

Near East Council of Churches (NECC)

Department of Service for Palestinian Refugees

DSPR/Gaza Area



Rubble with a message in Shijaia, a neighborhood of Gaza City that was hard hit by the Israeli military during the 2014 war. NECC runs a health care center and a vocational training center in this area.

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Annual Report

2015

March 2016



"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)

Preface

This document is the NECC annual report, a joint coordinated and elaborated work organized by NECC-Gaza staff in full cooperation between all centers and departments.

The purpose of this annual report is to give comprehensive information on NECC programs implementation year 2015, highlighting and summarizing the achievements that have been realized with regards to the stipulated and intended goals considering the different aspects of context in the Palestinian territories mainly in the Gaza Strip.

Given the long experience in Gaza context, NECC became a leading organization operating in the fields of health, economic empowerment, psychosocial support, advocacy and community development in Gaza. Since its establishment in 1952, NECC has been implementing different programs to cohesively respond to the needs of its community.

During its dedicatedly continuous work, NECC is accumulating much more experience and gaining more success in the delivery of its program for the favor of its identified beneficiaries without any regard to gender, age, religion, political and/or racial issues.



Acknowledgement

This work has not come into reality without the full commitment, dedication and cooperation of those wonderful people who have exerted continuous and valuable efforts to bring the success to NECC different implemented programs.

The NECC staff, beneficiaries themselves, partners, donors and all parts of the local community have participated each in its important role into the successful delivery of our work; providing efforts, time and resources deemed essential.

Thus, our deep thanks and gratitude goes to those beloved ones accompanied with our warm regards of happiness and prosperity of life to each person of them.

With respect...

NECC/DSPR-Gaza

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List of abbreviations:

<i>AEI</i>	<i>Ard El Insan Organization</i>
<i>ACT</i>	<i>Action of Churches Together</i>
<i>ANC</i>	<i>Antenatal Care</i>
<i>BftW</i>	<i>Bread for the World</i>
<i>CBO</i>	<i>Community Based Organization</i>
<i>CPWG</i>	<i>Child Protection Working Group</i>
<i>DSPR</i>	<i>Department of Services for Palestinian Refugees</i>
<i>EME</i>	<i>Embrace the Middle East</i>
<i>EU</i>	<i>European Union</i>
<i>EPP</i>	<i>Emergency Preparedness Plan</i>
<i>GAD-7</i>	<i>Generalized Anxiety Disorder</i>
<i>GCMHP</i>	<i>Gaza Community Mental Health Psychosocial Support</i>
<i>HB</i>	<i>Hemoglobin</i>
<i>HAP</i>	<i>Humanitarian Accountability Partnership</i>
<i>HHs</i>	<i>Households</i>
<i>IUD</i>	<i>Intra Uterine Device</i>
<i>MOH</i>	<i>Ministry of Health</i>
<i>MOL</i>	<i>Ministry of Labor</i>
<i>NCA</i>	<i>Norwegian Church Aid</i>
<i>NECC</i>	<i>Near East Council of Churches</i>
<i>NECCCRW</i>	<i>Near East Council of Churches for Refugees Work</i>
<i>NGOs</i>	<i>Non-Governmental Organizations</i>
<i>OCHA</i>	<i>The United Nations Office for the Coordination of Humanitarian Affairs</i>
<i>PCBS</i>	<i>Palestine Central Bureau of Statistics</i>
<i>PHC</i>	<i>Primary Health Care</i>
<i>PHQ</i>	<i>Patent Health Questionnaire</i>
<i>PNC</i>	<i>Post Natal Care</i>
<i>PRCS</i>	<i>Palestinian Red Crescent Society</i>
<i>PSS</i>	<i>Psychosocial Support</i>
<i>SDQ</i>	<i>Strength and Difficulties Questionnaire</i>
<i>TOT</i>	<i>Training of Trainers</i>
<i>TVET</i>	<i>Technical Vocational Education and Training</i>
<i>UCAS</i>	<i>University College of Applied Sciences</i>
<i>UNICEF</i>	<i>United Nations Children's Fund</i>
<i>UNRWA</i>	<i>United Nations Relief and Works Agency for Palestine Refugees in the Near East</i>
<i>UPA</i>	<i>United Palestinian Appeal</i>
<i>VTC</i>	<i>Vocational Training Centers</i>
<i>VTP</i>	<i>Vocational Training Program</i>
<i>WHO</i>	<i>World Health Organization</i>

<p>Middle East Council of Churches Committee for Refugee Work Gaza Area</p>		<p>مجلس كنائس الشرق الأوسط دائرة خدمة اللاجئين الفلسطينيين منطقة غزة</p>
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Miss Araxi Muneer Waheed	Vice-Chairperson	Retired pharmacist
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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.



The current situation in the Gaza Strip is best described as acute on top of chronic, man-made, political in origin and can only be politically resolved. The UN described the situation as chronic emergency situation and also as a protracted human dignity crisis. In an ordinary situation, more than one third of those who are able and willing to work are unemployed—one of the highest unemployment rates in the world. Also 57% of Gaza households are food insecure and about 80% are aid recipients. Coping strategies for food shortage included reducing the quality of food and number of meals which stunts the development of children. Long-term exposure to chronic malnutrition is found in 10% of children under five. Anemia is found in at least every second child and more than two thirds of pregnant women. Fertility remains high, at 5.3 children per woman. A longstanding electricity deficit, compounded by shortages in fuel needed to run Gaza's power plant, results in power outages of up to 18 hours a day. Only a quarter of households receive running water every day, during several hours only. UN reports show that over 90% of the water extracted from the Gaza aquifer is unsafe for human consumption.

The most dramatic event in the year 2014 was the launching out of the Israeli Aggression on the Gaza Strip. On July 7th 2014, Israel launched a large-scale military operation against the Gaza Strip. According to UN report released in August 2014, the scale of destruction, devastation and displacement wreaked in the 51 days of conflict that ensued is unprecedented in GS, since at least the start of the Israeli occupation in 1967. The later war on Gaza has compounded issues for the people of Gaza stemming from several years of embargo, recurrent military conflict, occupation and economic deprivation. In less than 5 years, from 1.7 million unprotected civilians living in Gaza (no safe space, no bomb shelters, no alarm/warning system, essentially no place to flee and all borders sealed), there were over 4000 Palestinian fatalities, tens of thousands of injured people including children and women, massive destruction of houses and buildings and nearly 30% of the population were displaced to shelters and collective centers.

During the 51 days of aggression on Gaza, virtually the whole population of Gaza was exposed to conflict and affected by damage to vital electricity and water infrastructure. Palestinians residing east of Salah Ald-Din Road, in northern Gaza, Shajaia, Khanyounis, Rafah and certain parts of Gaza City were particularly affected. According to the MOH statistics, at least 2,133 Palestinians have been killed including 500 children (187 girls and 313 boys), 257 women.

Many fatalities involved multiple family members, with at least 142 Palestinian families having three or more members killed in the same incident, for a total of 739 fatalities. According to the Palestinian

Ministry of Health, over 11,100 Palestinians, including 3,374 children, 2,088 women and 410 elderly were injured. Preliminary estimates indicate that up to 1,000 of the children injured will have a permanent disability and up to 1,500 orphaned children will need sustained support from the child protection and welfare sectors.

During the aggression, an estimated 500,000 people – 28 per cent of the population – were internally displaced, including in UNRWA schools designated as emergency shelters (293,000), government schools (49,000), in informal shelters such as empty buildings, churches or mosques, and with host families (170,000). It is estimated that some 108,000 people will be long-term displaced as their homes have been rendered uninhabitable.

The siege imposed on Gaza since June 2006, together with the consequences of the repetitive conflicts, has taken its psychological toll on the population of Gaza, especially on children and families. Escalation triggered acute levels of psychosocial distress in the population, especially among women and children. Children were not sheltered from the effects of the conflict and, as parents were focused on survival, they were not able to adequately take care of their children. In addition, incidents of violence against children and child abuse increased, and family separation occurred. UN report indicates that hundreds of thousands of children are anticipated to be in need of psychosocial support, adding to the burden on service providers who many of whom have also experienced acute trauma. The inter-agency Child Protection Rapid Assessment conducted in October 2014 also found a large increase in the number of children with acute stress-related issues, such as bed wetting, eating and sleeping disorders, extreme fear, and violent behaviors.

Gaza's health system suffers from chronic shortages in medicine, fuel, electricity cuts, medical supplies and equipment, and there have been limited training opportunities for staff. During the conflict, at least 15 out of 32 hospitals were damaged and six closed down as a result (three remain closed). Out of 97 primary health centers (PHC) monitored for damage and closures, 45 reported damage and 17 were closed. Four are completely destroyed.

As an integral part of the Palestinian society, NECC/DSPR Gaza has responded through offering health services, psychosocial services, and provision of livelihood resources such as food, water and hygienic kits. NECC tries to mitigate the effect and the huge consequences of the war. NECC works with partners to support vulnerable communities and intensified its intervention in health sector especially child health, nutrition, psychosocial and mother health. In addition, NECC had implemented several relief programs to assist poor and needy populations. However, the demand is huge and a lot needs to be done to rehabilitate the unbelievable damage and to support people's resilience. Urgent interventions are needed to help people recover as well as long term interventions are needed to support the livelihood conditions and development aspects in Gaza.

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 economy, 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.

Extensive thanks to our partners' valuable support that enabled NECC to sustain the provision of health, educational and other services to the intended beneficiaries as planned. With the kind support we received from partners, we succeeded to mitigate or at least to cope with the conditions associated with the most recent war, and 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. Again, I would like to express my thanks and appreciations to all partners, donors, 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 extend extensive thanks and acknowledgement to my sisters and brothers, the staff of NECCCRW's 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 Forever”

“Isaiah 32:17”

Dr. Issa Tarazi
Executive Director

March 2016

Executive summary

This Progress Report is covering 12 months of programs implementation during 2015, summarizing achievements in relation to the stipulated goals in the picture of the deteriorated political and socio-economic situations in the Gaza Strip.

In that pathway, the next part is summarizing the different indicators of NECC service delivery during the determined reporting period crossing all NECC programs and centers.

Regarding **Access to Primary Health Care and Medication**, the number of newly registered families has reached **2851** families, while the numbers of the total families benefitted from NECC PHC clinics during this reporting period were **11035** families. The number of the total registered families till end of 2015 was **33697** families in the three served areas (since 2009 with the starting the use of electronic medical records).

The number of new pregnant women was **1850** distributed as following: **824** in Shijaia, **625** in Darraj and **401** in Rafah with total of **2434** pregnant women who were already registered and followed up during the reporting period. Furthermore, the number of deliveries reported in our catchments areas during this reporting period was **1380** deliveries: Shijaia: **661**, Darraj: **449** and Rafah: **270**. At least **73.12%** of the delivered women received quality postnatal care three times after delivery. In terms of family planning, the number of women who received family planning services during this reporting period was **1113** women: **461** at Shijaia, **546** at Darraj and **106** cases in Rafah (target 900 women per year). While number of the visits had reached **4039**. The most used tool was Pills in the three served localities.

Additionally, the number of newly registered children in this reporting period has reached **5183** in the different areas which also could reflect an increased demand for the services. The total number of children attending the well-baby clinic has increased and reached **12235** cases distributed among clinics as follows; Shijaia **5759**; Darraj **3690** and Rafah **2786** with total Well baby visits reached **29200**.

The number of patients above 6 years old as cases examined by doctors has been **8290** while **8304** children under 6 years were examined by doctors and received treatment and 7160 seen by dermatologists. The number of cases examined by dentists and received dental care services had reached **7227** distributed as Shijaia **2744**; Darraj **2665** and Rafah **1818**.

The total laboratory tests that were performed inside the three family care centers during this reporting period have reached **26574** distributed as Shijaia **11911**; Darraj **9732** and Rafah **4931**. The total number of health education sessions provided to all categories was **1607** sessions for **31709** participants.

Lectures, trainings, and information events on various topics implemented inside NECC clinics afternoon twice per week named "afternoon activities" where **264** women benefitted from embroidery, wool making courses, hair dress making and others during the reporting period.

With regards to the **Technical Vocational and Educational Training (TVET) program**, during the reporting period, a total of **201** originally enrolled trainees including male and female, continued to receive high quality vocational training skills in the designated fields of carpentry/furniture making, welding and aluminum work, general electricity and motor rewinding, secretarial studies and advanced dress making. Where about **21.9%** out of those trainees are females and the rest of **78.1%** are almost males.

Regarding **psychosocial support program**; **2151** child who attended the three family care centers or kindergartens located in the three served areas received PSS activities either, group sessions or counseling or recreational activities while **6503** mothers and women received PSS either group sessions, individual counseling, group counseling or consultation. Additionally, **201** TVET students started to receive PSS.

Summary of key findings

During the reporting period, NECC succeeded to sustain the provision of its programs and services to the targeted beneficiaries as planned. *The table (1) below summarizes the main achievements in numbers.*

Indicator	2014 Achieved	2015 Achieved
Health and PSS Programs		
At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	97-99%	97.5%
At least 70% of women in targeted locality received timely quality post natal care at least twice.	63.58%	73.12%
1,200 new pregnant women registered for ANC annually	1350	1850
7000 antenatal care visits made annually	11094	14985
1,800 pregnant women received follow up visits, newly registered and on-going	2022	2434
1600 postnatal care visits conducted annually	1934	3131
12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric measurements	10170	12235
25,000 well baby visits were conducted annually	23781	29200
7,000 sick children up to 6 years old received medical examination and treatment	7431	8304
800 partners received reproductive health services and awareness	927	1113
Over 4,000 women, children and adults in targeted areas receive dental care annually	5273	7227
Over 4,000 patients examined, tested and received treatment	7154	10690
1,500 children received psychosocial support	1805	2151
2000 women participated in psychosocial support	7074	6503
200 women attending afternoon activities received psychosocial support	220	264
TVET, Advocacy and other Programs		
A total of 110 students receive training in carpentry/furniture making, welding and Aluminum work annually	111	109
A total of 48 students new and old receive training in electricity skills	50	48
A total of 20 students receive training in secretary study	23	22
A total of 15 students receive training in Advanced sewing	19	22
At least 60 educational loans provided to students to complete their study at Palestinian universities	92	108
1 to 2 policy/advocacy issues resulted in improving justices and economic status	1	1
4 initiatives implemented with local communities	4	4
10 visits paid by relevant internationals	52	54

1. Introduction:

The report consists of 4 main parts; the first is introducing NECC organization and its vision, mission and scope of work in addition to the context analysis, the second part is including the different activities took place in the determined period in relevance with the NECC stated indicators while the third part is focusing on the cross-cutting issues induced by situational, environmental and organizational context for NECC delivery of services and programs in addition to the future plan, sustainability, lessons learned and risk analysis. And finally the fourth part includes annexes with success stories.

1.1 Description of NECCCRW and its programs

NECCCRW Brief:

Near East Council of churches Committee for Refugees Work (NECCCRW)-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. NECCCRW Gaza Committee was founded in 1952 launching a humanitarian program to assist Palestinians who took refuge in the Gaza Strip following the establishment of Israel in 1948.

NECCCRW has focused then on the provision of humanitarian aid and contributing to an overall improvement in living conditions and to poverty alleviation. Its work has rested on respecting the humanity and dignity of those whom it helps and on adherence to clear transparency and accountability standards.

NECC supports the Palestinian people through six key areas: Health (Maternal and Child Primary Health Care), Technical Vocational Education and training (Empowering Youth Economic Status), Educational Loans for university students, Psychosocial Support for children, mothers, and students to cope with the negative impact of Gaza Violence, Emergency Relief projects including cash Relief and Job Creation initiatives, Advocacy policies and activities shared with the community, and community Development program.

NECCCRW Vision:

A Palestinian Society where people receive adequate health and educational services and enjoy better quality of life

NECCCRW Mission:

NECCCRW is a Palestinian ecumenical church-related organization aims at strengthening and empowerment of the Palestinian community in the Gaza Strip by providing educational and health services and contingency assistance regardless of faith, color, gender, political affiliation or geographical locality.

1.2 Overview on NECC Programs Description

1.2.1. Provision of Quality Primary Health Care services

The main objective of **NECC Gaza's health program** is to provide high quality primary health care services in poor, overpopulated, and remote areas that have inadequate or no health services.

NECCCRW Gaza offers preventive and curative free of charge services, with a focus on mother and child health care and education towards health and environmental promotion.

The package incorporates antenatal and postnatal care, and a Well-Baby clinic to follow up children's development until the age of six years. Dental services for mothers and children, nutrition education, home visits after delivery, a psychosocial support program, malnutrition and anaemia program, and family planning services are also included.

Two family health care centres in the areas of Shijaia and Daraj serve each a poor community of approximately 80,000 people, where existing provision of medical services is inadequate. In the rural area of Rafah, in Kherbet El Adas, where provision of medical services is non-existent by other providers, NECCCRW Gaza serves a population of approximately 12,000 at its third center.

The centers have medical stocks and a laboratory, thus operating independently. However, high-risk patients and patients with special needs are referred to specialized clinics.

