



**EMPHNET**  
The Eastern Mediterranean  
Public Health Network

# EMPHNET's Efforts in Gaza

January - December 2025



# OUR 2025 FOOTPRINT IN GAZA

EMPHNET works to strengthen Gaza's health system and community resilience through its Community Health Champion program, mobilizing trained community health workers to deliver outreach, health promotion, and primary care with partner organizations. In 2025, EMPHNET provided awareness sessions, malnutrition services, and primary healthcare through a medical point in Gaza City, while building volunteer capacity and expanding partnerships.



## Community Outreach & Awareness

**1,500** outreach activities reached **67,588** people across shelters and camps, including women, children, and men.

**Sessions covered critical health topics for humanitarian settings:** hygiene, disease prevention, nutrition, non-communicable diseases, gender-based violence, child and adolescent health, emergency preparedness, and conflict-related safety.



## Polio Campaign Support

Conducted an independent assessment that involved field monitoring of the polio vaccination campaign with WHO and the Ministry of Health, reporting **97.5%** household recall coverage and **93.5%** health facility coverage.



## Nutrition Screening

**5** nutrition service points screened 47,147 children under five and 27,888 pregnant and breastfeeding women for malnutrition using MUAC across Gaza, alongside multiple distributions of nutritional supplements.



## Youth Empowerment

Launched a youth leadership initiative with UNFPA and SDF to promote knowledge and awareness on sexual and reproductive health, reaching **12,883** adolescents through **429** visits on menstrual hygiene, puberty, body changes, family planning, and safe motherhood, among others.



## Medical Services

**10,175** cases were managed at EMPHNET's medical points, covering child health, NCDs, malnutrition, first aid, and infectious diseases.

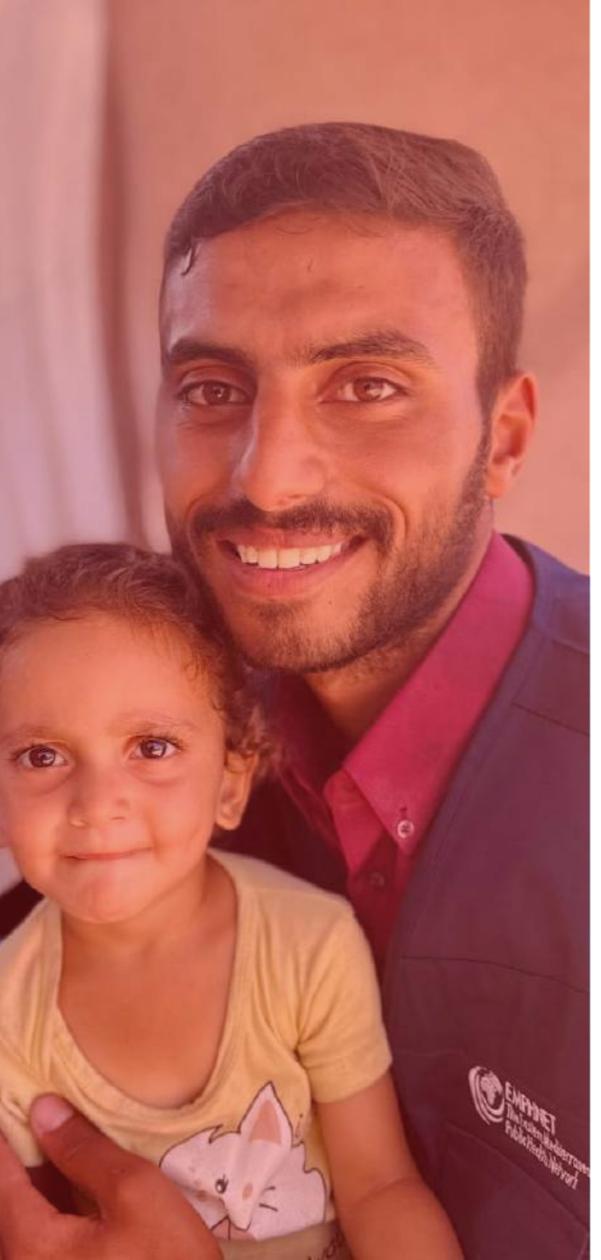
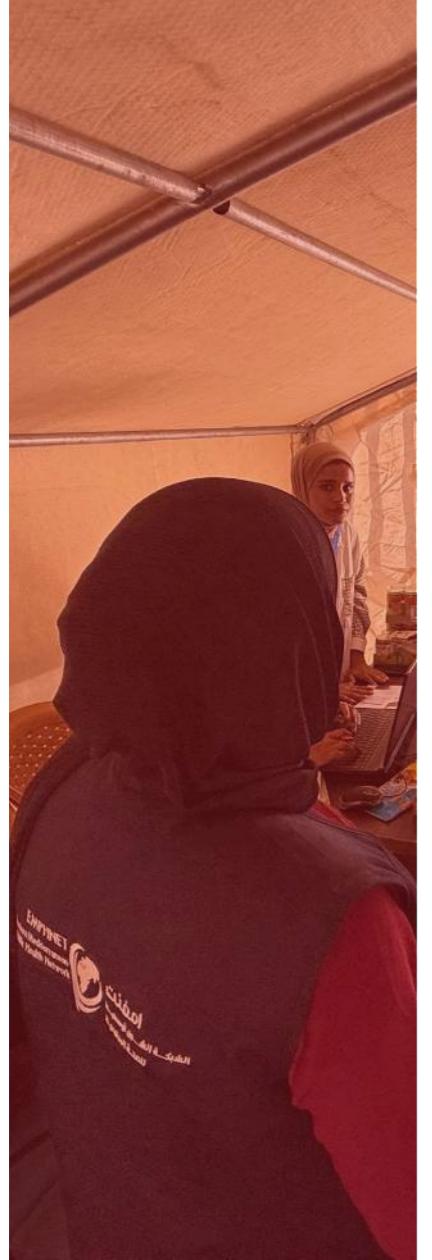
## Partnerships & Memberships

