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# The EMPHNET Emergency Bulletin



# STRENGTHENING HUMANITARIAN RESPONSE AND ACTION: THE ROLE OF REGIONAL AND NATIONAL NGOs

## Introduction

In complex emergencies, effective humanitarian action depends on actors who understand local realities and can respond quickly and adaptively. Regional and national non-governmental organizations (NGOs) bring this advantage, translating proximity and trust into on-the-ground impact. This issue of the EMPHNET Emergency Bulletin highlights the critical role of regional and national NGOs in humanitarian response, particularly in crisis-affected settings across the Eastern Mediterranean Region. This issue also examines the contributions of selected national and regional NGOs, highlighting the challenges they face, the innovative approaches they employ, and the value of locally led action in strengthening humanitarian preparedness, response, and resilience.

## Delivering Health Services in Fragile and Conflict-Affected Settings: Lessons from Sudan

By Dr. Fatima Mohamed, Manager of Grants and Programs, Sudanese American Medical Association (SAMA)



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In complex and protracted crises, the effectiveness of humanitarian health response is shaped not only by how much assistance reaches people, but by who delivers it and how closely interventions reflect local realities. In settings marked by insecurity, displacement, and fragile systems, trust, access, and contextual understanding are as critical to saving lives as timely decision-making and community engagement. This is where localization becomes not just a principle, but a necessity.

The Sudanese American Medical Association (SAMA) is a US-based non-profit, founded in 2008 by Sudanese American physicians in the diaspora. While SAMA previously implemented projects directly, the

experience of the war highlighted the effectiveness of working through local organizations. Today, SAMA adopts a localization model that places community networks and local partners at the center of all emergency interventions. By collaborating closely with local organizations, staff, volunteers, and community leaders, SAMA ensures that responses are culturally appropriate, meet real needs, and are sustainable even amid ongoing conflict and instability.

*“I am from Darfur, and I witnessed the cholera outbreak unfold in real time,”* explains SAMA’s Monitoring and Evaluation Officer in Tawila, North Darfur. *“Being on the ground allowed me to reflect on the reality of what communities were facing, how fast*

*cholera was spreading, where the gaps were, and what resources were truly needed. Feeding that information back to SAMA directly shaped the response and helped ensure that interventions matched the situation on the ground, rather than assumptions made from a far place.”*

This approach has proven especially critical in fragile and hard-to-reach environments, where international presence is limited, and health systems are easily overwhelmed. By relying on locally embedded actors, SAMA is able to move quickly, adapt to changing conditions, and maintain community trust; often making the difference between timely care and preventable loss of life.

## Localized Cholera Response in Tawila, North Darfur

In Tawila, cholera was spreading at an alarming rate, with over 2,957 suspected cases reported as of August 4, 2025, while the rainy season intensified transmission through flooding, unsafe water sources, damaged roads, and ongoing displacement. At a time when access restrictions, insecurity, and logistical constraints prevented international aid from entering active conflict areas, our local partner embedded teams were already present and able to initiate cholera response activities immediately. Patients were arriving at treatment centers dangerously dehydrated, highlighting the urgent need for IV Ringer’s Lactate, the essential life-saving fluid for severe cholera cases. When procurement of IV fluids from Chad proved unfeasible due to access and supply challenges, SAMA’s local implementing partner rapidly adapted the response, leveraging their contextual knowledge to procure and transport the required supplies from Nyala instead. This swift shift in strategy, made possible by local experience, established networks, and familiarity with movement routes, ensured continuity of care, reduced delays in treatment, and enabled life-saving services to reach affected populations when they were most at risk.

## Responding to Cholera in Khartoum Amid Conflict

During May and June 2025, Khartoum State faced one of the most severe cholera outbreaks in recent years, driven by ongoing conflict, the collapse of essential infrastructure, and the breakdown of water and sanitation systems. Reported cases surged dramatically, with over 7,000 new cases in May alone and daily infections rising from 90 to 815 within ten days. Children were particularly at risk, and health facilities, many

of which had closed due to the war, were overwhelmed. In response, the Alliance for Humanitarian Relief and Rebuilding in Sudan was established, bringing together Sudanese-led organizations, including SAMA, We’re All Values (WAV), and Al-Rofaqa Charitable Organization for Sustainable Development, to coordinate a rapid and effective emergency response. Leveraging local expertise and networks, the Alliance delivered 12,645 IV fluid units to 13 health facilities, supporting treatment for at least 2,000 patients, while 17 health awareness campaigns reached approximately 11,500 community members through printed materials and local radio. This localized approach ensured culturally appropriate, timely, and sustainable interventions, demonstrating the impact of empowering local partners: faster delivery, broader reach, and stronger coordination with community leaders and health authorities, even amid ongoing conflict, ultimately mitigating the outbreak’s toll and strengthening the capacity for future emergency responses.