1.2.2. Livelihood and Economic Development (TVET Program):

NECC is contributing to the economic development of Gaza through its Vocational Training Centres (VTCs) that are located in Gaza City and El-Qararah Village south the Gaza Strip. Male Vocational Training Centre of Carpentry and Furniture Making/Metal works and welding is located in Shijaia province in Gaza City, while the other centre of Electricity and Motor Rewinding is located in the village of El-Qararah, 25 KMs South of Gaza City.

Women VTC's of Secretary Studies and Advanced Dressmaking are located in the NECC main building in Remal, Gaza City.

These vocational training centres are serving different target beneficiaries therefore, the selection criteria for the VTCs trainees differ according to the subject of the training course, i.e. women applying for the secretarial course should have completed 12 years of schooling and have a high school certificate while women applying for advanced dressmaking course should at least know how to read and write, while men applying for carpentry, metal welding and aluminium should be aged between 14-16 years, and known as school drop-outs, and men applying for electricity course should have completed 10 years of schooling and are between 16-23 years old.

For selecting target groups, NECC-Gaza ensures to select those who come from deprived families and have the highest needs. NECC Technical Vocational Educational Training (TVET) centres provide its services to a total of approximately 205 trainees per annum.

1.2.3. Educational Loans:

Through this program, NECC is promoting university education by helping needy students to complete their education. By providing interest-free loans to those students, they can pay university fees that can be renewed every academic year.

1.2.4. Emergency Relief:

NECC launched its welfare and Relief program since 1952 and continued till now to provide assistance to needy people. The program aims at providing emergency assistance to alleviate the impact of emergency situations when deemed necessary. It also helps to target Palestinians to attain cash for work “temporary jobs” and/or cash relief for one time to secure food, medicine, daily needs, health and psychosocial support (PSS).

1.2.5. Psychosocial support:

NECC’s psychosocial program started after 2008 war on Gaza called by Israel “Cast Lead Operation”, and continues till now; it targets the whole family especially women, mothers and their children. The program focused on the Palestinian families through the health centers, vocational training centers, secretarial center, advanced dressmaking center and NECC staff in cooperation and coordination with relevant organizations.

1.2.6. Advocacy Program:

This program is concerned with promoting social justice, empowering communities and advocating the rights of civilians particularly refugees to live in dignity, respected 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 national forums.

1.2.7. Others:

❖ 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 giving 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.

❖ Self-Help Program

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.

1.3 Context (socio-political, health, economic, environmental, etc.)

Since 2007, Israel imposed a land, sea and air blockade on the Gaza Strip. The blockade has reduced Gaza's GDP by 50% (The World Bank, May 2015).

Moreover in this context, between 7 July and 26 August, the Gaza Strip witnessed the deadliest escalation in hostilities since the beginning of the Israeli occupation in 1967. One year on, no actual improvement on the ground.

Longstanding restrictions on the movement of people and goods to and from Gaza have undermined the living conditions of 1.8 million Palestinians in Gaza. These restrictions have reduced access to livelihoods, essential services and housing, disrupted family life, and undermined people's hopes for a secure and prosperous future and has led to a serious deterioration in the availability and quality of health services and capacities of health personnel.

Human resources are also currently under strain due to the non-payment of salaries of half of the 9,040 Ministry of Health staff employed by Gaza de facto government.¹

The situation has been compounded by the restrictions imposed since June 2013 by the Egyptian authorities at Rafah Crossing, which had become the main crossing point used by Palestinian passengers in the Gaza Strip, given the above restrictions on the Israeli- controlled crossings.²

UNRWA reported a dramatic increase in cases of psychological trauma and UNICEF identified 360,000 children as in need for psychological support due to the conflict.

Unemployment and economic situations: the World Bank report ³that Gaza has the highest unemployment rate in the world, reaching a staggering 60 percent among youth – not to mention all the working people who are not being paid for work they undertake. The sense of hopelessness and powerlessness is common. While the post-traumatic stress disorder epidemic among Gaza's children following the 2014 offensive has received wide attention, less visible is the conflict's impact on adults. Gaza has endured multiple losses – what is called 'multi-traumatic losses'. "People in other places usually endure a single loss: the loss of a home, or a family member, or a job. Many Gazans have lost them all." ⁴ This long-term, continuous stress has resulted in a growing plethora of psychological difficulties. These include low self-esteem, self-blame, displacement of anger, anxiety, panic attacks, obsessive compulsive disorders, mood swings and full-blown depression. The unending, prolonged psychological strain, along with reluctance to consult mental health specialists, also leads to somatoform disorders – phantom

¹ Health Nutrition Cluster report/Sep 2015.

² OCHA, Gaza one year on, Sep 2015.

³ Source: Economic Monitoring Report to the Ad Hoc Liaison Committee, by the World Bank, May 2015.

⁴ Hasan Zeyada, a veteran psychologist at the pioneering Gaza Community Mental Health Programme (GCMHP).

physical ailments caused by underlying psychological conditions, which cause the sufferer additional psychological distress.⁵

Moreover, a concrete portion of the Gaza population has lost their productive assets during the most recent war; 419 businesses and workshops were damaged, with 128 completely destroyed. With limited activity at the commercial crossings and extensive damage to private infrastructure and other productive assets, business activities were largely imperialized during the operation.

As unemployment rate continued its deteriorated decline till the time of reporting to exceed 43% according to the statistics; almost 70 per cent of the youth aged 20-24 were unemployed in Gaza in Q2-2015. It is expected that labor market conditions in Gaza will be further deteriorating following the conflict, exacerbating the impact of the blockade and the longstanding access to movement restrictions imposed by Israel which have been preventing any meaningful economic activity and the entry of raw materials and equipment⁶. Job creation initiatives has been meant as a partial but effective interventions against the dilemma of high unemployment rates as it provides the multi-discipline graduates with a source of income and work contributing to help them recover their self-confidence as well as keeping them related to their major study and university specialty.

Restrictions: Nearly 80% of Gaza's population receives some form of international aid, the bulk of which is food assistance. Only one commercial crossing is currently operating out of four such crossings prior to the imposition of the blockade on Gaza.

Israel defines basic construction materials (gravel, steel bars, and cement), along with a wide range of spare parts, computer equipment, and vehicles, as "dual use" items, restricting their import.

Less than 1% of the construction materials required to rebuild houses destroyed and damaged during hostilities, and to address natural population growth, have so far entered Gaza (Shelter Cluster, June 2015). Fishermen are allowed to access less than one third of the fishing areas allocated to them under the Oslo Accords: six out of 20 nautical miles.

The functioning of the Gaza Power Plant has been significantly impaired over the past several years by additional factors.

Health: These include ongoing disputes between Palestinian authorities in Gaza and Ramallah over the funding of fuel for the GPP; the limited collection of bills from consumers; the destruction of fuel storage tanks by an Israeli airstrike in July 2014; and the restrictions on the import of spare parts, equipment, and fuel in the context of Israel's blockade. The resulting decline has been exacerbated by the poor state of the distribution network, which results in significant electricity losses. To cope with the long blackouts, service providers and private households have resorted to backup generators, which are dependent on fuel which made a financial load on the service providers.

The severe fuel shortage and prolonged electricity cuts has also negatively impacted the functionality of hospitals and medical equipment. Together with the shortages of essential drugs and medical disposables, this has increased the need for referral of patients outside of Gaza.

As of August 2015, 26 % of essential medicines and 39 % of medical disposables were at zero stock.⁷

⁵The same as 4.

⁶OCHA and Palestinian Central Bureau of Statistics 2015.

⁷MoH, Pharmaceutical Information Department, West Bank, September 2015, communication

Twenty seven per cent of referral patient applications (2121) for Israeli permits to exit Gaza in August 2015 are denied or delayed (compared to 18 per cent in the first half of 2015)⁸.

The insufficient supply of electricity and fuel to operate water pumps and wells has caused a further reduction in the availability of running water in most households. This has increased people's reliance on private, uncontrolled water suppliers and lowered hygiene standards. Wastewater treatment plants have also shortened treatment cycles, thus increasing the pollution level of partially treated sewage discharged into the sea. There is a constant risk of back-flow of sewage onto streets.

UNRWA financial crisis raises concerns over education programming sustainability as it came close to suspending its landmark education program, which would have meant postponing the beginning of the new school year across the five fields. The new school year started normally due to the last minutes donations.⁹

Anemia and Micronutrients: In children aged 6 to 59 months mild anemia was found in 11–25%, and moderate anemia in 6-8%, whereas boys were more affected than girls ,and children in the Gaza Strip more affected than those in the West Bank. In the pregnant women, prevalence of mild anemia was 22.7% and moderate anemia was 8.3%, whereas the higher prevalence was seen in the Gaza Strip (mild anemia 25.6% vs. 19.8% in the West Bank and moderate anemia 12.0% vs. 4.6% in the West Bank). Also in lactating mothers the prevalence of mild and moderate anemia was in the Gaza Strip with 25.2% and 15.2% higher than in the West Bank with 10.4% and 5.1%, respectively. The results of the laboratory assessment showed a critical status for a number of micronutrients in children under 5 years, adolescents (15–18 years), pregnant and lactating women in the State of Palestine.¹⁰

After Gaza war, Handicap International (HI) has identified 6,475 persons as the most vulnerable persons, of them 2,090 are with injuries that require rehabilitation (M: 1411 & F: 679), and 4,385 persons with disabilities (M: 2,399 and F: 1986).¹¹

The higher unmet needs for family planning (17.6 vs. 14.9%) and lower contraceptive prevalence rate (51.7 vs. 55.1%) in this area is a reflection of decreased access to and availability of family planning services as shown in the PCBS study 2012.

As a result of both decreased access to services and limited availability key reproductive health services, these areas also demonstrated higher prevalence of low birth weight and significantly higher fertility putting both mothers and infants at increased risk of morbidity and mortality¹².

Accordingly, the effect of the crisis on the health of Palestinians has been both direct (for example leading to deaths, traumas and injuries, and mental health disorders) and indirect, in the form of obstacles to the access of essential health services. The Health & Nutrition Cluster in Palestine has identified gaps and priority health needs as below:

- Lack of access to quality and affordable to basic primary health care services in targeted areas.
- Limited rehabilitation services for injured and disabled persons in Gaza.
- Lack of access to emergency services including supplies in hot spots mainly during military conflicts in Gaza.
- Shortages of drugs and medical disposables in Ministry of Health drug stores and facilities.

⁸ The number of patients that have crossed Rafah Border during the first 4 months of 2015 was 42 patients only.

⁹ Source:(Humanitarian Bulletin Monthly Report, OCHA, August 2015)

¹⁰ Palestinian Micronutrient Survey (PMS) 2013, UNICEF and Palestinian Ministry of Health, 2014

¹¹Healing the Wound, Handicap International and partners' Gaza Emergency Response Action Report March 2015

¹² Health and Social Status of Area C Communities (PCBS 2012).

- Shortages of fuel and spare parts to operate the standby electric generators in Gaza.
- Weak emergency preparedness and resilience at the community level.
- Limited mental health services.
- The need to strengthen and sustain information and coordination among health stakeholders.
- The need to strengthen advocacy for patients' access to referral destinations outside Gaza.

2. Major activities, achievements and analysis of NECC programs

2.1. Health Program

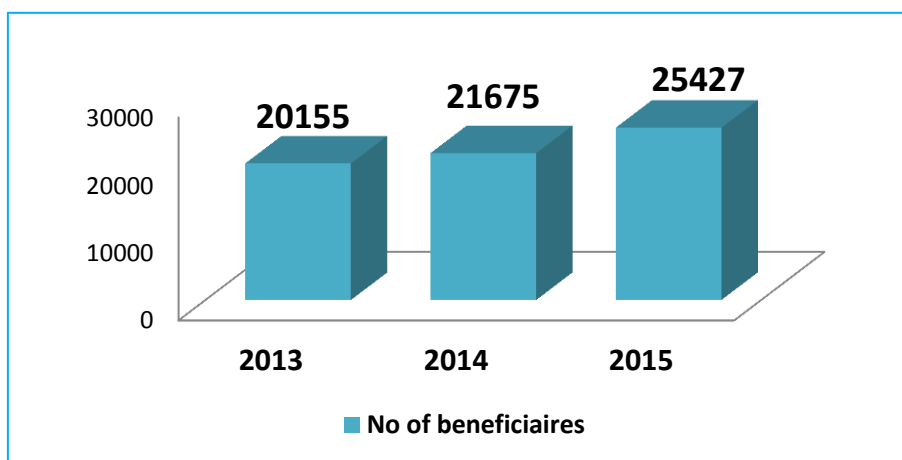
Strategic Objective 1: Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children.

NECC provide a package of primary health care services, reproductive health (antenatal, postnatal, family planning), child health services(well-baby services, nutrition, pediatric clinic...) and other services to all age groups (medical examination, dermatology, dental, laboratory testing, medication, consultation, health education, home visits, etc.).

Table (2): Distribution of total number of beneficiaries at NECC PHC centers disaggregated by gender and age:

By age	Above 18 years		Less 18 years		Total
By gender	M	F	M	F	25427
No of beneficiaries	1287	6634	8754	8752	
Total	7921		17506		

Figure (1):comparison of number of beneficiaries as cases among the previous three years:



The figure indicates the high increase in number of beneficiaries attending NECC clinics and this reflects both high demand and good quality of services provided at NECC family health care centers.

2.1.1. Ante Natal Care (ANC)

During this reporting period, the number of newly registered families at NECC centers has reached 2851 families, while the number of the total registered families benefitted from NECC PHC clinics during 2015 was 11,035 families in the three served areas. The families in the three localities received the package of PHC services.

No. of new high risk pregnant women during 2015 in NECC clinics was **191** cases; 13.84% of all new pregnant women (it was 10.1% last year 2014)

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. During this reporting period, number of new pregnant women was 1850 distributed as following: 824 in Shijaia , 625 in Darraj and 401 in Rafah with total of 2434 pregnant women who were already registered and followed up during the reporting period (1350 new pregnant in 2014 with total number of 2022 pregnant women). Among the new pregnant women in 2015, 542 were primigravida. The total antenatal care visits have been reached 14985 visits (11094 ANC visits during 2014) as the pregnant woman should follow up monthly during her pregnancy. Accordingly 97.5% of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy. We noticed a noticeable increase regarding ANC beneficiaries compared to 2014 and this could be correlated to the high needs to reproductive health in Gaza as mentioned before by Health Nutrition cluster especially antenatal care, the increased was noticed in the three localities.



A midwife is measuring a pregnant woman weight during ANC visits

Also Gynecologists referred 91 complicated pregnant women to hospitals.

For anemic pregnant women, NECC provides to them iron and folic acid supplements, during this reporting period, 1272 were anemic (52.26%). However, NECC is planning for the coming years to start, in partnership with EME, working on preconception care and to promote the ANC program in terms of supporting anemic pregnant women, high risk pregnancy, continuum of care and referral. Also NECC is looking forward more focus on attitude, knowledge and practice of the pregnant women before, during and after their pregnancies.



A gynecologist is examining a pregnant woman using US machine

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.

During 2015, the % of women received US service 3 times or more during their pregnancy period reached 83.77% while the total numbers of US scans were 4735.

It is worth adding that NECC received during 2015 two new Ultrasound machines each donated by **ANERA** and **PMP** respectively. The one donated by PMP was a part of a project implemented by NECC and supported by PMP titled: Purchase an Ultrasound machine and support the antenatal care program. Also PMP donated 3 new electric generators to NECC family health care centers as the previous generators were old and small not providing the needed power causing several problems during the daily work through a project titled: Providing electric generators and support the "Save a child's life in Gaza".

ANERA has also donated NECC with a list of items including newborn kits for postnatal care home visits, blood pressure devices, weight scales, length scales, portable blood glucose test, portable hemoglobin meter

Three fetal Doppler's will be submitted to NECC when approved from Israeli side to Gaza, they are supported by **German Representative Office (GR)** in Ramallah. GR also provided NECC with many requested devices for primary health care use 3 from each item including laryngoscopes, portable suction machines, pulse ox meter, hemoglobin portable devices, UBS, laboratory water bath.

2.1.2. Post Natal Care (PNC)

All women who follow up for antenatal care at NECC family health care centers during pregnancy used to receive PNC three times, two at home and third one twice at home after delivery by NECC staff, the first visit within 72 hours, second visit within 6 days and third one within 6 weeks after delivery, the two visits should be at home while the third one could be at the center or home. During the postnatal visits, the midwife/nurse examine women and their babies to make sure that their conditions are normal, assess the psychological status of the mother and provide psychosocial support services to mothers, provide health awareness sessions pertaining to postnatal period such as breastfeeding, family planning, nutrition, baby care, danger signs, provide appropriate supplementation to women as



A midwife during a PNC home visit in Rafah/KherbetAladas area

needed such as Iron/Folic acid to anemic and even normal deliveries according to national protocol for 3 months, refer the severe or cases with complications. Additionally they check the baby's weight and perform umbilical dressing. Also they filled a questionnaire about both mother and baby.

NECC during 2015 continue the promoting of PNC project with UNICEF *in Darraj and Rafah areas*. The project continues till 17th Feb 2016. The overall objective of the project was to contribute to reduce the morbidity of the targeted pregnant women and mothers and neonates/children at the postnatal period is reduced. The project is aiming to increase coverage of PNC services for registered women at the postnatal period and to reach 700 women and their babies per year in both areas through appropriate assessment, care provision, counseling and health education to safely pass the critical postnatal period.