*Active in key established clusters in Gaza:*

- Gaza Health Cluster
- Nutrition Cluster
- Mental Health and Psychosocial Support Group
- Reproductive and Sexual Health Working Group
- Risk Communication and Community Engagement Working Group

*Collaborates with:*

- **National:**  
Juzoor  
CFTA  
PNGO
- **International:**  
Project Hope  
UK-MED  
Anera  
RKI  
CADUS e.V
- **UN Agencies:**  
WHO  
UNFPA  
UNICEF  
UNOPS



# INTRODUCTION

Since October 2023, Gaza has experienced unprecedented destruction, resulting in a severe humanitarian and displacement crisis. Widespread attacks have caused massive casualties, extensive infrastructure damage, and large-scale evacuations. The situation is compounded by a strict blockade limiting humanitarian aid, leaving the population critically vulnerable and deprived of essential services.

Following the collapse of the ceasefire in March 2025, conditions have deteriorated sharply. Gaza's health system is on the brink of collapse, with hospitals and health centers barely functional, and humanitarian assistance remains inadequate. This has precipitated a severe malnutrition crisis, particularly among children, alongside escalating food insecurity, disease outbreaks, and growing mental health needs.

In response, EMPHNET continues to strengthen local health systems and foster resilient communities through its Community Health Champion Program, which mobilizes trained community health workers across the Gaza Strip. EMPHNET also collaborates with partner organizations to implement critical health interventions.

To support transparency and evidence-based practice, EMPHNET produces annual report summarizing activities and outcomes. This report presents key activities and achievements from January to December 2025.



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## OVERVIEW OF ACTIVITIES & ACHIEVEMENTS

Between January and December 2025, EMPHNET's work in Gaza included community outreach, promotional and service delivery activities, essential primary healthcare services, and capacity development for volunteers. Community outreach involved awareness sessions and malnutrition service delivery. Essential primary healthcare services were provided through a medical point established in Gaza City. Both the outreach and healthcare efforts were implemented by EMPHNET's trained community health volunteers, whose knowledge and skills were further strengthened through a series of capacity-building trainings.



## Outreach, Promotional, and Service Delivery Activities

Volunteers conducted a wide range of awareness sessions on critical health topics tailored to emergencies and humanitarian settings.

### The sessions covered:

- **Timely Topics:** including hypothermia, menstrual hygiene management, Polio, Guillain-Barré Syndrome
- **Hygiene and Disease Prevention:** Awareness of personal and menstrual hygiene, communicable diseases (e.g., acute watery diarrhea, hepatitis, meningitis), and infectious disease prevention.
- **Non-Communicable Diseases:** Awareness on the prevention and management of conditions such as diabetes, hypertension, asthma, and age-related chronic illnesses.
- **Nutrition:** Awareness of anemia, breastfeeding promotion, and healthy nutrition.
- **Mental Health and Psychosocial Support:** Awareness of mental health conditions such as depression and post-traumatic stress disorder (PTSD), with attention to psychological well-being and resilience in crisis settings.
- **Sexual and Reproductive Health:** Awareness on menstrual disorders, maternal and newborn health, sexually transmitted infections (STIs), and early marriage.
- **Gender-Based Violence:** Education on prevention, support mechanisms, and protection.
- **Child and Adolescent Health:** Awareness of bedwetting and bullying, and the impact of social media.
- **Emergency Preparedness:** Training in first aid during emergencies, trauma care, and blood donation awareness.
- **Public Health Campaigns:** Participation in global observances such as World No Tobacco Day, World Immunization Week, and World Health Day, Pinc October
- **Conflict-Related Safety:** Awareness of non-explosive ordnance and follow-up care for malnourished children and pregnant and lactating women (PLWs).