## Strengthening Preparedness, Resilience, and Local Ownership

Across both Tawila and Khartoum, SAMA’s cholera response highlights how locally led action strengthens humanitarian preparedness and resilience. By investing in community health workers, supporting local medical capacity, and integrating emergency response with health education and prevention, SAMA contributes to building systems that can better withstand future shocks.

SAMA’s experience underscores the vital role national and regional NGOs play in humanitarian health response. Localization is not only a principle but a practical necessity in fragile and conflict-affected settings. When local actors are empowered to lead, humanitarian action becomes more effective, trusted, and sustainable, ultimately saving lives and reinforcing community resilience.



Photo@SAMA

## Local NGOs Driving Sustainable Humanitarian Action in Jordan: Opportunities and Barriers

By Dr. Samer Makahleh, Health Appeal Society Founder

Jordan represents a unique laboratory for humanitarian innovation. Confronted with the pressures of large-scale forced displacement, the Kingdom has cultivated a collaborative ecosystem in which international and local organizations operate alongside a vibrant and resilient domestic civil society. Local Jordanian organizations have demonstrated sophisticated capacity in delivering high-quality programs across sectors such as health, protection, and education. Their contributions are not merely substitutes for government interventions but serve as supportive and complementary forces, leveraging deep-rooted community trust. Their successes highlight a fundamental truth: local actors are permanent fixtures within the social landscape, continuing to serve communities long after international mandates or programs conclude; a reality made evident when refugee funding was cut or development programs like USAID initiatives were phased out.

Global evidence demonstrates that the most impactful humanitarian interventions are those grounded in a multi-stakeholder approach, where governments, INGOs, and LNGOs

collaborate to bridge the gap between high-level policy and field-level implementation. While international agencies provide funding, local and national NGOs bring critical access, contextual knowledge, and the ability to identify the most vulnerable populations. This ensures that resources are directed toward genuine community priorities rather than short-term, centrally driven agendas.

In an era of protracted crises, the traditional humanitarian architecture is undergoing a critical transformation. The role of NGOs has evolved from being mere “delivery agents” to becoming the backbone of governance, service delivery, and social protection. NGOs are often the first to respond and the last to leave in a crisis, providing continuity and stability where other actors may withdraw. Their operational flexibility allows them to circumvent bureaucratic inertia, while their deep socio-cultural embeddedness enables them to navigate complex and politically sensitive environments effectively.

Despite their proven technical effectiveness, LNGOs face persistent

challenges that undermine their ability to be strategic partners rather than sub-contractors. The absence of standardized frameworks to classify LNGOs by specialization, capacity, and technical maturity limits merit-based partnerships and constrains donor decision-making. Meanwhile, precarious funding cycles drive high staff turnover, as skilled professionals migrate to international agencies in search of stability, further straining administrative resources and weakening institutional memory. Additionally, the majority of funding continues to flow to INGOs, leaving LNGOs without the unrestricted resources necessary to develop strategic plans, growth indicators, and institutional capacities.

Addressing these structural barriers requires deliberate action. Donors must institutionalize Overhead/Indirect Cost Recovery (ICR) for local partners, enabling them to invest in their own organizational growth rather than being confined to project-based activities. Multi-year funding cycles of at least three years are essential to retain skilled staff, prevent brain drain, and preserve institutional memory. Advocating for an organizational classification system based on technical maturity and capacity would enhance transparency, strengthen accountability, and allow donors to identify prime-ready partners.

Accordingly, investing in local NGOs is critical to sustaining humanitarian work, and this responsibility must be shared by both governments and UN agencies as the highest-level humanitarian actors. By removing these barriers, empowering local organizations, and institutionalizing strategic funding mechanisms, the humanitarian system can move toward greater equity, effectiveness, and sustainability, ensuring that local actors are not just implementers, but central leaders in shaping the future of humanitarian response.



Photo@healthappeal.org



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## EMPHNET's Response and Support for the Health Sector in Gaza

By Ms. Abeer Ismail, Country Office Manager, Gaza, EMPHNET

The Gaza Strip faced a challenging year in 2025, with widespread humanitarian needs, disrupted health services, and rising malnutrition rates. Despite these conditions, EMPHNET continued to deliver essential health services and empower local communities through targeted interventions.