A midwife is measuring the newborn weight during PNC home visit

Regarding the post natal visits, the total number of deliveries during 2015 in the three localities who were registered in ANC was **1380**. NECC succeeded to provide 3131 PNC sessions/visits in three served localities (was 1934 in 2014, 2811 in 2013) as following: In Shijaia, 1074 PNC sessions were provided to 661 mothers, 611 were at home and 463 at the health center. However in Darraj and Rafah (supported by UNICEF in terms of PNC), NECC succeeded to achieve the main goal of this project by increasing the coverage of PNC services at the two served areas to reach 754 (planned: 700) and to provide high quality of PNC package of services either to mothers or newborns.



A midwife is examining the new born at home during PNC visit

The total number of PNC sessions/visits were 2057; 1606 at home and 447 at the health center. Also 99% of mothers (674 mothers out of 675) passed 6 weeks after delivery without complication while 7% of children (48 children out of 685) during 6 weeks of their born had specific medical conditions and received appropriate treatment and recovered. Also one of the main objectives to enhance the exclusive breastfeeding, the percentage of children who are exclusively breastfed during the 6 weeks after delivery: 78.24%; 52.6% of them are females.

Regarding the psychosocial support provided during postpartum period, NECC team assess all the mothers after delivery using Edinburgh scale, any mother discovered to be abnormal is assessed using PHQ for depression and GAD-7 for anxiety.

During this reporting period 855 mothers were screened by Edinburgh scale during the postpartum period, distributed as following: 505 in Shijaia, 166 mothers in Darraj and 184 in Rafah, among them 127 were abnormal suffering of depression or anxiety and received PSS from NECC psychosocial counselors. Actually NECC has inside each health center a female counselor in addition to the trained health staff on mental health disorders and psychological support.

NECC will continue provision of PNC to all mothers and babies in the three targeted areas with more focus on the new issues which NECC learned through the current project cycle with UNICEF such as anemia among deliveries, complications, health promotion...NECC contacted UNICEF and submit a new proposal to continue the promoting of PNC services and expand it to Shijaia area too with more focus on complicated cases and referral.

It is worth adding that an external evaluation will be conducted during March 2016 for the project with UNICEF that ended by 17 Feb 2016.

Additionally NECC contacted an IT programmer to develop an android program for home visits/outreach activities especially postnatal care. The program now is well developed and the staff is receiving training on it. The program will be used through "tablet" devices which are supported by AfP as well as the android program. This will help the staff to save time and efforts and to be more accurate instead of filling the questionnaires at each home visits and then enter the data into MIS at the health center. Actually each home visits needs at least 45 min-60min so by using this technology NECC team will be able to conduct more visits with less time.

2.1.3. Family Planning Services (FP)

Family planning services at NECC were launched at family health care center in Darraj in 1995 upon the request of the local community. In 2002, family planning services were extended to Family Health Care Centre in Shijaia. Recently in April 2014, FP was extended to Rafah also upon the community needs and request. A female gynecologist and staff nurse run the family planning clinics inside each one of the three health care centers. The family planning methods which are commonly used are: intrauterine devices (IUDs), pills, injections and male condoms. The women have a good discussion with the gynecologist in order to select the best and safe method of contraception after the medical examination and sometimes they need to discuss with their husbands and come back with the decision of both of them.



Gynecologist is discussing with the woman the best tool for contraception

During 2015, the number of new acceptors was 319 (233 in 2014, 266 in 2013). Beneficiaries of Family Planning and visits disaggregated per area are shown in **table (3) below**.

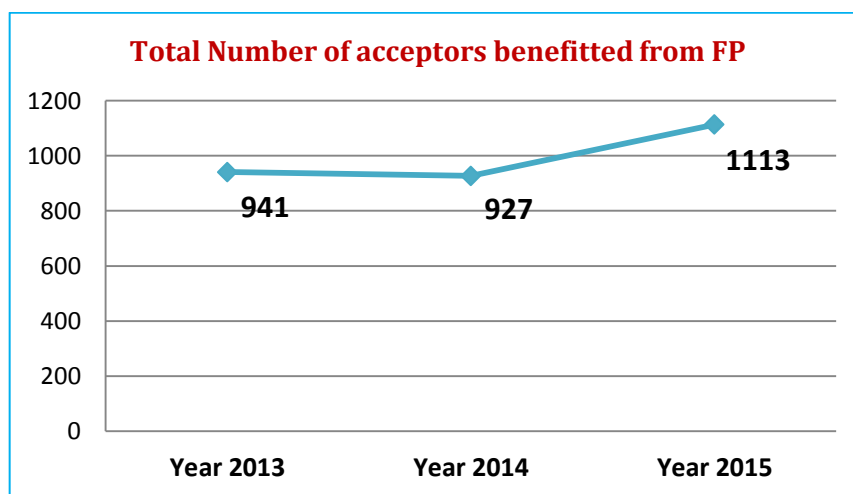
Center area	No of beneficiaries	FP Visits
Shijaia	461	1650
Darraj	546	2107
Rafah	106	282
Total	1113	4039

Table (4): Distribution of acceptors of contraceptives disaggregated per locality and year

Center area	2013	2014	2015
Shijaia	481	441	461
Darraj	460	452	546
Rafah	-	34	106
Total	941	927	1113

It was noticed an increase in number of beneficiaries from FP services among the last three years as in the following figure (2).

Figure (2): Number of beneficiaries from FP services among the last three years



The table (5) below shows the distribution of acceptors by type of contraceptive in NECC family planning clinics by locality:

Table (5): Distribution of acceptors by type of contraceptive

Center	Pills	IUD	Injection	Male condom	Emergency pills
Shijaia	691	47	-	677	-
Darraj	1163	31	1	742	1
Rafah	172	9	1	130	-

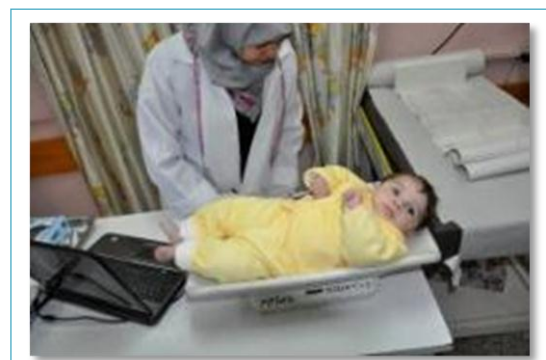
The most used tool was the pills in the three localities with male condoms ranked second and IUD third. However NECC faced a real problem during 2015 and will continue in 2016 due to not receiving any FP tools from UNFPA through MOH as usual. This happened due to underestimation of the quantities needed to Gaza Strip from MOH side and damage of UNFPA stores in West Bank that contained the FP tools due to fire. This caused a severe shortage at all FP providers in Gaza. Accordingly NECC was obliged to procure the available tools from the local market even this was not planned.

2.1.4. Well Baby Program (WB)

Well Baby program is operated in NECC twice a week in each clinic. Through this program the staff nurses provide services to children from birth to 6 years with consultation of a physician. NECC is unique in providing this service to children from 0 to 6 years. Routinely, nurses weight and measure the weight, length, head circumference and hemoglobin. These measures are plotted in growth and development chart on the computer and kept in the child's health record, through which nurses can recognize malnourished or anemic children and deal with them through enrolment in the malnutrition and anemia treatment program by follow up, counseling their mothers and home visits. This aimed at decreasing the prevalence of malnutrition and anemia among children under 5 years old and to speed up the recovery process of malnourished and anemic children in a sustainable manner. NECC utilized a comprehensive approach that incorporates carrying out screening, identifying anemic and malnourished cases, managing the identified cases at the clinics, providing health education and counseling, provision of referral services when needed, provision of iron and enriched milk



A staff nurse is measuring a child height during well baby visit



A staff nurse is measuring a baby weight during a regular well baby visit

supplementation and possibly provision of social assistance through other agencies working in that field.

The main activities during 2015 in well baby program were as following:

- Screening **12,235** children 0-6 years old attending the well-baby services as planned in accordance with the national protocols (Target 12,000). In conclusion, the target to reach has been achieved. Shijaia Clinic ranked first in term of the number of children seen at the well-baby services (5759). In total, **29,200** well-baby follow up visits were performed which is much higher than the anticipated target of providing 20,000 well-baby sessions by 46%. In comparison to the previous reporting year, the number of well-baby visits performed this reporting year is higher by 22.8%. During 2015, 5183 new children were assessed at the well-baby service delivery points (much higher than the last year figure which was 3431 and 3156 in the year 2013). Unlike last year, this year, Rafah clinic received the second highest number of new children at the well-baby service delivery points (1562) after Shijaia. Darraj received the least number of new children at the well-baby service delivery points (1234). It seems that the number of children seen at Rafah Clinic is constantly increasing. In contrast, this increase hasn't been noticed at Darraj clinic.
- 12,704 laboratory tests were conducted during the well-baby visits-the last year figure is 8051. The most frequently conducted test is hemoglobin level (10674 tests) due to the widely spread anemia (last year figure is around 5000).
- 8304 sick children have been provided with medical examination and needed medications and supplementation.
- In addition to those who joined a treatment program inside NECC premises, **188** were referred to other facilities for more advanced management at hospitals or diagnostic centers
- It is worth mentioning that Well-Baby program includes the identification and treatment of anemic and malnourished cases by providing them with the necessary supplementation of iron/folic acid, 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.
- The total number of those examined and found abnormal and enrolled in treatment programs is **1270** child. The percentage of malnutrition among the

A screening was conducted by ATFALUNA Society for Deaf Children-Gaza as a part of screening assessment program for children at preschool age to detect hearing problems, the screening was conducted to children at NECC well baby clinics; 380 children from the three health centers were benefited from this program.



A staff nurse is taking a blood sample to measure the HB level of a child

attendants of the well-baby visits was around **13.36%** (1634 children) distributed as following: 14.78% in Shijaia area while it was **9.8%** in Darraj area; **15.08%** in Rafah. The prevalence of anemia discovered through well baby screening ranged from **20.93%** in Rafah to **31.74%** in Darraj.

Table (6): The percentage of malnutrition and Anemia among the attended Well Baby Visits

Year	Anemia			Malnutrition		
	2013	2014	2015	2013	2014	2015
Shijaia	20.57	28.8	18.27**	16.83	16.3	14.78
Darraj	35.42	24.6	31.74	11.95	9.7	9.8
Rafah	19.93	15.9	20.93	14.37	13.9	15.08

****Note that Shijaia conducted a house to house screening through a project funded by Save the Children. The prevalence of anemia was 34.4%. More details below under section of Nutrition screening activities.**

The rate of recovery is high in anemia particularly in Rafah (**64.6%**) followed by Darraj and Shijaia (**54%**, **48.6%** respectively) to have total recovered cases **355**, limited number of cases had deteriorated and those now are receiving further attention (33 cases in total are deteriorated). The least reported deterioration level was recorded in Rafah (**3%**). Similar results were noticed regarding underweight with total number of cases recovered **69** cases being the highest in Rafah. Regarding wasting, the number of recovered cases reached **64**. Also, the recovered cases in Rafah were highest among wasted cases. Just **2** cases were deteriorated after enrollment.

Because stunting takes more time to recover than (chronic malnutrition), the speed of recovery was little bit slower; number of stunted cases recovered was **31**. The highest reported deteriorated cases was reported in Rafah are reached **3** cases.

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 require more attention in future.

Note that those cases are identified during well baby program screening, for Shijaia where a house to house screening was conducted; more details are mentioned below the nutrition screening activities.

- *At the well-baby clinics; health education sessions are provided to the mothers about breastfeeding, nutrition and hygiene with food demonstrations to all children in the clinics.*
- *At least, **7159** caregivers received health education and awareness sessions about nutrition-the last year figure was **3111**. The mostly commonly delivered health education method was lecture (**517** ones). The caregivers of around **500** children had received in-depth counseling sessions. Also, health education materials were distributed.*
- ***152** food demonstrations distributed to **4630** attendants at well baby days.*

Table (7): Total quantities of supplements provided to children less than 5 years during 2015:

Grand Total	
Iron	14045
Vitamin A&D	762

2.1.5. Nutrition screening activities:

NECC started in September 2014 the implementation of a project “Improving Access to Quality Nutrition and Health Services for Vulnerable Children in Gaza” funded by “Save the Children with DFATD” for 12 months (The project was proposed to start in July but due to the most recent war it was delayed to September). The project was ended by 30 September 2015. It was aiming to screen 10,000 children less than 5 years through house to house visits in order to discover anemic and/or malnourished children in Shijaia area and East Zaytoon and refer them to NECC clinic for follow up and treatment.

The main activities were:

1. Conduct nutritional screening in clinic catchment areas
2. Provide appropriate treatment for children who are anemic or malnourished
3. Conduct nutrition and hygiene education/health education in the community/health education campaigns
4. Train health staff in nutrition techniques
5. Coordination with other agencies specially MOH and AEI
6. Refer severe and complicated cases to Ard El Ensan and MOH

During the project implementation, 123 cases were referred, 78 of them to the paediatric hospitals.

NECC team succeeded to visit **8712** families among them **60.8%** were having children under 5 years old. The average household size is **5.7** and children below 5 years represented 17.9%, very close to the national figure. In total, households visited contained **49767** members. **8921** children under 5 were screened in total, (**50.1% are males**). The agreed up on modified target number of children (**8500**), has been already achieved.

The overall prevalence of anemia among the screened children was **34.4%**; **50.8%** mild anemia and **49.2%** moderate anemia, only two cases were with severe anemia. Anemic children were provided with bottles of iron supplementation as a part of their treatment plan at the clinic. In total, **17,097** bottles of iron were dispensed.

Although not all the anemic children had completed their treatment plan, among those who were enrolled for 90 days



A staff nurse with a malnourished girl at the clinic



Two community workers during house to house screening

and more in the treatment plan, 88.3% of them had completely recovered and 6.2% have shown improvement in their hemoglobin level but still they didn't completely recovered.

Regarding malnutrition, HH¹³ visited so far contained **8921** children between up 0 to 5 years who were assessed for anthropometric measurements including weight and height. The prevalence of all types of malnutrition was **10.7%** among the screened children; **75.3%** moderate malnutrition and **24.7%** severe malnutrition.

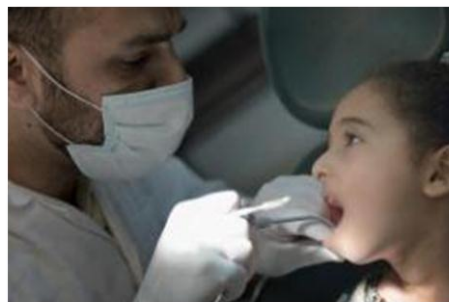
Malnourished children were provided with their treatment according to the protocol.

Although the regular time expected for children to recover is 4 months and the malnourished children didn't complete their treatment plan results are promising results as follows; **88.7%** of the wasted children had recovered completely at 4 months from their enrollment in the program , **64%** of children with underweight had recovered in four months.

Regarding stunting, **61%** of stunted recovered at 4 months and more. It is worth adding that during the project life through Forsan El Eraada Radio, 5 radio spots were broadcasted 500 times, 10 times daily. Messages focused on Complementary feeding, Anemia prevention, Healthy eating practices, Weaning practices...

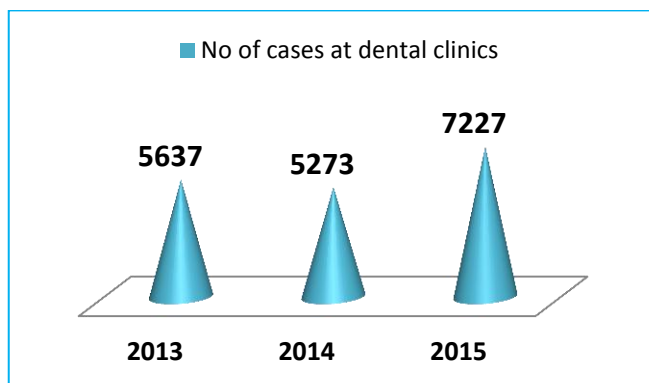
2.1.6. Dental Clinic

All clinics of NECC Gaza are equipped with fixed dental units that provide routine dental services – such as check-up, filling, extraction, scaling 4 days a week. During 2015, **7227** patients (target 4000) were examined by a dentist at the clinics distributed as following: **2744** in Shijaia, **2665** in Darraj and **1818** in Rafah, also **1740** child were screened during well baby program (target 700 child per year), **1946** pregnant women were screened during antenatal care for their dental care (target 1200 pregnant women per year).



A dentist is examining a child teeth

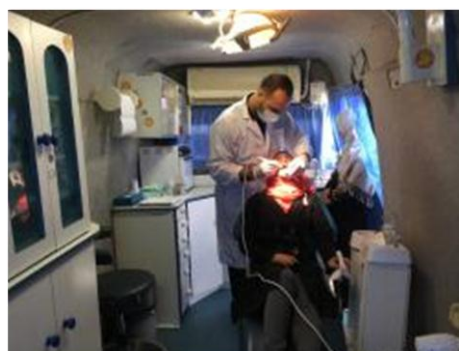
Figure (3) below shows the number of cases at dental clinics per year



¹³HH : Households

Mobile dental clinic:

- Conducting 2 days dental examination and screening through NECC mobile dental clinic to **53** persons with cooperation with Palestine Polytechnic University as a part of the voluntary work for the community by NECC.
- Another dental examination and screening was conducted to **25** TVET female students, **38** TVET male students.
- Conducting 2 days for dental examination and screening through NECC mobile dental clinic for 8 aged people with cooperation with AL-Wafa'a Hospital for Aged People as a part of the voluntary work devoted for the community by NECC.
- Another dental examination and screening was conducted with cooperation with Balsam Rehabilitation Society for **28** persons with disabilities.



