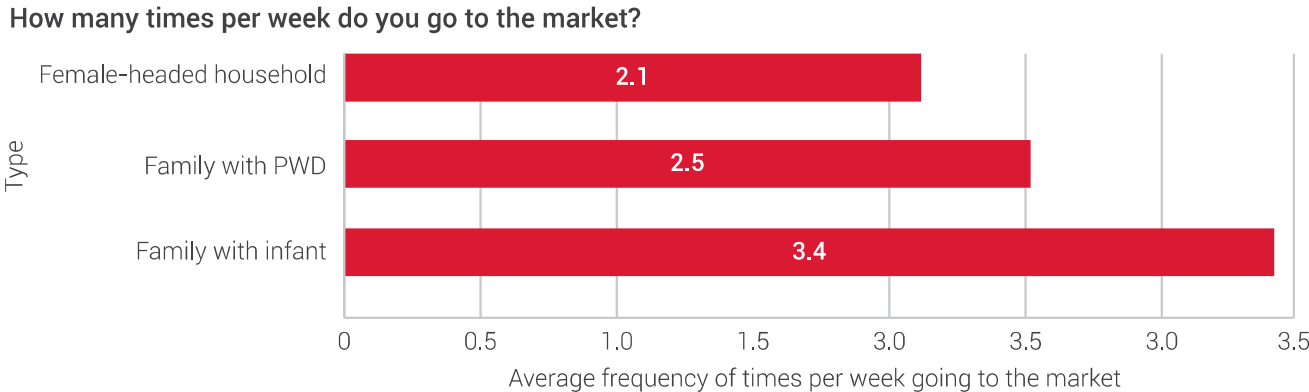
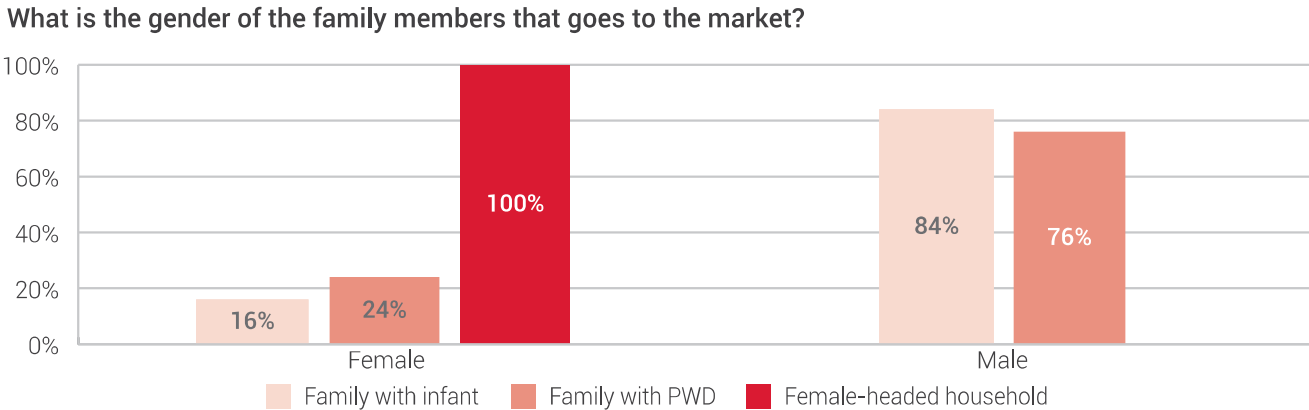


FIGURE 2. GENDER OF THOSE GOING TO THE MARKET



Physical access to markets is hampered for most families by the costs of transportation, distance, and security risks. Female-headed households are particularly exposed to these barriers, as reflected in the higher share of respondents reporting facing challenges to reach the markets to buy essential items than other family categories. Female-headed households have no choice but to rely on a female member (either the head of household or a daughter) to go to the market. This is likely because there is no able-bodied male adult member in the family, who would culturally become the head of household. In fact, female-headed households are usually smaller in size (4.7 members) than families with infants (6.9 members) and families with members with disabilities (6.7 members). Without an able-bodied male member of the family, women are left alone in navigating

the barriers to reach the markets and meet their essential needs. This echoes findings from other assessments showing that women and girls are exposed to risks of gender-based violence during the search for food and cooking. Women and girls are forced to travel longer distances and into unsafe areas to search for food, water, cooking fuel or aid, exposing them to harassment, assault or rape.⁶¹ While Gaza Humanitarian Foundation distribution sites have closed since the ceasefire, reports showed that they were often overcrowded and unruly environments in which women, especially those with children and elderly in tow, found difficult or unsafe to navigate. The scale of mass casualties and forced displacement in Gaza created a triple burden for women: the loss of male relative support, the responsibility for additional dependents, and women’s own heightened

