

EMERGENCY APPEAL

No one should be cut off from care.

Juzoor's West Bank Humanitarian Health Response

Health care is a promise: when something goes wrong, help will reach you in time. In the West Bank, that promise is tested every day. Roads close without warning. Medicine shelves empty faster than they can be refilled. Clinics cannot always open their doors, and the people and places meant to keep them open come under attack. That promise breaks first for those with the least power to protect themselves. **Juzoor exists to keep it. This appeal is how we do it, and it cannot wait.**

A West Bank-wide crisis

16+ Palestinians displaced every day in 2026 so far, nearly double the daily rate of 2023–2025	925 movement obstacles restrict 3.4 million Palestinians, 43% above the 20-year average	351 children in Israeli prisons at the end of 2025, a record, over half held without charge	1 in 3+ essential medicines at zero stock, including half of all cancer drugs	3+ Palestinians injured by settlers every day in 2026 so far, amid 1,600+ settler attacks
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The West Bank is in a public health emergency. Violence, displacement, movement restrictions, attacks on healthcare and economic collapse overlap, and each shock lands before communities have recovered from the last. Roads and gates close without warning, clinics open fewer days, essential medicines run short, and the health workers and facilities families rely on have themselves come under attack. Services that should be a lifeline are being cut off.

The heaviest toll falls on those with the least protection, and mental health is affected across every group. Children are growing up amid displacement, detention and fear. Women carry some of the heaviest burdens: closed roads and checkpoints delay ambulances and make even routine antenatal care hard to reach, especially in remote communities, while violence at home has risen with economic and displacement pressure. Older people and those with chronic illness are losing the treatment they depend on as medicines run out. For all of them, repeated violence, loss and uncertainty leave deep psychological wounds that too often go unaddressed.

These pressures are felt across the West Bank, and most acutely in the northern refugee camps, Hebron, East Jerusalem, the Jordan Valley and rural areas, where closures, curfews and repeated displacement cut communities off from care for weeks at a time.

Juzoor's response: one mechanism, five pillars

*Sara: One of Juzoor's Patients

Living under harsh conditions in a community cut off by closures meant being unable to attend regular antenatal appointments. Juzoor's community health workers reached her at home and provided routine antenatal checks, helping her continue receiving care during her pregnancy despite the barriers around her.

*An elderly from the WestBank

Limited mobility and movement restrictions made accessing healthcare even more difficult. Juzoor's team visited her at home, carried out a health check and provided medication for her chronic condition. These visits bring essential care to people who would otherwise be left without it.



Juzoor's **West Bank Humanitarian Health Response Mechanism** supports community resilience by keeping essential healthcare functioning before, during, and after every emergency. It is built on a community approach so communities can better prepare for and respond to emergencies. The five pillars work as a single chain, so no one is lost between systems.

PILLAR 1 Strengthening Community-Level Emergency Preparedness

Training & community response capacity	First-aid training. Basic and advanced first-aid and emergency preparedness training for community response teams and local volunteers. Emergency kits. First-aid kits, wound-care essentials and basic medical supplies for communities, households and frontline responders.	Community Emergency Committees. Training for existing Emergency Committees and community members in civil defense, evacuation and disaster response coordination, so trained volunteers can act before professional responders arrive. Civil society organisations (CSOs) and community-based organisations (CBOs). Strengthened as local first responders and partners.
Early warning & crisis coordination	Household preparedness. Sessions on evacuation planning, document safeguarding, and planning for demolition, raid or displacement. Early-warning networks. Community networks that flag changing access and health needs in real time.	Referral protocols. Communication and referral protocols linking trained responders to the formal emergency health system. Digital and SMS alerts. Information that reaches people even when movement is restricted.

PILLAR 2 Emergency Health Response & Resilience

Referral & mobile deployment	Referral arrangements. With hospitals and specialised services, including ambulance and patient-transfer support.	Mobile health teams. Deployed when fixed services become inaccessible, prioritising areas with the most severe access restrictions.
Strategic stock & supply chain	Stocked health points. Selected emergency and primary health care points stocked with essential medicines, including for noncommunicable diseases (NCDs), plus trauma and first-aid supplies, infection prevention and control supplies, and maternal, newborn and reproductive health supplies.	Replenishment. Through a defined procurement and distribution system, prioritised by risk, accessibility and health-system capacity.
Facility, infrastructure & medical equipment support	Health facilities. Selected facilities and clinics strengthened, equipped and rehabilitated where this directly improves preparedness and continuity of services.	