A dentist is examining a female TVET student in a mobile clinic

No of referred cases from dental clinics during 2015 were 474 cases.

Table (8): Yearly distribution of the dental activities

Item	2013	2014	2015
No. of patients examined by dentist	6260	6648	8124
No. of children screened on well baby days	1243	817	1740
No .of pregnant women screened	1477	1173	1946

It is noticed an increase in all dental clinic beneficiaries compared to the previous years as shown in the above table due to existence of another 3 dentists (2 benefitted from cash for work, 1 volunteer) in addition to the two regular staff.

Table (9): Distribution of NECC Dental Clinic by Type of Activity & locality

District	No. of Visits	Treatment	Composite Fillings	Amalgam Fillings	Teeth extractions	Teeth scaling	Follow up visit
Shijaia	3277	1743	42	754	310	102	744
Darraj	2725	1637	13	752	323	122	533
Rafah	2122	1359	3	348	261	100	331

2.1.7. General Clinic/Medical examination

Anticipated: Over 4,000 patients examined, tested and received treatment annually.

Achieved in the reporting period:

The number of patients above 6 years old as cases examined by doctors has been reached **10690 cases** including those attended dermatology clinic. NECC launched the dermatology services at the three health centers since March 2015, a dermatologist is attending the centers one day per week except Shijaia two days per week. The service is highly appreciated by the community due to high demand and prevalence of skin diseases. The dermatologist examines 50 patients per day. The total number of patients seen during 2015 was 7160 including adults, children and pregnant women.

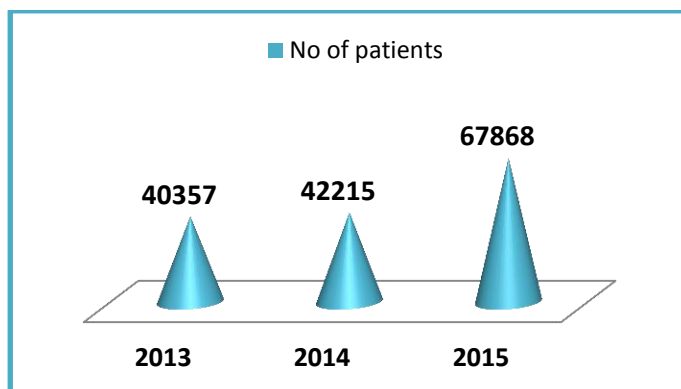
Below the table shows the distribution of all clients who were examined by doctors and received treatment by category and center during 2015 (the table mention number of visits not cases, it means that the patient may receive the service more than once during the year).



Table (10): Distribution of all clients who were examined by doctors by category and center

Target group	Shijaia	Darraj	Rafah	Total
Less than 6years old	19804	13999	11234	45037
Pregnant women	3495	2506	1380	7381
Above 6 years old	3340	2027	2923	8290
Dermatology clinic	3714	1527	1919	7160
Total	30353	20059	17456	67868

Figure (4) Total No. of patients per year



The high increase in number of beneficiaries compared to previous years is correlated to several factors: high demand and needs, destruction of the closest governmental clinic in Shijaia, acute shortage of medication at MOH facilities and to provision of a new health service at NECC centers; Dermatology clinics. This service started in March 2015 due to the high prevalence of skin diseases after the most recent war 2014 and it was highly appreciated by the community. During 2015, NECC provided dermatology clinic services to a total of 7160 patients.

2.1.8. Health Education

Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes and behaviors. Health education is a tool of health promotion: the two should not be separate.

NECC staff will conduct health education sessions for women attending family health care centers. To promote healthy practices, health education was provided to families particularly to caregivers. Health education is provided based on the needs of families.

Achieved in this reporting period: NECC continued to intensify its efforts in health education and in increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment, etc... The total number of health education activities provided to all categories was **1607** for **31,709** participants; they received group sessions, demonstrations, counseling, awareness games...

Sessions were provided at the health centers and occasionally in local community based organizations e.g. kindergartens. Participants included pregnant women, mothers, grandmothers and influential family members. The main subjects of health education were nutrition, hygiene practices, child health care,



A staff nurse during a session about breast examination

pregnant women care, infectious diseases, newborn care, child protection, breast feeding, complementary feeding,... Also health education materials were distributed either inside the centers or at home visits.

To further enhance the effectiveness of health education, NECC used a set of pre-test post-test questions for a sample of attendants in health education sessions. Questionnaires were analyzed and measures were taken accordingly.

Recently in before end of 2015, NECC started using a new technique as a part of health education activities using smart screen for documentary films, 3 smart screens were purchased and started used through support of Act for Peace. NECC contacted MOH to receive several documentary films about breastfeeding, early marriage; antenatal care...The activity was appreciated by the beneficiaries.

NECC regularly assesses the impact of health education through studying the change in the epidemiology of diseases. The change in the epidemiology of hygiene related diseases from the baseline showed significant improvement as follows:

- Respiratory system diseases dropped from **43.57% to 24.8% (Reduced by 43%)** among patients at general clinics. This gives clear evidence about the effectiveness of the health education provided at NECC. However, the infectious and parasitic diseases among pediatric clinic children dropped by 9% only and this need more focus during 2016.
- A noticeable increase in the prevalence of skin diseases from **11.48 in 2014 % to 34.55% in 2015** among patients at general clinics.
- This could be explained by provision of dermatology clinic services at NECC health centers that started in March 2015 and accordingly caused an increase in number of patients seen by the dermatologist in addition to the high prevalence of skin diseases among Palestinians due to most recent war effects.

Table (11): Number of sessions disaggregated by type of health education

Item	Shijaia	Darraaj	Rafah
Demonstration	78	62	12
Health education	1053	160	135
Counseling	6	5	1
Awareness Activities	-	86	9
Total	1137	313	157

Table (12): Effect of health education on mothers' knowledge

	Pre-test results (%)	Post-test results (%)
Knowing causes of anemia	89.4	98.5
Knowing the signs of anemia	86.4	100
Knowing the timing of complementary feeding	80.3	95.5
Knowing the concept of malnutrition prevention	77.3	98.5

2.1.9. Home Visits

Home visits are a part of health services provided by NECC to the community either for PNC, bringing defaulters and special cases. During 2015 approximately 3166 home visits (2620 in 2014) were conducted by NECC to beneficiaries inside their houses. The main challenge at the first months of 2015 was the displacement of many families outside Shijaia or even to other places inside Shijaia area. The damage of most houses and the infrastructure also affected conducting home visits in Shijaia during 2015. Accordingly Shijaia ranked the third among the three served localities in terms of home visits with 931 home visits compared to 1223 and 1012 in Darraj and Rafah respectively. The main cause of home visits is to check the health of the patient/case inside the house, the purpose of not coming if defaulter, to check the improvement of the case and feedback if referred cases..

Table (13): Distribution of home visits conducted through 2015

Purpose of visit	Shijaia	Darraj	Rafah
New born who delayed the registration at well baby	81	-	
Deliveries home visits	682	973	663
Expected deliveries	76	60	122
Defaulters	68	144	210
Abortion cases	24	24	12
Anemic children or referred cases	-	22	5
Total	931	1223	1012

2.1.10. Community Workers Training Courses

Community workers training target group are female students who have at least high secondary certificate. This program aims to improve the awareness, knowledge and practice of those females either in health, social, psychological, environmental issues, etc..., so they can in the future do the same for their families, friends and community as a whole. The training prepares them to be health community workers.

During 2015, two community workers training courses were organized with 20, 21 participants respectively.

Community training is provided at both served communities; Darraj and Shijaia to up to 40 female trainees per year divided into two groups. Each group receives 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 give a session for a group of women even about health, social or psychosocial issues. A



Female students graduated from community workers training course

first aid course also provided to the students with cooperation of MOH trainers. Most trainers are from NECC staff and other relevant NGO's as Al Wedad, PCHR, etc...

2.1.11. Referral System

One of the success factors for NECC health program was the coordination and the integration with the relevant health providers such as the MOH hospitals, Thalassemia association and AEI which provided back up referral sites. NECC referred 319 cases to relevant sites as needed much higher than last year figure (168 cases in 2014), this was correlated to the house to house screening project implemented in Shijaia area (see more details about the project under section of Nutrition screening activities).

The main clinics referred from NECC were, 186 from nutrition program, 22 from pediatric clinic, 95 from ANC, 10 from general clinic, 6 from family planning. The following table shows the referral sites;

Table (14): Referral sites during 2015

Referral system	Shijaia	Darraj	Rafah	Total
Thalassemia center	55	9	14	78
MOH or other hospitals	138	74	15	227
MOH clinics	7	7	-	14
Total	200	90	29	319

Actually NECC received feedback from the referred cases to decide how to continue with them the treatment. For those referred to Thalassemia center, NECC received results of electrophoresis for all the cases and NECC give the results to the mother and explained the status of her child exactly.

2.1.12. Laboratory Services

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

1. Hematological tests:
2. Urine and stool analysis tests
3. Biochemistry tests
4. Pregnancy test

Other unavailable tests are usually referred to be performed outside NECC to MOH, Thalassemia association and AhliArab Hospital. NECC has a coordination system with the mentioned places.

Achieved in this reporting period:

The number of laboratory tests performed in the year 2015 have reached **26574** (Last year 2014 figure was **20166** lab tests) distributed as Shijaia **11911**; Darraj



A lab technician is taking a blood sample for CBC test

9732 and Rafah 4931 , we add to them 6968 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 NECC to continue the provision of the needed lab services despite the closure.

Table (15): Distribution of lab tests

Type Of Lab Tests	Shijaia	Darraj	Rafah	Total
Blood tests	5243	4572	2383	12198
Urine	5022	3893	1873	10788
Stool	1476	1210	617	3303
Pregnancy Test (Urine Sample)	170	57	58	285
Total	11911	9732	4931	26574

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:

- Control the instruments
- Maintenance
- Calibrations
- Capacity building of the staff

2.1.13. Pharmacy Services

A renovation process was implemented to establish a new place for the medical store at main office building as the previous one was rented and the owner asked to evacuate the place because they need it. This process was supported by Act Alliance.

NECC offers preventive and curative services free of charge, with a focus on mother and child health care and education towards health and environmental awareness (hygiene, vaccination, etc.). Accordingly, there is a small pharmacy operated by an Assistant Pharmacist at each of three clinics with a number of medicines (approximately 120 items), complying with WHO standards and approved by the NECC medical sub-committee.

The main lists of the medications include those needed for pregnant women and children as Iron supplements, multivitamins , antibiotics, anti-allergic, skin ointments and creams, antifungal oral gel , ovules and vaginal creams, antipyretic, anti-cough, analgesics, anti-helminthes, etc....



A pharmacist is dispensing medication to a patient

Only prescriptions of the clinic medical doctors are dispensed to the patients of the particular center. Medicines are mostly made and supplied directly by pharmaceutical companies in the West Bank and Gaza. 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 and the balance of medicines at the main store covers 12 months as the replenishment of dispensed medications replenished every 6 months through tenders.

Additionally, NECC has computerized information system for the medications that facilitate and organize the work inside the main store and the pharmacies, a network connect the three pharmacies with the main office and the main store for more monitoring and supervision, regular meetings also conducted by the health programs coordinator with the pharmacist assistants, the pharmacist responsible of the medical store and the doctors.

NECC succeeded in securing the availability of the required medicines throughout 2015 by having stocks of medicines in each center and in the main store. However, some delay happened due to the tight closure and increase in number of patients more than the anticipated especially for dermatology clinic as a new service highly needed.

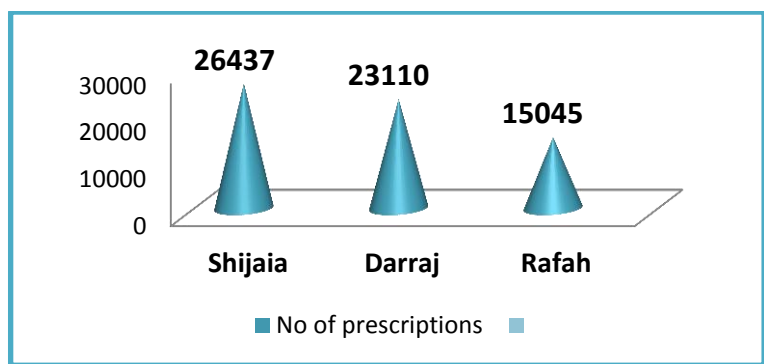
NECC purchased medication during Dec 2015 through support from UPA. UPA thankfully agreed to support NECC in terms of purchasing medication and a new proposal will be submitted for the year 2016 too. As revealed by the satisfaction assessments conducted routinely, the patients were very satisfied with 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.

During 2015 the number of prescriptions dispensed to patients reached 63,592 in the three localities (last year 2014 figure was 51,387 prescriptions)

A number of items were thankfully donated in kind by ANERA during 2015 and some items from MOH (Iron supplements for children that was already donated to MOH from UNICEF), Also NECC contacted UNRWA medical store to loan a quantity of Iron drops due to some delay from Israeli side on importing Iron supplements from West Bank.

During this reporting period, 23,840 SMS were sent to clients which were effective and well-perceived by them in addition to 7313 SMS that were sent to bring back defaulters (in total 31,153). The use of SMS has contributed to the reduction of the number of defaulters.

Figure (5) No. of Prescriptions dispensed



2.2. Psychosocial Support Program (PSS)

Strategic objective2:

To promote the psychosocial status of the served community particularly women and children

One year after the ceasefire on August 26, 2014, the recovery in Gaza is slow. Basic needs such as food, water and education are substantial and more than 300,000 children still need emotional and psychological support¹⁴. The 51-day conflict left 258 schools and kindergartens damaged, including 26 schools that are beyond repair. Nearly six months after a fragile ceasefire took place, more than 100,000 people, half of them children, continue to live in schools, temporary shelters, damaged buildings or inadequate housing, exposing them to the inclement weather (UNICEF, 2015). As young people mature, the decisions they make have a massive impact on their families and their communities, but growing up surrounded by poverty, war and unemployment increases their risks, frustration and limits their choices. Many studies were conducted to find a higher rate of emotional and behavioral problems in Gazan children, especially after wars 2000¹⁵. Those studies were repeated after each war only to arrive at the similar findings. Gaza children have been exposed to horrendous traumatic events Traumatic events and symptoms are very prevalent in children in Gaza.

The protracted conflict has triggered acute levels of psychosocial distress, especially among children and women. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has repeatedly described the situation as a chronic emergency and a protracted human dignity crisis.

Psychosocial services that are appropriately designed and resourced can help to allay the effects of war and conflict and respond to the needs of the affected population, helping people to return to normal life.

A recent study conducted on the psychosocial services on Shajaia area (Abu Hamad 2015) showed that the population of the area is in bad need for these services especially after being exposed to severe psychological traumas. The study flags the importance of implementing high quality psychosocial services. Policy-makers should implement more programs designed specifically to meet children's needs, and direct greater effort to encouraging caregivers to increase uptake of services and programs. Women and young children need greater access to mental health services. Efforts should focus on raising community awareness through media, education and community mobilization, and improving health workers' awareness of the challenges facing adolescents as they go through this very specific life-cycle stage (Abu Hamad 2015).

2.2.1. NECC on-going psychosocial support program

As a part of NECC responsiveness to the community needs, immediately after the Israeli Operation Cast Lead on Gaza, in 2009 NECC has introduced the psychosocial support services into its health and vocational training programs. The program aims to alleviate the suffering of the Palestinian population including children, women, VTC's students and the NECC staff themselves. The NECC psychosocial support program provides individual counseling, group counseling, debriefing sessions, group sessions,

¹⁴UNICEF, 2014.

¹⁵ Health of Children in War Zones: Gaza Child Health: Thomas Miller, Mustafa El-Masri, Samir Qouta, McMaster University. Centre for Studies of Children at Risk, McMaster University. Centre for Peace Studies. McMaster University, 2000.

open days, recreational trips and many others. The program which started in 2009 continues to operate providing services to thousands of children and women who are psychosocially vulnerable.

NECC has hosted the psychosocial services at its three health centers and since then the program became an integral part of the health services, in fact, it is continuously expanding. Moreover, intensive training supported thankfully by **Act Alliance** was provided to all the NECC staff in order to integrate the psychosocial services into the regular health services as recommended by the WHO and the MOH stepped

up integration model. Although the NECC teams have incorporated the psychosocial support services into the regular practice and routine services; however, some complicated cases require specialized psychosocial support sessions such as individual or group counseling sessions, debriefing session, play therapy, behavioral, cognitive therapy and so on—these need to be provided by specialized counselors. Because the premises at the NECC clinics are already fully utilized, NECC rented and renovated additional sites (extensions) at Rafah and Darraj clinics. Still, in Shijaia Clinic, the largest among our three clinics, services were provided inside the clinic—in a place that is so crowded and not conducive to the provision of appropriate services.