61 UNFPA, “Guidance Note for Humanitarian Actors in Gaza: Understanding the Link between Food Scarcity and Gender-Based Violence” (June 2025)

exposure to hunger and violence.⁶² The number of times female-headed households go to the market per week (2.1) is lower compared to families with members with disabilities (2.5) and families with infants (3.4), indicating that this group reduces the number of visits to the market to minimize risks. According to vendors, women (68%) are more likely to visit the markets in the morning, while men are more likely to visit them in the afternoon or evening (63%). Most of the vendors refer to the gendered roles that men and women play within the household, to explain the difference in shopping times. Men are more likely to work outside the home while women are dedicated to household chores. One pharmacy owner in Middle Area said that the pharmacy has female doctors present in the morning and male doctors present in the evening, which explains the difference in visiting times by gender. No vendor mentioned security risks as a reason to explain differences in shopping times. Among those who mentioned that women shop in the evening, the main reason was to escape from the heat during the day in the summer months.

“Men are busy at work in the mornings and women are less busy at this time and on the contrary men in the evening are freer to shop.”

Supermarket owner in Deir El Balah

The average number of suppliers across specific vulnerability items is 4.3.

Access to markets is also hampered by social barriers that penalize some community members more than others. According to market vendors, women are more likely to buy clothes for children (according to 83% of vendors), and female sanitary pads (71% of vendors) than men. This gendered expenditure pattern points to risks that women and girls have their basic needs deprioritized, unless they go to the market themselves. While the fact that families with infants and families with members with disabilities are more likely to rely on a male member to visit the market indicates that female members are less exposed to risks, this could also result in the needs of female members (such as female sanitary pads) being deprioritized as compared to those of other family members. For MPCA recipients, decisions around how assistance is spent (especially when it comes to items that serve female members) could be made by those who go to the markets, therefore excluding women and girls.

Economic access to markets is highly correlated with receiving MPCA. Vendors reported that on average 57% of customers for specific products received MPCA in the previous sixty days. Specifically, 100% of buyers of disability-assistive devices received MPCA, indicating that economic barriers (lack of income or low purchasing power) are a major impediment for people with disabilities to meet their specific needs. According to WFP, comparing primary food sources before and after receiving cash assistance shows a marked shift from humanitarian food aid and informal sources toward market-based food purchases. The portion of families accessing food through the markets in the previous 7 days increased from 17% before receiving MPCA to 75% after receiving MPCA, while the portion of families relying on humanitarian food aid decreased from 49% before receiving MPCA to 16% after receiving MPCA.⁶³ Before the ceasefire, 60% of families with specific vulnerabilities preferred receiving a combination of MPCA and in-kind assistance, while 36% preferred receiving MPCA only.⁶⁴

⁶² Women's Refugee Commission, "I Starve Myself So My Children Can Eat - The Gendered Impacts of Food Insecurity and Famine in Gaza" (September 2025)

⁶³ WFP, "CBT – MPCA (E-transfers)" (October 2025)

⁶⁴ In September 2025, UNICEF found that 77% of respondents preferred MPCA receiving only and 20% preferred receiving a combination of in-kind and cash assistance. (Source: UNICEF, "Gaza humanitarian cash transfer monthly bulletin" (October 2025))

The most frequently requested item to receive in kind (in combination with MPCA) was food. A 36-year-old female head of household in Khan Younis said: *"I need cash as it allows me to buy what I want and I need a food parcel because food is very expensive, so I may be able to make savings."* A 37-year-old female head of household in Gaza City said: *"The market in Gaza has almost nothing, and with displacement, I need both cash and parcels to manage."* A 58-year-old male head of household with members with disabilities in Khan Younis said: *"Both parcels and cash assistance are indispensable. Sometimes I wish to obtain specific items that are not included in the parcels, such as vegetables. However, when I received cash assistance, I was able to buy the vegetables and flour I needed."* Overall, these testimonies show that before the ceasefire in Gaza, both in-kind and cash assistance were relevant and preferred by affected populations. Since the ceasefire, UNICEF has found that preferences have shifted, with 85% of MPCA recipients preferring MPCA only and 14% preferring a combination of MPCA and in-kind, indicating that as soon as market functionality started improving, preference for unrestricted cash assistance predominance.⁶⁵

Female-headed households went to the market less frequently (2.1 times per week) than families with infants (3.4 times per week) and families with members with disabilities (2.5 times per week).



