

Middle East Council of Churches
Committee for Refugee Work
DSPR - Gaza Area



مجلس كنائس الشرق الاوسط
دائرة خدمة اللاجئين الفلسطينيين
منطقة غزة

GAZA STRIP



Annual Report
NECC CRW
2012

Middle East Council of Churches
Committee for Refugee Work
Gaza Area

مجلس كنائس الشرق الأوسط
دائرة خدمة اللاجئين الفلسطينيين
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Department of Service to Palestine Refugees

Gaza Area Committee

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Miss Araxi Muneer Waheed	-	Vice-Chairperson
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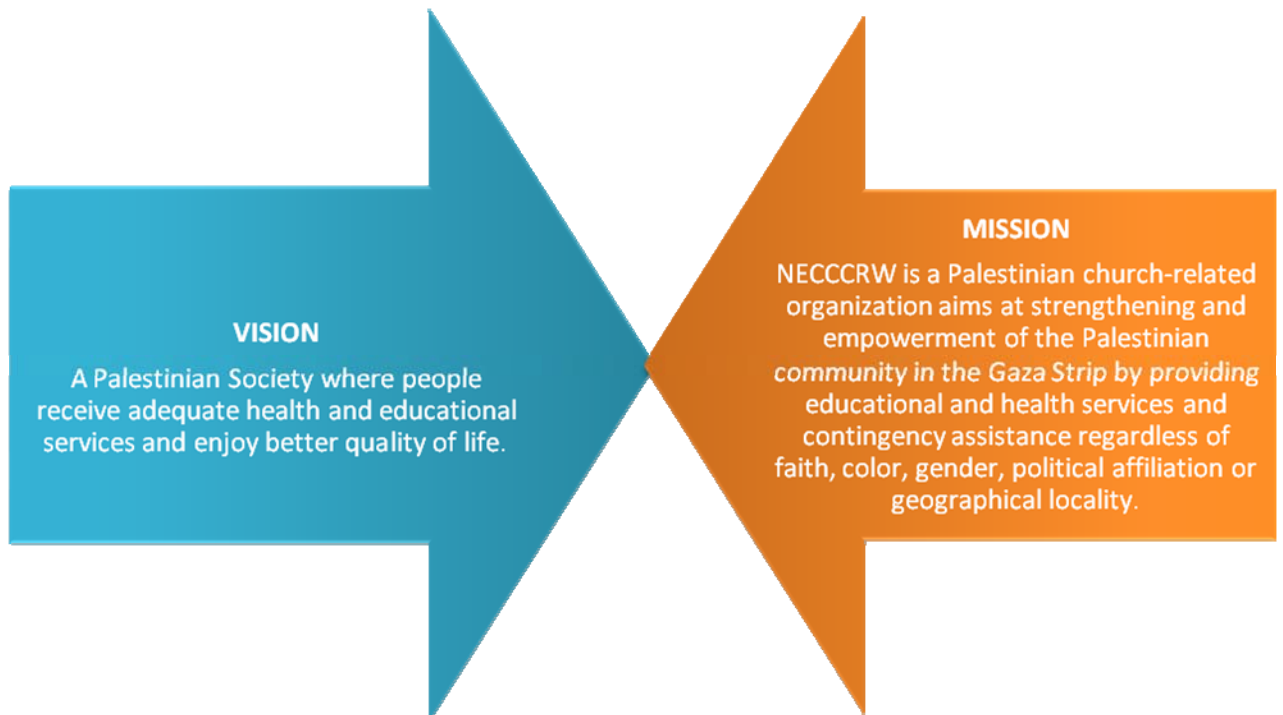
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البريد الإلكتروني
الصفحة الإلكترونية

Identity

The Gaza Area Committee is part of the Department of Service to the Palestine Refugees (DSPR). The DSPR is a department of the Middle East Council of Churches. NECCCRW Gaza is an integral part of the Palestinian society and culture and operates with support from the churches, ecumenical and secular organizations. The committee is formed of committed and dedicated volunteers who are appointed by the heads of the churches; of the respective families forming the four family members of MECC on equal Church representation.

The Gaza Area Committee serves the Palestinian people. It is part of Christian commitment to our society and a source of strength for the continuation of the indigenous Christian witness and presence in the region.





The main core values NECCCRW believes in:



Serve people irrespective of their faith, color, gender, political affiliation or geographical locality.



Respect and love all people.



Transparency in dealing with all stakeholders.



Team work and partnership are the shortest way to achieve the organizational and community development



Commitment toward mission and vision.



Quality of services is the best way to realize the effectiveness and impact.



Foreword:

Historically, the Palestinian People's right to control their lives and build their state was denied and hindered by being successively and continuously under tutelage, mandates and occupations. The consequences of this reality affected the social, cultural, as well as the mental set up of the Palestinian community, and created a unique case of complex combination of challenges due to burden of the occupation oppression, economic disadvantages and socio-cultural limitations.



In the last few years, the situation for around 1.6 million Palestinians in the Gaza Strip (GS) became worse than it has ever been since the start of the Israeli occupation in 1967. The siege that Israel has intensified on the Gaza Strip (GS) since June 2006 which continues in a way or another till now have greatly harmed Gaza's health and social systems, which had struggled even before these events. The severity of the situation has increased exponentially since Israel imposed extreme restrictions on the movement of goods and people in and out of Gaza in June 2007.

The first turning point of the political and socioeconomic situation started to deteriorate after the second uprising which sprang off in 2000 in GS and West Bank. A historical turning point occurred in June 2007 following the " Hamas " takeover of the GS. Since then, a tight siege has been imposed on the GS and the Israeli policy sought to ensure 'no development, no prosperity and no humanitarian crisis. The siege that Israel has intensified on the GS since June 2007 has greatly harmed the health status and the health system, which had struggled even before these events. However, signs of humanitarian crisis are clearly obvious. The already insecure, impoverished and imprisoned, Gazans have continued to live under dire conditions. The Israeli government has stopped virtually everything (except occasionally allowing some basic foodstuff and some medicines to enter Gaza), as well as almost all citizens, from entering and leaving the GS. Late in 2007, Israeli declared the GS a 'hostile entity'. The Israeli government subsequently reduced the supply of fuel and electricity to the GS resulting in further destruction of the already exhausted economy and distortion of basic services including health and sanitary services.

In 22 days, December 27th 2008 through January 17th 2009, Israel launched an operation known internationally as the "OCL" which resulted in thousands of deaths and injuries among people and uncharitable damage of thousands of houses, manufacture compounds, agricultural resources, drinking water and sewage systems, government buildings, health facilities, electricity plant and its networks. Most injuries were serious and strange in nature; often multiple injuries, with head, thorax, abdominal and multi-limb injuries (MOH, 2009). Israel's three-week military aggression resulted in deaths of 1,455 people, of them, 553 (38%) were children and women; and 5,380 people injured, of them, 2671 (49.6%) children and women, and massive damage to dozens of thousands of homes, businesses, and infrastructure. The consequences of the war are still negatively affecting the population till now.

During the period between November 14th through November 21st, 2012 Israel launched another military operation called "Operation Pillar of Defense", literally: "Pillar of Cloud". During the course of the operation, Israel struck more than 1,500 sites in the Gaza Strip, including government buildings, houses and apartment blocks and institutions. Till now, 186 Palestinians died in the operation, with between 47 children and 13 women. An additional 1,399 Palestinians were injured, and between hundreds displaced. Israeli strikes by air, land, and sea resulted in civilian casualties, including those of children, in schools, soccer fields and civilian residences.

Internally and since the Palestinian reconciliation announcement until now both parties " Hamas and Fateh " continue to publicly display good intentions regarding potential unity; however, serious steps to the formation of a national unity government are not undertaken until nowadays.

Demographically, recent reports indicate that the GS is among the most densely populated areas on earth. According to the Palestinian Central Bureau of Statistics (PCBS), the total number of the Palestinian population residing in the GS in mid-2012 is around 1.64 million (PCBS, 2012). According to the PCBS, the projected 2017 figure is around 2 million. The Palestinian population in Gaza has one of the highest fertility rates in the region (around 5), compared to 3.8 in the WB, 3.5 in Egypt, 3 in Lebanon, 2.4 in Israel and 3.2 in Turkey. The inevitable increase in the population will pose further strains on access to livelihood conditions of the Palestinians including housing, education, employment and health services. Population growth and the high number of adolescents who will enter the labour force in coming years also mean that social services will have to grow in line, just to keep pace with the expanding. The majority of households of the Palestinian population in the GS are nuclear families (81%) with an increasing trend. The reported average family size is around 6.3 persons. According to PCBS, the literacy rate among Palestinians including females is high (above 95%); the majority of the GS population are refugees (66.1%) who receive basic primary health care services and some secondary care services through UNRWA. The population density in the GS is more than 4500 inhabitants per one square kilometre in 2012 which is expected to rise to 5500 in 2017.

The annual Gross Domestic Product (GDP) in Gaza per capita in 2008 was \$ 774.5 which is less than 40% of that of the West Bank figure (1,718.4). The GDP per capita in 2003 was around \$ 1100 (PCBS, 2010b) indicating constant decline in the GDP during the period of 2003 through 2009. It seems that it has increased to \$ 1156 in 2011 and is expected to reach \$ 1273 in 2015 (WHO, 2012). According to the PCBS Report (2011), the percentage of those who are older than 15 years in labor force is 40.2% and 59.8% were outside the labor force (in GS). The same source indicates that among those in labor force, 56.3% were employed and the rest 43.7% were unemployed (PCBS, 2011). Regarding the employment status, the majority of those who were joining the labor force were wage employees (78.9%), followed by self-employed (14.3%), employers (4.2%) and unpaid family member 2.6%. A staggering 40% of the population in Gaza live in extreme poverty; only one third live above poverty line.

Currently, 70% reported receiving food aid mainly through UNRWA and international organizations. Ministry of Social Affairs (MOSA) provides regular assistance to around 49,000 families; UNRWA supports 21000 families and other organizations financially support large number of families. It could be concluded that the livelihood safety network is not effective especially during wars.

Regarding the health sector, our staff in the field noticed increased rates of poverty related diseases (e.g. malnutrition and anaemia) and increased rates of sanitary related diseases (shortage of water, sewage disposable problem, garbage collections in streets, lack of detergents in the market.

As poverty and stress-related diseases and conflict-related injuries have increased, provision of basic health services has declined.

A challenged health system appeared as impossible to ensure medical equipment availability and proper maintenance, referral abroad subject to long and arduous permit processing and medical staff largely prevented from sufficient upgrading of knowledge and skills. In addition, deterioration of water and sanitation services; there is only 5-10% of the extracted water is safe; very limited/intermittent running water, sea water and sewage infiltrate into aquifer, over 40% water loss due to leakages and between 50 and 80 million litres of untreated or partially treated sewage discharged into the environment daily, these facts increased health risks due to polluted water (OCHA, 2011).

It could be claimed that improvement in social and health is closely linked to economic growth and security. Any kind of economic recovery in Gaza is impossible while the blockade of Gaza remains in place. Even if it is lifted, it will take years to repair the damage and to recover the economy. Despite the aid that is going to the Palestinians, yet the humanitarian situation continues to decline especially with the prevailing trend of shifting aid to other places. Continued aid is vital to respond to the growing humanitarian crisis in Gaza but it cannot provide a solution in itself. Consequences of the above situations imply that urgent measures need to be taken to support the livelihood conditions of the population including delivery of health services, supporting training and social services. Because the ultimate solution is political in nature, advocacy and lobbying measures should be taken to find a political resolution to the Palestinian case.

Although the situation was politically unstable during this reporting period thanks to our partners' valuable support that enabled our organization to sustain the provision of health, educational and other services to the intended beneficiaries as planned. We succeeded to overcome or at least to cope with the conditions associated with the further imposed siege and the tight restrictions on the movement of goods and people such as, shortage of supply and medications, lack of medical equipment in the local market, decreased supply of electricity and fuel, transportation issues and so on.

I wish to express my thanks and appreciation to all at the various levels of the World and Middle East Council of Churches, the Chairman and members, and the Executive Director of MECC/DSPR for their stand and unlimited support provided to Gaza Area programme in solidarity with our people.

I seize this opportunity to extend my heartfelt thanks and appreciation to the Chairman and Members of Gaza Area Committee for their devotion, valuable support and cooperation which enabled in the development and sustainability of the programme reflected into the interest of the people especially during this critical era of our history.

Last but not least, I relay my profound appreciation and gratitude to my sisters and brothers, the staff of NECCCRW family at various positions for their commitment and hard work in rendering the services to the needy people under harsh conditions.

“The effect of JUSTICE will be PEACE,

and the result of

RIGHTEOUSNESS, SECURITY AND TRUST For ever”

“Isaiah 32:17”



Dr. Issa Tarazi
Executive Director

February 2013

With effect of 25/05/2012 Mr. Elias Manneh, relinquished his position as Chairman of NECCCRW DSPR – Gaza Area Committee and Alternate Member at Large at the Central Committee and handled over work and duties to Dr. Suhail Al Madbak who was newly elected by Gaza Area Committee as Chairman to NECCCRW.

Gaza Area Committee Members and Executive Director of NECCCRW – DSPR Gaza made a farewell party in Mr. Manneh honor where Mr. Manneh, Dr. Madbak and Dr. Issa Tarazi, (Executive Director) exchanged a speech.

Mr. Ealias Manneh has distinguished long and faithful working record and achievement he made over the last 33 years of his commitment and devotion to the mission of NECC/DSPR in Gaza.

Dr. Madbak and all members of NECC Area Committee, DSPR and Central Committee members praised the work done by Mr. Manneh in respect of preserving and adhering to the vision and mission of NECCCRW in providing the service to the Palestinian people regardless of faith, gender, culture or political affiliation, on the other hand the efforts he made to build up and upgrading NECC Strategies and programmes with cooperation of Area Committee Members and in supporting and enhancing the role of National NGOs, as well as through awareness and advocacy missions he made, where he conducted several meetings with officials , head of churches, the publics and through the media. We wish Mr. Manneh good health, good luck and happy coming years.



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Abbreviations

ACT	Action by Churches Together
ANC	Antenatal Care
ARI	Acute Respiratory Infections
CA	Christian Aid
CBC	Complete Blood Count
CBI	Community Based Intervention
DD	Diarrheal Diseases
EU	European Union
IUD	Intra Uterine Device
MOH	Ministry of Health
MOU	Memorandum of Understanding
NECC	Near East Council of Churches
NGOs	Non Governmental Organizations
PHC	Primary Health Care
PNA	Palestinian National Authority
PNC	Postnatal Care
PSS	Psycho Social Support
SPSS	Statistical Package for Social Sciences
UNRWA	United Nation Relief and Works Agency for Palestinian Refugees
UNICEF	United Nations Children's Fund
UNWFP	United Nations World Food Program
WHO	World Health Organization
Hb	Heamoglobin
VTC	Vocational Training Centre

Context

The WHO office of the occupied Palestinian territory said that the “Eight days” war left severe shortages of essential drugs and medical supplies.

It said unstable power supply and lack of fuel for generators, and inadequate maintenance capacity and spare parts for medical equipment, have contributed to deterioration in the quality of health care.

The report said 182 people were killed during the war, including 158 males and 24 females. Of those, 47 (26%) were children, including 16 under 5 years of age, 12 women and 20 over 60 years. Most of the fatalities (87.9%) had multiple injuries.

There were also 1399 injuries - 28% female and 37% (516) children, one third of whom were under 5 years old.

It said 54% (758) were injured while they were at home, 16% while walking in the street, 1% while at work and 28% unspecified.

Most of the injuries (45%) happened in Gaza City, 29% in North Gaza, 9% in each of middle-zone and Khan Younis, and 7% in Rafah.

An estimated 28.3% of injuries were at the head and neck, 19% in more than one location of the body, 17% in the abdomen and pelvis, 13% in the upper limbs and 13% were superficial wounds.

Some of the more serious injuries were referred to neighboring countries including 42 referred to Egypt, four to Tunisia and three to Turkey for advance treatment

The eight-day period of hostilities placed additional strains on the public health system in Gaza which has been severely affected by the Israeli blockade (in place since 2007) and by the political divide between West Bank and Gaza. The health system is also fragmented with a large number of health providers. Severe shortages of essential drugs and medical supplies, unstable power supply and lack of fuel for generators, and inadequate maintenance capacity and spare parts for medical equipment, have contributed to deterioration in the quality of care. More than 1000 patients are referred monthly for specialized care to health facilities outside the Gaza Strip, but their access to East Jerusalem and West Bank hospitals, and to Israel and Jordan, is restricted by the Israeli permit system.

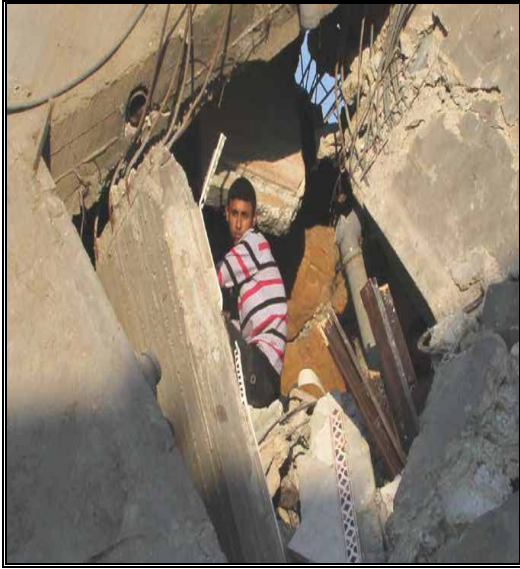
Crisis overview

The escalation of violence in Gaza and southern Israel lasted for eight days November 14- 21, 2012, and involved Israeli bombardments and airstrikes on targets in Gaza and rocket fire from Gaza to Israel. The escalation was the most intense of a series of outbreaks since the war in 2009.

In immediate response, the Ministry of Health (MoH) in Gaza formed a crisis management unit and opened an emergency command and control room at Shifa hospital which, together with other MoH hospitals, handled most of the casualty cases. The main challenge to the health sector before and during the crisis was the availability of drugs and medical supplies; more than 40% of the essential drug items in the essential drug list and more than 50% of medical consumables were out of stock before and during the crisis. WHO worked with the Ministry of Health, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and health partners to ensure that essential medicines and medical consumables were delivered to health facilities where they were needed most.

The Primary Health Care (PHC) directorate of the MoH and UNRWA reported that 13 PHC centers were partially damaged due to indirect shelling (9 MoH, 4 UNRWA). The Jordanian Field hospital sustained serious damage after being directly hit while two other hospitals, the Gaza European and Beit Hanoun hospitals sustained minor damages.

MOH reported that 3 ambulance drivers were injured during the war. In addition, 6 ambulances were damaged: 4 ambulances were damaged by shrapnel, (2 were severely damaged and two had minor damage) and 2 ambulances were involved in accidents while transferring casualties. **(Initial Health Assessment Report Gaza Strip, WHO Dec 2012)**



A child looks for his belongings inside his devastated home



A child is taken to the morgue on the first day of attacks



A massive explosion on Gaza city



Two students watching their class as the school was attacked by Israel warplanes

Overview

NECCCRW Gaza Committee was established in 1952 launching a humanitarian program to assist Palestinians who took refuge in the Gaza Strip following Israel's establishment in 1948. NECCCRW has been focusing then on the provision of humanitarian aid and contributing to an overall improvement in living conditions and to poverty alleviation. Sectoral emphasis has been focused on various sectors particularly Health, Education, Vocational Training, Relief work where social casework support is offered to needy families in the form of cash or other assistance, Community Development and Advocacy. In addition, some more rehabilitative distributions are conducted, providing medical aids (prosthetic devices, wheel chairs, etc.).The needs and problems of Palestinians in the different geographical areas where DSPR operates vary considerably.

The Gaza Area Committee tailors its program to meet some of these needs, mainly in the health, education and training sectors. In general, target groups consist of poor Palestinians in and out of refugee camps, disadvantaged youth, women and vulnerable communities. While each area committee has more specific objectives, the overarching goal is to facilitate an improvement of living standards for Palestine refugees and needy Palestinians in the five areas and support the development of Palestinian village infrastructure, organizations and communities whenever possible.

One of NECCCRW's key development concepts is that empowerment of people at the grassroots level which is essential in overcoming poverty. The participation of the community is a necessary condition for development. Therefore, the initiation of any new program activity is only undertaken in consultation with the beneficiary communities.

Good cooperation in related activities is maintained with international and local NGOs, external and local churches, MOH, Ahli Arab Hospital (Anglican Hospital) and National Health, Rehabilitation, Medical and Agricultural Relief Committees, Union of Health Work Committee, Women's Societies and Unions, and PNGO.

NECC is an independent non-governmental organization. It is governed by Gaza Area Committee, which is composed of 12 members of both gender and is appointed by head of churches from their respective families forming the four members of the Middle East Council of Churches on equal church family representation. It is the supreme organ of the NECC, which meets bimonthly to ensure effective operational performance, legal and regularly compliance, and implementation of long term strategic plan. Management is directly responsible to the Executive Director for all administrative matters, including finance, supervised by the governing board.

NECC is managed by the Executive Director , who ensure the effective running of all NECC's programs assisted by Executive director assistant, and facilitates the coordination and cooperation with donors and different local, regional, and international NGO's.



"Differences are not intended to separate, to alienate. We are different precisely in order to realize our need of one another."

H/G Archbishop Desmond Tutu

Main Sources of Funding

NECCCRW is proud and appreciates its links with a large number of funding partners and NGO's namely: the Pontifical Mission for Palestine, Christian Aid, Norwegian Church Aid, Church of Sweden, EED, Act for Peace, NCA, Church of Scotland, FIN, Church of Whales, MCC, Amos Trust and Embrace The Middle East, DCA.

NECC Programs are operating successfully by well-experienced employees. It consists of the following programs:-

- Health program consists of three well-equipped family health clinics in the 3 targeted areas "Rafah, Shijaia, and El Darraj", managed directly by Health Programs Coordinator. It is composed of skilled health provider's staff consists of doctors, nurses, midwives, lab technicians, pharmacists assistants and drivers. Also, NECC implements outreach program
- Education Program consists of four centres as follows:
 - Two male VTC's centres in Gaza and one in El Qarara , directed by Male VTC's Consultant.
 - Dress-Making Centre in NECC , guided by Female Consultant
 - Secretary studies centre in NECC , directed by Female Consultant
 - Computer and Language Course, directed by Female Consultant.
- NECC's Relief and Rehabilitation Program, including Educational Loans, managed directly by Male Consultant. Its follow-up, conducted by Social Workers.

Location of projects and target groups

1. Two family health service centres in Gaza (each potentially serving a poor community of 70,000-80,000 people) offer both preventive and curative services with a third centre in the south (Rafah) serving a community estimated at 20,000 people. The emphasis is on mother and child health care and education to encourage awareness of health needs and improve the quality of life. Also women will be trained as community workers to provide counseling and social work services to poorer communities. This will also enhance and improve their role in society.
2. Secretarial Education and Training, Advanced Dressmaking and computer training courses are conducted in the main building in Rimal, Gaza City.
3. The VTC for Carpentry and Furniture making; and metal works and welding is located in Shijaiya, Gaza City.
4. VTC for General Electricity, Motor Rewinding and Transformers is located in the village of Qararah, 25 KM south of Gaza City.

The target group composed of mostly marginalized and underprivileged youth in the Gaza Strip. No religious or political affiliations were considered during the selection process of the target group.

The primary health care services provided by the Gaza NECC clinics support beneficiaries by following a model of inclusion, participation, complementarities and better health for all. Clinic services operate in significantly deprived and disadvantaged areas of Gaza where health demands are pronounced.

The target group is mainly composed of women and children residing in the communities of Shijaiya, Darraj and Kherbet Al Adas of the Gaza Strip. The three health care centers serve Palestinian families who are marginalized, and needy; while focusing on the most vulnerable groups of the population namely women and children.

The followings are the current main programs and services provided by NECCCRW:

1. Health programs:

The NECCCRW health program was established in 1952. The main objective of this program is to provide primary health care services in poor, populated and remote areas that have no or little health services available. There are three NECCCRW clinics located in El Daraj, Shijaia, and Rafah (Kherbat Al-Adas) with populations in each locality respectively of 80,000, 70,000 and 12,000. NECCCRW offers a relatively comprehensive package which covers essential maternal and child health services such as antenatal, postnatal, health education, well baby clinic, family planning, lab testing, medication, home visiting, nutrition education and dental services psychosocial support programme and antimalnutrition and anemia project ...etc.

2. Educational and Training Programs:

- The Vocational Training Center, Gaza: The center offers a three-year course in carpentry and furniture making, metal/aluminum work and welding. The course targets boys aged 14-16 who have dropped out of school.
- The Vocational Training Center, Qararah: A two-year course in general electrical skills and motor and transformer rewinding is offered to young men between 16-23 and who finished grade ten.
- The Secretarial Studies Center: Young women who have finished their secondary studies (Tawjihi) are able to join a one-year intensive course that prepares them for secretarial positions.
- The Dressmaking Center: The theories and practice of sewing and pattern-making are taught in a one-year hands-on course for young women many of whom have dropped out of school.
- Computer and Language Courses: Short-term courses are offered in computer applications and English language to a variety of groups.

3. Social Welfare Programs (Relief and Rehabilitation):

Limited financial assistance is extended to those with demonstrated need. Categories of beneficiaries include widows, patients old non supported people, handicapped with special needs and unemployed householders. Palestinians in Gaza may no longer suffer from the same shortage of goods, but they will remain economically dependent and unable to care for themselves, and socially, culturally and academically isolated from the rest of – the world.