This has been further complicated by the increasing number of people especially children who demand these services in the aftermath of the war on Gaza in 2014.

However NECC selected an appropriate place and rent it as an extension place nearby Shijaia clinic which thankfully supported by **Act for Peace**. The needed renovations for the place were carried out, and the services of delivery points with the needed resources, equipment and furniture were taking place but still there are some items in the purchasing process.

The physical environment, appearance, infrastructure, comfort, privacy and cleanliness of the environment of care are all considered as essential dimensions of the quality of health care. Currently the new place is in the process of adjusting and operating, thus the target of establishing a new psychosocial support facility focusing on counseling, group sessions and interactive playing in Shijaia neighborhood to facilitate improved services and mental health outcomes for patients affected by trauma.



Training for NECC counselors with mental health consultant



A group session for girls in Shijaia center

2.2.2. Preventive Services

Appropriate PSS services are provided to the mothers/women or children attending the Family health care centers or the kindergartens located in the three served areas. Through the implementation of PSS activities various skills have been refined, children's concrete skills and provide an opportunity to retreat them.

Develop children's potential across a broad range of activities that stimulate mental, Physical and emotional well-being.

NECC offers preventive and curative health services to sustain and promote the health of Palestinians in the three served areas of Shijaia, Daraj and Rafah\Kherbet Al Adas.

The psychosocial activities encourage important social values such as leadership, respect and Cooperation, friendship, and creativity. Crucially, the psychological relief for the children from the circumstances in which they live, and most importantly a chance just to be children; free of the adult-sized worries and pressures so prevalent in Gaza

The provision of psychosocial support for children at a time when needed, after the recent conflict, provides an opportunity for the children of Gaza to enjoy them and learn new skills.

Through the project funded thankfully by **Pontifical Mission**, NECC implemented the psychosocial support services in the three served localities to children, mothers/women, NECC staff and TVET students. It included CABAC sessions to school age children, CBI sessions for Kindergarten children, stress management session for traumatized mothers, staff care for NECC staff, recreational trips and open days for children.

The project targeted 1470 children, 1000 mothers, 209 TVET students and approximately 80 staff members by the end of November 2015. For VTC students **201** of them received psychosocial support sessions, **6** open fun days were conducted for **798 KG** children, and recreational trips for **19** secretary students, **15** dress making students, **155** VTC students, and NECC health staff, in addition to 12 recreational trips were run for **1644** school children and their mothers.



A group session for girls in Darraj center



A recreational activity for children in Rafah area

Table (16): *The main interventions in terms of preventive services*

School children(6-15) years targeted through Children Affected by Armed Conflict approach	(CABAC)Children Affected by Armed Conflict approach problem solving approach
Kindergarten children served through cognitive behavioral therapy	CBI for kindergartens children that suit the age of those children : expression through drawing ,storytelling, coloring ,playing
VTC Students	CBI and psychosocial sessions for VTC's students for both Gender
Children of both age groups and VTC Students	Open fun days and Recreational trips



2.2.3. Counselling Services

The counselors offer various psychological services including individual and group counseling, awareness sessions for parents such as dealing with aggressive behavior, dealing with stress and traumatized cases.

The counselors use various counseling techniques such as: cognitive behavioral interventions, individual and group counseling, seminars, home visits, and community-based education through awareness programs for mothers.



Table (17): *Counseling services include:*

Individual Counseling	Individual counseling and/or consultations provided to the affected women/mothers.
Group Counseling	Group counseling provided to the women with psychosocial problems and following traumatic events.
Family Counseling	Family counseling for childhood behavioral and emotional problems. The mother is counseled individually or with the child. Also includes parent training for dealing with behavioral problems in children.
Psychosocial consultations	Mothers/women receive the consultation for the psychosocial problems related to the mothers/women themselves. Such as maltreatment of husband or the mother in law - severe emotional and behavioral towards their children due to the hard life, or if they have low experience on dealing with Psychological problems of their children such as: Bedwetting aggressive behavior, sucking fingers, fear feelings, low school performance, jealousy, stubborn, nervousness, convergence.
Home visits	Home visits for specific cases: Women and children with psychosocial problems that have not improved in counseling, or did not report on their appointments are visited at home to evaluate the social conditions and promote their coping and social support.
Referral	Referral of more complicated and severe cases to the specialized institutions as GCMHP. For cases that require medical or specialized treatment, the NECC program refers cases to the MoH mental health centers and to Gaza Community Mental Health Program.

2.2.4. Capacity Building for NECC health Staff and psychosocial counsellors

NECC was involved in conducting training for PSS staff and health staff respectively through a consultancy service. The training of health staff includes 6 days of training event. Furthermore training for psychosocial counselors about common mental disorders, cognitive behavioral therapy and individual and group counseling techniques .The integration of psychosocial support program within the PHC is one of the most effective ways to overcome the social stigma of mental illness. This integration is one of the key factors that helped the team achieve the expected outcomes and develop a system for primary health care teams in meeting agreed standards protocols for mental health care

Within the integration of mental health into primary health care it was carried out by improving the ability of the staff to detect and manage mental health problems. NECC assumed this approach through the concepts of mental healthcare that can be provided by primary care workers who are skilled, able and supported to provide mental healthcare. Three days training were conducted for the counselors to review basic counseling skills and introduce the counselors to the advanced skills in counseling.

The counseling skills proved useful and assisted the counselors in performing more efficient sessions, further more training included behavior intervention for children, trauma treatment program, depression treatment program and anxiety disorders treatment program.

The health team attended two days training was conducted for the integration of mental health into primary health care through Case conferences which is a valuable tool for consolidation and sharing of experience.

The consultant assisted teams in preparing their presentations including the PowerPoint documents and expected discussion question. The training included skills for assessment and management planning using standard measures. Women with mild mental health problems were managed by the nurse or nurse-midwife, while those with moderate to severe problems were referred to the counselor for longer term management. Very severe and complex cases were referred to specialized psychiatric centers.

The main outputs for the psychosocial program were mental health manual, leaflet, and guidelines which were compiled in a quick reference guide. All these materials and guidelines were designed and printed with the supported thankfully from **Act for Peace** and delivered to the three centers to be used in the site, as well the training workshops and material for the counselors and logical framework for the psychosocial program including the monitoring matrix and action plan.

Self-paced training media:

The training material was compiled in a CD with links to videos of case examples and procedures. The CD can be used by staff to review the training material and refresh their skills. It can also be used to train new staff under supervision of the clinical supervision.

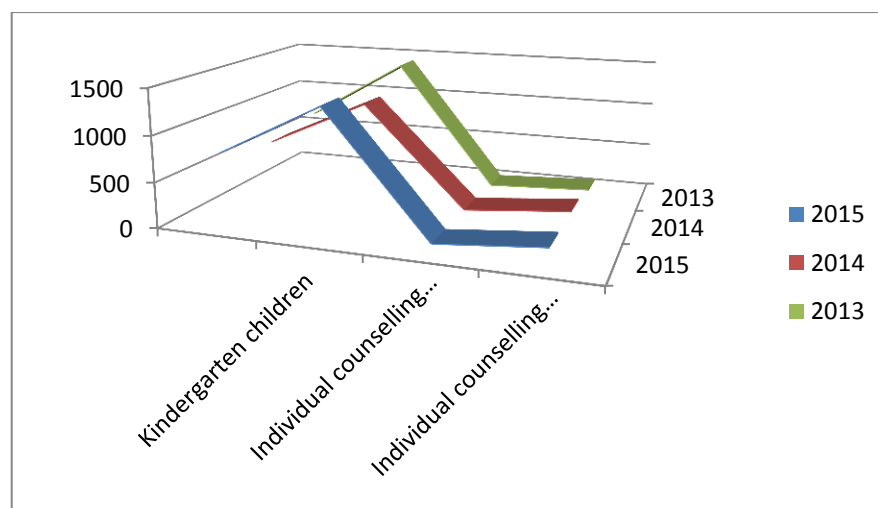
Table (18): The main psychosocial support program achievements

Activities and target groups	Number of individuals reached 2015	Number of individuals reached 2014	Number of individuals reached 2013
School children (6-15) years targeted through Children Affected by Armed Conflict and problem solving approach	786 children	641 children	749 children
Kindergarten children serve through cognitive behavioral therapy	1365 children	1164 children	1420 children
Participants of stress management sessions for mothers/women	722 women/mothers	278 women/mothers	Not existed
Individual counselling for school children	65 children	66 children	30 children
Individual counselling for women /mothers	171 women/mother	176 women/mothers	87 women/mothers
Family counselling for mothers with children suffer from psychological disorders	75	Not existed	Not existed
Psycho education sessions for PHC beneficiaries	171 sessions for 3956 women/mothers	248 sessions for 6054 women/mothers	300 sessions for 6664 women/mothers

General psychosocial consultations	576	563	518
Group counselling for mothers and or/women with similar psychological problems	96 mothers/women	55 mothers/women	72 mothers/women
Home visits	101 home visits	163 home visits	138 home visits
Screening and detection of mental health problem in PHC patients	52 mild cases from PHC who were screened and detected, they received guided self-help by nurses/midwives. 855 Edinburgh scale filled for postnatal cases to detect postnatal depression, 127 were discovered complained of depression in post-partum period that's mean 14.8% were suffered from depression during the postpartum period.		

It is obvious from a table above that, some variations in the number of school children, consultations and individual and counseling for mothers, which were high in 2015 in comparison to 2014 and 2013, that's revealed the intensive need for psychosocial support services. A recent study conducted on the psychosocial services on Shijaia area (Abu Hamad 2015) showed that the population of the area are in bad need for these services especially after being exposed to severe psychological traumas. The study flags the importance of implementing high quality psychosocial services. Policy-makers should implement more programs designed specifically to meet children's needs, and direct greater effort to encouraging caregivers to increase uptake of services and programs. Women and young children need greater access to mental health services. With regard to psycho education, the table showed that in 2013 the number of women / mothers attended psycho education sessions ranked the highest number in comparison to 2014, 2015, that's because the intensive training in psycho education conducted for the staff to review basic psycho education skills and introduce counselors to the advanced skills in counseling techniques to be specified, comprehensive and to meet the need of communities in terms of psychosocial problems.

Figure (6): Psychosocial services for target groups in 2013, 2014, 2015



2.2.5. Weekly supervision visits

Weekly supervisory visits were planned and conducted to the three centers after the training was completed.

The objectives of the supervision visits were:

- Provide hands on skill based training.
- Observe and assess the trainees' skills.
- Provide onsite trouble shooting for problems in implementation.
- Observe and provide consultation for difficult and complex cases.
- Provide feedback to the coordinators on the progress of the program.

2.2.6. Monitoring and outcome assessment

Counselors abilities in monitoring was assessed and the need to develop their capacity in using monitoring methods and tools.

- For common mental disorders: the counselors and PHC team were utilized the guidelines for identification and management of mental health problems. These include standard quantitative and qualitative tools for diagnosis and monitoring. Outcome assessment is built in the program as well as reporting procedure.
- Child mental health: counselors were trained on the application of behavior assessment tools and child mental health questionnaires (SDQ, CRIES) which give baseline and monitoring for change.
- Women mental health: The PHQ9, GAD7, PCL and the stress meter are used to assess women mental health in the antenatal care. Postnatal assessment during postnatal visits depends on guidelines assessment and the utilization of the EPDS scale. Women found to have risk for mental health problems are assessed by the doctor and followed up in the center by the nurse and counselor.

Developing the monitoring system for psychosocial program:

- The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (**SDQ**¹⁶) for children and parents, (**PHQ**¹⁷) and (**GAD7**¹⁸) for PHC screened cases, (**CRIES-8**¹⁹) for PTSD children cases and (**PCL**) for PTSD²⁰ adults (**Edinburgh scale**) for post natal depression cases.
- Additional indicators for adherence to child protection policies and code of conduct were used. Indicators relevant to national and local priorities were used.

¹⁶SDQ: strength and development questionnaire

¹⁷PHQ: patient health questionnaire

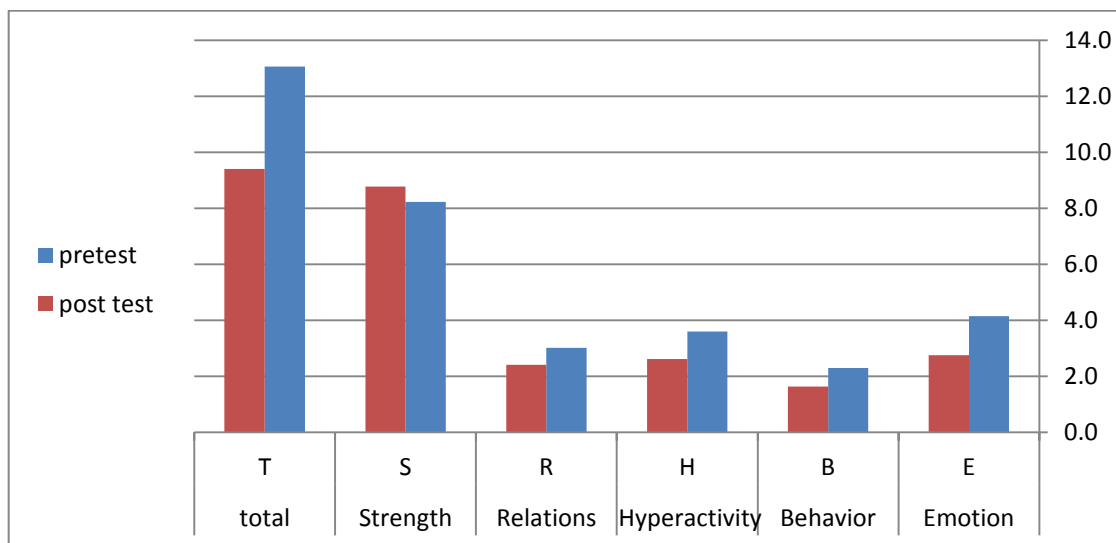
¹⁸GAD: Generalized anxiety disorder

¹⁹CRIES-8: Children impact of Event scale

²⁰PTSD: Post traumatic stress disorders

- NECC staff still screened and detected PHC patients with mental health problems and referred the severe cases to relevant organizations.
- To measure the improvement rate for school children groups in all clinics at Al Darraj, Shijaia, and Rafah centers during this period the counselors conducted group sessions (14 sessions per group) and used an international tool SDQ pre and post-test.
- ALL versions of SDQ ask about 25 attributes, some positives and others negative, these 25 items are divided between 5 scale including emotional symptoms, strength, hyperactivity, peer relationship problems, and behavioral problems. This international measure was adopted by NECC clinics, to know either the psychosocial support interventions have reduced the psychological problems or not and to increase the chance for detecting change.
- 703 SDQ questionnaires were conducted for school children from both genders; the SDQ pretest shows 13.1% of children have some psychosocial problems. At the end of the group sessions the SDQ results show a significant decrease in the number of children with problems to 9.4% in total.
- In some psychological problems for example decrease number of children who suffered from emotional problems from 4.1% to 2.8% which revealed significant improvement by 31.7% reduction in emotional problems, see figure (6) below.

Figure (7): The main psychosocial support program achievements using SDQ measure



2.3. TVET Program

In response to the community needs and labor market demand and as part of its strategic plan, NECC is consistently committed in approaching its vocational training program through providing quality TVET service based on competency based approach which is relied on transforming skills into work.

In spot of this, NECC runs 4 vocational training centers: 2 for male and 2 for female including provision of 5 professions as follows:

1. **The Shijaia Vocational Training Center (Gaza City VTC²¹)** offers three-year vocational training courses that target disadvantaged boys aged 14-16 years who have dropped out of school. The professions provided are:
 - Carpentry and furniture making.
 - Metal works and welding & Aluminum works.
2. **El-Qarrah Vocational Training Center** (near Khan Younis, south of the Gaza Strip) provides two-year vocational training course in general electricity skills, motor and transformer rewinding to young men aged 16-23 who finished grade ten in the school.
3. **The Secretarial studies and English Language Center** offers a one year intensive course to young girls who have finished their secondary school (High School “Tawjihi”).
4. **The Advanced Dress Making Center** offers a one year vocational training course to females in dress making.

During the reporting period (Jan – Dec 2015) which is entailing the graduation of 2015 graduates and the opening of 2015 enrollment (late 2015): **303 students** (220 male and 83 female students) received training through NECC - VTC’s disaggregated as follows:

- 102 students graduated in 2015; (63 males, 39 females including 1 was failed).
- 92 second-year and third-year male trainees continued and upgraded at Gaza and El-Qararah males VTC’s respectively.
- 109 new students (65 males, 44 females) were enrolled out of 384 applicants for the 2015-2016 scholastic year (out of these applicants, 304 were males and 80 were females).

The table (19) below shows the distribution of the students of VTC Gaza and El-Qarara VTC during the reporting period:

#	Profession	Year	Dropped-out during reporting period	Currently enrolled			Graduated in 2015	Total existed on 31/12/2015
				1 st Y	2 nd Y	3 rd Y		
1	Carpentry and Furniture Making	3	-	23	20	22	23	65
2	Welding , Metal works and Aluminum	3	-	16	15	13	14	44
3	General Electricity and Motor Rewinding	2	-	26	22	-	26	48
4	Secretarial studies and English Language	1	-	22	-	-	20 + 1 (failed)	22
5	Advanced dress making	1	-	22	-	-	18	22
	Total			109	57	35	102	201

²¹VTC: Vocational Training Center.