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Supply chain

Key findings

- › The average number of suppliers across specific vulnerability items is 4.3.
- › Sixty-nine percent of vendors report that the number of suppliers has increased since the ceasefire. Furthermore, 11% of vendors report that they changed suppliers since the ceasefire.
- › The most reported challenge to restock is price fluctuations (79%), followed by transportation costs (66%).
- › Eighty-five percent of vendors report that their competitors in the marketplace restock from the same suppliers.
- › Regarding methods of payment, 91% of supermarkets and 80% of shops report paying their suppliers in digital transactions only, with the rest paying in a combination of physical cash and digital transactions. Most pharmacies (61%) and minimarkets (60%) paid their suppliers in a combination of physical cash and digital transactions, with the minority paying in digital transactions only. Roughly equal (a third) proportions of stalls paid their suppliers in physical cash only, digital transaction only and combinations of physical cash and digital transactions.

As part of this market assessment, data collectors asked vendors for the number of suppliers that supplied the specific vulnerability items to them. Vendors reported the highest number of suppliers for female sanitary pads (6.4), followed by regular soap (6.3), clothes (5.5), disability-assistive devices (4.3), baby formula and nappies for babies (4.0), baby shampoo (3.3), medicines (2.8) and diapers for adults (2.0). These findings mirror the analysis on item availability and point to the fact that the supply chains for items needed by female-headed households (female sanitary pads, regular soap and clothes) and families with infants (baby formula and nappies for babies) feature many suppliers, while the supply chain for items needed by families with members with disabilities (medicines and diapers for adults) is little integrated and depends on very few suppliers. Vendors for disability-assistive devices reported a high

⁶⁵ UNICEF, "Gaza humanitarian cash transfer monthly bulletin" (October 2025)

number of suppliers (4.3). This is surprising given the fact that disability-assistive devices are not authorized to enter into the Gaza Strip through commercial trucks and requires further analysis.

The average number of suppliers across specific vulnerability items is 4.3. Although over two thirds (69%) of vendors said the number of suppliers has increased in the market since the ceasefire, the overall market is still dependent on a very small number of COGAT authorized importers (4-5) importers, according to those interviewed for this assessment). This is confirmed by the fact that most vendors (85%) report re-supplying from the same suppliers as their competitors, which points to a low number of key suppliers in the market. Based on lessons learnt from previous assessments, data collectors did not ask vendors for detailed information about suppliers, because this is often commercially sensitive information that vendors are reluctant to disclose especially at times of market disruptions. However, given the small territory of the Gaza Strip, it is reasonable to assume that the supply chain is short, with few or no middlemen and importers supply retailers directly, through their distribution networks. The number of COGAT-authorized importers is significantly lower than the number of

importers before the war (400-500 importers). The low number of suppliers is in stark contrast with the high number of vendors that operate in the Gaza Strip. This points to a highly concentrated supply chain, where a few dominant suppliers control significant market share and can influence both, supply quantities and prices in the markets.

Most (71%) vendors of female sanitary pads restock daily. Most (63%) vendors of nappies for babies and regular soap restock every two days. All vendors of baby shampoo and most (67%) vendors of diapers for adults restock weekly. Vendors of baby formula and clothes restock with varying frequencies ranging between daily and two weeks. This shows that most vendors of items needed by female-headed households (female sanitary pads, regular soap and clothes) and families with infants (baby formula, nappies for babies and baby shampoo) restock in a week or less. Only a few vendors of these items report longer restocking items. Vendors of items needed by families with members with disabilities (medicines and disability assistive devices) restock with frequencies ranging between daily and monthly or irregularly, with most of them able to restock in no less than two weeks.