The beneficiaries receiving emergency cash relief assistance were reached through the nomination of local NGOs, governorates and Ministry of Social Affairs in addition to those who were referred by our family health care centres or addressed our office directly.

Families are visited and followed-up by a social worker. In addition, medical aides such as crutches, wheel chairs, glasses and hearing aides are provided as available.

Approximately 70 university students are provided with loans to study in Gaza and West Bank universities every year. Applications are renewed yearly for those who passed successfully and must be repaid within two years after graduation.-move to social support program

4. Employment Programs:

- The Sewing Cooperative: Graduates of the Dressmaking Center jointly operate a self-supporting, income generating cooperative producing anything from children's clothes to wedding gowns.
- The Self-Help Sewing Center: Women, mostly widowed and often the sole income generators of their families, work for NECCCRW sewing pieces for internal use (uniforms, curtains ...etc) and external distribution.

5. Community Development Program:

NECC enables communities to implement projects aimed at improving the conditions of their environment. It assists other NGOs in implementing projects through the support for providing facilities and supplies towards the implementation of minor infrastructural projects. It also promotes youth activities, schools and kindergartens through the provision of products manufactured by VTC trainees and graduates.

6. Advocacy Program:

This program is concerned with promoting social justice, empowering communities and advocating the rights of civilians particularly refugees to live in dignity, respecting human rights, ensuring access to health and education services and so on. NECC works at two fronts; internally promoting an empowerment culture and externally advocating the rights of the Palestinians at the internal forums.

Human resources of NECC for 2012:

It is worth starting by illustrating the human resources at NECC. The total NECC Staff is approximately 96 staff. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health education, and customer service. Females constituted around 60% of the NECC human resources. The breakdown of human resources by category is illustrated down below in the table 1.

Table (1): Distribution of staff by title and numbers

Title	No.	Title	No.
Executive Director	1	Psycho-Counselor	2
Executive Director Assistant	1	Laboratory Technician	3
Accountant	2	Social Worker	4
Health programmes Coordinator	1	Community Worker	3
Projects and Communication Coordinator	1	Secretary	3
Consultant	1	Programmer	2
Doctor	3	Assistant Pharmacist	3
Gynecologist	2	Assistant Electrician	1
Pediatrician	1	Data Processing	3
Dentist	2	Clerk	1
Pharmacist	1	Store-keeper	1
Staff Nurse	11	Driver	3
Registered Midwife	6	Watchman	10
Engineer	1	Cleaner	8
Consultant/Trainer	1		
Teacher	14		
Total			96

Beneficiaries of NECC programmes:

The programme focuses on the Palestinian population. The health centres provide preventative and primary curative health services to patients/clients in their areas of responsibility. In **2012**, NECC had almost families registered at its three clinics. The centres focus on mother and child care, family planning, primary health care and health education. A total of about students per year receive vocational training in one of the vocational training centres. The employment project supports approximately **20-25** women in income generation. The community development programme supports schools, youth groups and kindergartens across the Strip.

How and what stage will they be involved?

The programme was designed and is being implemented by NECC in consultation with the community and its leaders, who have often provided buildings and other resources. The beneficiaries contribute financially to the programmes whenever possible.

Beneficiary participation in project design:

In determining the priority services required by the communities, NECC has drawn mainly on its own experiences of community needs. In the health programme, NECC has been running

Mother and Child Health (MCH) clinics in the communities for decades, and is aware of the general health needs of the population. With unemployment being one of key problems facing Gaza's youth, employment-related training is the focus of training. The programme has been designed with the assistance of communities in terms of the type of courses run and the services provided.

Beneficiary participation in implementation:

The trainers, health workers and other staff of the project are all members of the beneficiary communities. As a service provision project, it is to be expected that beneficiary participation, other than this, in implementation, will be limited. However, beneficiaries contribute nominally to the running costs of the health centres and training and employment programmes whenever it would be possible.

Beneficiary participation in monitoring & evaluation:

As training and health provision are both technically skilled professions, it is likely that the beneficiary role in monitoring will be limited. At the end of each training course, an evaluative questionnaire is completed by the trainees. NECC also relies on monthly reports from staff that are in direct contact with the beneficiaries and clinic staff also provides feed-back from patients. Weekly staff meetings are held at clinics and monthly meetings are held at all Vocational Training Centres, to share information, discuss progress and issues arising. Through these, and other expressions of changing priorities and needs, such as planning of new construction activities, the communities will ensure that effective monitoring and consultation by NECC will lead to appropriate programme changes. An evaluation was conducted in 2008 for the health programme by a local consultant in coordination with Christian Aid, with the full cooperation and participation of the beneficiary communities.

Beneficiary involvement in management:

All staff are Palestinian, a good number of them from refugee backgrounds, therefore, they are from similar communities to the beneficiaries which is one of method of community participation. The type of specialized, low input service provision involved in the project does not easily lend itself to direct beneficiary involvement in management. However, the income-generating cooperatives set up by NECC are self-support and beneficiary run, with all profits being shared between the participants on basis of number of pieces being produced, with some set aside to cover running costs. The training aspects of the programme are designed so that graduates have greater control over own lives and livelihoods, rather than being focused on equipping the trainees for management of the project.

Criteria for selecting beneficiaries:

- **Criteria for selection of the geographical area:**
The different sectors of the programme are based in different areas according to levels of need and existing service provision. MCH clinics are therefore based in areas where the maximum number of people can be served from one fixed location, and where existing provision is non-existent or low level. The locating of a new clinic in the South (Rafah) is an example of this geographical selection. The programme works across the Gaza Strip, which is a densely populated region with over 80% presently living below the poverty line, low employment, limited service provision and economic, political and social uncertainty.
- **Selection of beneficiaries:**
The beneficiaries of the health programme are self-selecting through clinical need and geographical access to the clinics. The beneficiaries of the training programme are subject of different criteria for different training centres. The training centres draw students from across Gaza, leading to a necessary degree of selection.

Gender equality:

Traditionally and in the Gaza Strip, women have a conservative role in society; and their status has somehow changed with the on-going siege on Gaza. Many of the male breadwinners have lost their jobs and become unemployed workers, others were injured, imprisoned or killed and therefore, women become responsible for earning an income, raising the children and taking over domestic matters. Those women who had few opportunities to continue their education became responsible and replaced men in providing for their families. Since the beginning of the second Uprising (Intifada) and the existence of the autonomous Palestinian territories, the internal conflicts, and the isolation of the Gaza Strip, the economic situation has deteriorated to unprecedented levels. Therefore, competition for jobs is high, and women have returned to low levels of employment. Women now represent about 11% of the workforce and only 10% complete 12 years of education, compared to 20% of males. Equally, social domination of men continues and Palestinian political life is also male-dominated.

In this traditional atmosphere, it is difficult to promote radical alternatives to the social norm. However, NECCRW has challenged the role of women through the active stretching of this traditional role, by provision of vocational training of which 50% of trainees are women.

Also NECC conducted afternoon activities including health education, these activities provided to women attending the PHC clinic as a part of the women empowerment.

The NECC encourages women to meet, talk, learn, develop fine arts and establish small income generation businesses such as sewing, hair dressing and socialize in such meetings. Health education activities as well as other psychosocial activities are provided at the meeting.

Regarding the awareness sessions , NECC staff conduct health education sessions for women attending family health care centers

Sessions were provided at the health centers and occasionally in local community based organizations. Participants included pregnant women, women, grandmothers and influential family members.

So as mentioned , these activities have direct impact on the women and indirect impact on all family members including men.

As a part of its role in the gender equality NECC used to have convergence in the relative number of female and male staff . By the end of 2012 , the number of male employees were **50** and female employees were **46**.



HEALTH PROGRAM

Overall goal: Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children

- 1.1 Provide adequate primary health care services in the poor and overcrowded localities according to priorities
- 1.2 Promote and enhance the public and environmental health in the targeted
- 1.3 Reduce the level of malnutrition including anaemia in the target areas.
- 1.4 Achieve high standard of quality in the services provided by NECCCRW's health centers.
- 1.5 Promote the psychosocial status of the served community particularly women and children
- 1.6 Enhance cooperation and collaboration with relevant organizations to avoid duplication
- 1.7 Fulfil the needs of handicapped from medical apparatus and devices

Table (2) The year of establishment of each family care center of NECC

Family center location	Year of establishment
Shijaia	1967
Darraaj	1973
Rafah\Kherbet El Adas	2002

Objective 1.1: Provide adequate primary health care services in the poor and overcrowded localities according to priorities.

NECCCRW has been operating the health care centres for many years, and it is considered a major health key-player in the community. NECCCRW is a trustworthy organization with a long-term experience enabling it to be aware of the general health needs of the population, in coordination with the community leaders. NECCCRW were able to provide high quality primary health care services to vulnerable families and particularly to mothers and children. Moreover, NECCCRW contributed to meeting the health needs for the population and to improving their health status.

Newly registered families, pregnant women and children:

Anticipated:

There are two family health care centres in Shij'ia and Darraj areas, each of them potentially serving a poor community of nearly 80,000 people where existing provision of medical services are at low level. The third centre is located in Rafah in Kherbet El Adas rural area, serving a population of nearly 20,000 people where provision of medical services is non-existent.

Achieved in this reporting period:

It was noted that, no maternal mortality cases have been reported among the registered pregnant women at NECC family health care centres due to increasing mothers' awareness about the follow up of antenatal visits, the provision of good quality services to pregnant women and early detection of serious signs with prompt referral when needed.

As illustrated in figure 1, the number of newly registered pregnant women for this reporting period was higher than what is anticipated **1501** (**1200** anticipated in one year) .This reflects a positive signal and indicates an increased awareness about the antenatal care, importance of early registration in the first month, high quality of services and the provision of free of charge services.

Additionally, the number of newly registered children in this reporting period has reached **6525** in the different areas (Shija'ia **2284**; Darraj, **1367**; Rafah **2874**) with total registered children **58640** child which also could reflect an increased demand for the services.

Similarly, the number of newly registered families has reached **3450**, while the number of the total registered families till end of 2012 was **27693 families in the three served areas.**

Table 3: Yearly distribution of newly registered families, pregnant women and children

Activity	Shijaia			Darraj			Rafah		
	2010	2011	2012	2010	2011	2012	2010	2011	2012
No. of new families	1307	2359	1235	600	2000	614	368	1018	1601
No. of new children	2158	3932	2284	1264	4146	1367	592	1560	2874
No. of new pregnant	696	799	767	523	548	524	263	245	210

It is noticed that during 2012 there was a decrease in the number of new families and children in both Shijaia and Darraj compared to 2011 as we had a nutrition project during 2011 in which new families had been registered to give the opportunity to their children who were screened through the house to house visits, the staff called them to come to the clinics and check their nutritional status but in 2012 the project was only follow up for those children and the new cases was only discovered via the well baby program, but in the other side we noticed the opposite in Rafah as the nutrition project for the children was still in the phase of calling and registering the families of the children so the number was more than 2011, they are satisfied about the high quality of the health services provided there, this can be related to the policy of NECC to keep the high level of the health services and develop it at same time to provide the best quality of services to the community.

1.1.1 Pregnant women received adequate primary and procreation health care services

Pregnant women start visiting the antenatal clinic centers after pregnancy is confirmed. According to the standard of antenatal care from WHO followed by NECCRW, pregnant women are expected to visit every 4 weeks until 28 weeks of gestation, and then every 2 weeks until 36 weeks, after which weekly visits are recommended until delivery.

Activities:

1. *New pregnant registered in the ANC clinic*
2. *Pregnant women received follow up visits, newly registered and ongoing*
3. *Make lab examination for pregnant women.*
4. *Carry out group of health education lectures for pregnant women at family care centers.*
5. *Treat/medicate pregnant women.*
6. *Perform routine tooth checkup for first time pregnancy.*
7. *Visit all women after delivery.*

A team of midwives, staff nurses, health educators and doctors staff work on the antenatal care clinics. The midwives check pregnant women's blood pressures, palpate the abdomen, check fetal heart auscultation and check the edema, weight and height of the pregnant women. The midwife will also record social-demographic, obstetric, family history and medical history before referring them to laboratory for routine CBC, Urine, Blood group, Rhesus factor analysis and fasting blood sugar.

The women are then referred with the test results to the Gynecologist, who will review the record and make a general and obstetric examination the Gynecologist writes all medical notes in the record.

Ultrasound (U/S) is performed according to the MoH and NECCCRW schedule 3 times during pregnancy:

- 1st from 8-10 weeks to confirm pregnancy.
- 2nd from 18-22 weeks to exclude any congenital anomalies.
- 3rd from 32-36 weeks to determine the position of the fetus.

Iron/folic acid supplementation to prevent and treat anemia is provided.

If a significant risk factor is detected at the first visit or at subsequent visits, referral is made to the high-risk pregnancy clinic of the Ministry of Health where diagnosis, treatment and follow up are performed. The staff carries out health education, especially nutritional education, for pregnant women attending the Family Health Care Centre. It is widely recognized that pregnant women whose diets are nutritionally adequate during pregnancy have a good chance of giving birth to healthy babies with normal birth weight.

All women who follow antenatal care in family health care centers during pregnancy will be seen/visited twice at home after delivery by NECC staff, the first visit within six days of delivery and the second visit during the 40 days after delivery and a third one from the mother to the Family center to register her children in the well baby clinic.

During the postnatal visits , NECC staff checks the mother's blood pressure, temperature, vaginal discharge and perform uterine massage. Additionally they check the baby's weight and perform umbilical dressing. They educate mothers about

breastfeeding, family planning, nutrition, baby care, and the importance of follow up in well baby clinic.

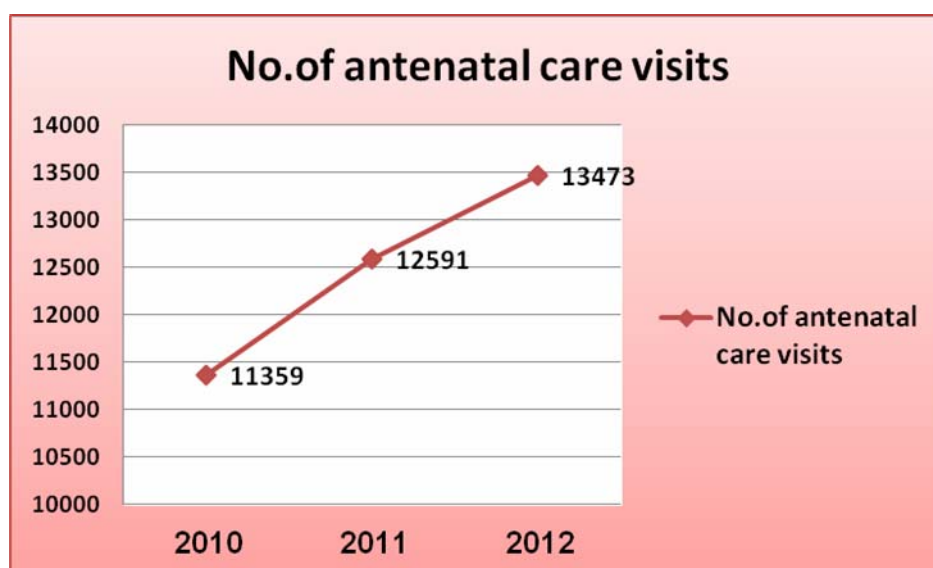
Achieved in this reporting period:

The number of newly registered pregnant women for this reporting period was higher than what is anticipated **1501** (**1200** anticipated in one year) with an obvious increase distributed as follows; Shijai'a, **767**; Darraj, **524** and Rafah **210**. This increase reflects a positive signal and indicates an increased awareness about the antenatal care, importance of early registration in the first month, high quality of services and the provision of free of charge services.

The number of antenatal care visits at all the centres was **13473** visits distributed as; Shijai'a **7086**; Darraj **4730** and Rafah **1657**.

Focusing on antenatal care services the NECC staff adheres to the approved MoH antenatal care protocol in providing the antenatal care services and clients receive timely high quality ANC services. For example, in this reporting period **4003** ultrasound scanning were performed to pregnant women. This reflects improvement of health status of pregnant women possibly as a result of increased awareness and appropriate practices.

Figure (1): Distribution of antenatal care visits by YEAR:



Post natal visits:

NECC is uniquely providing post natal care through post natal home visits (one of the first providers in Gaza that systematically provides post natal care visits). Regarding the post natal visits, the number of women who received first visit within 6 days during this reporting period is **1003** and another second visit within 40 days was **633**, also **175** postnatal visit conducted as first visit but after 6 days as the mother called the centers lately, the number of postnatal visit at the center within 40 days was **751**, so the total number of the postnatal visits during this reporting period was **1811** (The target of reaching **1600 visits** at the post natal period per year has been far met) and the total visits including those of the mother with her baby to the center was **2562**. The number of deliveries reported in our catchments areas during this reporting period is **1243** deliveries. Still, NECC is unique in providing postnatal care services according to the international standards and may be the only provider who regularly conducts post natal home visits in Gaza to all deliveries as the MOH started the postnatal program in 2011 just for the primigravida and high risk pregnancy. NECC used to coordinate and cooperate with MOH in terms of trainings and data sharing. Typically, in each post natal care visit, the nurse/midwife examines the mother and her baby and gives her the needed advice about her and her baby health such as breast feeding, hygiene, vaccination, nutrition, family planning and so on.

It is noticed an increase in the postnatal visits due to the plan that NECC implemented to focus more on this program successfully.

1.1.2 Children received adequate primary health services.

A Well Baby Clinic program is operated in NECC twice a week.

Through this programme the staff nurses provide services to children from birth to 6 years.

For children under five years nurses weight and measure the length and head circumference. These measures are plotted in growth and development chart and kept in the child's health record, through which nurses can recognize underweight children and deal with them through enrollment in the ante malnutrition and anemia project and follow up, counseling their mothers and home visits.

Activities:

- 1. Follow-up well babies aged 6 months to 6 years.**
- 2. Do lab. Tests for well babies aged 6 months to 3 years and the mothers as well.**
- 3. Conduct awareness lectures for mothers.**
- 4. Checkup well babies' tooth (2.5-6 years).**
- 5. Provide medical treatment services for children up to 6 years.**

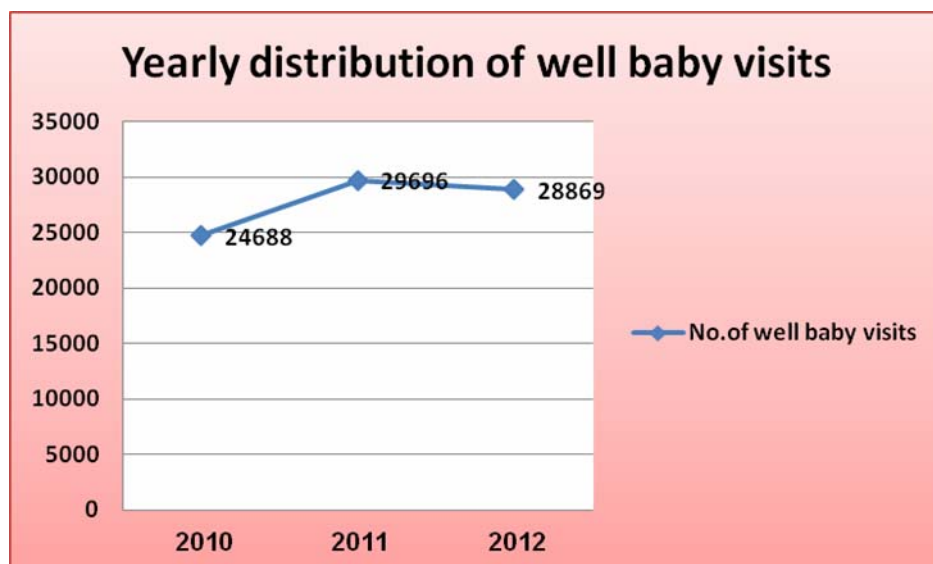
Health education about breastfeeding, nutrition and hygiene, food demonstration is conducted for all mothers who attend the family health care centres. A screening programme for children aged from 6 months to 5 years is conducted in Rafah health centre to follow up anaemic and malnourished children. CBC and stool analysis is done through this programme .

Achieved in this reporting period:

As other services, the total number of children attending the well-baby clinic has increased and reached **13,564** cases-(target in one year is **15,000 children**) distributed among clinics as follows; Shija'ia **4963**; Darraj **4246** and Rafah **4355** with total Well baby visits reached **28,869**.

It is worth mentioning that the well baby programme includes the identification and treatment of anemic and malnourished cases by providing them with the necessary supplementation of iron/folate, milk and suitable treatment according to the underlying causes. In addition, all lactating mothers who have anemic children must be checked for anemia, and iron supplementation is provided accordingly. It is worth noting that recently in Shijai'a Darraj and Rafah Family Health Care Centres, the anemic and malnourished children identified at the well-baby visits are referred to the nutrition programme and enrolled in the management regime there. The introduction of such programme has reduced the number of well-baby visits as the anaemic and malnourished children receive their follow up and management at the nutrition programme implemented within the centres.

Figure (2): Yearly distribution of the well-baby visits:



Maysarah A. Luli is from Rafah and she is living in Shaboura refugee camp , she used to attend NECC clinic in Rafah for their children , this year she came to the clinic for the antenatal care as a pregnant woman to follow up her pregnancy but the examinations and ultrasound done by the gynecologist of the clinic showed an inflation of the fetal urinary bladder , Maysara was informed , and the staff had focused on the health and psychological care of her .

She continued her follow up throughout her pregnancy until she gave birth, she was visited at home for postnatal care by our midwife. Then a specialized doctor decided that the new born need a surgery, the surgery was successful and thank God the child has recovered.

Maysara now attended with her new child to the well baby program regularly to check up his growth and health status.



1.1.3 Couples received family planning services and awareness.

Family planning services were launched at family health care centre in Darraj in 1995 upon the request of the local community. In 2002, family planning services were extended to Family Health Care Centre in Shija'ia. A female gynecologist and staff nurse run the two family health care centres. Most of the family planning methods are available such as intrauterine device (IUDs), pills, injections and condoms.

Achieved in the reporting period:

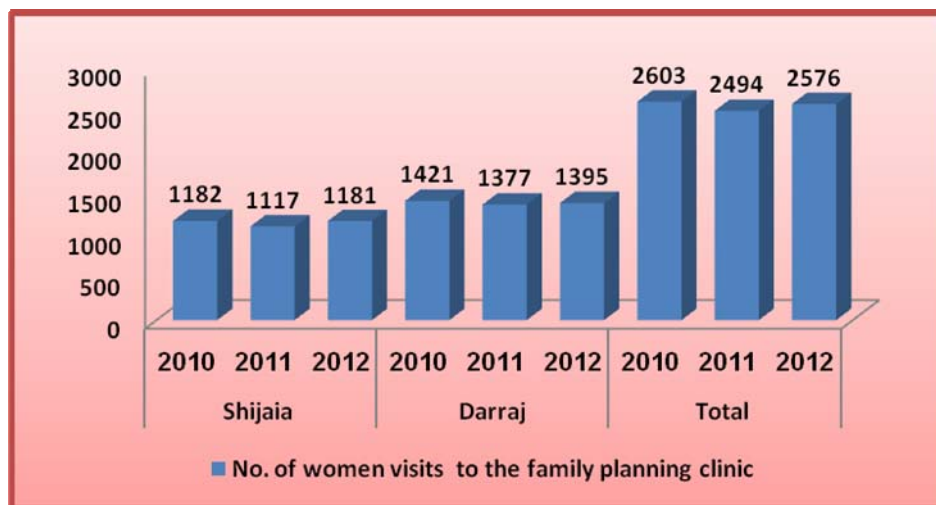
In this reporting period, the number of women who received family planning services during this reporting period was **845** women : **425** at Shijaia and **420** at Darraj (target

800 women per year)while number of the visits had reached **2576** distributed as; Shija'ia **1181**; Darraj, **1395**. The most used tool was the male condoms.

We are now working on implementing this activity in Rafah center in 2013, we conducted a meeting with a group of the women who benefitted from the center and visited it regularly and we asked them about adding this new activity and how much there is need for it and the results were very positive as they encourage NECC to start this activity as soon as possible, we will conduct more meetings with the community leaders to share NECC the planning and designing phase and later implementation of this new program in Rafah center.

Also we are working now on starting the early diagnosis of Breast cancer by physical examination of the women more than 40 years old, we will coordinate with related organizations for the mammography if needed.