Curricula Development and Upgrading:

- During reporting period, NECC continued the process of updating NECC-TVET curricula for the five identified professions as GIZ recruited local and international experts to work on curricula development with NECC trainers based on the “complex tasks approach CTA”. The expert and NECC trainers worked in full cooperation with the consultants to develop and update the curricula. It is worth mentioning that this year will be a pilot for the curricula.
- It is worth mentioning that NECC is comprehensively developing and upgrading its TVET training techniques. In that context, CTA is standing for an approach utilizing social, personal, behavioral and technical skills and knowledge of a trainee in the process of training and response to clients and service demanders.



Curricula Development training course
for NECC-TVET staff – Germany, Aug-Sep 2015

- The curricula preparation within the first pilot scholastic year 2015-2016 started from September and gradually will be continuing during the year of 2016, feedback sessions will be held end of scholastic year for purpose of evaluation and lessons learned.
- TVET program coordinator with group of NECC-TVET supervisors and trainers attended a training course in Germany in the period from August 24th till September 6th; the training that was entitled “Technology training for teachers of vocational schools in the educational and methodical implementation of curricular tasks” and was located in a so-recognized German vocational institute of “Hessische Landesstelle für Technologiefortbildung”, where the participants received specialized training in the curricula development approach notably mentioning that NECC is involved in a partnered program with GIZ aiming – in one of its themes – at developing the TVET curricula being taught at the NECC vocational training centers.
- Under the auspices of Ministry of Labors and in full participation from a number of TVET providing institutions, the NECC participated in the exhibition of vocational training that took place in the University College of Applied Sciences (UCAS) on 16 – 17th November.
- This exhibition that was led by the “National Committee for Week of Entrepreneurship and Work” in the period of November 16th - 23rd, came as an activity within the Global Entrepreneurship Week (GEW) and for the first time it is run simultaneously in both West Bank and Gaza Strip in a unified program driven in Gaza at UCAS and in Ramallah at Berzeit University via video-conference connection.
- The program was commenced in Ramallah by a speech from Palestinian Prime Minister, Mr. Rami Alhmdalla followed by Minister of Labors, Mr. Ma’moun Abu Shahlaspeech which in its turn emphasized on the importance of concepts of entrepreneurship, work and TVET approach for benefit of Palestinian community and youth given the high unemployment rate among them.
- The exhibition was located at UCAS involving mainly corners for entrepreneurs to show up their experiences with their projects; potentials, challenges and future steps while from the other side, the exhibition included booths for the participating institutions (UCAS, Islamic Relief, Ministry of Labors,

Ministry of Social Affairs, Polytechnic and of course NECC amongst) conjoined products of the various vocational training centers including all professions.

- Continuing the implementation of the GIZ/EU project that aims to improve the quality of provided professions to be in line with the demands and requirements identified by the private sector and so empowering youth employability.
- Additionally, procured by GIZ, NECC received the furniture for the advanced dressmaking center with accordance to what was proposed. In addition, NECC is cooperating with the GIZ in the rehabilitation works in the Gaza VTC.
- Additionally, procured by GIZ, NECC received the equipment for the advanced dressmaking center in mainly including sewing machines accordance with what was agreed.
- Within GIZ/EU project, NECC participated in the TVET workshop which was held in Hebron late April 2015; 4 NECC-TVET staff members participated in this workshop that aimed to show the progress realized in curricula development for selected group of TVET provider institutes in the West Bank.
- Previously in March, within the project of “Upgrading Capacities of NECC TVET Centers” in partnership with GIZ, NECC participated in the TVET Week which was held in the University College of Applied Sciences (UCAS) in the period 23 to 26 March 2015.
- All partners in this project; NECC, UCAS, Polytechnic Deir El-Balah and the Industrial School participated in the booths (a booth for each) at UCAS in the existence of EU representatives where the booths were visited by students, youth, university graduated, local community and the private sector firms and industrial workshops.
- The booths contained samples and exercises made by the TVET students of the different partners’ VTCs and showed up a message of that TVET students are not disadvantaged or neglected by the community but on contrary, they are appreciated, successful and needy for their community development. In particular, the TVET students of NECC at the booth were dressed T-shirts with the message of “I am a TVET student”.



NECC Booth at “TVET Week Exhibition”
March 2015



“TVET Week Exhibition”

- TVET Program conducted 2 sampler workshops on curricula development, cooperating with the GIZ consultants and the VTC supervisors.
- The workshops took place on 12, 19th November at NECC headquarters where presentations were provided by NECC-TVET supervisors on what was done regarding the process of curricula development so far.



“Curricula Development” workshops – Nov 2015



“Curricula Development” workshops

Extra-curricular activities for NECC-TVET students:

- TVET program approached a trainer to conduct capacity building training course in the topic of “**My Path to Professionalism**” targeting female students of NECC Dressmaking and Secretary VTCs.

The training course was conducted through a series of 7 training days distributed on seven weeks while the training contains topics such as:

- Leadership.
- Writing communication.
- Verbal communication.
- Time management.
- Problem solving.
- Team environment.
- Searching for work and etc.



Training Course for secretary & dressmaking VTCs
“My Path to Professionalism” – Oct to Dec 2015

- A capacity building training course was implemented in the topic of “Be an Entrepreneur” at El-Qarara VTC.
- The training was performed on 3 days for totally 6 hours during June 2015, by an external trainer from “Injaz Palestine” Association, benefitted 3 trainers and 50 students from El-Qarara VTC and aimed at developing the capacity of El-Qarara VTC trainers and students in the topics of:
 - Entrepreneurship.
 - Team work.

- Success and failure.
- Sustainability of the idea.
- Social responsibility.
- It is worth mentioning that this training course was conducted within Mennonite program.



“Be an Entrepreneur” training course at El-Qarara
June 2015



“Be an Entrepreneur” training course at El-Qarara

- Conducted training course in Solar Systems:
 - Targeting 12 participants including El-Qarara VTC trainers, selected electric workshop owners and ex-graduates, the training was conducted late November (26, 28 and 30th) where the participants were trained in vital issues pertaining alternative solar energy applications suitable for Gaza conditions given the problem of continuous electricity cutoff.



“Solar Systems” Training course
Nov 2015



“Solar Systems” Training course

- Conducted training course in Electric networks:
 - This course targeted a selected group of El-Qarara VTC graduates and electric workshop owners operating in the same field of electric networks in which external trainers/experts from Aknan Tech., the training provider company, delivered the training early December (2, 5 and 7th).



“Electric Networks”

Training course at El-Qarara VTC – Dec 2015



“Electric Networks”

Training course at El-Qarara VTC

- A special ceremony for 2015 program graduates as well as the aforementioned training courses completion (solar system and electric networks) took place in late December 2015 in front of El-Qarara graduates and honored representatives of ministry of labor as well as group of community leaders, the graduates of 2015 scholastic year were awarded their due certificates whilst the participants of the 2 specialized training courses were awarded their training completion certificates.



Graduation and training certification ceremony
at El-Qarara VTC – Dec 2015



Graduation and training certification ceremony
at El-Qarara VTC

- Following a generous invitation by the Palestine Technical College (Polytechnic) and in full participation from a number of TVET providing institutions, the Near East Council of Churches (NECC) participated in the “Fashion Design and Dressmaking Exhibition” that took place at “Polytechnic” on 12th November.
The exhibition included a booth for NECC dressmaking exhibits, all made by our trainees and ex-graduates amid of satisfaction of visitors.
- An external expert was approached by the TVET program to prepare a “Safety Book” designated to be an integral part in curricula provided to our students at the different VTCs.
The book is including dimensions and best practices to use personal safety tools in addition to the safe use of machines and the physical environment as a whole. Currently, the book is in its final stages of preparation.

▪ **LET-Council²²:**

NECC-TVET Program Participated in all the meetings that were held for purpose of the LET Council formation, establishment and enforcement late 2015.

- It is worth mentioning that NECC is a member in 2 subcommittees of the LET-Council which are TVET Capacity Building and Donor Funding.



LET Council is a body gathering all TVET stakeholders (governmental ministries, TVET provider institutes including universities and colleges, NGOs, industrial schools, donors and TVET supporters, etc.). It is aiming at the development of TVET environment and conditions in order to upgrade its abilities towards enhancing youth employability.

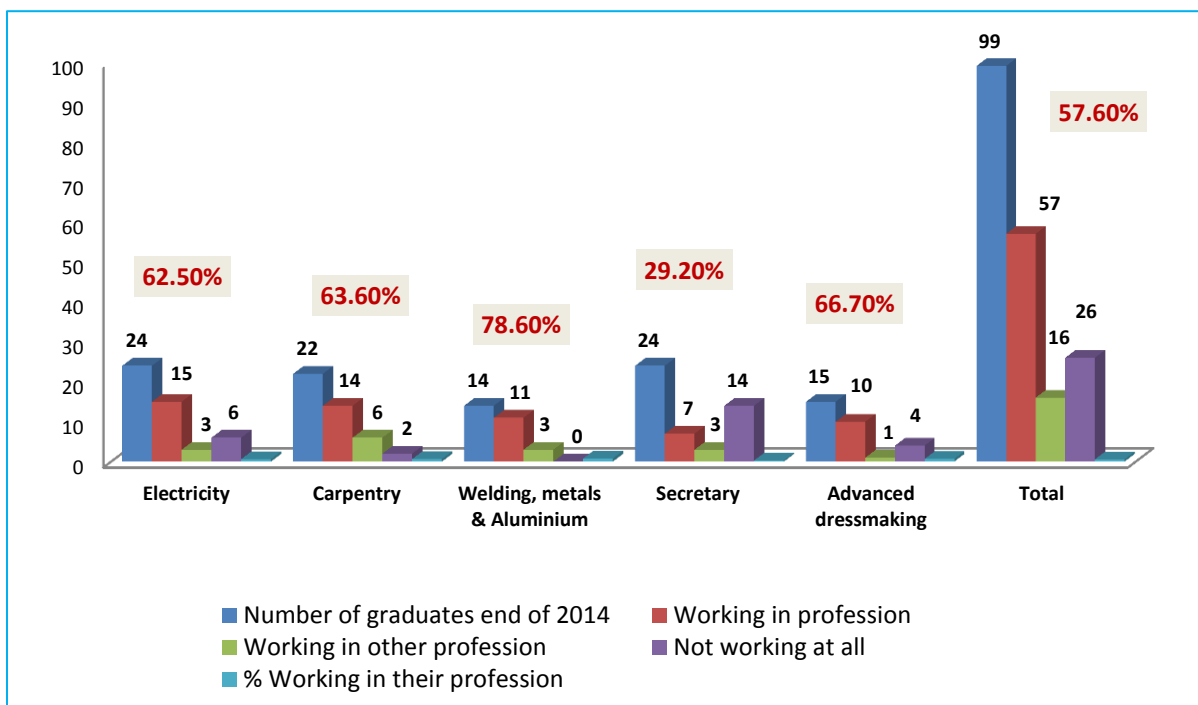
Employability assessment:

- Regarding the follow up of NECC-TVET graduates after one year of graduation, overall 57.6% of all NECC-TVET graduates of the year 2014 are employed or self-employed in their profession within one-year of graduation (a total of 57 out of 99 graduates), which exceeds the target of 50% of graduates from the TVET program, both young men and women, being employed or self-employed within one year of graduation. The figures below show the employment of 40 out of 60 male TVET graduates of 2014 within one year of graduation (66.67%) whilst shows employment of 17 out of 39 female graduates (43.6%). See table (20)below:

Table (20): Employability assessment results among TVET graduates of NECC (end 2015)

Profession	Number of graduates end of 2014	Working in profession	Not working in profession		% Working in their profession
			Working in other profession	Not working at all	
Electricity	24	15	3	6	62.5%
Carpentry	22	14	6	2	63.6%
Welding, metals & Aluminium	14	11	3	-	78.6%
Secretary	24	7	3	14	29.2%
Advanced dressmaking	15	10	1	4	66.7%
Total - Average	99	57	16	26	57.6%

²²LET-Council: Local Employment & TVET Council.



Figure(8): Employability assessment among NECC-TVET graduates of 2014

Comparing between the 3 years of 2013, 2014 and 2015 in terms of employability rates among graduates, it is revealed by the statistics that this so-called rate is getting downsizing due to different considerable reasons mainly as such to Dire economic situations in gaza strip which is even getting deteriorating day by day due to siege and constraints on trade and economic activity. (table 20)

In response to that, NECC is continuously running job creation initiatives as long as the funds are available.

Notes: Many students at our secretary (female) center were already certified with university degrees (Bachelor and Master’s) before getting enrolled at the center. They do that as they believe they will likely get jobs after they gather academic certificate along with secretary diploma.

Moreover, the enrollment rate is recording its highest increase at the General Electricity VTC of El-Qarara, it is interpreted by the desire to learn such a profession given the so-called problem of electricity cutoff and the highly demand on the alternative energy solutions.

2.4. Education Loans Program

Youth and family bread-winners lack proper and adequate job opportunities to support their families and afford education expenses due to the economic situation in Gaza. The students want to improve their knowledge but they cannot afford for the educational expense, they need to find financial aid. Thus NECC continued the implementation of this program to provide educational loans to needy students with zero interest in order to help them complete their university study. See table (21) below

Table (21): the numbers of the university students who received education loans from NECC within 2015

Education/loan	Bachelor			Master			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
New loan	28	15	43	4	18	22	32	33	65
Renew loan	26	13	39	4	-	4	30	13	43
Total	54	28	82	8	18	26	62	46	108

-
- **Table (22): disaggregation of beneficiaries on the times of receiving loans from NECC:**
-

description	Numbers	Bachelor	Masters
Received loan for 1 st time	65	43	22
Received loan for 2 nd time	19	15	4
Received loan for 3 rd time	19	19	
Received loan for 4 th time	4	4	
Received loan for 5 st time	1	1	
Total	108	82	26

The rate of repayment of loans which have been released during the last years continued at the level of 90% because of the harsh economic situation. During 2015, **48** students have settled their loans despite the harsh economic situation. Regularly **103** students are still paying their loans.

It is worth mentioning that the educational loans program is very distinguished and has a high impact on the lives of receivables as it is providing a source of funding for their university study they can hardly secure from other places.

The beneficiary students are coming from all local universities of Gaza Strip (Islamic University, Al-Azhar, Al Quds Open University, etc.) and their majors are distributed in all specialties (humanitarian studies, politics, arts, languages, and etc.).

As well, it provides a hope for poor university students to get access to complete their university education locally and without paying any profits.

2.5. Relief Program

2.5.1. Emergency relief Program:

Regarding emergency relief provided assistance; the following **table (23)** summarizes the main achievements during 2015:

Type of services provided	Target achieved	Target description
Cash for work	175 persons: 88 Male and 87 Female: 100 were supported by Act Alliance and 75 by PMP	Unemployed and females.
Cash assistance	626 Families : 3951 individuals supported by Act Alliance	Families in desperate need for assistance and needy students from those who are enrolled in NECC-TVET program.
Pullovers	85 pullovers	Kindergarten children from Rafah and middle governorate affected by the winter storm.

2.5.2. Job-Creation (JC) Program:

Two Job Creation projects were carried out during the reporting period benefited a total number of **175** candidates:

- First, funded by Act Alliance, the NECC conducted a job creation project for 3 months period targeting 100 selected graduates from those who are certified with Diploma or Bachelor university degree.
- The project started on 1st of January and lasted to 31st March 2015; the selected beneficiaries were selected out of the applicants previously applied, a selected group of NECC-TVET unemployed graduates and a number of disadvantaged applicants. The selected candidates were 100; of which 46 were males and 54 were females, 39 BA certified while 57 diploma and 4 were disadvantaged.
- The selected applicants were disaggregated as follows:
 - 26 persons were working at companies and private workshops.
 - 71 applicants were distributed to work at NGOS.
 - Likewise, 3 were working at ministries.
- Second, through cooperation with Pontifical Mission (PMP), the NECC run and ended a new Job Creation project starting from August and lasted till the end of December 2015 (5 months).
- Stating selection criteria, the NECC carried out a full process of advertising, receiving applications and selecting the winners.
- The project aimed at alleviating the worsening economic situations in the Gaza Strip especially among Palestinian youth residing Gaza through providing groups of them with temporary job opportunities as well as integrating them into the local labor market.

"Gaza is on the verge of collapse. There is almost no opening for new jobs", many youth applicants said.

NECC is concerned about the improvement of livelihoods in the besieged Gaza Strip by its continuous commitment to the Job Creation programs which has been running for many years.