At the heart of EMPHNET's response is the Community Health Champion (ChampNet) Program, comprising 400 trained volunteers from diverse health backgrounds. These champions carried out more than 1,500 outreach activities, reaching nearly 68,000 people in shelters, camps, and communities. Their efforts combined direct service delivery, including malnutrition support, with community outreach and awareness campaigns on reproductive health, mental health, disease prevention, and emergency preparedness.

To address immediate needs, EMPHNET also established a central medical point in Gaza City, providing maternal and

child healthcare, nutrition services, and management of chronic conditions such as diabetes and hypertension. By September 2025, over 10,000 patients had been treated at this facility.

Nutrition interventions also remained a critical priority in Gaza. EMPHNET operated five nutrition service points, screening over 47,000 children under five and nearly 28,000 pregnant and breastfeeding women. Many cases of malnutrition were identified and referred for care, while nutrient-dense supplements were distributed to the most vulnerable populations.

Additionally, EMPHNET supported immunization efforts, partnering with the Ministry of Health and WHO to monitor polio vaccination campaigns. Community engagement and volunteer mobilization contributed to high levels of household awareness and participation.

Youth engagement and sexual and reproductive health

awareness were strengthened through several initiatives in partnership with UNFPA and local organizations. These initiatives reached more than 12,800 adolescents and young people, providing education on menstrual hygiene, puberty, and safe motherhood, among others.

Throughout 2025, EMPHNET invested in capacity building, equipping ChampNet's volunteers with essential public health skills. The organization also actively participated in Gaza's health coordination clusters and working groups, ensuring alignment with national and international partners.

Through its comprehensive approach, EMPHNET has not only delivered critical health services in Gaza but also strengthened the community's resilience, demonstrating the power of collaboration and sustained public health engagement in crisis settings.

[Read the full 2025 Gaza report here](#)

# In Numbers

In today's turbulent world, crises ranging from natural disasters to conflict-driven emergencies have become a persistent reality across the EMR and beyond, placing immense strain on health systems and vulnerable populations. This section highlights key alarming statistics and underscores the critical role of NGOs in responding to these challenges:

## Gaza



**72,045**

people have been killed, as of February 12, 2026



**171,686**

people have been injured, as of February 12, 2026



**588**

aid workers have been killed, as of February 9, 2026



**10,762**

patients and over 12,000 companions were medically evacuated outside Gaza, as of January 2026



**+18,500**

people, including 4,000 children, remain in urgent need of medical evacuation



**1.4 million**

out of 2.1 million people are estimated to reside in about 1,000 displacement sites, often in overcrowded settings and in tents



**49**

projects are implemented by international NGOs, 43 by national NGOs, and 10 by UN agencies under the oPt Humanitarian Fund. Notably, 48 of the 59 projects implemented by international NGOs or UN agencies are carried out in partnership with national NGOs



**31**

Emergency Medical Teams (EMTs) are operational, including 270 national and 98 international personnel, as of January 28, 2026



**77%**

of the analyzed 2.076 million people in North Gaza, Gaza, Deir al Balah and Khan Younis governorates are currently facing and projected to face crisis or worse levels of acute food insecurity (IPC Phase 3 or above) between December 1, 2025 and April 15, 2026



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## Sudan



**30,400,000**

people in need of humanitarian assistance



**15,256,000**

children in need of humanitarian assistance



**72,414**

cholera cases and 2,156 deaths were reported between January and December 2025.



**612,000**

children were treated for severe acute malnutrition in 2025 by UNICEF and partners.



**46**

health facilities have been impacted by attacks in 2025



**9,258,273**

people were recorded as internally displaced persons (IDPs) across 185 localities in all 18 states as of January 2026.



**4**

medical workers were reportedly killed and more than 20 people injured in South Kordofan's state capital, Kadugli, and in Kuweik town, following suspected drone strikes on health facilities in February 2026.

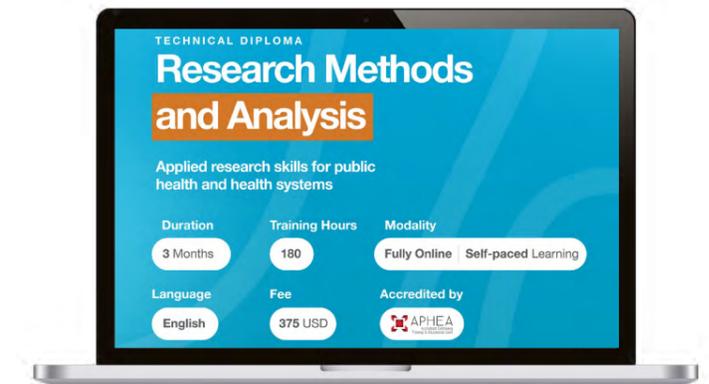
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