Figure (3): Yearly distribution of no. of women visits to the family planning clinic



1.1.4 People who have dental problems got adequate service.

The dental clinics continued to serve the three communities in Rafah, Darraj and Shija'ia family health care centers focusing on women and children. The dental services are provided 4 days a week in each center. Beside the dental services provided, the dentists

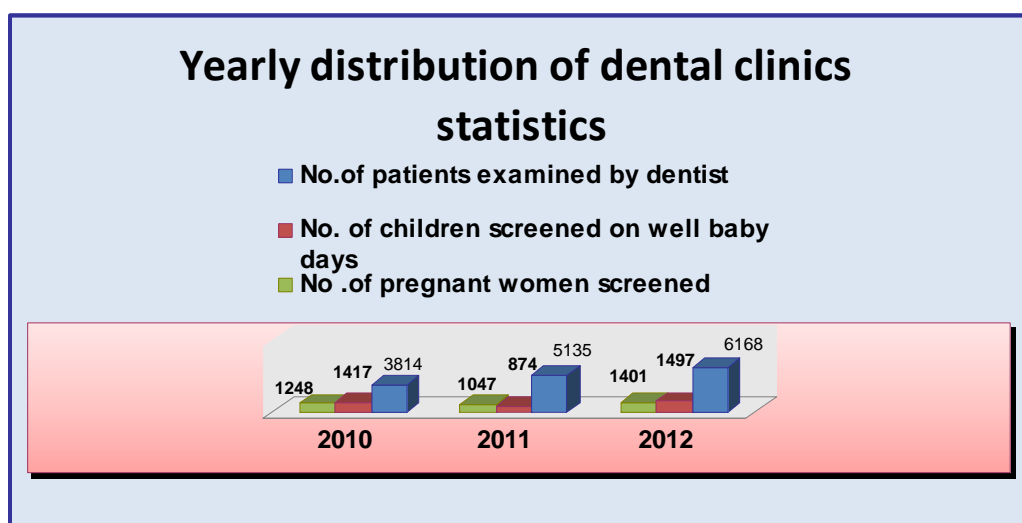
also provide screening for all pregnant women who follow antenatal care and children from 2.5 to 6 years in well baby clinics.

The number of patients examined/screened by dentists had reached **6168** distributed as Shijai'a **1827**; Darraj **2091** and Rafah **2250**. The availability of a dentist and the provision of free dental services due to the harsh economic situation prevailed, has affected the number of clients who received dental services. The most frequently performed dental procedure was Amalgam filling (**1523** cases). The number of the children received check up for their teeth during their attendance to the well bay clinic were **1497** children(the target is **700**), where the number of pregnant women received the routine tooth check up for first time pregnancy were **1401**(the target is **1200** pregnant women)

Table4: Yearly distribution of dental clinics statistics:

	2010	2011	2012
No. of patients examined by dentist	3814	5135	6168
No. of children screened on well baby days	1417	874	1497
No .of pregnant women screened	1248	1047	1401

Figure 4 : Yearly distribution of Dental Clinics Statistics:



1.1.5 Patients and sick people received suitable treatment

Anticipated:

Over 4,000 patients examined, tested and received treatment

Achieved in the reporting period:

The number of patients as cases examined by doctors has been reached **5430 cases** (target in one year is 4000) as detailed in table below with total number of **7357** visits.

Below the table show the Distribution of all clients who were examined by doctors and received treatment by category and centre during 2012 (the table mention number of visits not cases , it means that the patient may receive the service more than once during the year)

Table 5: Distribution of all clients who were examined by doctors by category and center

<i>Category /location</i>	<i>Shija'ia</i>	<i>Darraj</i>	<i>Rafah</i>	<i>Total</i>
Children	11031	11195	9211	31437
Adults	1721	1547	4089	7357
Pregnant women	3425	2271	961	6657
Total Number of clients	16177	15013	14261	45451

Objective 1.2 Enhance and promote the public and environmental health in the targeted areas

1.2.1 Inhabitants received consultative, awareness and creational health services.

Table 6: Distribution of home visits during 2012:

Type of home visit	Shija'ia	Darraj	Rafah	Total
Child health Home visits	416	284	149	849
Deliveries home visits	658	421	154	1233
Antenatal care home visits	486	348	297	1131
Adults/others	0	14	4	18
Psychosocial home visits	47	46	43	136
Home visits for defaulter mothers for registration of their children after delivery	249	245	85	579
Total Number of visits	1856	1358	732	3946

SMS use inside the PHC clinics:

NECC decided ; as a part of continuous development of the health services provided to the beneficiaries in the three targeted areas ; to start use the SMS services to be sent to the beneficiaries regarding one of the health services provided in the centers either pregnant women, children, or others, mainly they are used to let the beneficiary(the pregnant, the mother of the child) remember the appointment date to the center and as a way to decrease the number of defaulters also.

The pilot phase was in the end of 2011 by sending 13 SMS , then by May 2012 we started the service successfully , since that date till 31\12\2012 , **12839** SMS sent from the three clinics(Shijaia, Darraj and Rafah) distributed as following: Shijaia **4391** SMS, Darraj **3617** SMS and Rafah **4831** SMS.

This new service was highly appreciated by the beneficiaries even through their comments or through the high percentage of attendance to the centers following the SMS sending process.

Awareness raising sessions

Anticipated:

- NECC staff will conduct health education sessions for women attending family health care centres. To promote healthy practices, health education was provided to families particularly to caregivers Health education is provided based on the needs of families in the following topics:
- Breast feeding
- Importance of attending ANC and the contents of ANC visits
- Family planning methods
- Psychological and social issues such as trauma, family issues, violence, bed-wetting and post partum depression
- Oral health educations
- Protection of environment
- First Aid
- Women empowerment
- Self breast examination
- Menopause
- Nutritional Education :malnutrition, healthy food, anaemia preventive practices, environmental health and so on. It is worth noting that the recruited field community workers are experienced on providing health education.

Although it is difficult to precisely estimate the effect of health education, the signals are positive as explained later.

Achieved in this reporting period:As illustrated in table 8, our staff continued to intensify their efforts in health education and increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment etc. The total number of health education sessions provided to all categories was **2493** sessions for **44, 687** participants. Sessions were provided at the health centres and occasionally in local community based organizations e.g. kindergartens. Participants included pregnant women, women, new pregnant women, grandmothers and influential family members.

Table (7): Distribution of health education sessions by topics and number of participants

Area of concern	Shijaia		Darraj		Rafah		Total	
	No of sessions	No of attendants	No of sessions	No of attendant	No of sessions	No of attendants	No of sessions	No of attendants
Family planning	40	517	37	1540	-	-	77	2057
Pregnancy	162	5924	96	3975	45	758	303	10657
Children	81	2516	55	2245	3	67	139	4828
Nutrition	700	12563	357	4874	686	4249	1743	21686
Public health	69	2341	11	306	3	80	83	2727
Dental	24	540	19	765	6	97	49	1402
Afternoon activities	21	138	62	884	16	308	99	1330
Total	1097	24539	637	14589	759	5559	2493	44687

The most frequently implemented sessions were mainly concerned on nutritional, followed by pregnancy and children. Shijaia Centre elicited the highest number in terms of conducting health education sessions. However, an additional number of beneficiaries received health education sessions through the emergency nutrition project.

Although it is difficult to precisely estimate the effect of health education, one positive signal is that families are generally compliant with providing the needed medications particularly iron to their children which is manifested in the significant improvement in their haemoglobin. In the last project, the nutrition project team developed a tool to assess the change induced by health education on mothers' knowledge, attitudes and practices.

Additionally, the staff provided focused health education to caregivers of malnourished and anaemic children with food demonstration. The health education provided by the clinic team is more specifically targeted. During focused health education sessions and visits, around 23,000 copies of health education materials were distributed in. Two new copies printed for the

nutrition project during 2012 one about breast feeding and the other about the personal hygiene. Also, the team focused on the health education inside the kindergartens with the mothers and activities related to it with the children such as drawing and colouring fruits and vegetables, hygienic photos to enhance the nutrition and hygienic issues of the mothers and their children in the targeted areas.

To further enhance the effectiveness of health education, the project team prepared a set of pre-test post-test questions to be implemented for a sample of attendants in health education sessions. Questionnaires were analyzed and measures will be taken accordingly.

Table (8): Effect of health education on mothers' knowledge as demonstrated in the pre post tests during the nutrition project November 2011 to December 2012

Variable	Pre-test results (%)	Post-test results (%)
Knowing the concept of anaemia	87.6	93.4
Knowing signs of anaemia	85.2	94.8
Knowing food rich in iron	74.2	90.2
Knowing the timing for complementary feeding	79.6	92.5
Knowing the concept of malnutrition	73.1	85.7

Community workers training:

Anticipated:

Community training will be provided at both served communities; El Darraj and El Shija'ia. Community workers training will be provided to up to 40 trainees per year divided into two cohort groups. Each group will receive training for 4 months, 3 days per week, 4 hours per training day. The lectures are about health, social and psychosocial issues. Also they are trained about how to fill pre and post questionnaires in the targeted area of the center through home visits program and how to give a session for a group of women even about health, social or psychosocial issues.

Achieved in this reporting period:

During this year the first training course was organized in Darraj with 19 participants. It started in April 2012 and finished in July 2012. In this year, 18 community workers were graduated in July. Unfortunately, one participant dropped out from the course .

The second course was organized in Shijaia area with 23 participants. It started in 15th September and finished by 20th December 2012, 15 community workers were graduated. 8 students dropped out as they cannot manage their time as they joined the universities but they will register again in the next coming courses when they will be able to attend our course session regularly.

NECC monitors the graduates and many of them are either working or volunteering in community based organizations.

During the course , we provided to the students number of lectures with different topics according to the schedule of NECC training course, we contacted many other NGO's to send specialists to do the lectures, and with MOH for the first aid training at the end of the course.

Table (9): The distribution of the two community workers training courses:

Cohort group	Target area	Number of trainees	Starting date	Graduation Date	Graduated	Dropped out	No. of days per week
Group one	From all areas of the Gaza Strip including areas served by	19	2 nd April 2012	July 9 th 2012	18 women	1	Three days a week
Group two	NECC mostly from Darraj and Shijaia area	23	15 th September 2012	20th December 2012	15	8	Three days a week



Objective 1.3 Reduce the level of malnutrition including anaemia in the target areas
1.3.2 Adequate treatment in matters related to nutrition best practices has been extended

The Project: Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in the Gaza Strip (November 1st 2011 through December 31st 2012):

To ensure continuity of care, thankfully, DCA supported the process of follow up of all cases screened in the last three projects in Rafah, Darraj and Shijaia.

Our team are calling the cases case by case among those who are still under 5 years old.

Families are given appointments and their children are assessed.

Those who found normal are encouraged to join the well baby program, meanwhile those discovered as anemic or malnourished and enrolled in treatment program.

The intension is to support the well baby services and to ensure that continuity of care is maintained.

Activities:

1. Screening, treatment and follow up of malnourished and anemic cases in the Rafah, Darraj, shajaia areas.
2. Lab. Test
3. Perform home visits and educate families.
4. Coordinate with relevant organizations to follow- up cases.

Achieved in this reporting period :**Table (10) Total results of the screened cases during the project period Nov 2011 to December 2012:**

Variable	By Locality				By Quarter				
	Shijaia	Darraj	Rafah	Total	Q1	Q2	Q3	Q4	Total
Total number of children attending the treatment program at the NECC three centers (including those admitted previously from the previous projects)	1013	1032	1935	3980	3008	3745	3299	4895	14947
Total number of children attending well baby services	5336	4579	4890	14805	5551	6368	6330	7247	25496
Number of new children visited well baby clinic	2592	1631	3323	7550	1663	2282	1809	1796	7550
Number of well-baby visits	12644	11523	9012	33236	6678	7679	7941	10938	33236
Percentage of malnourished children among those visited the clinic	20.09	14.02	26.46						
Percentage of anemic children among those examined for hg	22.54	37.88	19.67						
Total Number of those examined and found abnormal and enrolled in treatment program	1013	1032	1935	3980	1223	1269	704	784	3980
Number of those examined and found abnormal and enrolled in treatment program from	960	953	1253	3166	754	1056	618	736	3166

Variable	By Locality				By Quarter				
	Shijaia	Darraj	Rafah	Total	Q1	Q2	Q3	Q4	Total
well-baby visits									
Number of those examined and found abnormal and enrolled in treatment program from previous project	53	79	682	814	469	213	95	36	814
Number of telephone calls made	2417	3412	575	15070	2699	4193	5294	2884	15070
Short SMS	2622	2278	4279	9179	-	-	2453	8631	9179
Number of home visits done	766	589	596	3337	201	1587	550	999	3337
Number of calls to bring defaulters	2038	2786	674	5498	1122	1601	898	1877	5498
Number of Home Visits to bring defaulters	411	485	514	1391	9	227	214	941	1391

The next table shows the change in the status of those who were enrolled in the treatment program since the beginning of the project.

Table 11: Change in cases which had visited the health centers in Rafah, Shijaia and Darraj

Variable	Recovered		Improved		The same		Deteriorated		Total
	No	%	No	%	No	%	No	%	
Rafah									
Anemia									
0-60	24	37.5	11	17.2	22	34.4	7	10.9	64
61-90	39	67.2	5	8.6	11	19.0	3	5.2	58
More than 91	55	67.1	4	4.9	15	18.3	8	9.8	82
Underweight									
0-60	15	41.7	4	11.1	17	47.2	0	0.0	36
61-120	31	50.0	8	12.9	23	37.1	0	0.0	62
More than 120	36	83.7	0	0.0	6	14.0	1	2.3	43
Stunting									

Variable	Recovered		Improved		The same		Deteriorated		Total
	No	%	No	%	No	%	No	%	
0-60	9	32.1	2	7.1	14	50.0	3	10.7	28
61-120	12	35.3	4	11.8	16	47.1	2	5.9	34
More than 120	13	61.9	0	0.0	7	33.3	1	4.8	21
Wasting									
0-60	13	54.2	4	16.7	7	29.2	0	0.0	24
61-120	36	83.7	3	7.0	4	9.3	0	0.0	43
More than 120	38	92.7	2	4.9	1	2.4	0	0.0	41
Shajaia									
Anemia									
0-60	17	30.4	13	23.2	23	41.1	3	5.4	56
61-90	29	70.7	5	12.2	6	14.6	1	2.4	41
More than 91	85	75.9	8	7.1	17	15.2	2	1.8	112
Underweight									
0-60	12	75.0	0	0.0	4	25.0	0	0.0	16
61-120	22	71.0	3	9.7	6	19.4	0	0.0	31
More than 120	31	81.6	3	7.9	4	10.5	0	0.0	38
Stunting									
0-60	2	25.0	1	12.5	4	50.0	1	12.5	8
61-120	3	21.4	0	0.0	9	64.3	2	14.3	14
More than 120	4	33.3	0	0.0	6	50.0	2	16.7	12
Wasting									
0-60	13	72.2	3	16.7	2	11.1	0	0.0	18
61-120	28	93.3	1	3.3	1	3.3	0	0.0	30

Variable	Recovered		Improved		The same		Deteriorated		Total
	No	%	No	%	No	%	No	%	
More than 120	39	92.9	2	4.8	1	2.4	0	0.0	42
Darraj									
Anemia									
0-60	13	31.7	7	17.1	19	46.3	2	4.9	41
61-90	28	49.1	7	12.3	16	28.1	6	10.5	57
More than 91	79	58.1	8	5.9	37	27.2	12	8.8	136
Underweight									
0-60	3	50.0	0	0.0	3	50.0	0	0.0	6
61-120	11	61.1	0	0.0	7	38.9	0	0.0	18
More than 120	13	92.9	0	0.0	0	0.0	1	7.1	14
Stunting									
0-60	3	50.0	1	16.7	2	33.3	0	0.0	6
61-120	8	47.1	2	11.8	7	41.2	0	0.0	17
More than 120	12	70.6	0	0.0	5	29.4	0	0.0	17
Wasting									
0-60	10	83.3	1	8.3	1	8.3	0	0.0	12
61-120	16	88.9	0	0.0	2	11.1	0	0.0	18
More than 120	20	100.0	0	0.0	0	0.0	0	0.0	20

The rate of recovery is high in anemia particularly in Rafah (38% at less than two months) followed by Shijaia and Darraj (around 31% at less than two months); which is expected to rise further with the staying longer in the program. The recovery rate has increased with the increasing in the enrolment duration in the program as it reached more than 76% in Shijaia at more than 120 days. Limited number of cases had deteriorated and those now are receiving further attention (not more than 11% at the worst scenarios). The least reported deterioration level was recorded in Shijaia (less than 5%).

Similar results were noticed regarding underweight with a recovery rate between 42--75% at less than two months; being the highest in Darraj. At 61-120 days more than 60-73% of cases completely recovered being the highest in Rafah. The recovery rate has increased with staying longer at the program as it reached more than 92% at Darraj clinic with staying more than 120 days. Limited percentage of children were deteriorated (less than 8%). The recovery rate from underweight was the highest in Shijaia.

Regarding wasting, the speed of recovery was higher and ranged from 54-83% at less than two months while it was over 92% at 61-120 days. Also, the rate of recovery in Darraj was highest among wasted cases. None of the cases were deteriorated at any stage after their enrollment. Less than 5% of the enrolled cases reported deterioration in their condition.

Because stunting takes more time to recover than (chronic malnutrition), the speed of recovery was little bit slower; it ranged from 25-33% at less than two months. The recovery of stunted cases at more than 120 days ranged from 33-70% being the highest at Darraj Clinic. The highest reported deteriorated cases was reported in Shijaia are reached 16%. Taking any percentage from the table above illustrates that the recovery rate is much higher than the anticipated.

It is worth mentioning that the above mentioned figures reflects the change in cases conditions which had visited the health centers during this reporting period. Some of them were admitted previously and didn't respond to treatment easily; therefore had distorted the rates of recovery (complicated cases remained in the pool of cases). Talking any figure from the table above indicates that the project indicator of having more than 50% recovery, improvement and/or staying the same.

Table (12):Iron and Milk distributed since start of the new project (through Nov 2011 to December 2012:

Rafah	Amount
Iron	5884
Milk	5118
Oral d drops(Vitamin A&D)	310
Darraj	
Iron	9868
Milk	1860
Oral d drops(Vitamin A&D)	123
Shijaia	
Iron	8315
Milk	2599
Oral d drops(Vitamin A&D)	106
Grand Total	
Iron	24067
Milk	9577
Oral d drops(Vitamin A&D)	539

NB: We coordinated with ANERA (NGO) here in Gaza to donate Milk formula for the malnourished children; they thankfully agreed with our request and donate Ensure milk formula for the malnourished children. Also UNICEF donated therapeutic food for the severe malnourished children.

Evaluation:

The evaluation is conducted on the NECC Emergency Humanitarian Nutrition and Health Response for Vulnerable Children which commenced in April 2008 in Gaza and continues to date. This evaluation should help capture the lessons learned from the implementation of the project in order to help NECC, DCA and its partner agencies to:

- Enhance accountability to beneficiaries
- Improve clinical treatment
- Improve practices in child nutritional and health promotion activities

The evaluation is meant to fulfil the requirement of accountability to DANIDA.

The evaluation was conducted through various research tools which included focus group discussions, semi-structured in-depth individual or group interviews, observations and interviews with NECC staff and other stakeholders.

The evaluation started later in 2011 and completed in May 2012, a workshop was conducted with the executive director, team of the project and the evaluator to discuss the results of the evaluation.



Referral system for the NECC clinics

One of the success factors for project was the coordination and the integration with the relevant health providers such as the MOH hospitals, Thalassemia association and Ard El Enssan which provided back up referral sites .

Follow up of defaulters and bringing them back to the project constituted a real challenge. However, efforts to bring defaulters including contacting them via phone twice and then carrying out an additional home visit was somewhat successful in bringing defaulters back to the program with high success rate. The most frequently reported reasons for not coming included internal family issues, the clinic is perceived as too far from place of residency and families conduct follow up with other health providers. Families' compliance with the treatment (iron) and the response of severe cases to the treatment also constituted a real concern. Also, referral services and counseling among the areas that require more attention in future projects.

Table(13): Referral system:

Referral place	Shijaia	Darraj	Rafah	Total
Thalassemia association	67	72	72	211
MOH hospitals or other hospitals	103	106	30	239
MOH PHC clinics	6	3	2	11
Total	176	181	104	461

Objective 1.4 Achieve high standard of quality in the services provided by NECCCRW's health centers.

Since 2007, NECC monitors clients' perspectives/satisfaction and results demonstrate a very high degree of satisfaction among clients. Satisfaction assessment and community feedback enable the NECC staff to constantly monitor weaknesses and strengths in order to maintain good quality of services both in terms of quality of facts and quality of perceptions. Interestingly, the clients' satisfaction which revealed to be very high is as validated by our internal assessment as well as by the assessments carried out by others. The satisfaction was very high regarding

services provided, cleanliness, privacy and time allocated to the clients. Less satisfaction reported about waiting time mainly due early arrival of clients to our clinics. However, NECC tries to shorten the waiting time and to conduct patient flow analysis which could help in decreasing the waiting time and makes the patient flow smoother. **Anticipated:** Percentage of clients satisfied with the services received (measured by postnatal home visits, and other follow up assessment). **Achieved:** Above 90 % of clients are satisfied as measured by post natal questioner and through conducting clients exit interviews and by our own assessments at home visits.

Table (14) Clients' satisfaction level about services provided in NECC clinics

<i>Variable</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Antenatal care		
Very satisfied	1059	99.9
Satisfied	1	0.1
Postpartum care		
Very satisfied	1060	100
Nutrition services		
Very satisfied	1060	100
Dental care		
Very satisfied	1060	100
Child health		
Very satisfied	1060	100
Health education		
Very satisfied	1060	100
Home visits		
Very satisfied	1059	99.9
Not applicable	1	0.1
Laboratory		
Very satisfied	1059	99.9
Not applicable	1	0.1
Family planning		
Very satisfied	323	30.5
Satisfied	1	0.1
Not applicable	736	69.4

Unified and effective monitoring and evaluation (M&E) system applied in NECCCRW's health centers.

Monitoring supports the NECC staff and management to comply with their scope of work and to timely meet their objectives. Monitoring helps NECC tracking the progress of activities and achievement made in reference to the concerned and relevant health indicators and objectives.

Achieved in this reporting period:

Generally, NECC enjoys effective and rigours monitoring system that has many facets including;

- Monitoring outcomes of the services provided by the organization
- Monitoring inputs and processes and linking that to the outcomes
- Monitoring management and administrative related processes
- Monitoring clients perspectives and the degree of clients centeredness of services

To perform the monitoring function effectively, NECC uses many monitoring tools including;

- Designing Performance Management Plan (PMP) focusing on outcomes
- Regular supervisory visits
- Effective reporting system
- Computerized database
- Regular meetings with staff and community
- Monitoring clients perspectives through questionnaires
- Monitoring staff performance through administering supervisory checklists
- Conducting pre test post test measurements
- Reviewing records and conducting audit
- Clear action plan (Gantt chart)

Community involvement:

One of the key philosophies of primary health care is community involvement and involving the community in the planning, the implementation and the evaluation of services. This approach is also supportive to the concept of shared ownership of the health services and lies at the heart of quality. Community meetings involve people from the served areas and usually include women and men from different backgrounds

and different characteristics. Additionally, community meetings are usually attended by community leaders from the area. NECC staff and senior management regularly attend the community meetings. Records and minutes of the community meetings are maintained at the NECC facilities. During community meetings various issues are discussed such as the quality of the services provided and community perceptions about them, community requests for new services, approaches to delivering services and community suggestions for improving the provided services. Community requests and opinions are usually discussed within the medical committee of the NECC and tentative decisions are taken accordingly. The Ministry of Health is actively involved and their approval/support is essential before introducing any new services as discussed in the community meetings.

During this reporting period, 3 community meetings were held in Darraj , Shijaia and Rafah clinics in presence of the health programs coordinator of NECC with group of women from the three targeted areas, the meetings involved discussions about the quality of services of the NECC clinics, their satisfactions, their demands and needs for new programs or activities, the women were very satisfied about the high quality of the health programmes inside the Family centers, also they were satisfied about the staff performance , they were very happy about the PSS program specially for their children and they look for sustainability of this program , also they asked about new hair dressing training courses, first aid training, English language training in the afternoon activities, regarding this, NECC coordinate with one of the friend of Darraj clinic who is specialist in hair dressing training to conduct a series of training for the women in Darraj and Shijaia centers, also NECC coordinate with MoH in Gaza for a first aid training for women in the afternoon activities inside the center, Also they asked for family planning services in Rafah center and we started working on this to be implemented by 2013.



Objective 1.5 The psychosocial status of the served community particularly women and children is promoted

One of Near East Council of Churches' core activities is the **Psychosocial** Program which seeks to help children develop into healthy, productive adults. The well-being of children requires attention to all areas of their growth needs: physical (health, nutrition), social, cognitive, emotional and spiritual. Children's health and nutrition determine whether their physical and neurologic development is normal which influences their psychological health. A depressed child may lose their appetite and stop eating, and may be prone to more illnesses. Our program addresses basic needs of children for health and normal development. However, it is not only the minimum package of services we place around children, but also the way in which those services are delivered. We believe that talking about "good enough mothering" for a child or adolescent to achieve healthy development, and shore up their ability to cope and recover from adversity; that's why NECC's psychosocial program targets the whole family , epically women, mothers and their children.

The program focused on the Palestinian families through the health centers, vocational centers, secretarial center, advance dress making center, NECC staff and cooperation and coordination with relevant organizations.