## Outreach Activities in Numbers

A total of 1500 outreach activities were conducted between January and December 2025 in Gaza, targeting mainly populations residing in shelter centers and camps. A total of 67588 individuals were reached. Among the reached population, 47% were adult women, 44% were children and adolescents and 9% were men, as shown in Figure 1. The demographic distribution reflects a focus on targeting women and younger populations across most areas in Gaza.

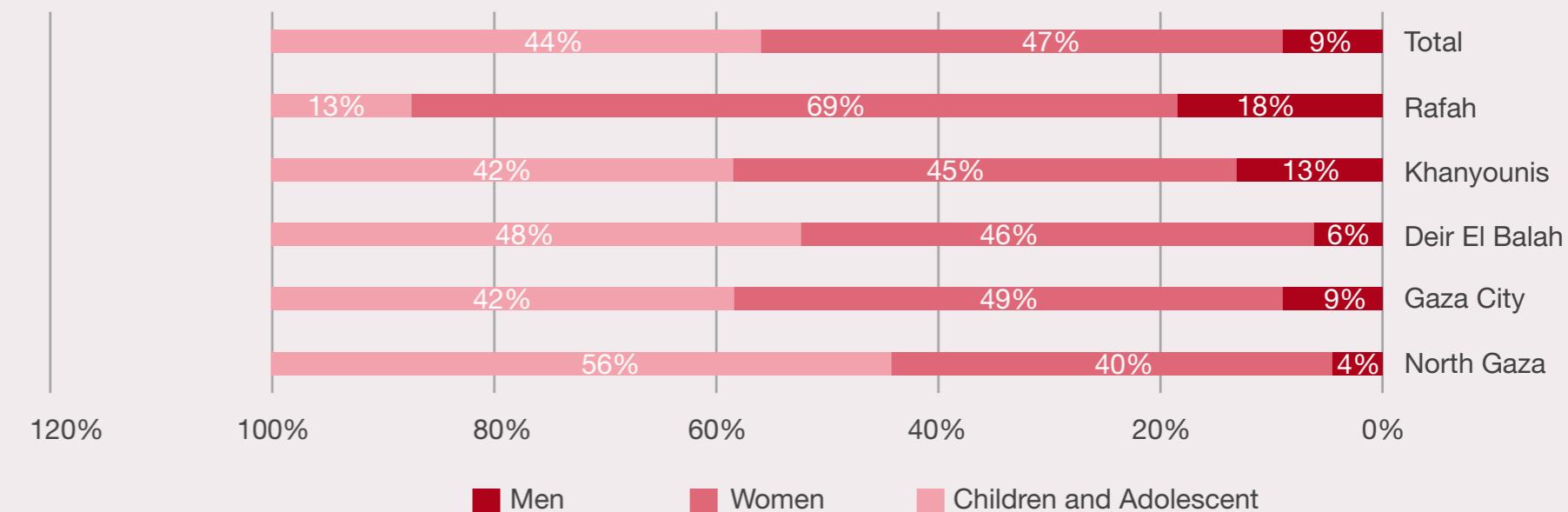


Figure 1. Distribution of the Targeted Population During the Outreach Activities by Location, Age Group, and Gender in Gaza, January–December 2025

Target population varied across 2025, starting at 4,903 in January, dropping to 1,620 in February, then steadily increasing to peak at 9,238 in November before declining to 5,421 in December, as shown in Figure 2.



Figure 2. Distribution of the Targeted Population During the Outreach Activities During months, January–December 2025



## Medical Point

In January 2025, EMPHNET established a medical point model to offer basic health services to the community. Currently, one medical point is operational in central Gaza City, situated within the Ministry of Labor's premises. Services are provided by a team of 10–15 volunteers with backgrounds in health. They reported cases of priority infectious diseases and malnutrition to EWARS. They trained by the WHO's Surveillance Unit on case identification and referral procedures, following the EWARS system requirements.