- This project patch targeted 75 youth applicants divided into 25 university graduates holding BA certificates in certain university specialties, in addition to 50 persons who were graduated from vocational training centers and holding vocational training diploma certificate.
- Many prominent success stories were witnessed and recorded obviously the story of Mohammed Abu Kmail, a person with disability aged 28 years suffering from Spastic quadriplegia as a result of a cerebral palsy at birth, using an electric wheelchair. (Full story in success stories part).
 - Throughout this project; **50 VTC graduates**; 31 male and 19 female in addition to **25 University graduates** disaggregated as 9 male and 16 female totaling 75 applicants.
 - *The table (24) below shows the distribution of the 2nd job-creation project applicants on the local labor market:*

#	Organization	University Graduates		VTC Graduates		Total
		Male	Female	Male	Female	
1	NECC	3	9	8	4	24
2	Jawwal Company	-	-	2	4	6
3	Ministry of Health	1	2	-	-	3
4	Ministry of Social Affairs	1	3	1	-	5
5	Al-Amal Orphans Institute	1	-	1	1	3
6	NGOs	2	2	1	5	10
7	University Colleges	1	-	-	-	1
8	Municipalities	-	-	1	-	1
9	Schools	-	-	-	1	1
10	Sport clubs	-	-	1	-	1
11	Companies, private workshops	-	-	16	4	20
-	Total	9	16	31	19	75

It is worth mentioning that applicants were selected among certain specialties such as accounting, medical and paramedical, pharmacy, business administration, lab technicians and others.

NECC appointed a monitoring unit team for the purpose of monitoring the project implementation and management; this team is consisted of Social Workers, Project Coordinator and Accountant.

While the project coordinator and the accountant are responsible for the managerial and financial aspects respectively, the social work team was responsible for the whole process of receiving applications, screening it, shortlisting, contacting the winner applicants and preparing for the contracts which were signed by the applicant, NECC and the employer.

As well, the social work team was running continuous monitoring for the employed applicants based on site visits inside their work sites in full cooperation with the employer representatives.

In this regard, around 360 site visits were conducted for all employed applicants as 3 to 4 visits on average for each applicant besides, the same number of telephone calls. Periodic reports including taking photos were being provided to the management team on regularly basis.



Applying for the JC opportunity



Applying for the JC opportunity



Follow-up the JC applicants at work places



Follow-up the JC applicants at work places



Follow-up the JC applicants at work places



Follow-up the JC applicants at work places

Other projects: Brotherhood Park Project:

By a generous donation from Dotty Family (existed in USA) and through valuable cooperation with Pontifical Mission and in full cooperation and partnered supervision with Municipality of Gaza, the NECC launched the implementation of project of Brotherhood Park maintenance in west Al-Nasser district west Gaza city.

The project implementation went through a process passing from signing a contract with the municipality, tender advertisement, visiting the park site and tender settlement and selection of an implementing contractor.

- This project is for the maintenance of Brotherhood Park north Beach Refugee Camp west Gaza city, the maintenance including fixing water fountain, fences, bathrooms, pergolas, benches, children toys, grass and plantings etc.
- The project Memorandum of Understanding (MoU) between NECC and the Municipality of Gaza was signed on September 29th; the contract stipulated the shared responsibility of the two parties on the technical implementation of the project.
- A selection full process was done (call for tendering, tenderer settlement, correspondences etc.), a contractor was selected for the implementation of the project for the period from 21st of November for 3 months after.
- Maintenance works were commenced shortly late November; a visit was conducted to the park site by the Pontifical Mission representatives on 8th December.
- The implementation is continuing till now and it is expected to be ended late February 2016.



Benches at Brotherhood Park
before maintenance



Central Fountain at Brotherhood Park
before maintenance

2.6. Community Development Program

2.6.1. Self-Help:

10 women at the self-support sewing department continued their work in producing garments of all kinds including TVET Youth uniform and doctors uniform and earned monthly income of \$175 by NECC. This program assists those women to secure their livelihoods.



Self-help workers



Self-help workers

2.6.2. Youth activities and Societies:

During this reporting period, NECC continued its support to 9 local organizations and churches in addition to the NECC three primary health care centers, TVET centers and administration office to facilitate their mission in the form of subsidies made towards various items of furniture or metal work produced by trainees at our vocational training center.

In this regard, *the following table (25) summarizes the forms of support provided to these societies.*

#	Name of society	Provided support
1	Family Care Center - Shijaia	- Paintings. - Wooden stand. - PC wooden desk. - Generator keeper.
2	Banat El-Yasser Society	- Desk. - Chair (iron and leather).
3	Holy Family Church	- Wooden desk.
4	Family Care Center – Daraj	- Maintenance for chairs.
5	YMCA	- Maintenance for desks.
6	Retired Civil Servants Society	- Tennis table.
7	CARITAS Switzerland	- Wooden models.
8	Orthodox Church Council	- Maintenance. - Wooden tablet. - Generator keeper.
9	Family Care Center – Rafah	- Certain bars.

2.7. Advocacy Program

- As was aforementioned in TVET program part, NECC participated in 1stTVET week event, in order to raise awareness on youth employability promotion and advocate their important and effective role in the community development through TVET approach; the event took place in the period 23-26th of March.
- NECC participated in the woman day conducted on 8th of March 2014 where NECC TVET male and female youth and trainers launched in a march from NECC premises to the center of Gaza city.
- NECC continued to collaborate and coordinate for the visits of international partners to Gaza Strip including visits to NECC various programs. The number of delegations representing many different organizations hosted during this year was 54. It is worth noting that there was more challenge for visitor's permits to Gaza through Erez crossing.

3. Overview of Major Focal Areas and Developments.

NECC launched in March 2015 dermatology clinic services based on high prevalence of skin diseases and high demand to such type of services.

NECC contacted an IT programmer to develop an android program for home visits/outreach activities especially postnatal care. The program now is well developed and the staff is receiving training on it. The program will be used through tablet devices which are also supported by Act for Peace. This will help the staff to save time and efforts and to be more accurate instead of filling the questionnaires at each home visits and then enter the data into MIS at the health center. Actually each home visits needs at least 45 min-60 min so by using this technology NECC team will be able to conduct more visits with less time.

NECC advertised for a consultancy to develop NECC financial and HR manuals. Now NECC is in process of developing the manuals. This process is supported by Act for Peace in order to strengthen the financial management system of NECC.

NECC finished a house to house screening project titled: "Improved Access to Quality Nutrition and Health Services for Vulnerable Children in the Gaza Strip" funded by Save the Children in Shijaia area for children under 5 years old through conducting anthropometric measurements and hemoglobin level to discover anemic and/or malnourished cases and refer them to NECC clinics for more investigation and treatment. An external evaluation was conducted for the project and good recommendation raised to enhance future partnership of Save the Children and NECC and others.

Risk assessment was conducted for NECC and other institutions with support of Save the Children to identify the needs of society and institutions working in the field of primary health care and rehabilitation in order to raise the capacity of the institutions to deliver services to the greatest number of those who are in need of these services, also identifying the most important risks that have the effect of weakening the absorptive capacity or the influence on the quality of services provided.

A first draft emergency preparedness plan for NECC was developed and still under revision and discussion. This process was also supported by Save the Children.

With support of UNICEF, NECC succeeded to promote the PNC services in both Darraj and Rafah areas. Based on the success NECC is planning to move the experience to Shijaia area.

An external evaluation was conducted for emergency projects in health and basic needs in Gaza. The evaluation was supported by PMP for NECC and AAH interventions during the most recent war 2014 supported also by PMP. The evaluator recommended that the proactive approach applied in the PMP's emergency program has proven to be a successful model and should be applied in future emergency programs in order to ensure proper delivery of donor aid.

It is worth noting that the integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers .Moreover the development of mental health guideline, quick reference, leaflet, log frame with action plan and monitoring matrix to be used in the three clinics.

Because the premises at the NECC Shijaia clinic is already fully utilized, NECC rented and renovated additional site nearby the clinic with the supported by ACT for Peace, The physical environment, appearance, infrastructure, comfort, privacy and cleanliness of the environment of care are all considered as essential dimensions of the quality of health care. Therefore, the target of establishing a new psychosocial support facility focusing on counseling, group sessions and interactive play in Shijaia neighborhood to facilitated improved services and mental health outcomes for patients affected by trauma has also been achieved.

NECC health staff screened and detected PHC patients with mental health problems after receiving the intensive training in this regards and referred the severe cases to relevant organizations, and NECC plans to develop web services application for psychosocial support program in terms of accurate data and statistics and to keep the quality of services provision.

4. Current problems and constraints

- In the year 2015, no significant change in the context has taken place. Therefore, 2015 is more or less a continuation of previous years. Still, economic recession, political uncertainty, siege, poverty dominate the overall picture in Gaza. The consequences of the most recent Palestinian–Israeli conflict in July 2014 are still negatively affecting the livelihood conditions and the vulnerabilities and risks already facing people in Gaza. The ongoing siege imposed on the Gaza Strip since June 2006 is still contributing to the deterioration of health status and negatively affecting the provision of health services. The protracted conflict has triggered acute levels of psychosocial distress, especially among children and adolescents which also affects the nutritional status of these vulnerable categories. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has repeatedly described the situation as a chronic emergency and a protracted human dignity crisis.

- During this reporting period, the number of displaced people staying in collective centers (shelters) has been gradually decreasing, and currently UNRWA has closed all its sponsored shelters. Still many people are displaced and living with relatives and friends, in tents or caravans. Plans to rebuild and rehabilitate demolished households in Gaza are still on paper and many people who lost their houses are still living in temporary unhealthy residential places including from areas served by NECC. As a result, the exposure of those people to health risks has increased including the spread of communicable diseases, increased food insecurity, nutritional related disorders, wide spread of psychosocial issues and spread of sanitary related conditions which increased the burden on NECC clinics and increased demand at our facilities because other facilities (especially MOH) were affected by the siege or directly targeted during the war. Also, the economic pressure on families has decreased their ability to contribute to medical fees. Also, NECC has increased the number of patients seen every day and implemented new psychosocial and health projects.
- After starting the provision of dermatology clinic inside each health center; one for each Darraj and Rafah and 2 days for Shijaia, the number of beneficiaries increased and accordingly the medications needed for treatment exceed the expected quantities. NECC decided to overlap this problem through contacting more donors to avoid the shortage of medication at their stores such as PMP, UPA...
- Family planning tools are used to be received from UNFPA through MOH every year to all family planning providers in Gaza. The year 2015 there was an underestimation problem from MOH side in addition to damage of UNFPA store at West Bank due to accidental fire, this caused a severe shortage in all family planning tools to all providers in Gaza. Accordingly NECC was obliged to procure the tools available in local market even this was not planned in any of NECC plans/budget.
- Difficulties in securing the needed equipment's and disposables. NECC waited long time until receiving any order due the tight restrictions on the entrance of goods, materials, supplies...to Gaza.
- Restriction on receiving Iron supplements for anemic children was faced at the first midterm of 2015 due to more restrictions on importing raw materials to Palestinian medical companies in West Bank for manufacturing from Israeli side. NECC contacted UNRWA which provided NECC thousands of iron bottles to treat anemic cases
- The unavailability of the raw materials in the local market that was greatly affected by the tight closure even the available commodities are purchased with double prices. NECC has good strategy in maintaining stock of materials to be used, however NECC faced a real challenge to get funds for that.
- Due to frequent power cuts, NECC consumption of fuel needed for electricity generators was constantly increasing and still. The availability of fuel in the local market and its high prices remain a challenge. However, NECC maintained adequate strategic stock of fuel even this was not anticipated.
- Frequent electricity cuts that exceed 18 hrs.perdayespecially in winter storms and cold weather affected negatively all Gaza people life including the provision of health services. As the electric

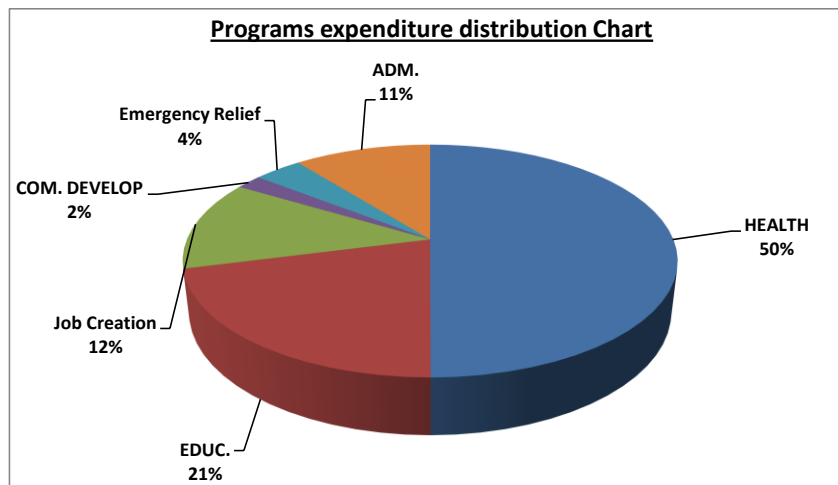
generators at NECC health centers capacity didn't meet the needed electricity for the centers, one of NECC partners (PMP) thankfully donated NECC with three new generators which are able to provide higher energy (electricity).

- NECC faced a real financial crisis, for that NECC was doing more efforts to communicate more new donors and partners to compensate the deficit of 2015.
- NECC faced some problems in procurement of some materials such as wood of certain thickness as well as some equipment needed for electricity training motors.

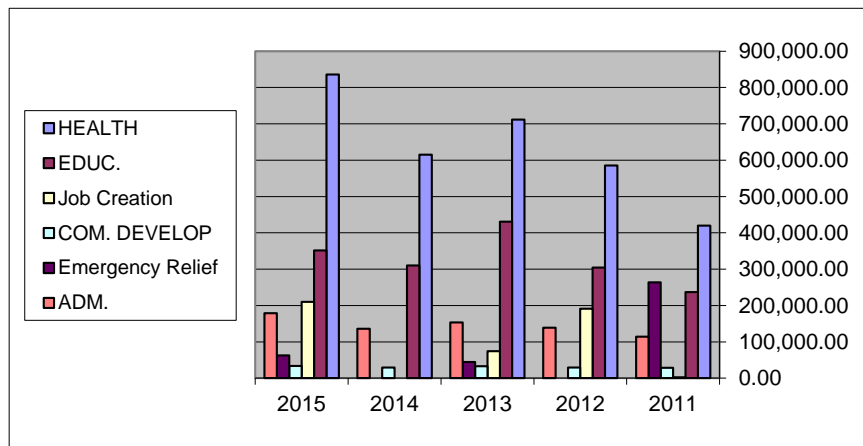
5. Cross cutting issues

5.1. Finance

The following chart is shows NECC programs expenditures for the year ended 2015



The following chart is comparing NECC programs expenditure over the years from 2011 to 2015



5.2. Human resources

It is worth illustrating the human resources at NECC. The total NECC Staff is approximately 101 staff. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health education, and customer service. ***The breakdown of human resources by category is illustrated below in the table (26).***

NECC Programs staff	Male	Female	Total
Number of full-time staff	46	42	88
Number of part-time staff	9	3	12
Number of other staff ²³		1	1
Total number	55	46	101

5.3. Capacity training

Capacity building is an on-going process through which individuals, groups, organizations and societies enhance their ability to identify and meet development challenges. NECC role is to facilitate learning. This is partially accomplished by providing resources and training, but is most effectively done with a partner.

During 2015, at least 47 trainings and /or workshops were attended by NECC staff for capacity building with total 121 days. ***The trainings were conducted by different organizations; national and international as follows in table (27).***

#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer
1	W Matrix training for CPWG	PSS Coordinator	1	UNICEF
2	Health Cluster	Health Coordinator	1	WHO
3	Role of NGOs and education institutions in enforcing Occupational Safety	VTC Instructor (TVET)	1	Association of Engineers
4	The new guidelines for the program cooperation agreement and HACT	- Health Coordinator - Chief Accountant	1	UNICEF
5	PNC training	2 members from health program	3	MoH
6	Management of Anemia	11 staff members from health program	1	Save the Children Al-Salam Restaurant
7	PNC training	3 members from health program	2	MoH

²³Volunteers

8	Advocacy health sector	Health Coordinator	1	PNGO
9	Result Based Management Training	- Health Coordinator - PSS Coordinator	1	UNICEF
10	National program for vaccination and eradication of poliomyelitis	A staff member from health program	1	MoH At Al-Salam Restaurant
11	Early detection of disability	30 staff members from health program	1	NECC/ACT for peace
12	Introduction session by UN OCHA on the new Grant Management System (GMS)	- TVET Coordinator - PSS Coordinator	1	UNICEF + UN-OCHA
13	National committee for health education	PSS Coordinator	1	MoH At Al-Salam Restaurant
14	Workshop: reviewing training needs of TVET managers	TVET Coordinator	1	Islamic Relief At Al-Salam Restaurant
15	Early detection of disability	11 staff members from health program	1	NECC/ACT for peace
16	Management of Acute Moderate & Severe Malnutrition	13 staff members from health program	1	Save the Children Al-Salam Restaurant
17	Discussion on facts sheet of health sector	Executive director	1	PNGO
18	PSS cluster meeting	PSS Coordinator	1	UNICEF
19	Development of dress making	Advanced dress making supervisor	11	Palestine Technical College
20	Decision making	TVET coordinator	1	Islamic Relief
21	Exercise after delivery	Midwife	1	Woman Health center- Jabalia
22	EPP	Health program + PSS coordinators	3	Save the children
23	Communicable diseases management	Physician	1	MOH
24	Technology training for teachers of vocational schools in the educational and methodical implementation of curricular tasks	TVET trainers+ Coordinator	14	GIZ -Germany
25	Caring for Child Survivors of Sexual Abuse	Psychosocial Counselor	5	UNICEF
26	Gender	12	1	Save the Children

27	Decision making	TVET program coordinator	1	Islamic Relief
28	Nutrition Working Group/HRP workshop	Health Program Coordinator	2	UNICEF/WHO
29	TVET exhibition/Leadership and operating	5 of TVET staff	2	UCAS UNIVERSITY
30	Early childhood development and interventions	5 of health staff	3	UNICEF
31	UNICEF Annual review	Health program coordinator	1	UNICEF
32	Partnerships to face unemployment in Gaza	1 social worker	1	PNGO
33	MISP: Management Information System for reproductive health	2 Gynecologists	6	PMRS
34	National stakeholders workshop on skills forecasting modeling	TVET program Coordinator	1	UNESCO
35	PSS project management	6 PSS team	3	AAH
36	Platform meeting	3 Key staff	2	NCA/DCA-Jericho
37	First guide of signs about reproductive health	1 Midwife	1	CFTA
38	Emergency Preparedness plan for nutrition In Gaza	Health program Coordinator	1	UNICEF/MOH
39	Neonatal care during postpartum period	18 of NECC health staff	1	UNICEF/NECC
40	Counseling techniques	30 NECC health staff	2	Act for Peace/NECC
41	Women care and complications during postpartum period	23 NECC health staff	2	UNICEF/NECC
42	CMAM training	5 NECC health staff	5	UNICEF/MOH
43	Total behavior change	12 NECC health staff	1	Save the Children
44	Development of managers performance and communication skills	TVET program coordinator	8	Islamic Relief
45	Basics of sewing	1	15	GIZ-Nablus
46	Education in Palestine	2	1	PRCS
47	Developing curricula in West Bank	4	4	GIZ-Hebron

5.4. Quality of services

In order to achieve high standard of quality in the services provided by NECCCRW's health centers, 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.