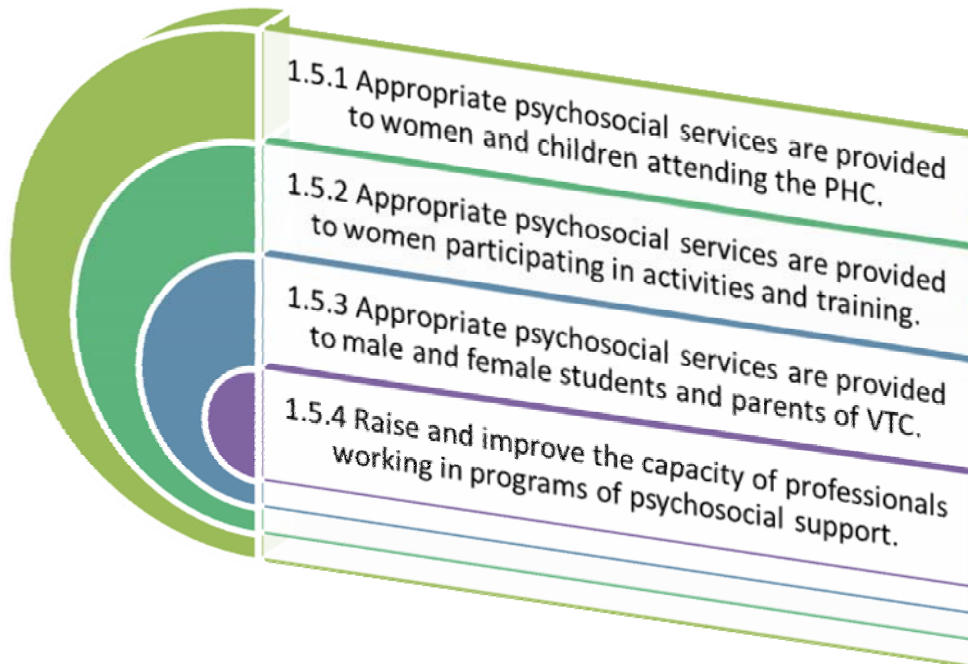
When the latest escalation of violence began, the population of Gaza was still recovering from the 22-day war in December 2008. That previous conflict claimed 1,400 lives, left 5,000 injured and displaced 40,000 people from their homes. Life in Gaza is not easy at the best of times but during the November 2012 attacks it was an even greater struggle. Most people were too afraid to go out. Those who did venture out went only to get food or medicine, though few pharmacies remained open for long. Everyone wanted to get back to their families as life had become so precarious. Every child in Gaza has been affected by the violence they witnessed. Throughout the conflict children could be heard screaming and crying through the night, clinging to their family and seeking reassurance. Now that the bombardment is over, the impact of these traumatic events will start to emerge.

A Training course by one of our counselor about the mind and body medicine was conducted to our PSS team for 8 separated days , to be mentioned that this course was attended in 2011 by one counselor of our PSS team and later in Feb- March 2012 was provided to the other team members by this counselor to learn how to use those skills in the PSS.

Main activities:

- 1. Implementation of PSS activities for school children aged 6-10 years attending NECC PHC clinics*
- 2. Implementation of PSS activities for 4-6 years old children of kindergartens located in the vicinity of PHC clinics*
- 3. Implementation of home visits for special cases of children and in need of PSS*
- 4. Organizing awareness lectures and guidance on child protection, mental health, life skills for mothers attending the centers*
- 5. Individual counseling to mothers who attend the centers*
- 6. Implementation of collective guidance for a group of women attending the centers*
- 7. Give lectures and educational courses and professional education for women by Women institutions in the afternoon activities.*

The main outputs of the program:



Table(15): Main achievements during 2012:

<i>Category</i>	<i>Shija'ia</i>	<i>Daraj</i>	<i>Rafah</i>	<i>Total 2011</i>	<i>Total 2012</i>
Children 6-12 years old from clinic	297	252	223	856	787
Mothers	4305	3544	1193	11467	9152
Home visits	47	46	43	148	140
Children from Kindergarten	268	270	198	936	760
children and mothers participated in Recreational trips	220	241	236	672	697
Afternoon activities	647	928	308	2151	1883
Lectures	115	136	70	343	328
Individual counseling	395	129	75	408	611
Group counseling	3	2	3	9	8

A specialized Training of Psychosocial Trainers was conducted from 9 – 17 October, 2012 in Härnösand, Sweden, two of the PSS team attended this training and now are working on a 3 days workshop for the team to train them about what they learned.

The aim of the ToPT workshop was to develop participants' training skills as well as to solidify participants' knowledge in community based psychosocial support and ultimately how to combine these two aspects into becoming an improved community based psychosocial support trainer.

At the end of the ToPT workshop participants had the knowledge and confidence to design, develop and hold psychosocial workshops.





Evaluation:

Evaluation of the PSS program took place in May –June 2012 and funded by ACT, the evaluation team presented the final results and recommendation for the PSS program evaluation during the APF annual meeting June 2012, the evaluation report named : "Working together. What does it take? An Evaluation of the Action Of Churches Together (ACT) Psychosocial wellbeing project in Gaza 2009---2011" The APF decided to commission an external evaluation of the project. Since the PSS/CWB project was the first major joint effort of the APF, the mandate of the evaluation stipulated a dual purpose:

- a) **Document results**, and if possible to assess the impact of three years of activities.
 - b) Give recommendations to APF for **potential joint future** programming.
- A research team of two consultants with combined backgrounds in mental health, psychosocial, evaluation methodology along with in-depth knowledge of the Palestinian socio-economic, political and cultural context was commissioned to undertake the study

27 in the period from March – July 2012. The evaluation utilized a mix of quantitative and qualitative methods and tools like semi-structured interviews, focus group discussions, observation, field visits, desk studies and analysis of financial and statistical information. More than 150 direct and indirect rights holders and duty bearers were consulted.

Recommendations for the NECC

The NECC has a strong potential to create a model of integrating psychosocial services into the general health care clinics. Through NECC health care clinics, NECC can genuinely and systematically link between physical and psychosocial care providers to meet the needs of the beneficiaries. Integration occurs when psychosocial workers and health workers such as nurses and GPs work together to address both physical and psychosocial needs of their targeted population. Therefore the evaluation team recommends the following:

- The NECC is to adopt the collaborative integration approach where both psychosocial and health professionals are working together in the same clinic/centre to assess those in need of health care.
- Disseminate the knowledge about the project to all health and vocational training departments/units
- In a workshop for department heads designs mechanisms of cooperation between the psychosocial team and health professionals (nurse and doctors)
- Design a follow up mechanisms
- Design referral system
- Design mechanisms for supervision and types of supervision to be used

We as NECC are now working on how to follow those recommendations to improve and develop our PSS program inside the health care and VTC centers.



Presentation of preliminary finding of the evaluation via video conference Between Gaza and West Bank



Group of women of Shijaia Area with psychosocial counselor after a group counseling session



Photo with the NECC staff of Rafah center with Dr. Abd AlHamid Afana (Psycosocial consultant and one of the evaluation team)

Malak” a 11-year-old Child in the fifth grade and lived in Shijaia area . Malak is a girl who was suffering from the problem of convergence, social isolation and extreme shyness,

The she started participation in the program of psychosocial support in the NECC family care center in her area and she was enrolled in the activities of skills of mind and body through the same program, which included the expression of feelings and emotions and expression through graphics and unloading emotional, at the beginning of the first sessions Malak did not express her feelings and what is going on inside , she was ashamed and suffered from the problem of convergence and isolation but after her participation in the PSS program , the counselor observed that Malak was improved gradually and she has been encouraging by clapping from her group of children and she encouraged to express her feelings , also the counselor distributed the gifts to the group , and in the last day of the activities to this group they surprised Malak by celebrating together with the counselor her birthday inside the NECC center , she said that she didn't celebrate her birthday before and she was super happy during the small party, they bought cake , lighted candles and sang for her birthday, the party was full of by joy and happiness .

Malak was so appreciated to the NECC for caring of her and she gave special thanks to the counselor and to the PSS team of NECC and she wished that the PSS program continued as she benefitted from it and she got improved and now she is satisfied to what she is now.



Afternoon Activities:

Afternoon activities coupled with health education are also provided to women by NECC. NECC family centres act as social clubs where mothers from the served areas come to the centre in two specified days per week for approximately 3 hrs per each day at their convenience. No formal invitations are sent but generally mothers are familiar with the services provided within this evening program. The NECC encourages women to meet, talk, learn, develop fine arts and establish small income generation businesses such as sewing and socialize in such meetings. Health education activities as well as other social activities are provided at the meeting.

In this reporting period, a number of community afternoon sessions and training courses were held with **1883** women attended and participated in the afternoon activities directed towards women empowerment(NB the woman can join the same activity more than once) .The topics of women empowerment include, women rights, sharing in the family decision making, gender and training of skills in hair dressing and first aid, and so on which could help a number of them to produce articles for sale to generate income.

Note: the afternoon activities was stopped during Holy Ramdan” (Fasting month for Muslims) as usual and started again at the first of September.

The total training courses in the afternoon activities as following:

Shijaia center:

- A first aid training conducted by NECC staff nurses for 15 women for 8 separated days.
- Another first aid and home accidents training for 30 women for 8 separated days conducted by MOH staff in the NECC clinic.
- English language course for 15 women for 8 separated days.
- A workshop about the “Women rights in the Palestinian law” conducted by Zakher organization in our center for 30 women for one day.
- Several psychosocial sessions and health awareness session conducted for 10 women regularly twice days weekly other than the days of the training courses

- During September 15 women attended 8 meetings for hair dressing course
- During October and November another hair dressing course was held for 15 women for 2 months.

Darraj center:

- Hair dressing course conducted by a specialist from UNRWA inside our center for 16 separated days for 20 women.
- Another advanced hair dressing course conducted by a specialist and friend to the center for 24 separated days for 13 women.
- A first aid training course conducted in September for 18 women of Darraj area in 7 meetings, this course conducted by MOH specialized staff.
- Another course for the wool making from November to December for a group of 12 women.

Rafah center:

- Hair dressing training course conducted for 16 separated days for 25 women. We are working now for new training courses for the women in the next months.

1.6 Enhance cooperation and collaboration with relevant organizations to avoid duplication

Cooperation mechanism adopted and followed with relevant parties.

NECC is known as an effective player in coordination in order to maximize coordination and eliminate as much as possible duplication of services. NECC coordinated with the relevant parties and stakeholders at different levels including:

Activities:

- Exchange visits with relevant organizations
- Participate in external activities.
- Exchange information and expertise with relevant organization.

- Officially informing the MOH about the programmes activities including monthly reports about the family planning clinic and postnatal visits.
- Coordination with the MOH regarding the fuel crisis in Gaza to facilitate providing fuel quantities to our clinics from the stations.
- Using the MOH health and referral protocols and guidelines.
- Sharing the experience of the database information system that implemented in our PHC clinics and with the other NGO's providing the same health services.
- Contacting the MOH to provide NECC with specialists in training for the first aid courses.
- Sharing the Nutrition project plans with the MOH and Ard El Enssan- a specialized NGO in nutrition.
- Coordination with the MOH to conduct further investigations and appropriate management of the referral cases at their hospitals is taking place. This includes carrying out cultures, advanced lab tests and specialized care even hospitalization. The MOH agreed to free of charge treat the severe cases referred from the NECC clinics in the MOH premises (Al Nasser Hospital, Al Durrah hospital, Rantisi Hospital, Gaza European Hospital and for MOH laboratories).
- Coordination with Thalassemia organization to conduct electrophoresis for special cases of anemia non responding to Iron supplementation.
- Contacting UNICEF in terms of including our staff in the training of postnatal care that will be conducted in the next months with MOH staff.
- Contacting ANERA to for donating some items of medications including prenatal multivitamins for pregnant women.
- Coordination with WHO – Health nutrition cluster regular meetings
- Child protection regular meetings with UNICEF
- GMHP involved two of our social workers in a professional training about PSS and integration of mental health in the primary health care clinics. This training is

a part of a project to improve the performance of all staff working in the mental health psychosocial support field.

- Cooperation with a number of NGO's local or international in terms of cooperation and avoid duplication of work.
- Contacting the MOH to provide NECC with specialists in training women and mothers inside our centers for the first aid courses and home accidents. Also MOH sent two of their specialists to conduct a training for NECC health staff for one day about " *Surveillance of communicable diseases* ".
- Referral system as it is a part of NECC coordination even to MOH hospitals, GCMHP clinics for mental or psychosocial cases needed more interventions, Arab Ahli Hospital for mammography if needed, Thalassemia association for electrophoresis for special anaemic children.
- Coordination with "ATFALUNA" an NGO for deaf children that has a project for early diagnosis and intervention, we cooperate to conduct a screening for hearing of children attending our well baby clinics in the three served areas of NECC.



b. Capacity building activities:

Courses are organized fortnightly by NECC staff and external consultants in the following topics:

- Counseling
- Nutrition
- Health Education
- Psychosocial support and mental health
- Management

Trainees will include General Practitioners, Gynecologists, Midwives, Nurses, Laboratory technicians, Dentists, Pharmacists, Assistant Pharmacists, Health Educators/nurses, Social Workers and Clerks. Most of the trainees are staff at the three centres, though further staff will be trained by other local NGOs stakeholders and the Ministry of Health.

Achieved in this reporting period:

Table (16) The training days conducted during the reported period as following:

Date	Topics	Lecturers	No. of Attendants
25-3	Reports writing skills	NECC project coordinator and NECC health program coordinator	16 of NECC supervisors
8-4	Provide Training on Managing and follow up of defaulters	Enaam Abu Rukba(supervisor of Rafah center)	20 of NECC health staff
24-6	Provide technical advice on Health education and health promotion	Lubnah Sabbah(Supervisor of Shijaia center)	23 of NECC health staff
9-9	Provide training on advanced management of malnutrition	Dr. Mustafa Khalil	37 of NECC health staff
23-9	Surveillance of communicable diseases	Dr. Majdi Dheer and Mr. Khaled Abu Ali. (MOH)	29 of the Family Care Centers with participation of two staff nurses from MOH
30-12	Provide technical advice on the monitoring of malnutrition and anemic cases	DR. Wafa Kanaan	21 of NECC health staff



Staff Capacity building organized by the other organizations by topics and participants:

To avoid duplications (efficiency wise) and also to increase interactions with other health care providers, the NECC is keen to send participants to the relevant trainings organized by other parties.

NECC staff members including doctors, nurses, paramedical and administrative staff have also attended days of capacity building workshops organized by other parties such as the Ministry of Health, DCA, ACT and UNICEF in a variety of technical and administrative subjects related to our activities i.e Child Health, nutrition, Breast feeding, Psychosocial interventions and others.

Most training sessions were evaluated through pre and post tests which indicate remarkable progress in the level of knowledge of participants of training and were

required to share the skills learned with their colleagues and also to apply the acquired skills in the field. Evaluation tools such as checklists confirm the improvement of performance as a result of the training received.

Table (17): Workshops, sessions, meetings and training courses :

Date	Implemented party	Topic	Number of days	No of NECC participants
10/01/2012	PNGOs	Empowerment of NGO's contribution in rules in the Gaza Strip	6	2
17/01/2012	WHO	Health Nutrition Cluster Meeting	1	1
18/01/2012	UNICEF	Child Protection working group meeting	1	1
26/01/2012	ACT	APF Meeting	1	2
26/01/2012	MOH	Family Planning	1	1
31/01/2012	MOH	Postnatal Visits Prog.	1	1
07/02/2012	UNICEF	Mainstreaming disability in Emergency Responses	1	1
18/02/2012	ACT	Sphere 2011 Accountability in Practice	3	7
12/02/2012	WHO-MHPSS	Monthly Meeting-Code of conduct	1	1
15/02/2012	UNICEF	CPWG Meeting-Aggressive behaviour among school children	1	1
22/02/2012	WHO	Health Nutrition Cluster Meeting	1	1
27/02/2012	GCMHP	Cope -ADHD	2	3
29/02/2012	GiZ	LET Council Meeting	1	2
08/03/2012	ATFALUNA-for deaf children	Early diagnosis and intervention for the deaf children	1	1
08/03/2012	DCA	Discussion of the first quar. Report	1	4
10/03/2012	Woman Health Center-Jabalia	Training course about the postnatal visits	4	3
11/03/2012	General Union of Disabled Palestinians	Disables management	5	1
14/03/2012	WHO	HNC Meeting-Discuss the cluster advocacy strategy and activities	1	1
21/03/2012	UNICEF	CPWG Meeting	1	1
12/03/2012	GiZ	LET Council Meeting	1	2
15/03/2012	Terre Des hommes	e-toolkit on ECD Arabic version	1	1
18/03/2012	WHO	Meeting MHPSS	1	1
19/03/2012	Palestinian Red Crescent Society in Gaza	Risks that threaten the Gaza Strip - the Shijaia area	1	1
25/03/2012	GCMHP	Advanced training course for the staff working in the mental health psychosocial support field	10	2
26/03/2012	PCHR	Drugs shortages in the Gaza Strip: causes and solutions	1	1

Date	Implemented party	Topic	Number of days	No of NECC participants
01/04/2012	Islamic relief	The palestinian child day	1	1
11/04/2012	PNGO	Advocacy and lobbying campaign to reduce the age to run for the presidency of age 30 years and the membership of the Legislative Council to enact 25	1	1
22/4/2012	MOH	Family planning	1	1
5/5/2012	MOH	Home visits	3	2
8/5/2012	MOH	Home visits	3	2
13/5/2012	UNICEF	IASC TOT training	6	1
13/5/2012	ALquds opened University	Palestinian refugees and the right of return	1	1
16/5/2012	UNICEF	CPWG monthly meeting	1	1
23/5/2012	UNICEF	Health and nutrition cluster monthly meeting	1	1
24/5/2012	Electricity distribution company	installation Project of prepaid meters and its social impact on the Gaza Strip	1	1
26/5/2012	Arab Ahli Hospital	Pain management in medical practice	1	1
18/6/2012	MOH	Supply chain management	1	1
19/6/2012	PNGO	Enhance the contribution of NGOs in supporting the rule of law in the Gaza Strip	1	1
20/6/2012	MOSA	Delivery of a database limited to the field of the organizations working in the field of child protection to the MOSA	1	1
26/6/2012	MOH	Supply Chain management for family planning tools	2	1
27/6/2012	UNICEF	HNC monthly meeting	1	1
27/6/2012	MOH	Integrated health service for children who suffer from endocrinal diseases	1	1
27/6/2012	WHO	Humanitarian updates from the cluster partners	1	1
15/7/2012	MOH	Supply Chain management for family planning tools-No.2	2	1
15/7/2012	MOH	How to connect th computerized system of the clinics with the other organizations	1	1
19/7/2012	UNICEF	Child Protection Working Group	1	1

Date	Implemented party	Topic	Number of days	No of NECC participants
25/7/2012	PNGO	Referral system and the challenges faced and the effects of it on the patients.	1	1
21/8/2012	MOH	Health education strategy	1	1
29/8/2012	UNICEF	Management system for the child protection	1	2
29/8/2012	MOH	Postnatal visits	1	1
30/8/2012	UNICEF	The youth world day	1	1
5/9/2012	WHO	Health Nutrition Cluster	1	1
10/9/2012	PNGO	CAP 2013	1	1
20/9/2012	ALWEDAD association	Youth for Human rights	1	1
27/9/2012	PCHR	World Association of Democratic Jurists	1	1
17/10/2012	Church Of Sweden-Harnosand	Training of Psychosocial trainers	9	2
17/10/2012	UNICEF	CPWG Meeting	1	1
27/11/2012	WHO	Health Emergency Coordination Meeting	1	1
28/11/2012	WHO	HNC meeting	1	1
5/12/2012	MOH	Family planning	1	1
6/12/2012	UNICEF	Initial Rapid Psychosocial Assessment	1	1
12/12/2012	ATFALUNA	Future of disabled in Palestine	1	1
23/12/2012	UNICEF	MHPSS working group meeting	1	1
26/12/2012	UNICEF	Annual review for 2012	1	1
Total			107	86

Pharmacy services

Anticipated: There is a small pharmacy operated by an Assistant Pharmacist at each of three clinics with a limited number of medicines (approximately 120 items), complying with WHO standards and approved by the NECC medical sub-committee. Only prescriptions of the clinic medical doctors are dispensed to the patients of the particular centre. Medicines are mostly made and supplied directly by pharmaceutical companies in the West Bank. Stocks are replenished from the main “warehouse” under the supervision of a pharmacist twice a month while the balance of medicines at each clinic covers a period of six weeks. **Achieved in this reporting period:** As usual, despite the closure imposed on the Gaza Strip, the NECC succeeded

in securing the availability of the required medicines throughout this reporting period by having in stocks of all medicines being used in each centre which was reflected positively on the health of the clients. NECC never faced any drug shortage; all the commodity management practices stages are going extremely well. As revealed by the satisfaction assessments conducted routinely, the patients were very satisfied with the services and the availability of medicines at the dispensary especially that other health facilities encountered shortages in great number of medicines most of the time of the year due to the siege and embargo imposed by Israel and the International Community aftermath of the elections.

Laboratory services

Anticipated:

A laboratory is based in each one of the clinics. The following tests are carried out:

- (i) Hematological tests:
- (ii) Urine and stool analysis tests
- (iii) Biochemistry tests:
- (iv) Pregnancy test

Other unavailable tests are usually referred to be performed at Al Ahli Arab Hospital and Thalassemia association.

Achieved in this reporting period:

Figure 6 shows the number of laboratory tests performed. Laboratory tests conducted in the year 2011 have reached **24,825** distributed as Shija'ia **10978**; Darraj **9191** and Rafah **4656** , we add to them **13,548** Hb tests for the children screened and followed up for malnutrition or anemia with **hemocus portable machine**.

Unlike other health organizations in Gaza, the available strategic storage of laboratory kits needed for the lab services helped the NECC to continue the provision of the needed lab services despite the closure.

Table 18: Distribution of lab tests during 2012 :

Type of lab tests	Shijaia	Darraj	Rafah	Total
CBC	5299	4028	1989	11,316
URINE	4529	3851	1661	10,041
STOOL	1083	1272	941	3296
PREGNANCY TEST (URINE SAMPLE)	67	40	65	172
Total	10978	9191	4656	24,825

Accuracy of tests:

Quality control is extremely important in ensuring the large number and range of testing carried out lead to appropriate follow up. The most important aspects done in NECC in internal quality control monitoring are :

i) Control the instruments:

Preventive maintenance is done daily, weekly, and monthly as defined by the manufacturer according to the instruments catalogue. In addition, the temperature of refrigerators are monitored and charted daily.

ii) Maintenance: if the equipment is out of order maintenance personel are called and remedial actions are done.

iii) Calibrations: calibrations and verification are done following manufacturer's instructions and using calibration materials.

Control of reagent: the lab. Staff prepare their list of needed reagent and supplies based on previous tests done and future plans.

It should be assured that the tests are performed on available and sufficient reagents and not outside expiration range when using a new reagent it is checked and controlled in compliance with the standards of the MoH.

iv) Capacity building of the staff: continuous training according to the needs of laboratory to upgrade the skills of the lab. Technicians and upgrade their knowledge.

Dispose of laboratories wastages: waste is sent in special safety boxes to the Governments Hospital which has the proper facilities to dispose them.

Challenges

- The Political situation remains a real challenge that affect the delivery of the needed items. With the availability of adequate strategic stock it is not anticipated that this will be a serious problem.
- The eight days war in November 2012 , the blockade and difficulties of entry of medication and medical supplies and laboratory reagents, electricity cut off and fuel shortage has affected health and psychosocial situation in Gaza.
- The uncertain contextual factors such as poverty and availability of food in the local market could also be an intervening factor affecting the impact of the project interventions.
- Families' commitment to comply with the treatment regime is also an additional factor that could cause some delay in rapid and quick recovery. NECC more proactively monitors families' commitment and compliance with management regime.
- Reluctance of some families to come for follow up due to various reasons remains a challenge that NECC is aware about and rigorously monitors.
- The fluctuation of the electricity status in and the frequent power cuts affects the work and the use of the computer. NECC clinics now have generators for rational (limited) use during electricity cuts. Also, NECC procured some laptops for centers.
- The closure, siege, restriction of movement and continuous political division between the Gaza Strip and West bank have led to unprecedented poverty rates and unemployment. This has the following effects;
 - Increased rates of poverty related diseases such as malnutrition and anaemia
 - Increased rates of sanitary related diseases (shortage of water, sewage disposable problem, garbage collections in streets, inability to buy detergents)
 - Decreased ability of clients to contribute in covering the costs of health services in Gaza which increase the demand of Free services as NECC do.
 - Decreased financial accessibility such as transportations, fees, drugs and so on.
- Health is a social concept that is largely underpinned by socioeconomic and political factors; therefore our efforts in improving health status to our served populations will not be effectively achieved unless the general situation improves. For instance, our efforts in health education are unlikely to achieve the intended results if poverty continues and food is not adequately secured.

Key lessons learned

NECC has learned from the projects and programmes which were implemented previously and managed to overcome many of the gaps faced. However, concisely, the following bullet points summarize the key lessons learned:

- Follow up and monitoring is essential for the recovery of cases.
- Computerized health information system is very helpful at both operational and managerial levels.
- Building good relationships with the local community is very helpful in providing responsive high quality services.
- Achieving quality of care is possible when using appropriate means and follow up.
- Coordination and integration is possible and it resulted in excellent working relationships among health organizations.
- Raising community awareness and enabling them is a crucial factor for improving health status of a given population. This should be accompanied by meeting population demands for services-working on demand need chain
- Capacity building followed by supervision is an effective approach to improve quality of services.
- Providing comprehensive integrated services is well appreciated and positively perceived by clients and effective in improving health status of population.
- Conceptualizing health as a social rather than as a medical concept and integrating medical services with social aspects such as empowerment, gender and awareness is an appropriate model to improve the health status of a given population
- Using indicators is very helpful in managing and improving services; using information and data for decision making is helpful tools.
- Follow up and monitoring is essential in implementation.
- Responsiveness to clients opinions and perspectives is essential
- Comprehensive PHC clinic-based approach is effective in controlling malnutrition and anaemia if used appropriately. Until, regular surveillance system is in place in Gaza, screening and management of malnourished/anaemic cases at the community level should continue.
- NECC should activate its community programs in certain areas including expanding clinic friendship committee
- Intensifying meetings with community leadership
- Referral services still require more efforts in order to maximize it effects. This includes more work with the management of the referral organizations, agreeing on criteria for referral, signing MOU with the referral organization, institutionalizing a system for feedback and exchanging information.