Between January and September 2025, the medical point offered a range of basic health services, including:

- **Child Health and Nutrition:** maternal nutrition care, nutritional screenings for children, management, follow-up for malnutrition cases, and health counseling.
- **Infectious Diseases:** Identifying cases with infectious diseases and reporting daily to the Early Warning, Alert and Response System (EWARS), and provision of medications and nebulization therapy for respiratory infections.
- **Noncommunicable Diseases:** Blood sugar testing and blood pressure testing, provision of medications, counseling, and referral.
- **Mental health and psychosocial support.**
- **Rehabilitation of People with Disabilities:** Assistive tools and specialized medications.
- **Emergency Services and First Aid:** Wound dressing and care, injections, coma, burns, accidents, referrals to hospital, and emergency preparedness.
- **Reproductive, Maternal, and Child Health:** Pregnancy screening and health, post-natal maternal health, and post-abortion maternal health.

## Activities in Numbers

Through the year 2025, the medical point was able to manage a total of 10175 cases. Most of the cases (72%) were related to child health and nutrition, followed by the NCDs (15%). First aid services and infectious disease cases represented 7% each, as shown in Figure 3.

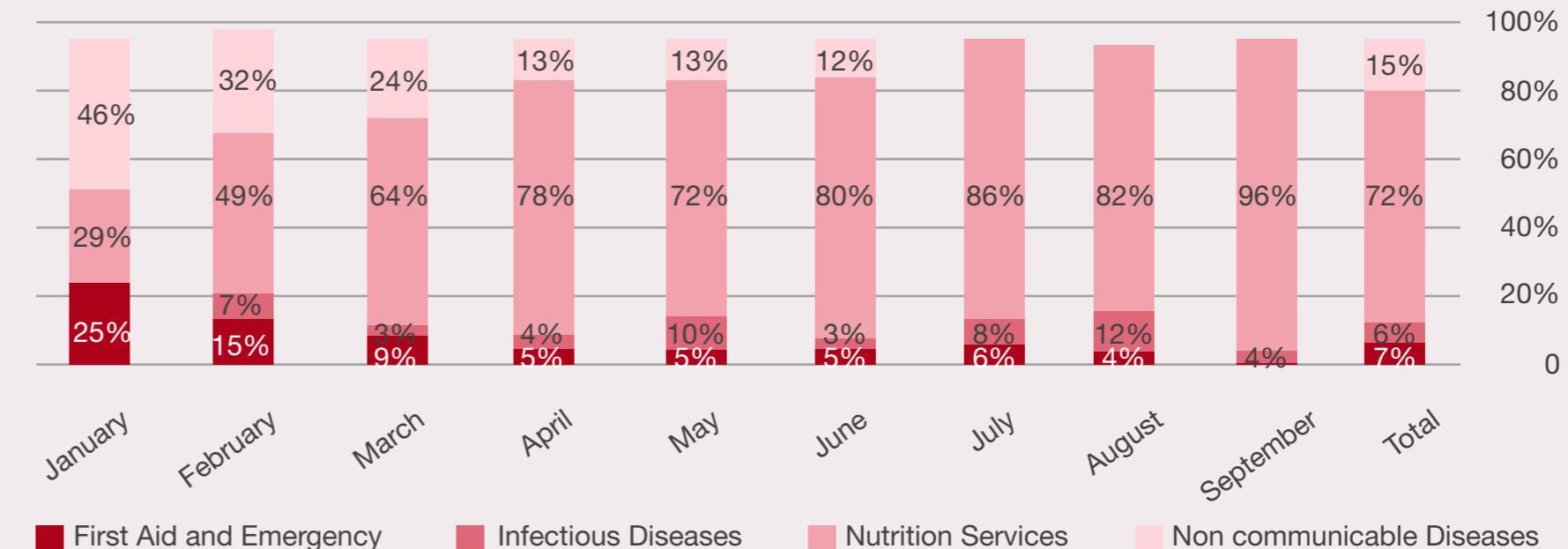


Figure 3. Distribution of Medical Point Services in Gaza, January–September 2025

Service utilization at the medical point increased steadily from January to June 2025, with caseloads doubling between January and February and remaining high through March, despite a slight dip in May. A sharp decline occurred in July, followed by a brief increase in August and another decrease in September, just before the medical point was targeted by an airstrike and damaged, as shown in Figure 4.