TABLE 6. RESTOCKING FREQUENCY

	Daily	Every two days	Weekly	Every two weeks	Monthly	Ad-hoc
Baby formula	22%	11%	44%	22%	0%	0%
Baby shampoo	0%	0%	100%	0%	0%	0%
Clothes	17%	33%	17%	33%	0%	0%
Diapers for adults	17%	17%	67%	0%	0%	0%
Disability assistive devices	0%	0%	40%	20%	0%	40%
Female sanitary pads	71%	0%	14%	0%	0%	14%
Medicines	13%	13%	25%	13%	38%	0%
Nappies for babies	0%	63%	25%	13%	0%	0%
Regular soap	13%	63%	25%	0%	0%	0%

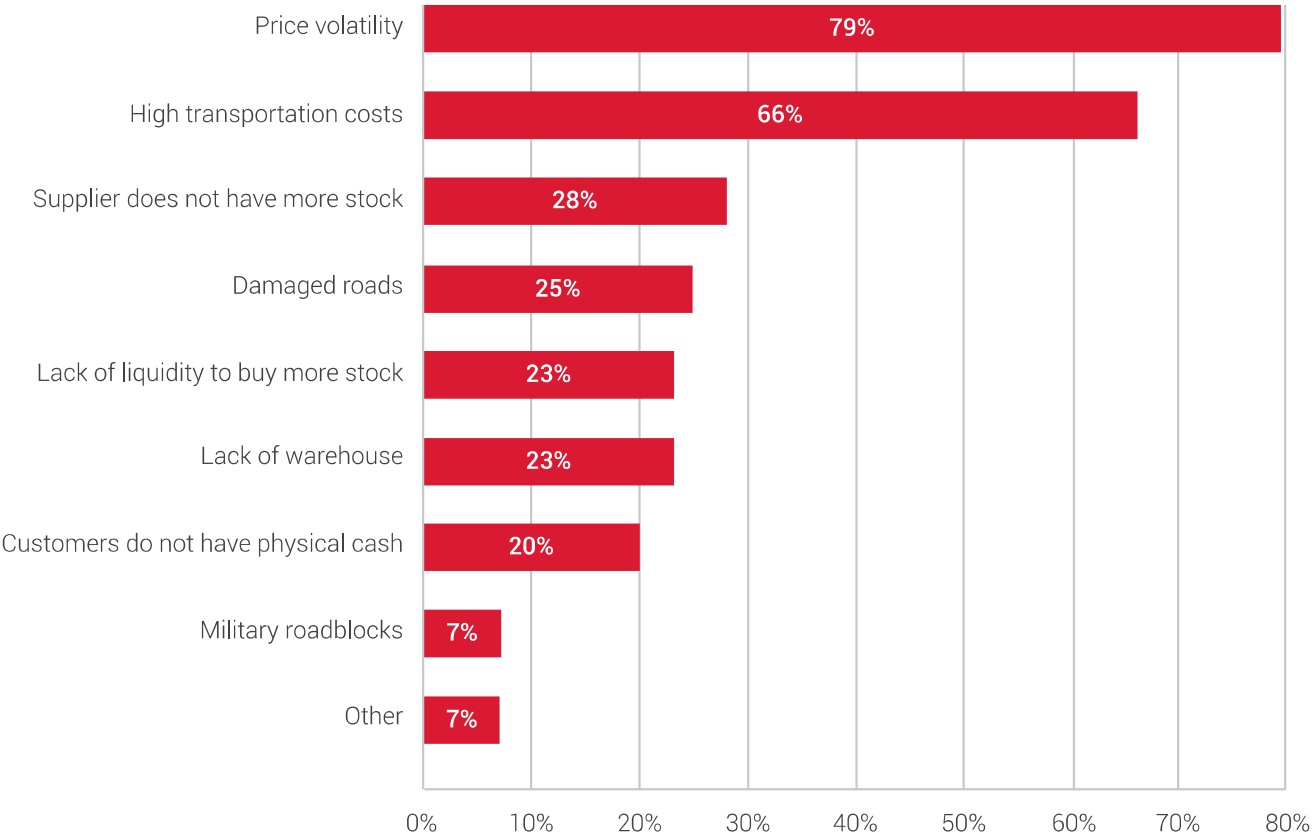
The most reported challenge to restock is price volatility which makes it risky to buy large stock (79%), followed by transportation costs (66%). Other reported challenges to restock are lack of stock from the supplier (28%), damaged roads (25%), lack of physical cash to pay for stock (23%), lack of warehouses to store stock (22%), lack of physical cash by customers (20%), military roadblocks (7%) and other (7%). The fact that transportation costs represent a barrier for two thirds of vendors is consistent with the poor road infrastructure inside the Gaza Strip and ongoing movement restrictions for commercial and humanitarian aid trucks entering from Karem Abu Salem crossing, which must go via the Philadelphi Corridor and Ar Rasheed (coastal) Road, replacing the previous routes through the Morag Corridor and Salah Ad Deen Road. This route, unused for cargo collection by the UN and its partners since May 2025, is considered unsuitable for high-volume transport because the road is narrow and heavily congested with traffic as it passes through densely populated areas. In addition, according to the