- Last but not least, the NECC management's commitment, appropriate planning and rigorous follow up, was the main driver for the success of the programmes.

Table 19: Achievements based on Log frame:

Gaza	Overall Goal/Impact	Indicators	Achieved	Notes
	Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children./ Health status of Palestinian mothers and children improved through the provision of quality primary health care services.	<ol style="list-style-type: none"> 1. 5% reduction in neonatal mortality rates in targeted areas 2. 5% reduction in maternal mortality rate in targeted areas 3. 50% of served population received appropriate care and their health status improved 4. 30% reduction in the prevalence of anaemia and malnutrition among the served population 	<p>1,2 are figures of national reports as MOH and the report of 2012 still not published</p> <p>3. Regarding malnourished and/or anemic children up to 5 years diagnosed :more than 90% were recovered, improved or stayed the same</p> <p>- 85.8 %-91.8 % of women got ultrasound services 3 or more times</p> <p>- No maternal mortality among all pregnant women who follow up during their pregnancy in our clinics and gave birth during this year</p> <p>4. Prevalence of anaemia among children</p> <p>Rafah 19.6%</p> <p>Darraj 37%</p> <p>Shijaia 22%</p>	<p>4. Baseline :</p> <p>Rafah 46%</p> <p>Darraj 60%</p> <p>Shijia 71.66%</p> <p>of the well-baby clinic beneficiaries were anemic</p>

			<p>- Prevalence of malnutrition among children</p> <p>Rafah 26%</p> <p>Darraj 14%</p> <p>Shijaia 20%</p> <p>Target achieved in Darraj and Shijaia</p>	<p>Baseline :</p> <p>Rafah 19.88%</p> <p>Darraj 17.33%</p> <p>Shijaia 24.78%</p> <p>of the well-baby beneficiaries were malnourished</p>
		5. 90% of pregnant women received quality antenatal care services	5. 96-99% of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy	
		6. 60% of women received standardized postnatal care	6. 68% - 88% of women received a postnatal visit during the first 6 days of delivery	
		7. 50% of anaemic children timely recovered	<p>7. % of anaemic children recovered during 60-90 days of treatment according to the protocol</p> <p>Darraj 49.1 %</p> <p>Shijaia 70.7%</p> <p>Rafah 67.2%</p>	

		<p>8. 50% of malnourished children timely recovered</p> <p>UW: Underweight</p> <p>S: Stunting</p> <p>W: Wasting</p>	<p>8- % of malnourished children recovered during 60-120 days of treatment according to the protocol</p> <p>Darraj : UW 61.1%, S 47.1%, W 88.9%</p> <p>Shijaia : UW 71%, S 21.4%, W 93.3%</p> <p>Rafah : UW 50%, S 35.3 %, W 83.7%</p>	<p>Because stunting takes more time to recover as it is chronic malnutrition,, the speed of recovery was little bit slower.</p>
	<p>Specific Objectives/Outcome</p> <ul style="list-style-type: none"> 1.1 Provide adequate primary health care services in the poor and overcrowded localities according to priorities/ Women, Children and Youth in the poor and overcrowded localities enjoy improved health conditions 	<p>Indicators</p> <ul style="list-style-type: none"> at least 90% of pregnant women in targeted locality received timely ANC at least 4 visits At least 70% of women in targeted locality received timely quality post natal care at least twice. 	<p>Achieved</p> <ul style="list-style-type: none"> 98-99% of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy 68% - 88% of women received a postnatal visit during the first 6 days of delivery , 70-83% of women received the second postnatal care from 6-40 days of delivery 	<p>Notes</p>

		<ul style="list-style-type: none"> At least 80% improvement in the knowledge level based on pre test post test (nutrition, danger sign for mother and baby during ANC, NC, PNC. 	<ul style="list-style-type: none"> Knowing the concept of anaemia has increased from 87.6% to 93.4%. The definition of malnutrition were recognized by 74.2% at the pre-test and significantly increased to 94.8% at the post test. Significant improvement took place regarding knowing food rich in iron (FROM 74.2 increase to 90.2) and the timing of complementary feeding (FROM 79.6 increase to 92.5%). 	
	1.2 The public and environmental health in the targeted areas is promoted and enhanced/	<ul style="list-style-type: none"> At least 30% reduction of clients presented with diseases resulted from bad sanitation, and in appropriate practice (diarrhea, parasites, skin diseases). 	<p>A decrease by 27.9% of parasites from 2011 to 2012</p> <p>Skin diseases decreased by more than 30 % in both Daraj and Shijaia but not in Rafah(the poorest area)</p>	
	<ul style="list-style-type: none"> 1.3 The level of malnutrition including anaemia in the target areas is reduced. 	<ul style="list-style-type: none"> Reduce prevalence of anaemia amongst expected mothers and children by 30%. 	The target fully achieved (see above)	
	<ul style="list-style-type: none"> 1.4 Achieve high standard of quality in the services provided by NECCCRW's health centers./Unified and Effective M&E system applied in all Health Centers 	<ul style="list-style-type: none"> 70% of beneficiaries practice appropriate practices 	the mother and child health related checklists are fully in use by the NECC health providers. Staff received training on monitoring the compliance with these checklists. Data entry models for these checklists were developed and the staff regularly enter and analyze the findings of these checklists onto the developed databases (the available checklists currently in use include Antenatal care, Post natal care,	

			Growth monitoring, Control of diarrhea diseases, Acute respiratory infections and Infection prevention and control.	
		<ul style="list-style-type: none"> All clients received standardized services according to protocols by 2015. 	Achieved	
		<ul style="list-style-type: none"> Level of satisfactions amongst beneficiaries reaches over 85% for the protocols and systems followed 	Level of satisfaction reached over than 90%	
	<ul style="list-style-type: none"> 1.5 The psychosocial status of the served community particularly women and children is promoted 	<ul style="list-style-type: none"> at least 50% of clients with psychosocial problems improved after receiving support from NECC staff 	We don't have a tool to measure the improvement of the cases but we are working on it with relevant organizations	
	<ul style="list-style-type: none"> 1.6 Cooperation and collaboration with relevant organizations to avoid duplication is enhanced 	<ul style="list-style-type: none"> Reports produced, disseminated, and discussed among stakeholders at least 5 coordinating meetings or workshops conducted with relevant organizations which resulted in agreement annually 	All are Achieved	
	<ul style="list-style-type: none"> 1.7 The needs of handicapped from medical apparatus and devices is fulfilled 	<ul style="list-style-type: none"> Over 90% of served handicapped are better able to communicate with their surroundings 30 handicapped people received medical apparatus and devices 	13 handicapped persons received medical devices : 1 Medical Bed and 9 crutches and 1 ventilator and 2 mattress	

	Expected Results/Outputs	Indicators	Achieved	Notes
	<ul style="list-style-type: none"> 1.1.1 Pregnant women received adequate primary and procreation health care services 	<ul style="list-style-type: none"> 1,200 new pregnant women registered for ANC annually 1,600 antenatal care visits made annually 1,200 pregnant women received follow up visits, newly registered and on-going 200 health education activities delivered to 4500 mothers 	<ul style="list-style-type: none"> 1501 new pregnant women 13,473 antenatal care visits 2099 pregnant women newly registered and on going received follow up visits 303 sessions conducted to 10,657 mothers 	
	<ul style="list-style-type: none"> 1.1.2 Children received adequate primary health services 	<ul style="list-style-type: none"> 15,000 children registered at the well baby clinic and received appropriate well baby services 7,000 children up to 6 years old treated annually 	<ul style="list-style-type: none"> 13,564 children registered at the well baby clinic and received appropriate well baby services and 7354 children up to 6 years old treated annually 	
		<ul style="list-style-type: none"> 150 demonstrations presented for mothers to feed their children 	122 demonstrations presented for 4196 mothers	
		<ul style="list-style-type: none"> 200 Awareness lectures for 3,000 mothers conducted annually 	222 awareness sessions for 7555 mothers	

	<ul style="list-style-type: none"> 1.13 Couples received family planning services and awareness. 	<ul style="list-style-type: none"> 800 partners received family planning services and awareness. 	845 women received family planning services and awareness
		<ul style="list-style-type: none"> 500 breast exams carried for women annually 	Will be conducted in 2013 as a program not only an activity
	<ul style="list-style-type: none"> 1.1.4 People who have dental problems got adequate services 	<ul style="list-style-type: none"> Over 4,000 women, children and adults in targeted areas receive dental care annually 	5781 patients receive dental care annually
		<ul style="list-style-type: none"> 1,200 pregnant women receive routine dental check up for the first time pregnancy. 	1401 pregnant women receive routine dental check up for the first time pregnancy.
		<ul style="list-style-type: none"> 700 children receive tooth checkup during well baby clinic. 	1497 children receive tooth check-up during well baby clinic.
	<ul style="list-style-type: none"> 1.1.5 Patients and sick people received suitable treatment. 	<ul style="list-style-type: none"> Over 4,000 patients examined, tested and received treatment 	5430 patients examined, tested and received treatment
	<ul style="list-style-type: none"> 1.2.1 Inhabitants received consultative, awareness and creational health services. 	<ul style="list-style-type: none"> 1,500 annual home visits. 	3946 home visits including home visits for child health , deliveries, pregnant women care, adults care, psychosocial cases or defaulters
		<ul style="list-style-type: none"> 40 women participates in 2 trainings per year 	33 women participates in 2 trainings per year
	<ul style="list-style-type: none"> 1.2.2 Local 		

	<p>communities received minor assistance to support their environmental health</p>	<ul style="list-style-type: none"> at least 100 families of beneficiaries who received social assistance. 	<p>77 Families from Darraj Area and 78 from Shijaia area were referred to DCA (who supported the Nutrition Project implemented in NECC clinics during 2012) those families have children up to five years who suffer from Anemia and/or malnutrition and follow up in our project so they were referred to receive food basket daily for one year.</p>	
	<ul style="list-style-type: none"> 1.3.1 Awareness in matters related to nutrition best practices has been extended. 	<ul style="list-style-type: none"> 4,000 caretakers received awareness in nutrition annually. 	<p>1743 sessions conducted to 21686 mothers about nutrition issues</p>	
	<ul style="list-style-type: none"> 1.3.2 Adequate treatment in matters related to nutrition best practices has been extended 	<ul style="list-style-type: none"> At least (2,000) anaemic children and/or (500) malnourished treated recovered or improved or prevented from being deteriorated annually, 	<p>2837 anaemic cases and/or 2498 malnourished cases discovered and treated annually</p>	
		<ul style="list-style-type: none"> 200 severe cases referred to specialized institutions 	<p>450 severe cases or special cases needed more investigation referred to specialized institutions</p>	
	<ul style="list-style-type: none"> 1.4.1 System and routines enhanced 1.4.2 regular reporting and communication enhanced 1,4,3 Central Computerized 	<ul style="list-style-type: none"> All clinics and health centers are using unified protocols by 2014 Regular quality reporting is received from all clinics and health centers on time by 2013 	<p>Daily , monthly , quarterly and annually reports received from all clinics as all the programmes are computerized which make it easier to do.</p>	

	data-base in place	<ul style="list-style-type: none"> qualitative and quantitative data about services are available as computerised central data by end of 2013 	All are achieved	
	<ul style="list-style-type: none"> 1.5.1 Appropriate psychosocial services are provided to women and children attending the PHC. 	<ul style="list-style-type: none"> 1,500 children received psychosocial support 	1547 child received PSS	
		10,000 women participated in psychosocial support	9763 women participated in PSS including individual counselling, group counselling or sessions	
	<ul style="list-style-type: none"> 1.5.2 Appropriate psychosocial services are provided to women participating in activities and training. 	<ul style="list-style-type: none"> 200 women attending afternoon activities received psychosocial support 	218 women attending afternoon activities received psychosocial support	
		<ul style="list-style-type: none"> 40 women attending community workers training course received psychosocial support 	33 women attending community workers training course received psychosocial support	
	<ul style="list-style-type: none"> 1.5.3 Appropriate psychosocial services are provided to male and female students and parents of VTC. 	<ul style="list-style-type: none"> 220 male student and 40 parents received psychosocial support 	221 male students and 57 parents received PSS	
		<ul style="list-style-type: none"> 70 female students, and 45 parents received psychosocial support 	82 female students and 14 parents received PSS	

	<ul style="list-style-type: none"> 1.5.9 Raise and improve the capacity of professionals working in programs of psychosocial support. 	<ul style="list-style-type: none"> 8 team members, those 8 participate in capacity building programs. 	Achieved	
		<ul style="list-style-type: none"> 8 NECC staff received capacity building on professionals working in programs of psychosocial support 	Achieved	
	<ul style="list-style-type: none"> 1.6 Cooperation mechanism adopted and followed with relevant parties. 	<ul style="list-style-type: none"> 20 participants from NECC staff participates in relevant workshops and trainings At least 2 visits and meetings with health partners are conducted monthly 20 NECC staff participate in external activities 	<ul style="list-style-type: none"> 86 participants (this means that some of the staff participated in more than one workshop or trainings during the year) Achieved (mostly the meetings were with MOH and Health Nutrition Cluster) Achieved (see above) 	

Table (20) Statistics of the activities in the three clinics:

Family Health Care Centres

1/1 - 31/12/2012

No.	Activity	* Shiia'ia	Darraj	Rafah	Total
1	No. of registered families	7070	15488	5135	27693
2	No. of new families	1235	614	1601	3450
3	No. of registered children	10966	39246	8428	58640
4	No. of new children	2284	1367	2874	6525
5	No. of children attended well-baby clinics	11129	9972	7768	28869
	5.1 No. of new under weight children	399	200	666	1265
	5.2 No. of repeated under weithgt children	940	510	614	2064
	5.3 No. of Children become normal	0	0	0	0
6	No. of registered pregnants	2674	22753	1305	26732
7	No. of new pregnants	767	524	210	1501
8	No. of antenatal care	7086	4730	1657	13473
	8.1 No. of antenatal follow in the last week befor delivery	479	298	98	875
	8.2 No. of new high risk pregnancy	100	45	18	163
	8.3 No. of repeated high risk pregnancy	877	569	175	1621
	No. of deliveries	661	427	155	1243
9	9.1 No. of postnatal visit within 6 days	499	383	121	1003
	9.2 No. of first postnatal visit at home after 6 days until 40 d	106	39	30	175
	9.3 No. of second postnatal visit at home after 6 days until 40 d	304	245	84	633
	9.4 No. of postnatal visit at the center within 40 d	406	261	84	751
10	No. of abortions	60	39	16	115
11	No. of Ultrasound Scan	2017	1432	554	4003
12	No. of cases examined by doctors	16177	15013	14261	45451
	a- Children	11031	11195	9211	31437
	b- Adults	1721	1547	4089	7357
	c- Pregnants	3425	2271	961	6657
13	No. of laboratory tests	10978	9191	4656	24825
14	No. of home visits	1854	1358	719	3931
	a- home visits of deliveries	906	666	238	1810
	b- home visits of pregnancy	485	348	298	1131
	c- home visits of children	416	284	149	849
	d- home visits of adult	0	14	4	18
	e- home visits of psycho social	47	46	30	123
15	No. of Health education	834	368	694	1896
16	No. of women attended Family planning	1343	1512	0	2855
17	No. of afternoon women participants	968	884	143	1995
18	No. of refered cases	186	182	109	477
19	No. of psycho social counseling	393	131	71	595
20	No. of psycho social session for group of women and ch.	115	137	69	321

* Noting that the centre was shelled on Saturday, 10/1/2009

* Various activites were resumed on 2 May 2009

Table (21): Statistics of the dental health services in the three clinics:

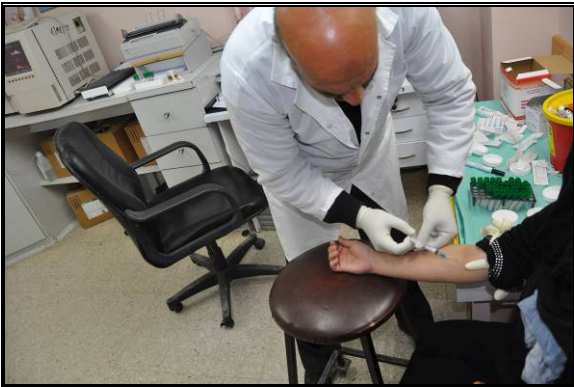
Activities of Dental Health Clinic
1/1 - 31/12/2012

No.	Activity	Shija'ia	Darraj	Rafah	Total
1	No. of persons examined by dentist:	1827	2091	2250	6168
	a- First Visit	733	733	838	2304
	b- Repeated Visit	450	565	1074	2089
	c- Consultation	744	793	338	1875
2	Scaling	104	130	133	367
3	Extraction	162	266	213	641
4	Amalgam Filling	478	670	375	1523
5	Composite Filling	6	20	10	36
6	Fisher Sealant	0	0	0	0
7	Minor Surgery	0	0	0	0
8	Follow Up	478	509	310	1297
9	Medication	1079	1282	1657	4018
10	Referrals	90	253	293	636
	10.1 Specialist	90	247	293	630
	10.2 X-ray	0	6	0	6
11	No need for treatment (mixed)	18	0	41	59
12	Screening of Children on Well-Baby Clinic days (2.5-6 years)	1001	343	153	1497
	12.1 No Need for Treatment	785	203	70	1058
	12.2 Needed Treatment	235	139	83	457
13	Screening of pregnant	730	457	214	1401
	13.1 No Need for Treatment	137	29	23	189
	13.2 Needed Treatment	593	428	191	1212
14	X ray in the center	0	0	0	0













Educational and Training PROGRAM

General Context

NECCCRW training centers in Gaza prepare students with high quality skills and professions that allow them to succeed in their future careers, along with career guidance and job placements. NECCCRW is working on enhancing the status of the male and female youngest who enroll in our centers (2 for males “ Carpentry, metal and aluminum works , and electricity and motor rewinding , 2 for females “ advanced dress making , and secretarial studies and English language center “) by acquiring them practical knowledge and experience to connect them to the local market. Vocational training equips marginalized youth with the skills to enter the job market and become economically stable. It also vastly improves their self esteem, having important knock-on effects for their families and their future.

However, the reality of life in Gaza is challenging and is dramatically more deteriorating especially after the last Israeli aggression on Gaza during 2012. The Israeli continuous militaries and conflict affects all fields of life.

More than a third of youth are unemployed during the first quarter 2012. The data of labor force survey for the first quarter of 2012 showed that 36.6% of youth aged 15-29 years are economically active (employed and unemployed); 38.7% in the West Bank and 33.2% in the Gaza Strip. The youth unemployment rate is totaled in the Palestinian Territory at 35.7%. The highest unemployment rate was 41.2% in the age group of 20-24 years compared with 29.3% for the age group of 25-29 years. In addition, 43.7% of those unemployed had completed at least 13 schooling. “ Sharek Youth Report,2012”.

Various recent national studies and current conducted surveys have indicated that VET has contributed to employment of its graduates, amidst challenged contexts. Results of the studies have indicated 70% to 90% employment rates of graduates, and high labour force participation rates over 65%, although youth unemployment rates reached around 40%, with low labour force participation rate (less than 30%), the lowest compared to regional and global statistics.

Rates are reflecting the economic status in oPt challenged by the political status and military occupation measures such as the mobility restrictions of people and goods, lack of control over borders and resources and fragmentation of the oPt, in addition to other challenges constituted in shortage in raw materials, supplies and office equipment needed for training. Other challenges that we faced are the need for ongoing maintenance, renovation, and expansion of schools, lack of availability of cheap books for students, especially the poor, lack of availability of fuel for generators to provide electricity during daily electricity cuts, and need to provide more specialized training courses for teachers.

In addition, there aren't a lot of job opportunities available for youth due to the harsh economic condition and the high increase in the cost of products. What the Palestinian youth really need

is justice rather than handouts; they need space to express themselves and let their voices be heard through participating in the decision-making process.

In an interview with the minister of labor in 2012, he stated that the most important problems they face in the fields of work is providing the tools and raw materials for vocational training centers and the mechanism of action followed in the procurement and its impact on the training process, as well as restoration of new vocational centers in addition to opening new horizons for the development work. He stressed the need to develop work to produce skilled technical workers from vocational training centers which contributes to open new door in front of them to join the labor market, rather than stand on the unemployment queues..

He urged the graduates to pursue and see how successful they have achieved in the labor market, raise the efficiency of trainers, develop their abilities, and convince them about the value of their work in the service of society.

NECCCRW efforts are made to address the current challenging situation and play an active role to address the existing vocational needs to the Palestinian youth in Gaza. NECC seize every opportunity and fund. NECCCRW invests its energy, networks and fund on how to seize opportunities to translate its strategy into the reality of the context we live in.

This report highlights NECCCRW achievements conducted during the year 2012 though the external constraints.



DEPARTMENT OF EDUCATION

A) TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING

1. Overview of NECCCRW TVET

NECCCRW education program, incorporating technical and vocational education and training (TVET), considers main program in NECC, employing approximately over 50% of graduates and supported youth within one year of graduation and service.

NECC technical and vocational education and training program seeks to eliminate the suffering of poor male and female students and enable them enjoy their basic human rights, through providing adequate vocational training and education opportunities along with supporting them to create decent career life.

In addition, NECC focuses on helping the dropped out students to be able to fit in the society in particular, and to contribute in ensuring the students' life with dignity in general. The program was originally launched in the fifties and sixties and additional department was developed in the eighties to contribute to sustainable economic development; and to prepare specialized technical and vocational program to meet the needs of local markets and to cope with the latest developments and to provide youth with the desired knowledge, skill, and attitudes to secure suitable job opportunities.

NECC in Gaza Strip supervises four training centers; two of which are exclusively technical and vocational training and education centers, while other ones are Advanced Dress Making center and Secretarial Studies and English Language.

NECCCRW TVET vision:

A distinguished technical and vocational education and training that would prepare qualified graduates to have employment opportunities available in the local and regional labor markets and would help achieve decent living for Palestine society.

NECCCRW TVET mission:

To prepare and implement specialized and diversified technical and vocational program to meet the needs of local and regional markets and to cope with the latest developments and provide the Palestine youth with the desired knowledge, skills, and attitudes to secure a suitable job.

Overall Objective:

Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions.

Specific Objectives:

- Provide high quality vocational training in a variety of designed skills and professions to target groups in accordance with the requirements of the society and market.
- Improve and enhance the capacity building of trainers in the vocational and technical sector.
- Trained youth have been assisted to access the labor market.
- Assist needy students to complete their education” university study” in the fields that respond to the community and market needs.

DESCRIPTION OF TVET COURSES

NECCCRW runs the following VTC's Centers:-

- 1- Carpentry and furniture making or Aluminum / Metal works and welding.**
- 2- General electricity & motor/transformer rewinding**
- 3- Secretarial Studies and English Language**
- 4- Advanced Dress Making**

The men's VTC in Gaza City provides 3-year intensive training for students aged 14-16 in one of two skills namely Carpentry and furniture making or Aluminum / Metal works and welding. The VTC for General electricity & motor/transformer rewinding in the village of Qararah, 25 km south of Gaza City offers a 2-year training course for young people aged 16-23 years who have finished at least 10 years of schooling.

The women's VTC in Gaza City provides one-year training course in Secretarial work and office management for women who have successfully completed their secondary studies including three months of intensive English Language. It also provides a year course in advanced dressmaking females with lower school qualifications.

NECC provide them also an external practical training as distributed them to different local workshops. 100 students, both women and men have better training opportunities in one of the professions and skills in order to find employment. Different aspects of how to live and act as responsible citizens are integrated in the training; they learn how to accept and relate to the others, gender awareness and non-violence. Moreover, students have the chance to attend group counseling sessions as a way to cope with the situation facing students in Gaza.

Location and Target Groups

Specific Location of Training Centers

- 1- Secretarial Studies and English Language Training, and Advanced dressmaking training courses are conducted in the main building in Rimal, Gaza City.
- 2- The VTC for Carpentry and Furniture making; and metal works is located in Shijaiya, Gaza City.
- 3- VTC for General Electricity is located in the village of Qararah, 25 KM south of Gaza City.

Target Group and composition of TVET :

- 88 (55 male and 33 female) students graduated in 2011/2012.
- 106 (63 male and 43 female) joined VTC's in 2012/2013 and will benefit from its services.

Criteria for selection of target groups

The selection criteria for the Vocational Training Program differ according to the subject of the training course:-

- Women applying for the Secretarial Course should have completed 12 years of school and have a high school certificate (Tawjihi).
- Women applying for the advanced dress-making course should know at least how to read and write.
- Men applying for carpentry, welding metal and aluminum should be between 14-16 years old, and can be school drop-outs.
- Men applying for the electricity course should have completed 10 years of schooling and should pass the entrance exam and are between 16-23 years old.

For beneficiary selection, DSPR Gaza takes into consideration giving priority for those who come from deprived families and those who are the neediest.

Target group accessibility

The vocational training Centers are accessible to the communities and are located in areas where all can easily reach them.