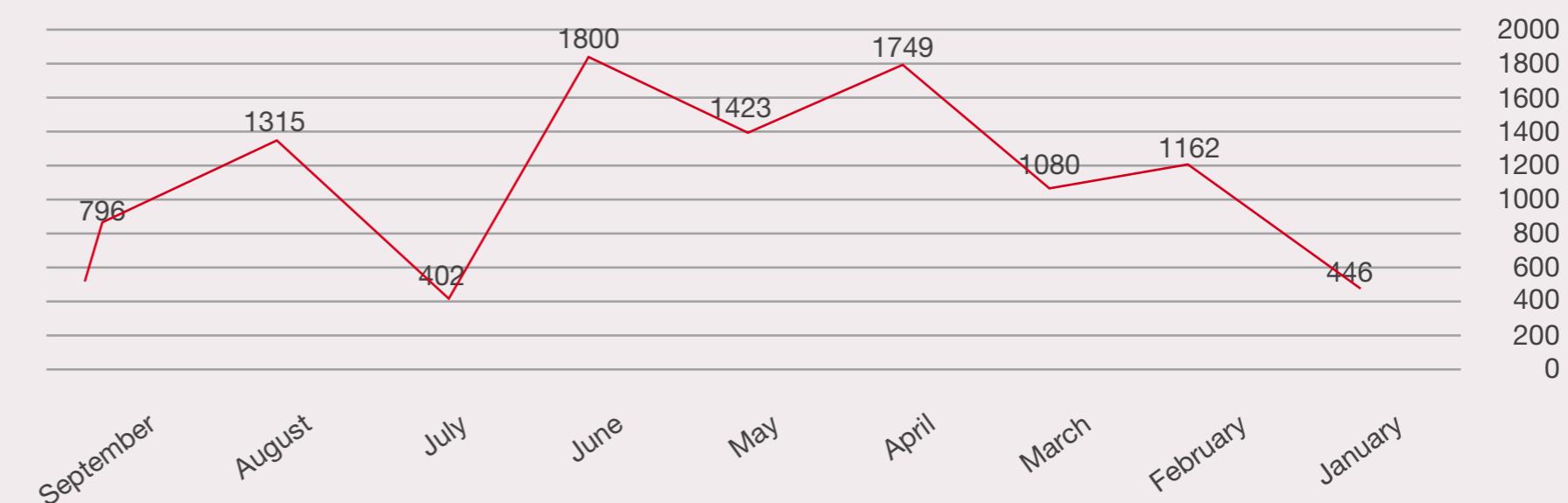


Figure 4. Monthly Trend in the Medical Point Service Utilization in Gaza, January–September 2025



## Nutrition

EMPHNET operates five strategically located nutrition service points, two in Gaza City, two in Deir El Balah, and one in Khan Younis providing comprehensive nutrition services, including

- Mass screening using Mid-Upper Arm Circumference (MUAC)
- Appetite testing and malnutrition assessments
- Individualized nutritional counseling
- Distribution of nutrition supplements such as Ready-to-Use Therapeutic Food (RUTF), High-Energy Biscuits (HEB), Lipid-Based Nutrient Supplements (LNS), and Ready-to-Use Complementary Food (RUCF)
- Follow-up care for cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM)
- Referral of complicated cases—especially among children under five and pregnant or breastfeeding women—to stabilization centers for advanced care

In 2025, a total of 47147 children under five and 27888 pregnant and breastfeeding women (PBW) were screened for malnutrition using MUAC across the Gaza Strip. Among the screened children, 3678 were identified with Moderate Acute Malnutrition (MAM) and 114 with Severe Acute Malnutrition (SAM), while 3819 PBW were found to be malnourished. During the same period, the supplies received included 68513 of RUTF, 12299 of RUCF, 193720 HEB and 1043730 LNS-SQ.

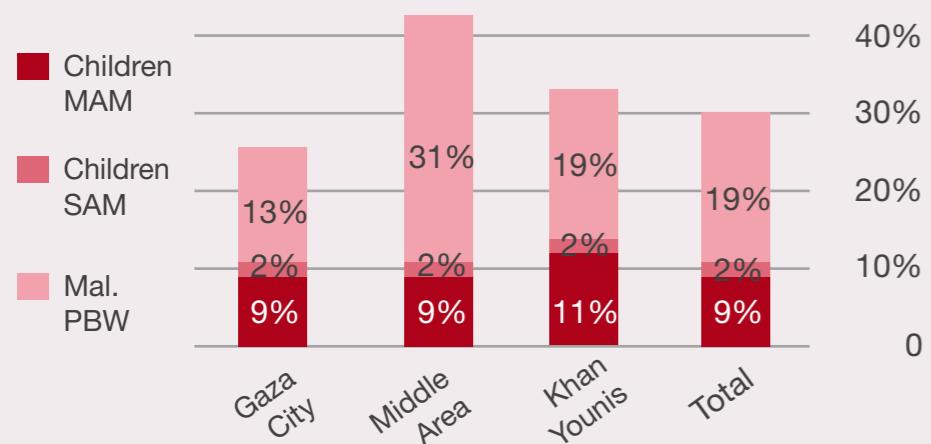


Figure 5. Distribution of Malnourished Cases by governorates in Gaza, January–December 2025





