June 11, 2024



EMPHNET Emergency Bulletin

Empowering Community Resilience and Response in the Face of Recent Emergencies

Situation Overview

The Eastern Mediterranean Region (EMR) has borne the consequences of multiple natural and man-made disasters since 2023. To name a few, the region saw floods in Libya, Earthquakes in Morocco, Turkey, and Syria, disease outbreaks affecting many countries, as well as the ongoing armed conflicts in Sudan and the war on Gaza. Such disasters have devastating effects on health systems, as they lead to the interruption of service delivery, the underutilization of health services, and an increased demand for health services.

During emergencies, many affected communities tend to rely on internal contribution and external aid, yet intense armed conflicts such as those seen in Sudan, and the war on Gaza have caused a reduction in the availability of aid, accessibility of services, and they have also resulted in the reduction in the number of aid workers providing assistance to people in need. Such a situation highlights the vital role of community resilience and response capacities, recognizing that local communities are the first and last responders in disasters.

Updates from Gaza

Until 07/06/2024







(IDPs), all of whom are lacking access to acute humanitarian needs

Malnutrition in Gaza



7,280 individuals were diagnosed with global acute malnutrition (GAM) 5,604 individuals were diagnosed with moderate acute malnutrition (MAM)

1,676 individuals were diagnosed with severe acute malnutrition (SAM)

Updates from Sudan

Until 16/5/2024





860,000 people lack humanitarian aid in multiple areas of Sudan in March and April, 2024





Major Needs



3000 children in Gaza suffer from acute malnutrition and are in need of nutrition supplies, UNICEF warns.



Functional bakeries are needed in Rafah, as zero bakeries are able to function in such dire situation.



Cases of dengue fever, malaria, and measles are on the rise in Sudan, and treatment is needed.



Levels of hunger-related mortality are expected to increase in the coming months in Sudan, aid is needed.



Increased incidents of robbery, looting, gender-based violence (GBV) and harassment are reported across Sudan, protection services are needed.



Access to healthcare, water, and sanitation services are dire, particularly across the Darfur and Kordofan regions, more access is needed.

Community Aid



3000

Community Service Organizations (CSOs) are registered in the West Bank and Gaza, can greatly benefit the communities if they receive support



UNRWA shelters in Rafah are now empty, and health and other critical services have stopped



Emergency Medical Teams (EMTs) only, are currently deployed in Gaza while the need is much more



humanitarian organizations operating in Sudan have completely ceased working since the current civil war

Implications and Reflections

With the increasing number of crises seen in the EMR, community-based organizations and volunteers have taken the role of filling existing gap between the efforts of external humanitarian and governmental agencies and communities. Many international organizations providing external aid have indicated that they have ceased working in Sudan and Gaza due to security concerns and their inability to access high-risk areas. In Gaza, more than 200 humanitarian workers have been killed, which is the highest number of humanitarian casualties recorded in modern history, according to the United Nations. In addition, Sudan's Humanitarian Aid Commission indicated that 85 percent of international aid workers had left Sudan. Thus, there is a need to enforce international humanitarian laws to ensure the safety and access of aid workers.

Ensuring that communities are at the center of emergency response and recovery is the core objective addressed in many international agreements, policies, and frameworks. Such highlevel documents include the SDGs, the Sendai Framework for Disaster Risk Reduction 2015-2030, the Sphere Standards, and the Health Emergency and Disaster Risk Management Framework.

"Seeing young people who have witnessed so much suffering and still bouncing back and supporting their neighbors is really quite remarkable." Toby Wicks, Aid worker on the "inspiring" resilience of the Moroccan population after the Earthquake, 2023

Recently, the need to build communities' resilience and response has been emphasized, especially since external humanitarian support continues to decline due to growing risks.

According to the Local to Global Protection (L2GP), Community Resilience is defined:

"The ability of a system, locality or household to resist, absorb, accommodate and recover from the effects of hazards and shocks in a timely and efficient manner through

the preservation and restoration of its essential basic structures and functions".

Integrated community-centered approaches have been found to strengthen community resilience, reclaim the sense of dignity and control of community members. They also reinforce the positive culture of volunteerism.

"We have always treated the community as recipients and considered them as the weakest link in the aid chain. The results have restored the communities' status and dignity" Ahmad, MAAN Development Center, Gaza

It is important to highlight the fact that rebalancing the relationship between community-led responses and external support aims to complement, not replace, existing humanitarian programming. Such a complementary role can be seen in the emphasized role that tribal leaders in Sudan play in negotiations to facilitate the flow of aids, according to feedback received from local responders working on delivering aid to their communities.

"We wish the world understood our reality. Our lives go beyond conflict statistics; they are about survival, resilience and solidarity. Every day, we focus on the essentials: safety, family and mutual support." Mohammad, Global Communities staff member in Gaza

While there has been tangible global progress towards the adoption of an integrated community-centered approach to health emergencies, the power of communities as the main first and last responders to an emergency is not recognized or supported on many occasions. This might be due to weakened governance structures, technical complexity, and lack contextual knowledge.

While community response is important for effective response, it is important to highlight the need for building community capacities before and during emergency to empower them to support their people.

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This report is compiled by EMPHNET's Public Health Emergency Management Center (PHEMC)