Enrolment, Performance, Employability

Enrolment

Registration and Enrolment Process and Procedures of TVET

- Announcing and advertising about NECC training courses in local News papers and distributing them to 182 related organizations, clubs, universities, women and youth centers, and municipalities to be informed.
- Opening the registration process for students in which the condition to join is that the male / female students has to apply an enrolment application not later than the deadline and should meet the criteria of each course clarified in the announcement.
- Receiving and reviewing the student's enrolment applications by the Interview Committee.
- Conducting the entrance exams for applicants and interviews. The applicants conducted entrance exam to measure their level and select the appropriate. Personal interviews for the eligible candidates from each department were conducted by the interviewing committee.
- Selecting students according to Specific Criteria of each course as mentioned above.
- Informing those applicants who were accepted and enrolling them at the VTC
- Conducting lab tests examination for stools , urine and blood for the new boys, who enrolled in September 2012,.

Figure 5: N. of 2012-2013 applied, interviewed, and selected VTC's Students

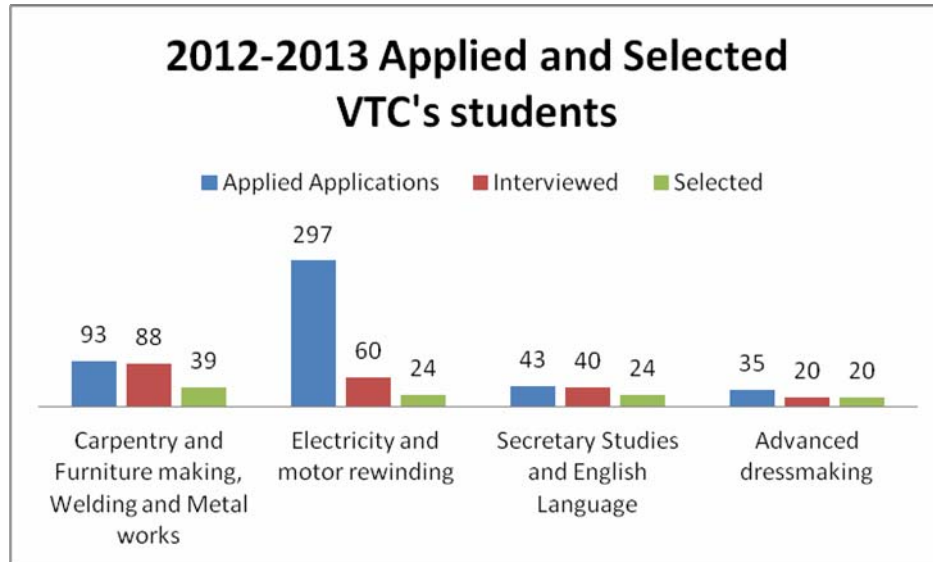


Table 22 : Total N. of presently Enrolled VTC's students till the end of December 2012

program	Presently Enrolled			Total Enrolled 31/12/2012
	1 st Y	2 nd Y	3 rd Y	
Carpentry and Furniture making "runs for 3 years"	24	24	23	71
Metal/Aluminum Works and Welding "runs for 3 years"	15	14	14	43
Electricity and Motor Rewinding "runs for 2 years"	24	26	-	50
Secretarial Studies and English Language "runs for a year"	24	-	-	24
Advanced Dress Making "runs for a year"	20	-	-	20
Total	107	64	37	208

Performance

Objective 1: Provide high quality vocational training in a variety of designed skills and professions

➤ **Theoretical and practical Skills Training:-**

NECC training and education courses in the four fields cover both theoretical and practical where trainers have action plan and schedule for the classes conducted. The products are made by automated machines.

Skills Training in Carpentry and Furniture Making/ Aluminum and Metal Works

This centre aims at serving teenagers aged 14-16 who usually drop out from schools and find no other opportunity. Those disadvantaged and vulnerable youngsters are kept off the streets and are trained.

In 2012, 36 male students graduated and received training. In addition 38 students upgraded to second year, and 37 upgraded to third year. 11 classes provided weekly in theoretical topics including Math, Engineering Drawing, Arabic, industrial studies, psychosocial programs, and sport, and 31 classes provided weekly to students in practical training including Carpentry and Furniture Making , Metal/ Aluminum Works and Welding.

For the year 2012-2013, 39 new students enrolled in September 2012 to receive training and enhance their skills in this field.



Skills Training in General Electricity and Motor Rewinding

This course offers a two-year course in general electricity and motor/transformers rewinding for men who should have successfully completed at least ten years of schooling.

In 2012 19 male students succeeded and graduated, and one failed.

In addition 26 students upgraded to the second year. In this field, 16 classes provided weekly, including Electrical Science, Math, English Language, sport, drawing electrical Circuits, Trade calculations, and 28 classes conducted weekly on practical training including Generators and Engines, Air Networks ...

For the year 2012-2013, 24 new enrolled students in November 2012, to receive the skills training of electricity.



Skills Training in Secretarial Studies and English Language

Under this course, 19 female students graduated out of 23 (2 students have dropped out due to their specific family reasons, and the other 2 students couldn't do the rerun exam because they were in Saudi Arabia). They received skills training in the areas of English language, Simple Bookkeeping, Management Principles, Arabi Correspondence, Office Practice, Arabic and English languages, Typing (letters, fax, invitations, advertisements, tables, brochures, cover letters, curriculum vitae, typing the title on the stamps, merging the mail on the papers , typing both languages Arabic and English with a speed not less than 35 words per min), Computer lessons, included but not limited to (word 2007 and 2003, DOS, Excel 2007,PowerPoint 2007, outlook 2007, the telephone use , the printers, fax and scanners use, internet use) .

For the year 2012-2013, 40 female selected out of 43 applicants received an intensive English Language Course for 3 months during September, October, November 2012 because the students English Language level was lower than the required.

24 out of 40 applicants, who passed the English Language exam successfully, are being trained in the fields of Secretarial Studies to gain skills and knowledge.



Skills Training in Advanced Dressmaking

In the year 2012, 14 female students graduated out of 17 (3 students have been dropped out due to their specific reasons related to marriage and family affairs).

They received comprehensive Course covers 20 theoretical and practical subjects including Measurement, preparing patrons and sewing of all kinds of dresses for children and adults mainly for women and produce 252 piece.

For the year 2012-2013, 20 students out of 35 applicants joined the course and are receiving the training skills package in sewing.



➤ **Illiteracy Lectures and Awareness classes for students**

During the year 2012 , it was running illiteracy classes of the boys Gaza Center “ drop-out schools” in coordination with Red Crescent Society, attended by 1st, 2nd, and 3rd students . Through these classes, the students learn how to read and write in Arabic and Math. Teachers continued to work with the trainees in eliminating their illiteracy at the Gaza Boy’s Center. Each course conducted twice weekly to enhance their education level.



We also aim to raise health and cultural awareness for all VTC’s students. Various lectures were given by specialized persons on the topics including health, gender, tolerance, labor law, safety and protection, personal appearance.

Table 23: Health and Cultural Topics Conducted for students in 2012

#	Subject	Training Center	N. of students beneficiaries	N. of Lectures
1-	Safety and Protection “ implemented by Protection and Safety Society	Gaza VTC “ Carpentry and Furniture Making/ Aluminum and Metal Works	151	31
		El Qarara VTC” Electricity and Motor Rewinding”	70	20
		Secretarial Studies and English Language	21	2
		Advanced Dress Making	17	2
2-	First Aids	Gaza VTC “ Carpentry and Furniture Making/ Aluminium and Metal Works	116	2

#	Subject	Training Center	N. of students beneficiaries	N. of Lectures
		El Qarara VTC" Electricity and Motor Rewinding"	50	2
		Secretarial Studies and English Language	21	2
		Advanced Dress Making	17	2
3-	Cultural lectures such as "gender, accepting others, voluntary work, Palestininan culture, Labor Law..	Gaza VTC " Carpentry and Furniture Making/ Aluminium and Metal Works	151	18
		El Qarara VTC" Electricity and Motor Rewinding"	70	4
		Secretarial Studies and English Language	21	7
		Advanced Dress Making	17	7

Psychosocial Support for VTC's Students

The social worker and instructors got involved in assisting the trainees of both genders through the psychosocial intervention. They were encouraged to draw, join activities in the sessions. Those activities, as well as others, are intended to deal with trauma and psychosocial problems suffered by our trainees due to last war on Gaza as well as the Cast Lead Operation. This is also to enable them to the transition back to learning and training easier.



Table 24 : N. of Psychosocial Support Sessions and participants of VTC's in 2012

Centers	Beneficiaries	No. of beneficiaries(the same student participated more than once)
Gaza Vocational Training and Education Center	Students	1153
	Parents	57
	N. of Lectures	54
	CBI Projects by Students	8
Al Qarara Vocational Training and Education Center	Students	478
	N. of lectures	48
	CBI projects by students	2
Secretarial Studies and English Language	Students	170
	Mothers	8
	N. of sessions	25
Advanced Dress Making Center	Students	155
	Mothers	6
	N. of sessions	25

➤ **Recreational Activities for the Students**

Recreational events have been conducted within the centers in order to help the trainees “suffocation” as they’re deprived from such activities in their communities due to prevailing Gaza situation especially in the light of trauma they have experienced.

During 2012, a trip within Gaza Strip was arranged and lunch was served at the seashore for all students.

Two open days conducted for Boy's Gaza Center including a variety of activities involving all students.

Another activity conducted of practical training including drawing, painting, and different kinds of sports, and a library for reading.

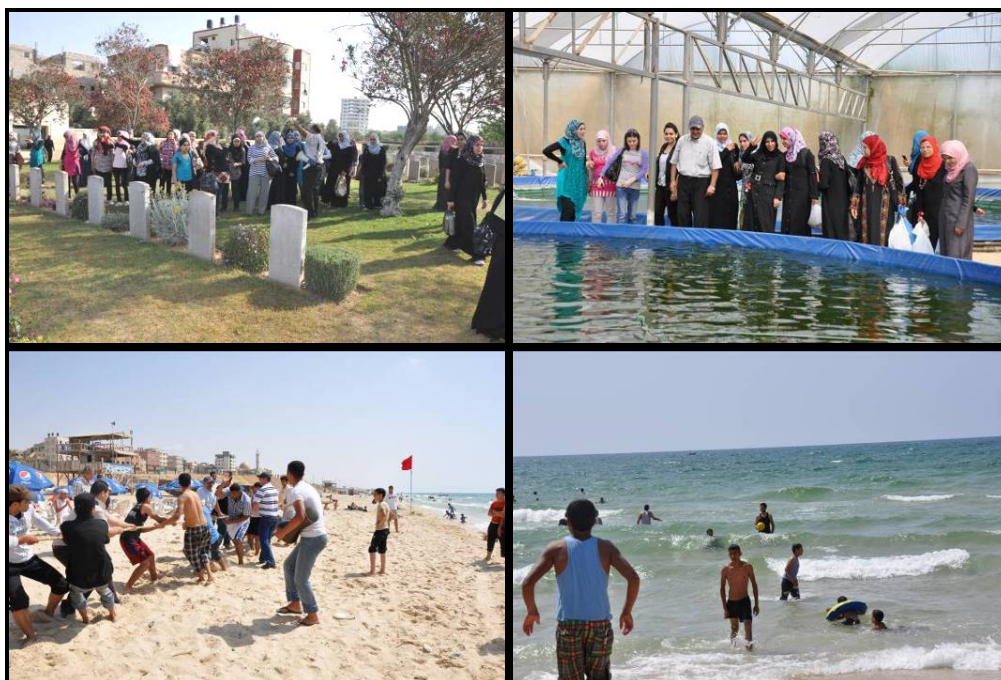


Table 25 : Recreational trips and target group during 2012

Recreational trips	Time/month	N. of staff/ VTC Supervisors	N. of students
Gaza Vocational Center	June	24	77
El Qarara Vocational Center	June	10	46
Secretarial Studies and English Language Center	June	15	17
Advanced dress making Center	June	6	13

Objective 2: Provide Advanced Vocational Training for NECC Staff “Capacity Building”

NECC focuses on providing high quality vocational training to students that considers the state of the art techniques in the concerned fields.

The capacity building experienced by NECC doesn't only focus on the designing, implementation and evaluation processes, but also gaining new methodologies, methods and effective tools on the ways in which we deliver our services and interventions as the followings:-

- ✚ TOT theoretical training in “Teaching Methods and Classroom Management “conducted for 20 trainers including 15 males, 5 females on how to deal with students and with each other” for 3 days in NECC administration/ lectures hall by an external well-experienced trainer implemented in December 2012.
- ✚ 4 training courses in the field of “Programming Interface Controller PIC” conducted for 2 trainers and 7 graduates for 30 hours in the Electricity center.
- ✚ A training course conducted for the electricity trainers on “How to write Reports” in the electricity center’s office.



Nominate some trainers to attend external workshops during 2012

- ✚ A training course conducted for a trainer in painting furniture department through nominating him to attend external workshop for a week.
- ✚ A training course in Aluminum for a trainer for 10 days external workshop.

12 meeting were conducted between the consultant and Gaza Vocational VTC's staff" trainers ", and 12 meeting conducted also between the consultant and El Qarara VTC's Staff to share them in their needs and priorities to improve their capacity building asking them about the required trainings for them to adapt the quality of vocational training and education and associated professional skills development to students as well as the local labor markets needs.

Objective 3: Assist VTC's Students in completing their Education in the Concerned Fields

-The center distributed financial incentives to the third-year students, of boys Gaza Center "School dropout" on monthly basis to cover their transportation and minimal personal needs, to support and encourage them to complete their studies

Final Examination and Graduation

The 2011-2012 VTC's courses made a grade of students ended the course. We are proud to announce that around 91.6% or 88 students out of 96 students who followed the test have graduated and were able to get the certificate Diploma, approved by the Ministry of Labor!.

These students are ones who passed the final exam and had excellent attendance and good behavior. This percentage is actually less than the total participants who passed the exam, however some of them are not entitled to receive a certificate due to specific reasons related to them as females being married / or traveled abroad . We applied this system in order to educate students to be committed and disciplined.

Table 26: Comprehensive Final Exams Results of Graduates

#	VTC's Center	N. of Graduates	N. of failed	90-99%	80-89%	70-79%	60-69%	50-59%
1	Carpentry and Furniture Making	22	-	3	9	10	-	-
2	Welding and Aluminum Work	14	-	-	9	5	-	-
3	General Electricity and Motor Rewinding	19	1	1	1	3	10	4
4	Secretarial Studies and English Language	19	-	7	11	1	-	-
5	Advanced Dress Making	14	-	5	3	5	1	-

Objective 4: Assist NECC Graduates in finding Employment opportunities

❖ **Practical External Training for our students**

The trainees before their graduation have been placed in various offices, companies, workshops for period of six-eight weeks to practice their skills and build social and professional relations with the labor market with follow-up made by social workers and their instructors.

Table 27: Dates and number of distributed VTC's Students on External practical Workshops

Department	N. of students	Start Date	End Date	N. of workshops
Carpentry and Furniture Making	22	28/4/2012	28/6/2012	17 workshops
Welding and Aluminum Work	14	28/4/2012 2/6/2012	30/5/2012 28/6/2012	11 welding Workshops 12 Aluminum workshops
General Electricity and Motor Rewinding	20	15/9/2012	15/10/2012	14 workshops
Secretarial Studies and English Language	21	1/8/2012	15/9/2012	17 organizations
Advanced Dress Making " optional external training"	8	1/10/2012	1/11/2012	Cooperative Society

❖ **Nominate and recommend NECC's graduates for potential posts in the private sector and other organizations upon request**

In 2012, 29 of NECC Graduates were referred to join the Islamic Relief Project "Economic Empowerment for Youth", after being coordinated with them to have job opportunities.

Islamic Relief is now implementing a project of "Economic Empowerment", funded by the Islamic Bank for Development.

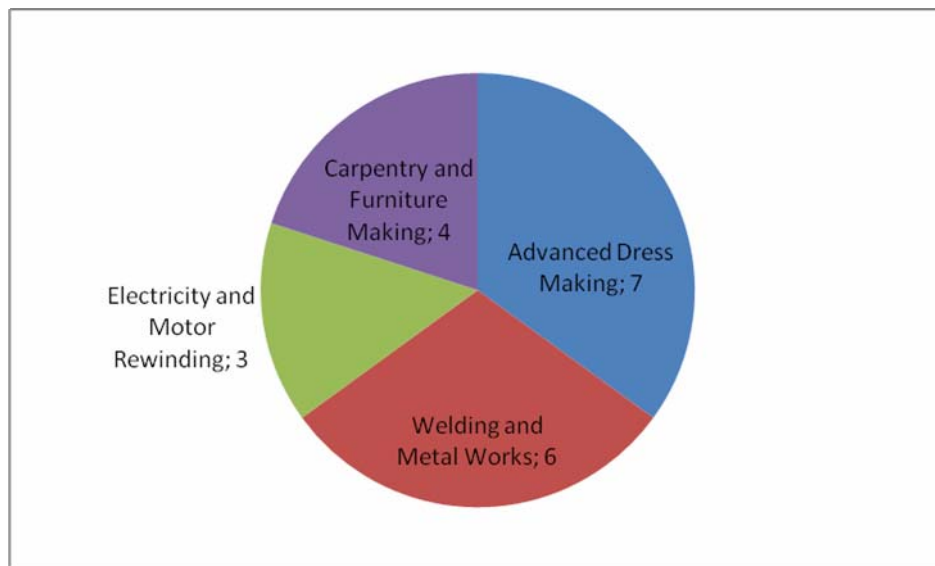
This project targets Diploma Graduates in Gaza Strip.

It aims at providing Capacity Building for 200 students in " How to make Feasibility Studies for micro-generating projects", and then selecting the most appropriate

feasibility studies conducting by youth beneficiaries to have 100 students creating their own micro-generating projects.

Islamic Relief Organization accepted 20 applications of our graduates that meet their criteria. Thus those 20 students will have the opportunity to get training and create their own micro-generating project.

Figure 6: N. of graduates accepted by the Islamic Relief according to VTC's Courses



Moreover, NECC nominated during 2012 five female students from the secretarial studies and English Language graduates for posts requested by the private sector.

❖ **Job Creation Opportunities for our graduates**

Whenever the fund and support is available, NECC creates temporary job opportunities for our graduates to help them even for short time with respect to their humanity and dignity. In 2012 temporary job created for our former unemployed VTC's , Diploma, graduates, funded by the Pontifical Mission and Act Alliance within our emergency program .“ **shown clearly in the job creation table below “**

❖ **Communication Mechanism between vocational Centers and graduates**

3 meetings in 2012 conducted with the former last five years graduates and discuss with them about their work places, labor market needs, and needed capacity building. Moreover, in 2012/ 7 graduates were included in capacity building training with trainers to enhance their feedback.

Employability

Link the graduates to the labor market

The 2012 graduate students will be followed up in 2013 to reflect their career and financial status.

Follow-up Graduates Employment after one year of graduation

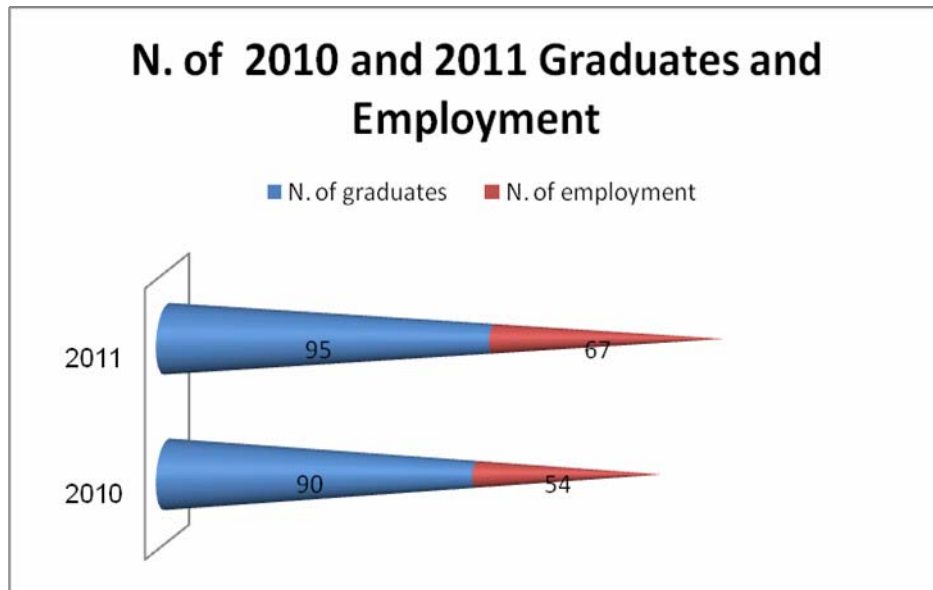
Our VTC's Supervisors and social workers conducted a survey of last year's graduation /2011 and noticed that the employment rate of our graduates is good, A total of 67 out of 95 from 2011 graduates got employed in spite of the high rate of unemployed youth due to the harsh condition resulted from continuous strict siege represents in borders closure, frequent cuts of electricity, unavailability of materials and equipments as stated by the workshops owners. In 2012, the situation was more deteriorated especially due to the last Israeli offensive "Pillar of Defense" on Gaza Strip.

A total of 70.5% of 2011 VTC's graduates and supported youth were employed or self-employed within one year of graduation and service. It is shown clearly for each VTC Center in the table below:

Table 28 : Number and percentage of employment and unemployment of 2011 graduates

VTC's Center	N. of Graduates	Employed graduates on the same field	Unemployed graduates	Working on other fields	Percentage of graduates working on the same field	Notes
Carpentry and Furniture Department	23	20	-	3	87%	
Welding and Aluminum Work	15	12	-	3	80%	
General Electricity and Motor Rewinding	27	20	1	6	74%	
Secretarial Studies and English Language	19	6	13	-	32%	Number of graduates don't have the desire to work after being married, and the others desired to have suitable employment that is in lack due to our harsh economic situation
Advanced Dress making	11	9	2	-	82%	The 9 female students have domestic work owning sewing machines at their home.

Figure 7: N. of 2010 and 2011 graduates and employment



Success Stories of VTC's Students during their training

Mohammed Nae'm Hanoun from Gaza Vocational training for Carpentry and Furniture Making /Aluminum and Metal Works

I am a first-year student at the NECC Vocational Training Center-Aluminum and Metal Works Section. I was born in Gaza, and I am now 15 years old. My father died since 13 years. My mother doesn't work and looks after my brothers and sisters. My elder married brothers try to provide home needs; we depend on humanitarian aids.

I was not able to complete high school as I have a learning difficulty that is related to a weakness in reading, writing and comprehension. I decided to learn a craft and heard about NECC VTC's from my friends and encouraged by my mother. I used to be a calm person; did not have any friends and seldom left the house.

I came to NECC Vocational Training Center and chose the Aluminum and Metal Works section; I also participated with other students in the psychosocial program, where group counseling and recreational activities take place. The illiteracy program motivated me to learn how to read and write.

Today, I am a changed person, always surrounded by my friends from the VTC, I am very active and enthusiastic to complete the course and help my mother and other people in re-constructing their homes after being destroyed during the last Israeli war on Gaza. I feel self-confident and depend on myself.



Naseem Hafez El Shawa from Advanced Dress Making Center

I'm Naseem Hafez El Shawa, 17 years old. I'm living in Gaza Strip with my family that consists of 8 members. My father is unemployed due to his bad health condition. My mother is a housewife.

I couldn't complete my secondary school due to our bad economic conditions. My brother was forced to leave his education in order to work as driver to secure food and basic needs for my family.

Through my talking with my neighbor that I need a career help me to secure my life, she advised me to join NECC center in terms of their high quality education and reputation. In addition, I'm interested in the talent of drawing arts and design accessories.

I joined the department of sewing to develop my talent and qualify myself for a job helping me in securing better living conditions for my family and fulfill my dream of becoming a famous fashion designer.

My enrollment in NECC center affected on my life positively as increased my self-confidence and become qualified for jobs .That changed my way of thinking in achieving my dreams



Success stories of VTC's Graduates

Hamza Marshoud Abu/Jahjough , Graduate Student from General Electricity and Motor Rewinding

I'm Hamza Marshoud Abu / Jahjough , 2012 graduate student from the vocational training course of General Electricity and Motor Rewinding at El Qarara Center . I was born on the 12th of April 1989 in Khan Younis, .I'm living with my family that consists of 14 members. My father retired from work long time ago where he used to work in the police force in Khan Younis. My mother is a housewife, and my brothers are schools and universities students. My older brother studied electricity craft in NECC Vocational Training Center of Electricity and he is now working in the Electricity Company.

Before joining the NECC Vocational Training Center, I have studied information technology for two years at the Community College of Gaza, but I did not find a good job staying for months waiting for employment. So I decided to study electricity course in NECC Vocational Center to increase my experience in the field of electricity besides my IT knowledge. I want to develop myself and I have strong ambition to be more experienced in the field of computer and electricity. My brother, who studied in your center, encouraged me to study this profession. In addition, I have a hobby of electronic parts installation and so all of this prompted me to study electricity. Now I feel that I have achieved my goals and vision for the future. I'm now working from time to time temporarily with nominal paid fare and I hope to find a steady job in order to achieve the rest of my dreams for my future



Kholoud Salman Mesleh , Graduate Student from Secretarial Studies and English Language Center

I am the student Kholoud Salman Mesleh, 25 years old lives in Al Nasser St., my family consists of 13 individuals. My father has two wives. We have very difficult situation in the house, socially and financially, especially my father is workless now, even though he has to cover all our basic needs at home. I live with my family with my little baby girl, I am divorced. It is so hard for me to continue my education with our hard and difficult circumstances.