## Polio Campaign

The World Health Organization (WHO) sub-office in Gaza engaged EMPHNET for the third time to conduct an independent evaluation of the polio vaccination campaign, recognizing EMPHNET's expertise and its impartiality, having not participated in the campaign's planning or implementation. The objective of the Independent Monitoring (IM) exercise was to assess the quality of vaccination activities at the district level, identify the underlying causes of low coverage, evaluate community awareness, and generate evidence-based recommendations to enhance the implementation of the fourth round of outbreak response vaccination activities. To support this effort, two separate training sessions were organized: the first on Wednesday, 19 February, for 42 monitors and 3 supervisors in the southern governorates, and the second on Tuesday, 25 February, for 28 monitors and 3 supervisors in Gaza City. All participating monitors possessed a background in the medical field.

A total of 210 clusters were randomly selected (with 10 households per cluster), and 35 health facility surveys were conducted (with 20 children under 5 years surveyed at each facility). EMPHNET implemented PCM from February 27-28 in the Gaza Strip across two areas: households and health facilities. The sample size consisted of 6,524 children under 10 years, who were assessed by independent monitors at both fixed sites and households. The findings showed that the recall coverage for households was 97.5%, while the recall coverage for health facilities was 93.5%.

## Activities in Numbers

Household recall rates are consistently high across all locations, ranging from 97% to 98%. In contrast, health facility recall rates are slightly lower, varying between 89% and 97%. Khan Younis and North Gaza show the highest health facility recall rates at 97% and 95% respectively, while Deir Al-Balah records the lowest at 89%. Despite this variation, the overall recall rates remain strong, with a total of 98% for households and 93% for health facilities. These findings indicate effective communication and outreach efforts, particularly at the household level, although there remains room for improvement in health facility engagement, especially in Deir Al-Balah, as shown in Figure 6.

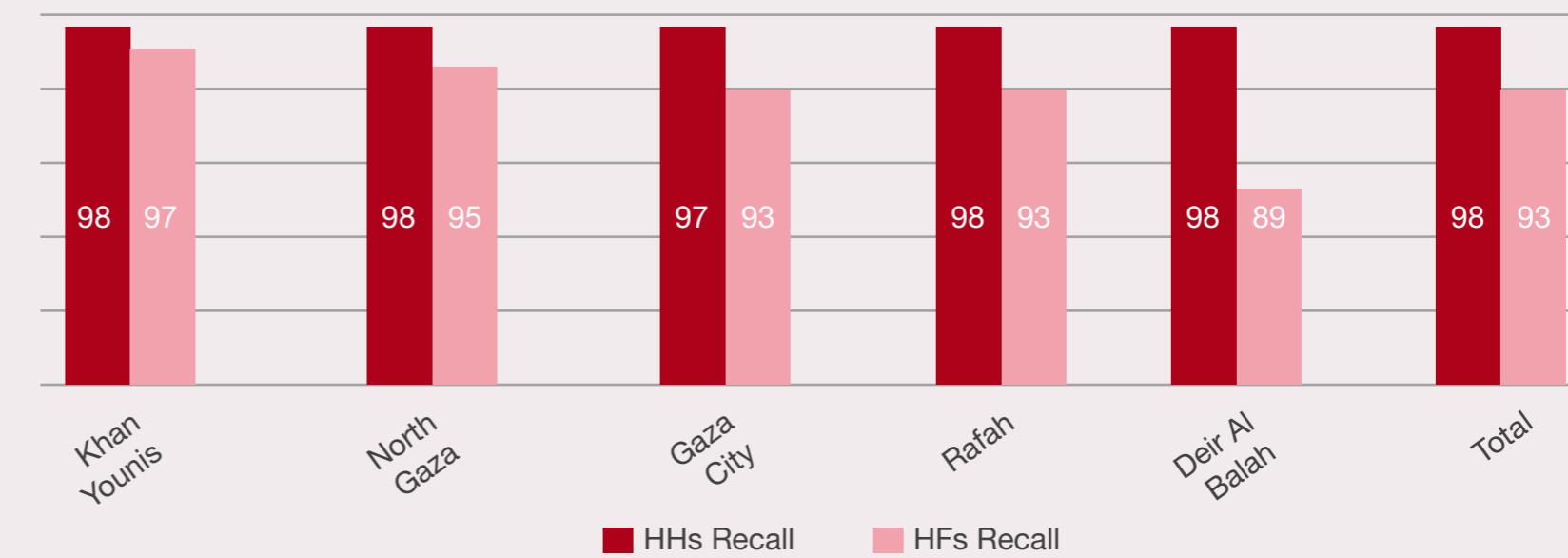


Figure 6. Recall Vaccination coverage Comparison by governorate, R3, nOPV2 campaign Gaza Feb 25