Gaza Chamber of Commerce, commercial trucks often employ private security to stave off looting attempts. Overall, these costs contribute to maintaining price levels of essential items in the markets above pre-war levels.

Although most of them pay their suppliers on the spot, some supermarkets (27%), minimarket (20%) and pharmacies (13%) pay them with some delay (between 1 day and one week), indicating that they benefit from a positive credit score with their suppliers, a sign of positive market functionality. Supermarkets (91%), minimarkets and pharmacies are also more likely to pay their suppliers in digital transactions only. On the other hand, all stalls pay their suppliers on the spot (i.e. they benefit from no credit lines) and are more likely to pay them in physical cash. Overall, the lack of credit lines and reliance on traditional means of payment indicate that informal vendors have a less integrated supply chain, while formal vendors (supermarkets, minimarkets and pharmacies) have a more integrated supply chain.

FIGURE 3. RESTOCKING CHALLENGES

What challenges do you face to restock?



Supply chain capacity to meet demand

Key findings

If there was an increase in 20% in demand for the specific items, as measured by number of customers per day:

› All vendors for diapers for adults and regular soap reported that they could easily accommodate the increase in demand. Of those surveyed, 89% of vendors for baby formula, 86% of vendors of female sanitary pads, 83% of vendors of clothes, 75% of vendors of nappies for babies, 60% of vendors of disability assistive devices, 50% of vendors of medicines and baby shampoo indicated that they could easily accommodate the increase in demand.

› Regarding the time it would take to restock, 88% of vendors of regular soap and nappies for children, said it would not affect how long it takes them to restock, followed by 86% of vendors of female sanitary pads, 67% of vendors of diapers for adults and baby formula, 50% of vendors of medicines, clothes and baby shampoo, and 20% of vendors of disability-assistive devices.

› All vendors reported that prices would stay the same, except for one vendor of baby shampoo who said the price would increase by 10%.

FIGURE 4. INCREASE IN DEMAND RESPONSE

How would you respond if demand increased by 20%?