I joined NECC secretarial center when lots of people relatives and friends advised me to join it. Its fees are cheap, with great certificate at the end; enables me to assure work. After graduation, I accepted to work in some decent places. I chose one to work in as a secretary and a data entry employee. I'm happy I feel that I'm stepping forward on my success ladder as long as my life goes on with my little baby girl, and with my efforts and hard working.

I'm thrilled that I had the chance to study at NECC which gave me the chance to study and learn so much not only on the theoretical part but also practical. Through my training, my good work and high speed typing encourages my supervisors to tend on me more and more work that I accept gladly, they tend to trust my outcomes of work and morals. So, Thanks to my teachers, and NECC for everything and I hope I will achieve more success for giving me the chance to improve myself and my daughter intellectually and financially.



Coordination with stakeholders

NECCCRW is known as an effective player in coordination in order to maximize coordination and share developing services. The NECC coordinated with the relevant parties and stakeholders at different levels including:

- coordinating with the Ministry of Labor to follow-up the curriculum and exams
- Coordinating with GIZ to develop the VTC's Courses to fit more the labor market needs.
- Cooperating with the Red Cross Society to conduct illiteracy lectures for students in Gaza Vocational Center.
- Coordination with the Islamic Relief organization where we nominate and recommend some of our graduates to join the Islamic Relief Project "Economic Empowerment for youth".
- Attending a workshop for the Commerce of Chamber on Developing the Adult Education.



NECC believes in a participatory vulnerability and capacity building approach. What the Palestinian youth really need is justice, not handouts, spaces to express themselves and let their voices be heard, and to participate in the decision-making process.

That is why the students of the vocational training centers are continuously involved in the process of identifying what are the walls and barriers they really face, and what are the proper actions or interventions to break down these walls.

This process is undertaken through several actions including brain-storming meetings and discussion with the students to sum up and analyze their current situation needs and suggested interventions. In addition, the students are given the chance to evaluate the training on an annual basis and to offer their recommendations and feedback, through disseminating evaluation sheets to be filled by the students and situational analysis and context updates .

Monitoring

- Monitoring process is essential to make the training meaningful and keeping it on track. To perform the monitoring function effectively, NECC uses many monitoring tools including;
- Designing Performance Management Plan (PMP) focusing on outcomes
- Regular supervisory visits
- Effective reporting system
- Our staff meets on monthly basis with:-
 - The students to guide them about the importance of the social relations with their colleagues, the importance of being punctual, work protection methods, diversity ... etc.
 - Parents' students; to discuss issues related to "Parents & Sons relationship and Students' performance". (4 meetings / one conducted in February with 15 parents, the second in April with 36 of the third year students' parents, the third conducted in July with 32 parents, and the last was in September with 34 parents).
- Staff meeting to review program data outcomes in relation to expected outcomes stated in the work plan. If actual outcomes are less than expected we identify and address the problems.
- In addition the VTC team follows up the graduates after one year of graduation to follow up their employment, social and economic status: The VTC trainers had 3 meetings with the graduated students: first meeting in January with 22 graduated students, the second one in April with 18 graduated students, and the third one in September with 14 graduates.

- Monthly and final exams for the students
- VTC's Consultant follow-up Visits to the centers
- Reviewing records and conducting audit
- Clear action plan (Gantt chart)
- Studying the market needs through follow-up visits.
- VTC's machines and equipments Maintenance

No. 29: No. of devices and machines in NECC VTC's Centers in 2012

#	Department	N. of equipments and machines items	N. of purchased machines	N. of renovated machines
1	Carpentry/Furniture making, Welding and Aluminum Work	196	4	12
2	General Electricity and Motor Rewinding	160	5	8
3	Secretarial Studies and English Language	26 computer device 7 printers	-	17
4	Advanced Dress Making	29	-	14

Evaluation

The participants evaluate the training on annual basis providing us with recommendations for development or criticism for change. A questionnaire was distributed to students to analyze the satisfaction of students, their feedback, and recommendation of the course to know whether our services was good or not and how to improve the VTC's services.

Based on the questionnaires given for 2012 VTC's Courses evaluation, we can summarize that students feel satisfied with VTC and hope that it can be sustainable to help more destitute youth in Palestine. What they enjoyed the most were the trainers, the lessons given and the facilities provided during the training. Teaching with a fun atmosphere including psychosocial activities made the students love to learn and hoped that this class was not just for the short term. They even hoped that the VTC could open more classes with innovative teaching methods to become more modern and fun so it would not be boring. All graduates stated that they are ready to start working in the fields. All students stated that these courses are life –enriching experience that acquired them several abilities intellectually, emotionally, spiritually, and socially.

For the females, they stated that this course promotes their role of in community especially who can't afford to school and university study. This course opens door in front of students to be independent, self-confident, and producer through their participation in the community. From the start of the course, all students stated that they felt independence in which the course allowed those students to integrate according to their willingness and desire. The VTC courses enhanced the livelihood conditions for poor and marginalized women through developing their tailoring skills and domestic work. It helps to increase access and opportunities for women and girls in career and technical education. "Educating women equals educating families and thus building a society".

Therefore, the courses had positive impact on the beneficiaries that all of the graduates stated that the course had very good level in teaching and treatment. That's why they encourage their friends, relatives to integrate in the center. Meanwhile, they recommend increasing the time of the practical course, and providing it always with valid and well-equipped machines.

Based on the workshops owners' evaluation of our students' performance during their external training stated that all students were committed to the working Hours attendance, supervisor directions, rules of public safety, punctuality, and good

interactions. All students have the willing to work and learn, however some of them need more practical training.

Gender Equality in vocational Education

NECC encourages participation of women in vocational education to have their role in the society. They are also provided with health and cultural awareness to widen their realization about important issues such as gender, labor law, Palestinian issue, accepting others... on how to deal in their life. NECC investigates the impact of vocational education on the status of women; they stated that vocational education opens new horizon in front of students to be independent, self-confident, and producer through their participation in the community. They have the enough effectiveness to work in the craft. They are qualified to practice the career in the society. They clarified that this course opened new sight for them in future to have their own projects such as opening tailoring shop. NECC by that way tries to eliminate the inequality and promote their roles. NECC policies and procedures don't differentiate among students based on their political affiliation, religion or geographical location; all the students are treated equally which promotes the concepts of equality and peace for male and female. Moreover, NECC vocational training Centers are accessible to the communities and are located in areas where all can easily reach them.

Difficulties and Obstacles:-

During the year 2012 several factors affected the educational vocational operation and student's commitment and performance to classes, as the following points describes:

- The continuity of the electricity cut off and the fuel crisis in the Gaza Strip affect all the

Life aspects including education. This crisis affected our work in Gaza city and Al Qarara.

To avoid more implications we used electricity generator to power electricity at all our centers, sometimes the electricity was cut during the day work. Generators were in need for more fuel and maintenance and we faced financial obstacle as we have no item for emergency electricity cut.

- Several students (male students) missed their classes due to family disputes; others due

to health issues .After the disputes were solved and the students' health developed; the teachers and students helped the absentees to catch up what they missed.

- The Advanced Dress Making center is in need for monthly maintenance as the machines

are very old; in addition the Advanced Dress Making center lacks heating system which affect negatively the performance of the students. We seek for fund opportunity to support this center in an adequate way.

- At the Secretarial Studies, in a certain point, the teacher cannot follow technology as the

seven printers are old version from the year of 1998; there are no share or wireless options. We seek for fund opportunity to support this center in an adequate way.

- The students 'parents explained that the critical financial situation they face due to the

Gaza Strip economic dilemma, explaining that sometimes they cannot afford their sons and daughters with transportation. NECCRW is planning to distribute financial assistance to poor and needy families targeting our students' families.

- The last Israeli offensive on Gaza Strip during 2012 affected on the psychology of our students. That's why NECC conducted immediately psychosocial support for our students and seek more funds to help those students who are traumatized from the violence.

Lessons Learned and Recommendations:-

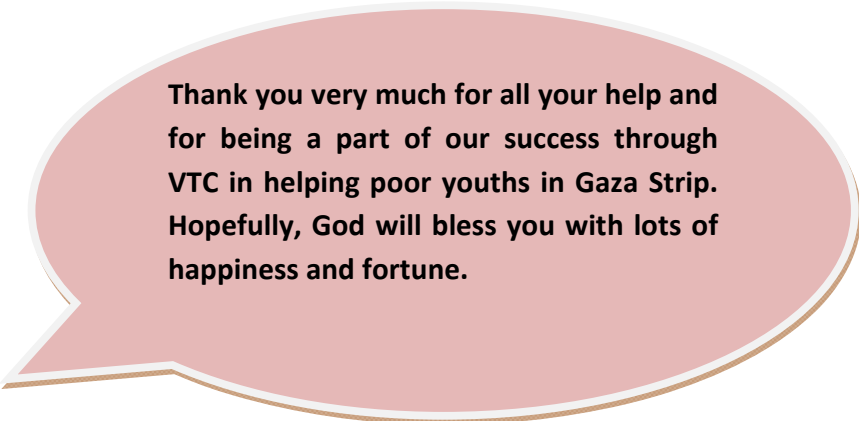
The project implementation mechanism and the management were effective and efficient and should be enforced.

- Expanding the capacity of the VTC to accommodate more students.
- Developing the TVET Curriculum to be more relevant with labor markets needs.

- Improving the capacity building of trainers to provide high quality of vocational training.
- Developing the infrastructures and equipments being key tools to qualify graduates for the labor market in accordance with up-to-date trends.
- There was high level of satisfaction among graduates who find employment.
- Our Graduates can learn new skills and upgrade their knowledge.
- Our graduates can establish good social relations with the labor market owners.

Vocational Education Sustainability

Poor job opportunities causing stress, fear, absence of security and self protection. These feelings negatively affect the well-being of Palestinian society as it creates hatred, divisions, increasing rate of crimes and poor and broken social system. To avoid these expected results, NECC contributes to the reduction of uneducated and unemployment rates through the vocational training and educational program that opens the door to the Palestinian youth to have social sustainability to live in dignity as well as economic sustainability to improve the capacity of self-reliance and livelihood security. Training in vocational arena contributes to developing sustainable skills and these promote autonomy and self reliance of the trainees and enable them to start their career and lead a reproductive life.



Thank you very much for all your help and for being a part of our success through VTC in helping poor youths in Gaza Strip. Hopefully, God will bless you with lots of happiness and fortune.

B) Educational Loans

The educational loans project launched in 1975. The project proved its effectiveness and success through its solid continuous cycle; as the students are fulfill to their loans payments which supported the project to become a self-funding. During 2012/ 106 students were provided with educational loans with no interest rate in an average ranges between \$750 for Bachelor students and \$1000 for master. The repayment started after 3 months of graduation, and continued for 1-5 years.

Duration:

According to study years range between 1-5 years for Bachelor students and 2 years for master.

Eligibility Criteria:

Needy students are targeted to complete their university education. The candidate of Bachelor should have at least an average of 75% in the high secondary school exam. And the master candidates should have at least a very good degree and completed the university accredited hours.

Application Procedures:

- Educational Loans announcement where several organizations, municipalities, universities, were informed.
- The student should present a certified copy of the required certificates
- Enclose a certificate of good conduct from the school/the university
- The availability of 3 guarantors for the candidates having Bank accounts.
- Review the application and select the appropriate.

**Objective: Assist needy students with educational loans to complete their
university education**

It is worth noting that 38 loanees have settled their loans in 2012. In spite of the difficult economic situation, the repayments of the loans have been settled on time due to the availability of three guarantors.

Table 30: No. of loanees who settled their loans and the mechanism they used to pay during 2012

#	Mechanism of paying loan	Per/person
1	Through NECC Office	29
2	Through Bank of Palestine	9

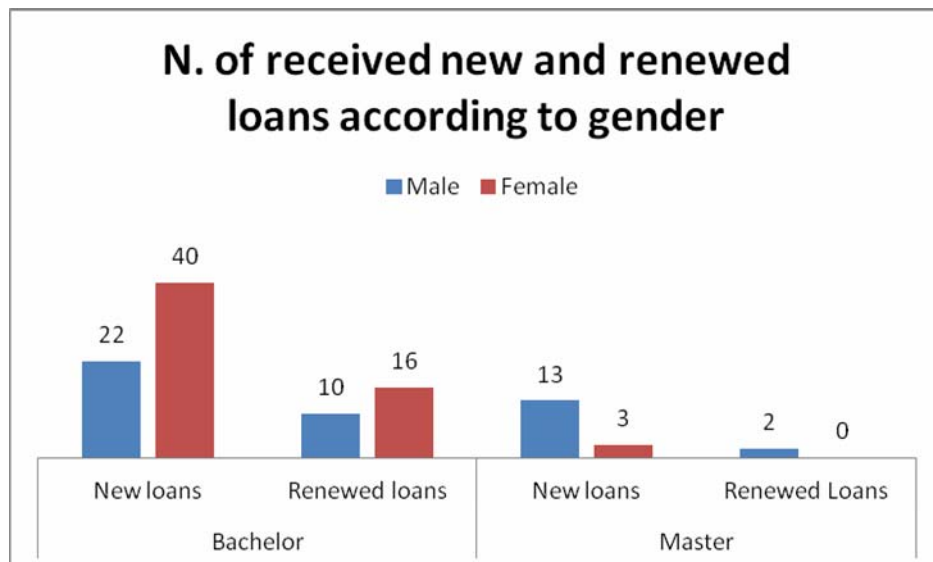
Table 31: N. of loanees who still pay their loans and the mechanism they used to pay

#	Mechanism of paying	Per/person
1	Through NECC Office	104
2	Through Bank of Palestine	8

Table 32: Total N. of received educational loans from 1/1/2012 to 31/12/2012

#	Loans issued	N	Bachelor	Master
1	Loan for the first time	78	62	16
2	Renewed for the 2 nd time	19	17	2
3	Renewed for the third time	6	6	-
4	Renewed for the fourth time	3	3	-
	Total	106	88	18

Figure 8: N. of received educational loans according to gender



On the other hand, while 179 applications for new loans have been taken, the committee received 85 which have been reviewed and found eligible.

Table 33 : N. of applied and accepted applications of educational loans for the Academic year 2012/2013

Academic year	Applied applications		Total	Accepted applications		Total
	Bachelor	Master		Bachelor	Master	
2012/2013	123	56	179	62	23	85

- * 40 new educational loans provided to students who were eligible to criteria of NECC and the guarantors approved by the Bank, and 23 renewed their loans from September to December 2012 for the academic year 2012/2013
- * 38 students, were supposed to receive educational loans in 2011, were provided with new loans during April/May 2012, and 5 renewed their loans that delay was due to the agreement changes with the Bank.

Table 34 : Results – based Logical Framework

Overall Goal / Impact	Indicators	Achieved 'actual'
Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions / marginalized Palestinian youth are empowered to improve their own economic conditions	At least 50% of graduates and supported youth are employed or self-employed within one year of graduation and service (achieving better than national numbers of same age group)	70.5% of our graduates and supported youth were employed within one year of graduation and service (achieving better although national numbers of Palestinians labor force survey in 2012 showed that 36.6% of youth aged 15-29 years are economically active (employed and unemployed); 38.7% in the West Bank and 33.2% in the Gaza Strip.
Specific Objectives/Outcome		
•2.1Provide high quality vocational training in a variety of designed skills and professions to target groups in accordance with the requirements of the society and market. / female and male youth have gained skills and professions that are relevant to the market and society	-At least 95 graduates accomplished their vocational training and graduated annually in 5 fields, 38% of which are females.	-88 graduates accomplished their vocational training and graduated out of 96 enrolled in the 5 fields, 37.5% females. (2 female students from secretary have been dropped out due to their specific family reasons, and others 2 females couldn't rerun the final exam because they were travelled , 3 female students

<p>•2.2 Trainees/students received quality vocational training that considers the state of the art techniques in the concerned fields.</p> <p>•quality of vocational training and associated professional skills development provided to youth and women entering the job market is enhanced</p>	<p>•At least 90% of students enrolled in training have graduated</p> <p>•At least 60% of NECC trainers received TOT and implement the gained skills during the Training sessions.</p>	<p>from dressmaking center have been dropped out due to being married, and one male student from electricity failed).</p> <p>-91.6% of students enrolled in training have graduated</p> <p>100% of NECC VTC's trainers received theoretical TOT course on "Teaching Methods and Classroom Management" in 2012 and implement the gained skills during the Training sessions.</p> <p>-40% of NECC practical Staff received practical TOT during 2012 and implement the gained skills with the students</p>
<p>•2.3 Needy students are assisted to complete their education in fields that respond to the community and market needs</p>	<p>•At least 95 needy students completed their training without having financial constraints (subsidizing training fees for needy trainees)</p>	<p>88 needy students were assisted to complete their training without having financial constraints through installment of training contribution for all students and one needy student from the secretarial studies was exempted from the half of her training fees.</p>
<p>2.4 NECCRW's graduates are assisted in finding employment and self-employment opportunities.</p>	<p>•Over 50% of graduates were assisted to find jobs</p>	<p>•50.7% of those got employed through NECC assistance of linking the graduates with the labor market through the external training conducted for graduates to various workshops, companies...from our vocational training</p>

Expected Results/ Outputs		
2.1.1 Male youth received vocational training in carpentry/furniture making, welding and Aluminum work	<ul style="list-style-type: none"> •39 out of 80 male youth applicants joined the vocational training courses in carpentry/furniture making, welding and Aluminum work 	<p>-36 Male Students succeeded, have been graduated in July 2012 from NECC Gaza VTC's (22 graduates of Carpentry and Furniture and 14 graduates of Metal / Aluminum Works)</p> <p>-According anew group of 39 male students out of 88 applicants joined the training course of 2012/2013 in 1-9-2012</p>
<ul style="list-style-type: none"> •2.1.2 Male youth received Vocational training in general electrical skills and motor and transformer rewinding 	<ul style="list-style-type: none"> •24 male youth out of 240 applicants received vocational training in general electrical skills and motor and transformer rewinding annually 	<p>-19 Male Students succeeded, have been graduated in July 2012 from NECC AL Qarara VTC's of general electrical skills and motor and transformer rewinding</p> <p>-According anew group of 24 male students was selected out of 297 applicants joined the 2012/2013 Electricity Course in 1-11-2012</p>
2.1.3 Female youth received Vocational training in secretarial and office work	<ul style="list-style-type: none"> •20 female youth out of 60 applicants received vocational training in secretarial and office work 	<p>-19 female students succeeded, have been graduated in July 2012 from Secretarial Studies and English Language center.</p> <p>-40 female out of 42 applicants had an intensive English Language Course for 3 months during September, October, November 2012 because the student's English Language level was lower than the required.</p> <p>-According anew group of 23 female students out of 42 applicants, passed the English Language Course, joined the</p>

		2012/2013 vocational training course of Secretarial Studies and English Language
•2.1.4 Female youth received Vocational training in advanced sewing	•15 female youth out of 30 applicants received vocational training	-14 students succeeded , have been graduated from advanced dressmaking center in July 2012 •According anew group of 20 female out of 35 applicants joined the 2012/2013 advanced dress making course
2.2.1 Advanced vocational training for NECC staff is provided (15 staff)	number of NECC staff who received capacity building on vocational training disaggregated by type, location of training and duration	20 of NECC Staff received theoretical TOT Course in “Teaching Methods and Classroom Management” including 15 male , 5 female on how to deal with students and with each other” for 3 days in NECC administration/ lectures hall during 2012 -2 trainers of Electricity and Motor Rewinding Vocational Course and 7 graduates received 4 practical training courses in the field of “ Programming Interface controller /PIC” conducted for 30 hours in the Electricity Center in 2012 -A trainer received practical training course in Painting Furniture Department in an external workshop for a week. A trainer received practical training course in Aluminum Works for 10 days in an External Workshop.

2.2.2 Linkages with Alumni and market enhanced and feedback integrated into training programs	•At least 2 upgrades from the graduates and the market are included in the training program	7 upgrades from our graduates and market are included in PIC training “ Programming Interface Controller “ in the field of electricity as a result of their feedback about the needs of the market.
2.3.1 Educational loans to students to complete their study at Palestinian universities were provided (60-70 students)	•At least 60 educational loans provided to students to complete their study at Palestinian universities	63 educational loans provided to students to complete their study at university for the year 2012 (40 new educational loans provided to students who are eligible to criteria of NECC and the guarantors agreed by the Bank, and 23 renewed their loans from September to December 2012 for the academic year 2012/2013). - 38 students, supposed to receive educational loans in 2011, were provided with new loans during April/May 2012, and 5 renewed their loans due to the agreement change with the Bank.
2.4.1 Follow-up graduates, one year of graduation is conducted.	-Annual Follow-Up is conducted -at least 70% of graduates were followed after graduation.	Annual follow-up was conducted 100% of graduates were followed after one year of their graduation
2.4.2 A mechanism to connect students with labour market is established	-at least 50% of those connected =through NECC joined the labour market through the link after graduation from vocational training	50.7% of those got employed after their link with the labor market through NECC external training in which 34 students got employed in the workshops where they have trained through NECC
2.4.3 Assistance is extended to NECCRW graduates to start their own businesses.	At least 2 graduates established their own business annually with the assistance of NECC.	2 graduates from Electricity and Motor Rewinding VTC established and opened their own workshops, assisted with the consultations of NECC

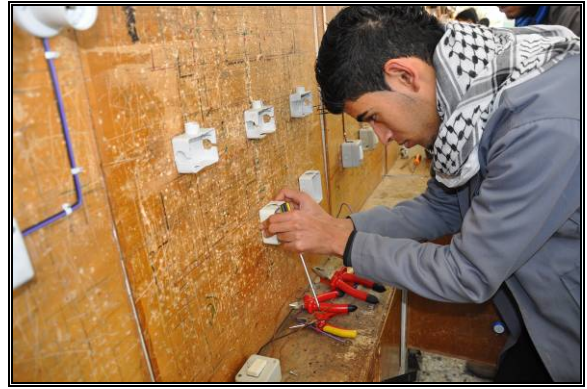
























Emergency Relief and Welfare Program

Overview

NECCCRW launched its Welfare and Relief Program since 1952 , to provide assistance to needy people. The program aims at offering financial support for needy families , that enable them to have their basic needs. And through assist unemployed graduates of the Palestinian families through securing temporary job opportunities to create more efficient means to employment seekers with respect to their humanity and dignity.

This program addresses the on-going emergency situation in Gaza that is dramatically more deteriorating especially after the 14th November 2012 Israeli Escalation and violence on Gaza, pushed the region in a drastic humanitarian crisis. Palestinians living in Gaza Strip is continuously under severe strain, mainly due to the prevailing contextual factors resulting from the Israeli occupation, political conflict, siege imposed on Gaza and its associated features manifested in poverty, unemployment, lack of basic requirements such as food, fuel, electricity and so on

Our emergency program and activities address the immediate and longer-term consequences of protracted conflict in support of individual and community coping strategies. Our humanitarian assistance mitigates the negative effects of the violent environment, giving special attention to those most affected and vulnerable, and the poorest of the poor.

Following to the ongoing suffering associated with the Israeli incursions to the Gaza Strip, NECC targets this pioneering emergency program aiming at poverty to meet part of the insufficiency of basic humanitarian assistant/need (food and medical) Support. Over 75% of the population are dependent on humanitarian aid. Unemployment stands at 45%, one of the highest rates in the world.

Overall objective

Providing emergency assistance to alleviate the impact of emergency humanitarian situations of Palestinians in Gaza Strip through attaining cash for work “temporary jobs”, and cash relief for one time to secure food.

Specific Objectives:

- to enhance NECC’s ability to mitigate the effects of and respond to emergencies
- To assist needy and poor households living in Gaza Strip with one-time cash assistance to secure at least their basic needs, including food.

- To implement Job creation opportunities for people in areas suffering from high unemployment to alleviate living conditions for hardship families

Objective 1: NECC’s ability to mitigate the effects of and respond to emergencies

NECC is a humanitarian organization with well-prepared ground to mitigate the negative effects of the violent environment, giving special attention to those most affected and vulnerable, and the poorest of the poor through its emergency relief program including needs and context assessment, strategic and contingency plans, capable staffing, and relevant publications including quarterly and annual narrative and financial updated reports. During 2012 NECC applied Emergency appeals to Act Alliance, PMP, and Embrace the Middle East. Until the end of December 2012, we haven’t received any grants. Initial approval of PMP and Embrace the Middle East.