## Youth Project

Enhancing Youth Leadership in Promoting Knowledge and Awareness on Sexual and Reproductive Health—project is a joint initiative of UNFPA and EMPHNET designed to strengthen Menstrual Hygiene Management (MHM), Sexual and Reproductive Health (SRH), and Comprehensive Sexuality Education (CSE) for adolescents, youth, and women across the Gaza Strip. Through a youth-led, community-based delivery model, the project provides structured information, dialogue spaces, and supportive activities in overcrowded shelters, informal camps, school-based collective centers, and community venues, adapting continuously to displacement conditions and access constraints, successfully completed 429 activities, reached 12,883 individuals and 174 persons with disabilities, including 29 amputees across Gaza. Across the four MHM initiatives, youth teams completed 150 field visits, reaching approximately 5,456 girls and women (4,020 adolescent girls and 1,436 women), including 129 persons with disabilities, supported by more than 600 youth volunteers. Implementation focused on improving menstrual hygiene knowledge, addressing stigma, and supporting safe practices in highly constrained displacement settings.

Under the four SRH initiatives, 146 field visits were conducted, reaching approximately 3,999 adolescents and women, in addition to 361 adult men, and engaging over 100 youth volunteers. SRH activities addressed reproductive health basics, maternal health, hygiene, fertility, and stress-related reproductive concerns, with strong participation across shelters, camps, and community spaces.

The four CSE initiatives, implemented in December 2025, delivered structured, youth-focused sessions across the same three governorates. Together, these initiatives reached more than 3,000 adolescents and youth, engaging young people in age-appropriate discussions on bodily autonomy, consent, respectful relationships, and personal agency, while maintaining inclusion of persons with disabilities and adapting delivery formats to diverse community settings.

Taken together, implementation across MHM, SRH, and CSE demonstrates strong mobilisation capacity, consistent geographic coverage, and sustained demand for youth-led, community-based interventions. With the completion of Theme 3, the project has met and exceeded its planned outreach targets, laying a solid foundation for integrated reporting, cross-theme synthesis, and forward-looking recommendations in subsequent sections of this report.

On 28 December, EMPHNET kicked off the Closing Ceremony, titled “Stories of Change: Youth Leading the Future,” with 160 participants from youth and representatives of UNFPA, UNRWA, UNICEF, and INARA, alongside community leaders, persons with disabilities, and teachers to highlight major achievements.

All photos and videos related to youth project are available in this folder [Media](#)

## Activities in Numbers

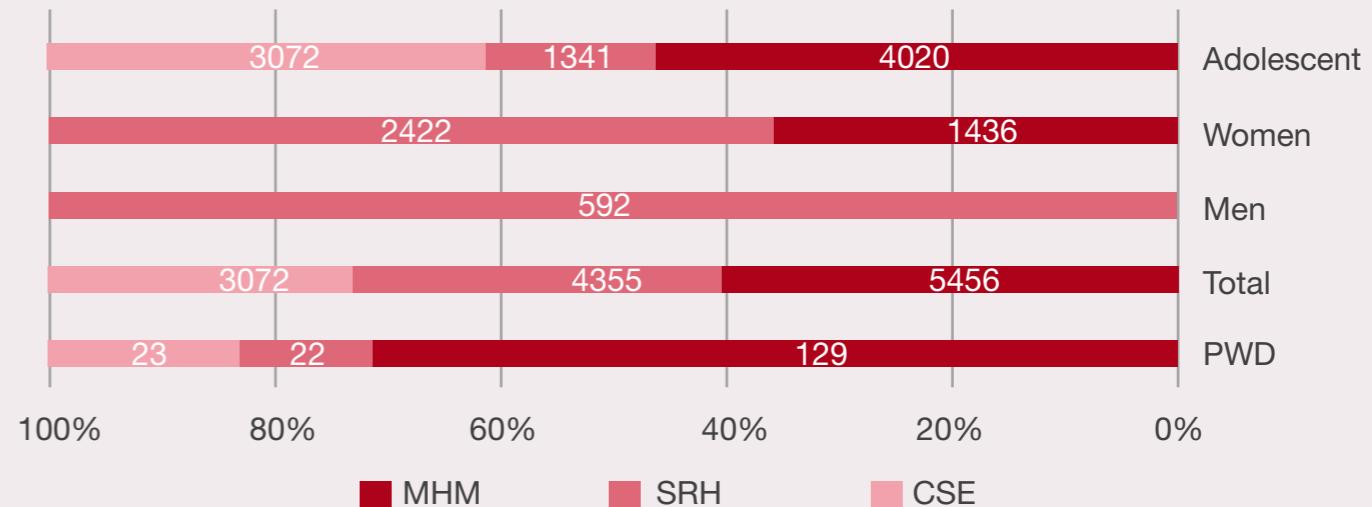


Figure 7. Distribution of Targeted Population by Age Group, Gender and Persons with Disabilities, Disaggregated by Thematic Area—MHM, SRH, and CSE in Gaza, 2025.