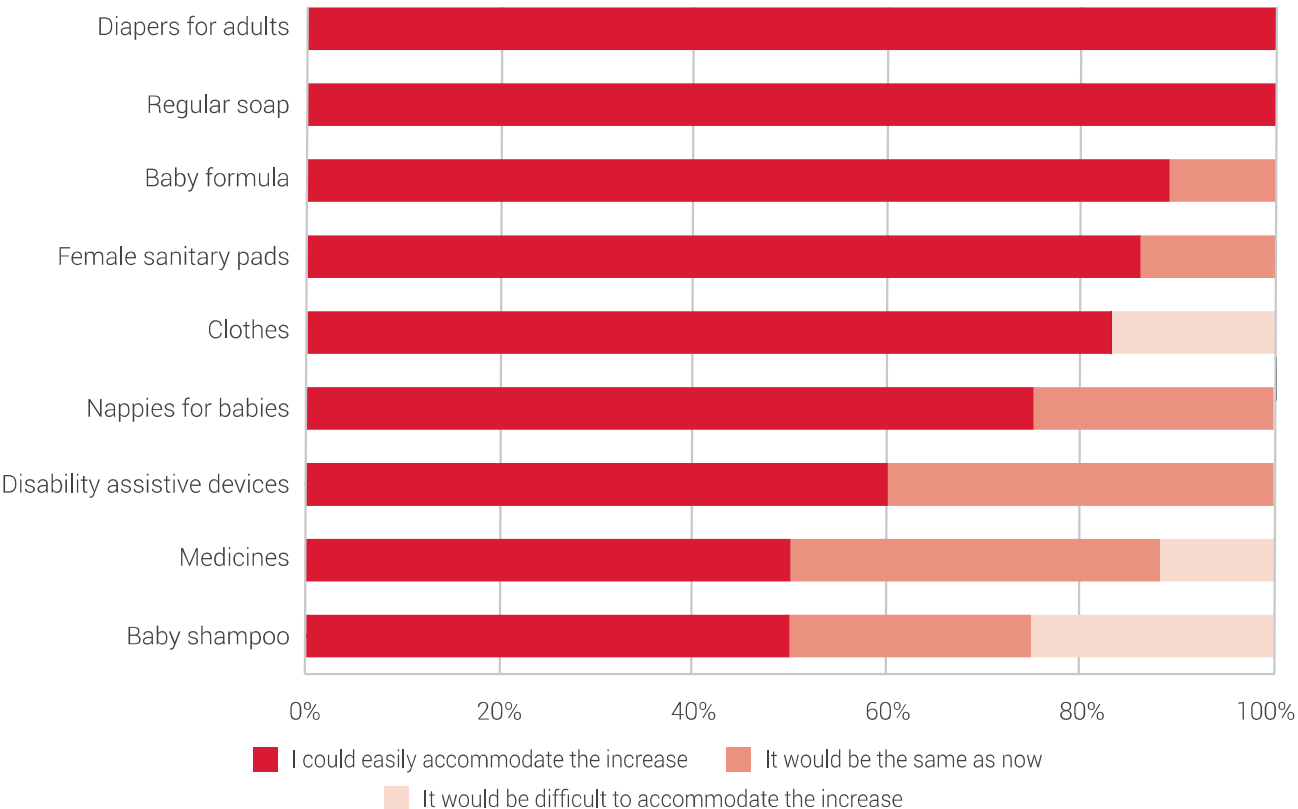
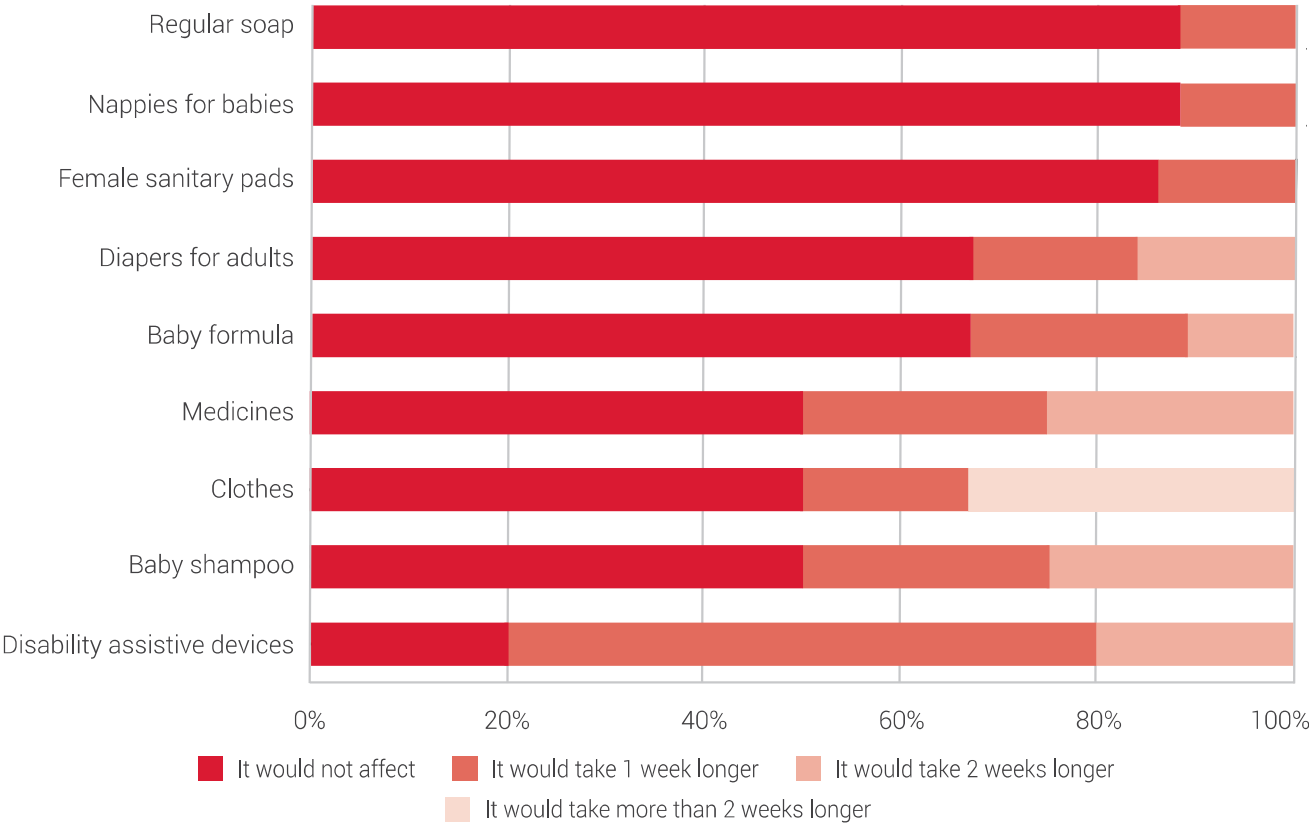