Table 35 : Emergency interventions during 2012

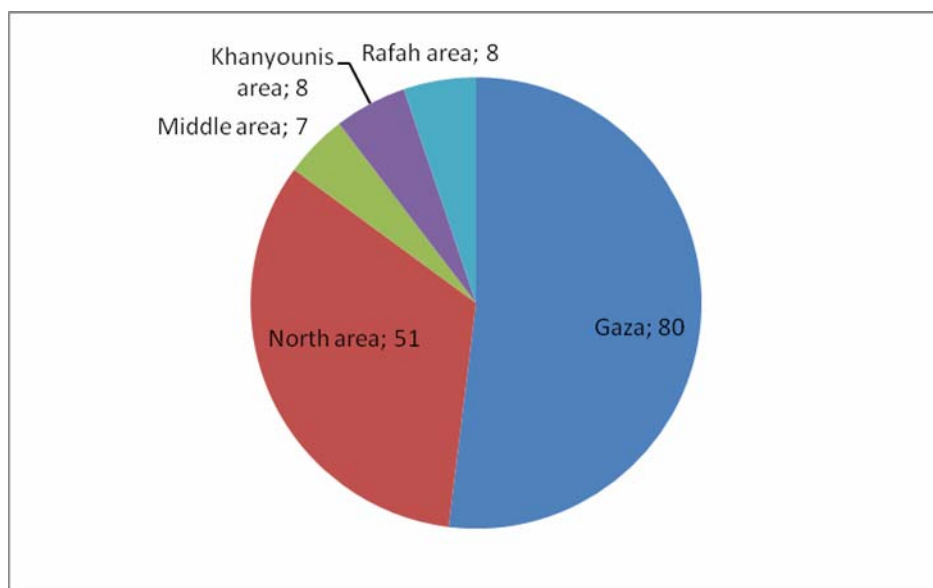
project	location	N. of beneficiaries	Implementation Period
Cash Relief Assistance	Gaza Strip	154	From 1/1/2012 to 31/3/2012
Cash for work “ temporary job opportunities”	Gaza Strip	60	From November 2011 to March 2012
Cash for work	Gaza Strip	158	From April /2012 to June 2012



Objective 2:- Cash Relief Assistance during 2012

- **154 poor and needy families living in Gaza Strip were assisted with one-time cash assistance with an amount of \$70, funded by Act Alliance from 1/1/2012 to 31/3/2012**

Figure 9 N. of Families received cash relief according to Geographical Distribution



Main activities implemented for achieving the above objective “ cash assistance”

can be summarized as follows:

- Coordinate with Community Based Organizations located and served in different parts of Gaza Strip to provide NECC with lists of needy families in the community.
- Conduct brief social study for each family by social workers.
- Establish a file for each potential recipient, including the social worker study, a copy of their ID, and recommendation from the referring CBO's
- Deliver the beneficiary one-time cash support with an amount of \$70.

Monitoring

The social workers conducted sample home visits to the beneficiaries to ensure that the amount was spent in accordance with the expressed when interviewed in our office.

Impact and Sustainability

One-time relief assistance is very helpful but it would be for a short time and the impact would not be measured except immediate response to meet at least their basic food. Targeted beneficiaries may no longer suffer from the same shortage of food, but they remained economically dependent and unable to care for themselves, and socially, culturally and academically isolated from the rest of the world.

Despite the progress towards the sustainability of NECC's operations in Gaza, it must also be recognized that there are limitations to sustain a service provision project like this mostly due to political in nature. A durable solution to the conflict is required before the socioeconomic and political situations improve, allowing sustainable improvements in beneficiaries' status.

Objective 3: Cash for Work / Temporary Job Opportunities during 2012

The Job Training Program for Ex-VTCs, Diploma, and University Graduates funded by ACT Alliance

60 unemployed Ex-VTC , external diploma, and university graduates were assisted with temporary job opportunities, funded by the Act Alliance as a continuation of Act appeal , implemented in December 2011 until 31 March 2012.

Table 36: Number of Graduates got temporary job opportunities and number of Working Days, assisted by ACT according to gender

Gender	N. of graduates	N. of working days
Male	31	1283
Female	29	1076
Total	60	2359

The Job Training Program for Ex-VTCs, Diploma, and University Graduates funded by Pontifical Mission

- 158 unemployed ex-VTC , external diploma, and university graduates were assisted with temporary job opportunities, funded by the Pontifical Mission

The project was initiated , designed, and implemented with the goal of eliminating the financial suffering of the target breadwinners and achieved **the following outputs:-**

- Providing 110 unemployed ex-VTC and external diploma graduates and with temporary job opportunities for 3 months period

Table 37: Number of VTC's Graduates who got temporary job opportunities and N. of working days, assisted by Pontifical Mission according to gender

Gender	N. of graduates	N. of working days
Male	55	3865
Female	55	3798
Total	110	7663

- Providing 48 unemployed ex-university graduates with temporary job opportunities for 3 months period.

Table 38 : Number of university Graduates and working days assisted by PMP job creation project according to gender

Gender	N. of graduates	N. of working days
Male	21	1447
Female	27	1864
Total	48	3311

- Alleviating the hardship of about 649 family members of the ex-vocational training centers, and 248 family members of ex-university graduates.
- Establishing strong relations with local community such as workshops owners, NGO's, and private sector in order to host and support our graduates.

Criteria of Selection

In this context, the project reached the beneficiaries through adopting the following steps as selection criteria:

- The project staff conducted orientation meetings to explain the project objectives, community needs and beneficiaries' selection criteria.
- They defined the beneficiaries of short term employment taken in consideration the following:
 - Unemployed
 - Has no income resource at all
 - At least bachelor certificate for university graduates.
 - Gender equality
 - Graduates of the last 3 years
 - Be committed to agreement conditions.

Table 39 : Roles and Responsibilities of Human Resources assigned on that project

Title	Roles
Project coordinator	1-Regular follow-up of action plan and activities 2-Monitoring and supervising the progress action 3-Monthly reporting 4-final narrative reporting 5-evaluation and measuring the project impact
Social Workers and Support Staff	-Developing data base of young graduates -Developing selection Criteria -selection of young graduates -Coordination with host parties -preparation and signing agreements -preparing case study file for each graduate -Field visits and follow-up -Developing evaluation sheet

Main activities for achieving the 2nd above objective” temporary job opportunities” includes the followings:-

- select unemployed ex-university/Diploma graduates for short term employment
- coordinate with NGOs and private sector to host our graduates

- Sign agreements between the graduates and the hosting party
- distribute graduates among the hosting parties
- install graduates payments

Project Monitoring and Evaluation

The basic element of any project matrix comprises inputs, activities, outputs, purpose, and goals. In other words input is provided, activities are undertaken, output is produced then evaluation is needed to assess the impact of the project in meeting its purpose and goal.

A routine periodic monitoring was carried out to track project progress against planned tasks. An adequate and effective M&E in system as follows:

- Periodic field visits to the labor market (145 field visits conducted during the lifespan of the project, 88 field visits to VTC's and diploma graduates, and 57 field visits to University graduates).
- Daily phone calls to the stakeholders.
- The attendance of workers is tracked on daily basis a documented to form base for Monthly templates.
- * One of the main evaluation purposes was to assess the impact of short term employment on the beneficiaries and to bring about recommendations to further strengthen the sustainability of the livelihoods of beneficiaries. To assess the impact of the project on the beneficiaries, quantitative and qualitative tools were used. 142 Pre/post assessment questionnaires were distributed to direct beneficiaries.

Project Impact

In general, one of the key advantages of short term employment project is providing beneficiaries with a degree of choice with regard to their own spending priorities which was achieved in addition to generating income for vulnerable ones to improve their situation. Moreover, it contributes to building the capacities of beneficiaries and local community institutions.

the project impact was divided in to different categories and levels as follows:-

Beneficiaries (households) level

In this project the cash injection was appropriate and necessary response enabling beneficiaries to choose the means of their own livelihood recovery.

One of the available evidence from extracted information, that people do not use the money to purchase non-essential goods, and that it is spent on basic items that are needed to protect their livelihood. The majority of participants used direct cash payments for purchasing food items. Others indicated that the cash was gone towards repayment of loans, education, and health.

- The duration of the project was calculated around a work time of 3 months to give a source of income to make reasonable contribution to household income to some extent. The short term employment beneficiaries felt that they can benefit more from a longer duration of work, but in general they felt that the duration was adequate for their immediate needs.

Household's Income

Short term employment provided an essential source of income for the majority of the project participants and their households. It contributes in alleviating the hardship of about 649 family members of the ex-vocational training centers, and 248 family members of ex-university graduates. And so the majority of surveyed were satisfied from their economic improvements.

Promotion Opportunities of Beneficiaries

One of the main positive impacts is that 5 of youth sustained and got a chance in being employed even after the end of short term employment (2 of them in electricity workshop, 1 in Palestinian Communication Company, 1 in speed- Click Company and 1 in medical diagnostic center). So, the project opened new doors of hope and ambition for the beneficiaries as one of them said " I can't believe that I'm employed now, the project is the candle that lightening my life". Moreover, a number of beneficiaries were promised from the related institutions to have a chance in employment. (So, only 5 of youth got permanent jobs and employed after the end of short term employment, it is not a high number of youth got employed as expected to be due to the difficult economic situation that affects mostly in labor permanent work to provide them income. Meanwhile, a number of beneficiaries were promised to have a chance of employment later.

Lessons learnt and Recommendations:

- The project implementation mechanism and the anagement were effective and efficient and should be enforced.
- Expanding the coverage and beneficiary numbers by increasing the size of targeted beneficiaries and covering other stakeholders.
- Extending the project period up to 6 months, this give the beneficiaries the chance of improving their livelihood for a longer term.
- Consider an increase in wages based on market prices in future projects.
- Focusing on the family size and family income as a main selection criteria.
- There was high level of satisfaction among all project stakeholders.
- Graduates can learn new skills and upgrade their knowledge

Although the project is over, I feel connected to the association I worked in. Continuously, I am taking care of visiting them and ready to do anything related to my work when needed, although I am not paid for that. The project has strengthened a sense of responsibility and dedication to our community.

Graduate quoted

SUCCESS STORIES on the Job Training Project

Omar Skaik

Graduate Omar Abdullah Abdul Karim Skaik was born in 1988 and lives in Gaza city at Tel al-Hawa,.

Omar was Graduated from the Islamic University of Gaza in the Management College ; Finance and banking class, he worked as a volunteer in Ibn Khaldun organization as a graphic designer & photographer for 7 months, and worked as a volunteer in many other NGO's such as Mercy Corp and Adam Center and Sharek Forum .His family consists of 7 members, and his father is unemployed and has a brother, who is a university student, and 2 brothers are school students, and a sister 27 years old who is physically and mentally handicapped. Omar is the sole breadwinner of his family.

Omar got an opportunity to work in a Speed click Company (an Internet services company) through NECC job creation project funded by the Pontifical Mission and his work was as a technical support and technical problem-solving.

Due to his high activity and excellent work he did during the three months of the project, the company decided to give him a permanent contract for work since July 2012.

Omar is the sole breadwinner for his family and was able through his work for 3 months Job creation project of the Pontifical Mission to provide his family with the main needs.

After he got the new permanent contract, he became able to provide his family with their needs as he had a monthly income.

Omar was appreciated to NECC to give him this opportunity through this project of the Pontifical Mission as they gave him the chance to get a permatat job and to live with his family with dignity.

Fedaa' Samara

The graduate Fedaa' Mustafa Mahmoud Samara, born in 1991, carries the identity number 802850164, and lives in Gaza city –Darraj area and has a mobile No. 0597000859.

Miss Fedaa' was a student at NECC secretarial center and graduated in 2010.

Her family consists of 4 members; her father (65 years) is unemployed and her mother (64 years) who is a patient with diabetes mellitus and hypertension. So Fedaa' is the main supporter for her family and their life needs.

Fedaa' had worked through NECC job creation project as she got an opportunity to work in Paltel Company (Palestinian Communication Company) for 3 months as a secretary in the company. Fedaa' was so active in work and she did her job to the fullest so the company promised to give her an opportunity for one year contract.

she was able to provide her family the essential and basic needs of living and now as she will get a permanent job at the communication company by this contract so this means that her family will be able to have a monthly and can provide their needs to live with dignity.

Fedaa' was appreciated the efforts of NECC and thankful for helping her to find her way to success and change her life and her family life too.



Employment and Income Generating Co-operative “Self-Help”

10 women at the self support sewing are continuing their performance in producing garments of all kinds and earned monthly income of \$ 175.

Table 40 : Results based Logical Frame Work

<p>Overall Goal/Impact</p> <p>5. Provide emergency assistance to alleviate the impact of emergency humanitarian situations when required./ Impact of emergency situation has been alleviated through the provision of humanitarian assistance</p>	<p>Indicators</p> <p>Targeted Palestinians and communities are able to attain cash for work “ temporary jobs”, cash relief for one time to secure food , medicine, and daily needs, and health and education services comparable to pre-emergency status¹(when funds are available).</p>	<p>-During 2012, supported by Act Alliance as continuation of Act appeal, implemented in December 2011, 158 families were assisted with cash relief for one-time to secure their daily basics, and 60 unemployed graduates were assisted with temporary job opportunities.</p> <p>- Supported by PMP, 158 unemployed graduates attained cash for work opportunities.</p>
<p>Specific Objectives/Outcome</p> <p>5.1 Enhance NECC's ability to mitigate the effects of, and respond to emergencies</p>	<p>Indicators</p> <ul style="list-style-type: none"> • NECC have scenario analysis, plans and possible resources, updated quarterly/ 	<p>-NECC is well-prepared humanitarian ground to mitigate the negative effects of the violent environment, giving special attention to those most affected and vulnerable, and the poorest of the poor through its emergency relief program including</p>

	<ul style="list-style-type: none"> • 70% of applied appeals are granted 	<p>needs and context assessment , strategic and contingency plans , capable staffing, and relevant publications including quarterly and annual narrative and financial updated reports.</p> <p>-2012 year certified a continuation implementation of Act appeal regarding cash assistance and job creation , implemented in December 2011 till the end of March 2012</p> <p>-Christian Aid supported our health program through Act Palestine Forum appeal for 2012</p> <p>-We applied Emergency appeals to Act Alliance, PMP, and Embrace the Middle East. Until the end of December 2012, we haven't received any grants except Initial approval of the appeals by PMP and Embrace the Middle East.</p>
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<p>5.2 Families affected by the on-going emergency situation have enhanced their humanitarian status</p>	<ul style="list-style-type: none"> Over 90% of assisted families humanitarian status is enhanced 	<p>-cash relief assistance for 158 families during 2012 was a continuation of Act emergency appeal implemented in December 2011. After that no grants was delivered regarding cash assistance.</p> <p>- Cash for work / 60 temporary job opportunities created for youth supported by Act Alliance was also a continuation of Act appeal implemented in December 2011</p> <p>- In April 2012, 158 jobs opportunities were created, funded by PMP for 3 months</p>
<p>Expected Results/Outputs</p> <p>5.1.1 Organisational Capacity Assessment is completed</p>	<p>Indicators</p> <ul style="list-style-type: none"> ACT-CDI Organizational Capacity Assessment report by 2013 	<p>it will be completed by 2013</p>
<p>5.1.2 Capacity issues Identified from the assessment are developed.</p>	<ul style="list-style-type: none"> All issues identified are bridged by 2015. 	<p>NECC has its strategic plan for 2012-2015 identified all</p>

		of its programs and services
5.1.3 NECC active in ACT Forum meetings.	<ul style="list-style-type: none"> All ACT form meetings attended. 	All of the monthly ACT forum meetings were attended
5.2.1 Needy households were assisted through cash assistance	<ul style="list-style-type: none"> 4,000 households assisted through cash support in 2012 	154 poor and needy families living in Gaza Strip were assisted with one-time cash assistance with an amount of \$70, funded by Act Alliance
5.2.2 Job opportunities for individuals were created.	<ul style="list-style-type: none"> 90 jobs created for unemployed of 3,500 working days in 2012 	<p>-60 job created for unemployed VTC's and University graduates of 2359 working days, supported by ACT Alliance. (31 male, 29 female).</p> <p>-158 job created for both gender unemployed VTC's, Diploma, and university graduates of 10974 working days, supported by Pontifical Mission as follows:-</p> <p>-110 jobs created for unemployed VTC's and Diploma (55 male, 55 female).</p> <p>-48 jobs created for unemployed university graduates (21 male, 27 female).</p>



Advocacy Program

NECC Advocacy program aims at mobilizing and empowering Palestinian and other relevant communities to seek just and equal human rights. NECC advocating it's served community beneficiaries through conducting Health, Culture, and Psychosocial awareness.

Moreover, community training is provided about health, social, and psychosocial issues. Women's empowerment through conducting awareness lectures; encouraging women to meet, talk, learn, and defend their rights.

Furthermore, community involvement in the planning, the implementation, and the evaluation of health services. Regular Community meetings with community leaders to assess the quality of NECC services and improve them. Health Education brochures distributed to community. NECC Students Participation in Coalitions Campaigns to defend captives' rights and disabled rights.

And finally NECC applied the advocacy policy of "Referral of NECC served Communities Children aged 0-6 to have all health services for free within governmental Hospitals ", as approved by the Ministry of Health.

Difficulties and constraints

- The continued restrictions and closures had been imposed on the entry of foreigners to Gaza and many had been denied entry including a number of donors' agencies representative, church delegations and even diplomatic corps especially during the period of the last Israeli offensive on Gaza.
- The delay in applying the child protection policy due to not having the training that was supposed to be in September 2012.



Table 41 : Results based log frame

<p>Overall Goal/Impact</p> <p>Mobilize and empower Palestinian and other relevant communities to seek just and equal social and economic rights for Palestinians.</p>	<p>Indicators</p> <p>1 to 2 policy/advocacy issues resulted in improving justices and economic status</p> <p>Palestinian refugees and communities’ social and economic internationally guaranteed rights are high on the local, regional and international agenda (right to work, health, water, gender equality)</p>	<p>-NECC applied the advocacy policy of “Referral of NECC served Communities Children aged 0-6 to have all health services for free within governmental Hospitals “, as approved by the Ministry of Health.</p> <p>- We are engaged in developing a comprehensive child protection policy to apply it during 2013</p>
<p>Specific Objectives/Outcome</p> <ul style="list-style-type: none"> To enable and empower the local community to advocate its issues to achieve social equality./ Palestinian refugees and marginalized communities in Gaza are advocating their issues to achieve social equality 	<p>Indicators</p> <p>3 social and economic issues raised by local communities</p> <p>At least 70% of social and economic issues raised, and advocated are achieved</p>	<p>-First Aids and Home Accidents topic raised by women and we applied training course for them in this field</p> <p>-Family Planning issue raised and required by the local community in Rafah area , we are preparing to apply it in 2013</p> <p>We will focus more in 2013 in local community meetings and advocating their issues</p>

	<p>10 coordination meetings attended with the relevant organizations</p> <p>10 visits paid by relevant internationals</p> <p>4 relevant publications released</p>	<ul style="list-style-type: none"> •Continuous monitoring satisfaction •Typically, before each program community meeting took place with community leaders to assess needs and relevance, and ensuring that their voice is well-presented at the design stage •Involvement in the implementation continuously happens •Involvement in the evaluation including presenting results of the work to beneficiaries <p>-pre/ post implemented questionnaires</p> <p>75 coordination meetings attended with the relevant organizations by NECC Staff during 2012</p> <p>37 visits paid by relevant internationals</p> <p>NECC released progress reports, annual reports, Success Stories uploaded on NECC Website, and Health Education and Awareness publications.</p>
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Community Development Activities during 2012

NECCCRW implemented several community development activities:

- NECC provided the “Red Crescent “in Gaza with Stationary to conduct their illiteracy programs in Gaza Strip.
- NECC supported “IOCC” with handicrafts implemented by Gaza Center Students.
- The students of Gaza Vocational Training center “Carpentry and Furniture Making” repaired all of YMCA furniture and provided them with counter and file cupboards.
- The students of Gaza Vocational Training center from both departments repaired some of “Al Amal Orphans Institute” including wood /metal chairs and beds
- NECC\VTC Gaza made some repairing for the Baptist church school in Gaza.
- NECC\VTC continued supporting the needs of the NECC family health centers.
- NECC supported “Palestine Sports Club” with handicrafts implemented by Gaza Center Students.
- NECC provided “Palestine Avenir Foundation / Cerebral Palsy Center” with handicrafts and cupboards.

Table (42) No. of Palestinian Refugees Camps in Gaza Strip as registered in UNRWA

The Gaza Governorates have a population of approximately 1,5 m including over 1,263,312 Palestinian refugees registered with UNRWA defined as follows:

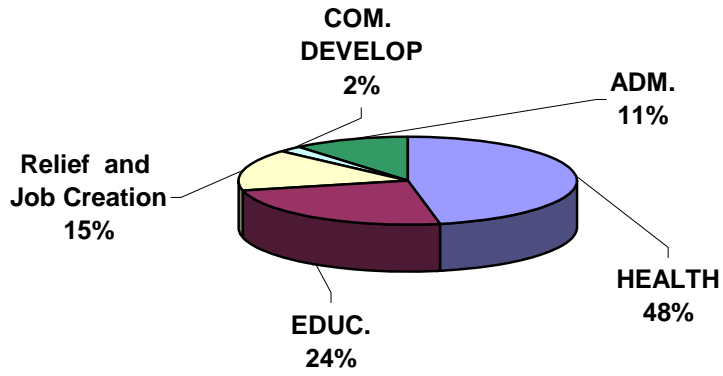
Registered Refugees					Other Registered Population		
Area	Camp	In Camps	Not in Camps	Total Reg. Refugees	Other Registered Persons **	MNR Family Members ***	Total Population
Jabalia	Jabalia	112,014	107,501	219,515	2,312	2,611	224,438
Rimal	Beach	90,022	112,949	202,971	3,558	4,349	210,878
Zeitun	-	0.00	138,082	138,082	11,632	10,632	160,346
Nuseirat	Nuseirat	69,557	35,429	141,083	1,431	1,669	144,183
	Burejj	36,097					
Deir El Balah	D/Balah	21,967	51,388	100,196	1,535	2,400	104,131
	Maghazi	26,841					
Khan Younis	Kh/Younis	75,073	130,072	205,145	4,391	8,162	217,698
Rafah	Rafah	108,944	87,199	196,143	3,181	2,314	201,638
Total	8 Camps	540,515	662,620	1,203,135	28,040	32,137	1,263,312

**** Other registered persons: are those who do not fully meet UNRWA's Palestine Refugee criteria. While registered for the purpose of receiving UNRWA services, other registered persons include: Jerusalem poor, Gaza poor, Frontier villagers, Compromise cases, Kafaleh (adopted)**

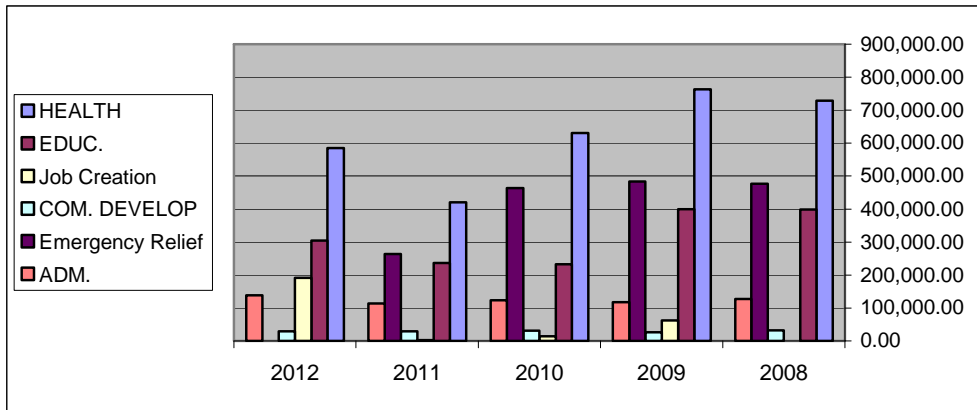
***** MNR family members are also part of the other Registered persons category, but their numbers are separated for tracking and monitoring purposes.**

Information is based on UNRWA registration statistical bulletin No. (04/2012) by department of Relief and Social Services – UNRWA – HQ (Amman)

How the money was spent in the year 2012



■ HEALTH ■ EDUC. ■ Relief and Job Creation ■ COM. DEVELOP ■ ADM.



*“I Always Pray with Joy because of your partnerships ...,
being confident of this that those who began a good work
will carry it on to completion”*

(Philippians 1:4-6)

ACKNOWLEDGEMENT TO OUR SUPPORTERS:

NECCCRW's programmes have been sustained over the last six decades with the generous assistance received not only from its major partners, but also from EU and many other individuals and organizations.

Many thanks to all of them and to any supporter whom we might have missed to declare for their solidarity and support to our people which was made through MECC/DSPR in general and Gaza Area Programme in particular, who helped us in Gaza Strip to find our own limited solutions and to keep the important witness which continues to generate hope among the needy in this part of the world. We shall continue to appreciate the support of our partners who are requested to keep the active witness through their solidarity with our ecumenical programme for the service of all His people.

1. ACT International (Action by Churches Together)
2. Amos Trust
3. Bread for the World
4. CARITAS in France, Switzerland, Luxemburg & Jerusalem
5. CCFD
6. CFOS (Canada)
7. Christian Aid, UK
8. Church in Wales, UK
9. Church of Sweden
10. Danchurchaid, Denmark
11. Danida, Denmark
12. Diakonisches Werk, Germany
13. Diocese of Aalborg, Denmark
14. Embrace the Middle East (UK)
15. Evangelical Lutheran Church in America
16. Evangelischer Entwicklungsdienst e.V (EED), Germany
17. FinChurchAid
18. Interchurch Organization for Development Cooperation (ICCO), Holland
19. KAIROS, Canada
20. Lutheran World Relief, USA
21. Mennonite Central Committee
22. Middle East Council of Churches
23. National Council of Churches, Australia & AusAid
24. NECEF, Canada
25. Norwegian Church Aid
26. Pontifical Mission for Palestine
27. St. Patrick's Cathedral, Dublin
28. The Bromages, UK
29. The Church of Scotland
30. The Mission Covenant Church of Sweden
31. The Reids, Australia
32. World Council of Churches

Middle East Council Of Churches Committee For Refugee Work

DSPR/NECC

Mediterranean
Sea

GAZA STRIP