PILLAR 3 Continuity of Essential Healthcare

Home-based health assessments & medicine continuity	Home health visits. Trained mobile teams and community health workers (CHWs) conduct home-based screening for NCDs, maternal and postnatal care needs, child health, gender-based violence (GBV) and mental health and psychosocial needs in a single visit, with follow-up for people with chronic conditions.	Medicine continuity. Medicine delivery, basic treatment and health education where access to health facilities is blocked. Raise awareness. Information, education and communication (IEC) materials, including on GBV, shared during home visits and outreach.
Remote guidance & inclusive support	Remote health education. On managing chronic conditions (medication adherence, nutrition, physical activity) through home visits, SMS, radio and social media. Helpline #40. Juzoor's emergency toll-free helpline expanded and promoted for health guidance, nutrition counselling, medication adherence support, mental health counselling and urgent referrals. Assistive devices. Mobility and assistive devices (walking aids, wheelchairs, hearing aids, eyeglasses) for older people and people with disabilities, with peer-support networks to reduce isolation.	Safe delivery and newborn care. For pregnant women: clean delivery and newborn kits, an emergency referral pathway for obstetric complications, and training for community-based providers in Helping Babies Breathe and Basic Life Support in Obstetrics. Menstrual health. Menstrual hygiene products and education for displaced women and adolescent girls. Hygiene kits and dignity kits
Monitoring & referral	Clinical deterioration. Patients whose condition is deteriorating are identified, referred to higher-level care and followed up to confirm they received it.	Priority groups. NCD patients, older people, people with disabilities, pregnant women and those needing reproductive healthcare, children, displaced people and communities facing recurrent access restrictions.

PILLAR 4 Mental Health & Protection in the Emergency Health Response

Psychosocial first aid & structured support	Psychological first aid. Community facilitators equipped to identify acute distress, provide psychological first aid, conduct individual assessments, and refer to helpline #40 or specialised mental health services.	Psychosocial sessions. Structured group and individual sessions for children, young adults, older people and GBV survivors, with ongoing facilitator supervision and clear referral pathways including Early Adolescent Skills for Emotions (EASE), a World Health Organization (WHO)-developed intervention for adolescents.
Protection screening, safeguarding & staff care	GBV and child-protection screening. Within routine community health outreach, with an updated referral pathway and pocket guide for frontline staff.	Staff care. Burnout and secondary-trauma care for frontline health and community workers and educators through a "help the helpers" approach.
GBV & violence-against-children prevention	Prevention. Scale up of Juzoor's Family Protection Program, with sexual and reproductive health and rights (SRHR)-based child sexual abuse prevention training in the communities at highest protection risk. Peer support. Community members trained as a peer-support network for GBV survivors, with psychosocial support kits for affected households.	Safe spaces. Safe spaces for women and girls and child-friendly spaces established or rehabilitated, equipped for confidential case management. Child case management. For children exposed to conflict-related violence, demolition, caregiver detention or displacement. Recreational kits. For children and families, to promote community bonding.

PILLAR 5 Nutrition

Infant & young child feeding and micronutrient support	Feeding counselling. Breastfeeding and infant and young child feeding (IYCF) counselling through CHWs and mobile teams.	Micronutrient supplementation. Iron and folic acid for pregnant women, vitamin A and micronutrient powders for young children, under Ministry of Health protocols. Caregiver counselling. On stretching limited food budgets safely.
Emergency food basket and essential kits	Emergency food baskets. For the most vulnerable households, prioritising families with children under 5 and pregnant or breastfeeding women.	Nutrition-led design. Baskets built around dietary diversity and micronutrient needs, not calories alone, under Ministry of Health guidance. Distribution coordinated with national nutrition actors to target genuine gaps and avoid duplicating caseloads.

Why Juzoor

Established over three decades Founded in 1996, Juzoor has spent three decades building the relationships, infrastructure, and technical capacity this response depends on, positioned between the formal health system and the communities it serves.	Delivering on the ground today Female community health workers and mobile teams currently deliver services under a live multi-donor consortium, including in Area C and other hard-to-access communities. Funding also strengthens the CSOs and CBOs that remain present when others cannot reach.	Proven experience in emergencies Juzoor has implemented humanitarian health and mental health responses across Palestine during emergencies, including COVID-19 and heightened escalations. Since October 2023, it has focused particularly on Jenin, Tulkarem and Tubas, and has extended its toll-free helpline (#40) through each escalation.
Trusted institutional partners Formal agreements, including Memoranda of Understanding, are in place with the Ministry of Health and other government bodies, as well as international organisations, UN agencies, CSOs, and CBOs across the West Bank.	Strong technical expertise Health-related expertise, including mental health and psychosocial support across age groups, and a documented record in GBV and child protection.	Coordinated and accountable An active member of key consortia and coordination mechanisms, working in partnership with the Ministry of Health and other leading organisations, including the West Bank Health Cluster and the Child Protection Network.

HOW YOU CAN STAND WITH THEM

Fund the capacity to prepare. Fund the capacity to respond. Fund the capacity to keep healthcare going.

Juzoor asks for **flexible, front-loaded funding** to keep care reaching up to 100,000 people where the formal system cannot. Front-loading lets teams pre-position medicines and train responders before the next closure.

Contact: For partnerships, funding and briefings, please contact: info@juzoor.org]

Sources: UN Office for the Coordination of Humanitarian Affairs (OCHA), 2026; Palestinian Ministry of Health, 2026; UN Population Fund (UNFPA), 2025–2026.