## Memberships and Partnership

EMPHNET remains an active member of several established clusters in Gaza, including the Gaza Health Cluster, Nutrition Cluster, Mental Health and Psychosocial Support Group, Reproductive and Sexual Health Working Group, and Risk Communication and Community Engagement Working Group.

EMPHNET is a partner with

- National agencies:** Juzoor, CFTA, and PNGO
- International agencies:** Project Hope, UK-MED, Anera, RKI, and CADUS e.V
- UN Agencies:** WHO, UNFPA, UNICEF, and UNOPS.



## ChampNet in Gaza

On average, around 400 community health workers participated during 2025. They had health-related backgrounds, including medicine, nursing, nutrition, pharmacy, dentistry, and laboratory.

EMPHNET facilitated job opportunities for more than 200 CHWs to engage in paid projects related to routine vaccination, hygiene promotion, hypothermia prevention, and polio, in collaboration with WHO and UNICEF.



## Training and Capacity Building

Capacity-building activities are being continuously delivered to CHWs to strengthen their knowledge and enhance their field readiness. These sessions include Sexual and Reproductive Health, Psychological First Aid, Protection from Sexual Exploitation and Abuse, Comprehensive Nutrition, First Aid, hypothermia, hygiene promotion, comprehensive sexuality education, vaccination, Post Monitoring Campaign, Social Behavior change, Family Planning, Menstrual Hygiene Management, Communication & Overcrowding & Triage, Gender Based Violence. Every month, approximately 3 to 4 training sessions are conducted, either through support from EMPHNET's partners or via peer-to-peer learning approaches, ensuring sustainability and knowledge transfer within the volunteer network.

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## Challenges

### Absence of EMPHNET Physical Space in Gaza

The absence of physical Space in Gaza created major challenges for daily operations and coordination. Without stable workspace, arranging regular meetings, conducting follow-ups, managing documentation, and ensuring smooth communication among CHWs became difficult. This also affected the organization of activities, storage of materials, and overall efficiency of implementation, especially during urgent and rapidly changing situations.

### Communication Issues

Unstable telecommunication networks made it hard for teams to stay in touch and coordinate efforts effectively. This led to delays in planning, miscommunications, and difficulties in providing real-time updates during critical moments.

### Logistical Constraints

Damaged infrastructure, roads, and unreliable transportation created barriers to reaching needy people. Finding suitable places to hold meetings and activities was also challenging, and frequent shortages of printed materials and essential supplies slowed the work.

### Safety and Security

The ongoing conflict in Gaza created a dangerous environment for humanitarian workers and medical staff, making it difficult to carry out activities safely. Access to certain areas was limited, and concerns over personal safety often disrupted planned operations and schedules.

### Lack of Fund

Lack of funding is significantly affecting our operations in Gaza, limiting our ability to sustain essential health services and respond to urgent needs. It is also constraining our capacity to expand interventions to address emerging gaps, scale up service coverage, and reach additional vulnerable communities. As a result, both continuity and growth of critical health support remain at risk.



## CONCLUSION AND THE WAY FORWARD

During 2025, EMPHNET's interventions and humanitarian response in Gaza reflected a strong and continued commitment to addressing urgent health needs. Looking ahead, EMPHNET remains dedicated to sustaining and expanding its support for the communities of Gaza. Key priorities for the coming months will include:

- Strengthen coordination through establishing an EMPHNET Operational Base in Gaza to facilitate structured planning, routine coordination meetings, timely reporting, secure storage of materials, and improved volunteers support
- Strengthen and scale the Community Health Champion program by expanding outreach, delivering targeted promotional health services, and conducting research to assess its effectiveness and relevance in addressing current health challenges.
- Providing advanced and specialized training to further build the capacity of community volunteers.
- Enhancing coordination with local and international partners to maximize the reach and efficiency of health interventions.
- Advocating for increased support to Gaza by disseminating knowledge through technical briefs, webinars, scientific publications, and data visualization tools.