FIGURE 5. IMPACT ON RESTOCKING

Would it affect how long it takes to restock?



Supply chain expandability refers to the ability of the supply chain to increase the volume, availability and potentially diversity of goods and services in the reference marketplace. Estimating supply chain expandability is necessary if the demand for goods and services is likely to increase significantly (for example because of a scale-up of the MPCA response), because this additional pressure on the supply chain could result in price increases until the supply chain can respond.⁶⁶ This is the current case in Gaza, as the Cash Working Group members are scaling up the MPCA response and increasing the number of families that receive support, following the ceasefire. This scale-up is likely to generate an increase in demand in the markets for goods and services. The number of families assisted with MPCA

in Gaza (as part of regular or ceasefire response) went from 16,886 families in August, to 40,446 families in September, and 56,821 families in October.⁶⁷ Based on an average household size of 6 members and the overall population estimate of 2.1 million people, this scale-up corresponded to an extra 11% of the population in Gaza being assisted with MPCA. It is difficult to estimate how much the demand for each of the specific vulnerability items has increased following this scale-up. The increase in demand depends on many factors. For example, vulnerabilities can intersect, for example families with members with disabilities could also have infants. CWG members have different targeting approaches, which makes it impossible to estimate how many families would be assisted with MPCA per profile. Hence, to

⁶⁶ A supply chain is expandable if existing traders are able to increase the volume without changes in prices and stock or new traders enter the market to supply the additional volume. This assessment focused on the capacity of existing traders to increase volumes. It did not assess the extent to which new traders could enter the market in the near future, as the market conditions stabilizes. Indeed, MPCA could stimulate market recovery and encourage new traders to enter the market, seeking a livelihood source.

⁶⁷ CWG Information Management Officer

assess the expandability of the supply chain for the nine specific vulnerability items, this assessment has used the benchmark of 20% increase in demand, as measured by number of customers per day. This helps to assess whether the MPCA response could be scaled further up, beyond the 11% increase that took place between August and October.

The analysis of the vendors' capacity to respond to a 20% increase in demand reflects similar patterns in market competition and integration. The demand for soap, nappies for children, female sanitary pads, baby formula and diapers for adults could be easily accommodated; restock times and prices would not be affected. This indicates a well-integrated supply chain, with short lead times to restock. The flow of goods for these items from suppliers to vendors functions well. However, vendors for other items, like baby shampoo, medicines, clothes and disability-assistive devices, were more likely to indicate that an increase of 20% in demand would be difficult to accommodate the increase in demand, and it would take them longer to restock. Half of the vendors of medicines and baby shampoo said that it demand would not affect the time it takes them to restock; 25% of them said it would take them one week longer to restock; another 25% of them said it would take them two weeks longer to restock. Half of the vendors of clothes said that it would not affect the time it takes them to restock; 17% of them said that it would take them one week longer to restock; 33% of them said that it would take them more than two weeks longer to restock. Among vendors of disability assistive devices, only 20% of them said that it would

not affect the time it takes them to restock, while 60% and 20% of them said it would take them one week and two weeks longer respectively to restock. This indicates that the supply chains for these items is less integrated, with the flow of goods from the suppliers to the final marketplace being hampered.

A key informant interview noted that the markets for most items would be able to absorb an increase of 20% in demand without generating inflation or creating shortages. In fact, the average daily number of commercial and humanitarian aid trucks (128) that entered the Gaza Strip in October 2025 was considered to be below capacity. According to the key informant, the COGAT mechanism through which authorized importers bring commercial goods into Gaza could, in theory, process a larger number of commercial trucks per day. However, this depends on COGAT approvals rather than importer demand alone. Authorized importers currently submit limited requests because only certain items are permitted for entry and, within those limits, the population's reduced purchasing power further constrains the volumes that can be sold. Importers are driven by a profit motif and bring only the amounts of commercial goods that can be sold in the markets. This mirrors the reflections by market vendors, who mentioned low purchasing power as a barrier to expanding trade volumes. When asked about the type of support that humanitarian agencies could provide to help market vendors increase their supply, a pharmacy owner in Deir El Balah said: *"Support suppliers to accept digital payments, increase the distribution of cash assistance,*

The number of families assisted with MPCA in Gaza (as part of regular or ceasefire response) went from **16,886 families in August, to 40,446 families in September, to 56,821 families in October.**

assist banks, and increase the amount of cash liquidity in the market”; another pharmacy owner in Khan Younis said: “Help families with people with disabilities with cash assistance so they can buy needed medicines, and increase cash circulation since the market suffers from shortage and damaged notes”; a supermarket owner in Khan Younis said: “The most important factor is supporting families with cash aid so they can buy, as most families in the Strip have no jobs or stable income; also increasing cash circulation will reduce prices and make buying easier, and providing fuel for vehicles transporting goods will reduce delivery costs.” Overall, while reduced purchasing power limits demand for the goods currently available in Gaza’s markets, trade volumes are also heavily shaped by upstream constraints on what items can enter, the number of trucks permitted daily, and the small number of authorized importers. Market outcomes therefore reflect both constrained household demand and significant supply-side restrictions. While shortages of some specific vulnerability items (disability-assistive devices and medicines) are due to the heavy regulatory framework, most of the other vulnerability-specific items could be supplied in larger quantities through the existing COGAT-facilitated mechanism, if demand and approval rate on the quantity and items availability increased.

“The most important factor is supporting families with cash aid so they can buy, as most families in the Strip have no jobs or stable income; also increasing cash circulation will reduce prices and make buying easier, and providing fuel for vehicles transporting goods will reduce delivery costs.”

Supermarket owner in Khan Younis



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Recommendations

- 1** Donors should fund the scaleup of the MPCA response to assist 70,000 additional families compared to the October 2025 caseload – and more, if possible. Prioritize families with specific vulnerabilities, such as female-headed households, families with infants and families with members with disabilities, as their basic needs extend beyond the items included in the SMEB, thus reducing their purchasing power compared to other household profiles. Vendors interviewed in this assessment confirmed that the market could absorb a 20% increase in demand – and beyond, if needed.
- 2** COGAT should expand both the number of vendors authorized to bring goods into Gaza and the availability of essential food and non-food items in the market, while recognizing that this will only be effective if the restrictions on which goods are permitted to enter are also addressed. This would not only help the people of Gaza meet their basic needs but would also have a multiplier effect in bolstering the economic recovery of the Gaza Strip as other phases of the ceasefire take effect, thus reducing the dependency on outside assistance.
- 3** The Health Cluster should work to find solutions to increase the availability of medicines and disability-assistive devices in Gaza – either through increasing the volume and diversity of goods that undergo COGAT screening through the commercial track, and/or through tailored aid programs providing them through humanitarian channels. This is particularly critical given the high number of people who have newly acquired disabilities and chronic illnesses during the course of the war, whose needs are unable to be met by Gaza’s healthcare system in its current state.
- 4** Cash Working Group members should include metrics related to the expandability of the supply chain in their regular market monitoring activities. These metrics are key to assessing the impact of changes in the caseload of MPCA recipients and influence donors’ funding decisions.
- 5** The CWG should consider the provision of top-ups for families with specific vulnerabilities. While the SMEB is calibrated on the consumption of an average family of 6 members, this assessment confirms existing evidence on the extra costs related to living with specific vulnerabilities, such as disability.
- 6** Cash Working Group members that prioritize female-headed households should partner with Protection Working Group actors to promote shared decision-making between male and female family members to ensure that the basic needs of women and girls are not neglected.
- 7** Cash Working Group members that prioritize families with infants for MPCA should partner with Nutrition Cluster actors to design appropriate communication with communities to sensitize them about the potential harmful effects of baby formula, if prepared and consumed in conditions of poor hygiene.

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The Basic Needs Consortium (BNC) is a consortium of Mercy Corps (lead agency), Catholic Relief Services, Danish Refugee Council and 6 local partners.