With regard to beneficiaries' satisfaction with the provided services, the vast majority of the interviewed cases (more than 90%) revealed that they have received high quality services.

Also the external evaluations conducted for projects implemented in NECC health centers revealed the good quality of services provided to the community. Two evaluations conducted during 2015 for two different projects implemented by NECC as mentioned under evaluation section 5.5.

5.5. Supervision, monitoring and evaluation

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

In consistence with that, NECC constantly monitor the implementation of its interventions through performing a clear action plan, effective reporting system, supervisory visits, staff meetings on a regular basis, beneficiaries and clients perspectives through questionnaires and checklists.

NECC programs coordinators supervise the overall progress of the programs and revise the strategic approach in cooperation with the Technical Consultants, based on information provided by the staff in the field and submit the information to the coordinators. At the field level, a supervisor inside each health center overall manage the field work.

The technical consultant oversight the implementation and focus on covering the monitoring and expert role. The Executive Director of the NECC provides oversight supervision and strategic direction to the programs operations, while the senior accountant do the monitoring for the financial issues and follow up in coordination with the executive managers and the programs coordinators.

For more monitoring to PSS program, NECC is developing with support of Act for Peace a web service/program in order to add PSS to MHIS24 that is used inside the health centers and is looking for a fund to develop a management information system for TVET program.

It is worth mentioning that, a Micro Assessment conducted by UNICEF Implementing Partner, revealed an excellent reflection on the organizational and financial control structure of NECCRW Gaza. Also CRS has conducted a financial assessment for NECC financial system which also revealed a high scoring.

Moreover, an external evaluation for NECC project with Save the children was conducted in October 2015. The evaluation was conducted to the three of Save the children Partners in the project : NECC, AEI and RTL. The overall evaluation of the project is ***good*** indicating that performance has reached desired outcomes and outputs. This has been attributed to the high relevance of the action, the high competence of the implementing partners, the good satisfaction and commitment of the target groups and the good

²⁴MHIS: Management Health Information System

level of achieved effectiveness and provision of services to the beneficiaries. However, the main shortcomings of the project, included some delay and cut down of some planned activities, are attributed to external factors such as the breakout of the latest military offensive on the Gaza Strip in July 2014 and the depreciation of the currency exchange range respectively, in addition to the uncertainty of follow up activities being subject to availability of future funding.

Another external evaluation was conducted by PMP for NECC emergency response project/interventions during the most recent war 2014 that was supported by PMP too. The evaluator reported that PMP response was very appropriate, relevant, and timely. With regard to project effectiveness, there was a consensus among the project's staff and beneficiaries that the project was very effective, efficient, and has achieved most of the desired outcomes including the three main objectives.

It is worth adding that an evaluation will be conducted to PNC promoting project with UNICEF in March 2016 and another one for the 5 DSPR area committees in 2017 supported by different partners including BftW and AfP.

Regarding TVET program; TVET program is utilizing a group of evaluation forms for the aim of assessing the performance and progress within the educational and training process/cycle tackling all inputs.

The whole educational process is being continuously assessed; evaluation forms are being used to evaluate trainers, curricula, tools and equipment, physical environment including safety measures and etc.

Evaluation of TVET program:

TVET program is utilizing a group of evaluation forms for the aim of assessing the performance and progress within the educational and training process/cycle tackling all inputs.

For the trainers, a feedback evaluation is being filled-up by the trainees to assess the trainer performance; e.g. provision of curricula, personality, attitude, respect and etc. The evaluations are being considered in the planning of capacity building programs for TVET staff.

The whole educational process is being continuously assessed; evaluation forms are being used to evaluate trainers, curricula, tools and equipment, physical environment including safety measures and etc.

5.6. Gender

NECC is still committed deeply in gender equality policy. NECC gender policy focuses on the principles of promoting gender balance in staffing and representation, promoting gender equality in access to health quality system, PSS and promoting gender equality in socio-economic empowerment.

During the reporting period, NECC has strived to create gender parity in the hiring of men and women to NECC. Currently, 48% of NECC staff is females and 52% are males.

One of NECC main core values is to serve people irrespective of their faith, color, gender, political affiliation or geographical locality. Approximately 60% of beneficiaries are females, recognizing the important role women play as caregivers within the household. PSS program targets equally children from both genders without any kind of discrimination.

Additionally, NECC provides equal opportunities for male and female students in its TVET offered trades to develop their career in order to be able to get easier to decent job employment opportunities. The new enrolled female students' percentage is 40% and 60% for males out of the total number, the increase of male percentage could be explained by that NECC runs 3 TVET professions for males versus 2 professions for females.

Moreover, during 2015, approximately 60% of beneficiaries attending NECC health centers were females.

5.7. Environment

NECC has a specific and safe protocol for disposal of hazardous waste without affecting the environment in cooperation with the Ministry of Health (MOH). NECC agreed with MOH on the process of handling NECC disposables in coordination with the Gaza Municipality for regular collection and treatment of NECC wastes, including hazardous medical wastes. The three clinics use disposable containers for sharp disposals, family planning disposals such as used IUD, swap, gloves, laboratory tubes the disposable containers weekly sent to incinerator of MOH. NECC implements the national infection prevention and control protocols of the MOH that includes a component about effective waste management. It also has checklist to ensure the proper use of the infection prevention and control protocols by the staff.

Health education sessions are conducted through the clinics with emphasis on general health and hygiene awareness principles. Also, printed information, education and communication materials are available to support these messages and are distributed to the mothers/women who attend the three clinics. Moreover, NECC conducts two community enlightenment and advanced courses for 30-40 women yearly, the trainings include sessions related to environmental considerations.

NECC's-VTCs adopt the cost-effective (3R) procedure where the minimal amounts of the raw materials in the centers are consumed due to the reuse of the old projects conducted by the students in the formation of new project. Small pieces of wood are used to produce architecture handcrafts. Sawdust also is mixed with paints to be used in other projects. Wastes especially from metal, aluminum and motor rewinding workshops are subjected to recycle by recyclers other than the workshops.

5.8. Coordination

Coordination with other organizations depends on the nature of the activity undertaken. In NECC, ongoing coordination and cooperation with UNRWA, the Ministry of Health, Ministry of Labor, UNICEF, Private sector, NGO's and CBO's is part of our work and its implementation.

- In the Primary Family Health Care Centers, NECC has good coordination with Ministry of health to get license of the family care centers for the New Year and to provide the legal coverage of the programs operations.
- Coordination with WHO in terms of attending Health nutrition cluster regular meetings held monthly to share updates, experiences and knowledge.
- MOH provides advanced diagnostic and therapeutic interventions even hospitalization to complicated cases referred from NECC health centers.

- Coordination with the local and international organizations takes place as much as possible to obtain drugs, humanitarian assistance and other assistive modalities. For example NECC contacted ANERA for in kind donation of medication.
- Coordination with preschools and CBOs to provide outreach health education activities and PSS activities at these organizations.
- Coordination with the Thalassemia Society to do hemoglobin electrophoresis for cases that didn't show improvement in hemoglobin level.
- Coordination with nutrition sectorial committee organized by UNICEF.
- Referring severe cases with mental disorders identified at NECC centers to MOH/Department of mental health.
- NECC TVET program is being running with the full cooperation and integration of the private sector in the whole process; NECC has signed cooperation agreements with Palestinian Federation of Industries "PFI" the Palestine Federation of Trade Union "PFTU" in order to support the trainees and approach the outdoor training for them within the workshops fulfilling the PFI and PFTU.

During the reporting period: 80 external workshops and 5 local institutions in Gaza from private sectors received trainees from NECC as a part of the practical training of TVET program or benefitted from NECC VTC's.

- Practically, NECC runs continuous coordination work with those strategic partners in conducting shared capacity building programs, networking and share experience meetings in fields of job creation and employability interventions and TVET weeks and exhibitions.
- NECC is coordinating as well with training provider institutions such as "Injaz Palestine" in order to conduct training courses for our VTC trainees in several topic; many courses were conducted by their trainers infavorite of our trainees in titles like "my path to professionalism" at our Shijaia VTC and "Be Entrepreneur" at El-Qarara VTC.
- In a similar approach, NECC organized 2 specialized training courses targeting a group of our El-Qarrara-VTC graduates and Electrical workshop owners in cooperation with AknanTech. company trainers.

5.9. Policies

NECC is still committed to its child protection policy, code of conduct and gender policy. NECC staff continued the mainstreaming of child safeguarding, child abuse... through providing sessions and distributing brochures and booklets to the beneficiaries at the health centers and TVET-VTCs as well. It is worth mentioning that NECC counselors keep an eye on child protection during conducting any of PSS activities/interventions to detect any child abuse case even no formal reporting about them. The counselors discovered 3 cases with child abuse and worked with them with total privacy, 2 of them were cases with sexual abuse and one physical abuse.

NECC DSPR-Gaza has passed the required standard for the Palestinian NGO's Code of Conduct and was granted a certificate of Compliance for one year from NDC (NGO Development Centre). By end of 2015, the certificate was expired and NECC is now in process of applying again for the year 2016.

5.10. External relations and communications

- On the partnership level, NECC continues partnership with UNICEF and submit a new project built on the success of the previous project to promote postnatal care to mothers and newborns by receiving at least three PNC sessions two at home and one at the health center. NECC succeeded to achieve the key results of this project through UNICEF support and NECC contribution that came from NECC partners. The new project with UNICEF will increase coverage to include 1200 mothers and newborns.
- Additionally NECC succeeded to get approval from EME to look for a fund to promote the antenatal care program through focusing more on high risk pregnancies and to start provision of preconception care at NECC centers.
- A new proposal was submitted by NECC and accepted by BftW for the 2016-2018 years entitled "Providing Health, Education, Psychosocial support, community development and advocacy services for Palestinian families in the Gaza Strip"
- Many INGOs contacted NECC in 2015 offering a partnership with NECC in a so-called 5-year USAID-funded project: Envision Gaza 2020 starting from 2016 till 2020. The discussions are continuing during 2016.
- Regarding TVET, NECC is running its TVET program in full engagement and partnership with all related stakeholders; on the governmental level, Ministry of Labor is accrediting our TVET trades annually and certifying our vocational training diploma provided to our TVET graduates once graduated.
- On the civil society level, NECC is securing strategic and sustained relationships with TVET providing institutes, NGOs, colleges and universities etc.
- As well, on the donor current and new partnerships level, NECC realized new partnership with Porticus-Austria targeting the secure of a fund for running the TVET program for male VTCs. In addition to the current partnership with GIZ and further, NECC is seeking for securing this partnership and renewal for new partnered project for the period 2016-2019.
- Also NECC has applied a proposal in partnership with NCA/DCA for possible funding for a 5 years project to support TVET program in terms of establishing a new profession" Refrigeration and air conditioning" in addition to other activities. No positive reply till the moment of reporting.
- Recently, NECC was got membership in the in the LET-Council; a framework gathering all TVET providers and stakeholders in Gaza Strip (and one in the West Bank) currently led by GIZ with a general coordinator elected and introduced by the participant institutions and conjoining 4 sub-committees, NECC is a member in two of them (Sub committees of TVET capacity building and donor funding).
- On the other hand, NECC is running its TVET program with the full cooperation and integration of the private sector in the whole process so that NECC has signed cooperation agreements with Palestinian Federation of Industries "PFI" the Palestine Federation of Trade Union "PFTU".
- The relationship is compassing issues of cooperation in encountering barriers that hampering the implementation of the program and accessing it into the labor market and approaching the outdoor training for NECC students within the workshops fulfilling the PFI and PFTU.

- As well, the NECC is initially considering the labor market needs when it intends to either open the new TVET professions or develop its current curricula and that's why it convened with all stakeholders including labor market while currently developing the training curricula.
- Moreover, NECC has good coordination with private sector in terms of external practical training for TVET students and graduates, also in terms of job creation projects when implemented NECC contacts the private sector. It is worth adding that NECC is well trusted and asked regularly from the private sector to nominate graduates from its centers in order to work in private companies, workshops...

5.11. Community relations

For NECC the beneficiaries and stakeholders are consulted about the very basic ideas of NECC programs. The support and commitment of beneficiaries are obtained prior to the implementation of any project and later on obtaining the level of their satisfaction during the implementation phase through community leaders meetings and discussions. Beneficiaries' participation in the implementation will be ensured through soliciting feedback, involving them in the management plan and considering their perspectives through questionnaire taking in consideration gender equality as this is one of the main core values of NECC interventions without any kind of discriminations , following NECC gender policy. Beneficiaries' preferences will also be considered and recently NECC is engaged in the HAP accreditation process and successfully has passed the required standard for the Palestinian NGO's Code of Conduct and was granted a certificate of Compliance for one year from NDC (NGO Development Centre).

One of the key philosophies of NECC is community involvement 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.

NECC conducts regular community meetings during the year in all the centers either health or TVET and involve people from the served areas and usually include women, men and TVET parents from different backgrounds and different characteristics.

Recently, a complaint response mechanism was developed in cooperation with DSPR-Jordan. NECC is looking to mainstreaming the mechanism among beneficiaries.

- Continue the provision of the current programs through support from NECC partners.
- Continue offering preventive and curative health services to sustain and promote the health and wellbeing of Palestinians in the three served areas Shijaia, Darraj and Rafah\KherbetAladas.
- Continue providing professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions through vocational training centers
- Strengthening management system through developing financial and personnel manuals
- Develop database management information system for PSS program
- Developing new strategic plan for the next 5 years 2016-2020
- Starting new partnerships and projects when approved (more details under section 5.10)

6. Sustainability

NECC implement the programs in the health and vocational training centers. Staff and managers are local Palestinians of both genders. NECC have been operating for decades.

NECC is a well-established organization with a solid structure and strong foundation. Proposed services will continue as a part of the regular activities within NECC clinics and vocational training centers.

This project contributes to improve health and wellbeing of Palestinians in the three served localities and to empower Palestinian youth in Gaza from both gender. Primary health care and PSS are critical for the survival and the wellbeing of the benefited mothers and their children at the long run. Appropriate primary health care increase the possibilities that the served beneficiaries will sustain healthy lives at the long run. Thus, it contributes to reduction in mortality and morbidity at the short and long term perspectives.

The proposed project includes health education component. Therefore, the provided health education will help families at the long run to develop appropriate practices in reference to crucial issues such as nutrition, hygiene, danger signs and many others. Acquiring new knowledge and adopting appropriate practices are sustainable and remain after the end of the project.

Enabling mothers to rely on themselves and to be able to sustain themselves and their newborns is a sustainable approach. Benefited communities are the most sustainable.

To ensure continuity of care, NECC enroll served beneficiaries into its health program therefore beneficiaries will continue to receive services at NECC clinics. This will reinforce appropriate practices and behaviors. In addition, the project will help to develop the capacity of the NECC to provide quality health care and PSS.

NECC will build on the success of this project and will develop sustainable appropriate practices. The project will leave skills, strategies and tools which will continue to operate despite the discontinuity of the fund through this project.

Last but not least, the project will serve a needy population and addressed an important health problem which fits within the overall health plan of the Palestinian population, through an integrated approach of services provision and strengthening communities' abilities to meet their needs. The project could be a model for the continuum of care to the women in Gaza that could be benchmarked by other organizations. The spill-over effect of the project will be positive at the community front as well as at the health providers' front.

Currently, NECC is planning to include a part in its curricula provided for its TVET-program students designated for the enterprise and start-up business management.

This endeavor will result more accessibility to the self-employment approach and culture and thus directing to easier attainability to employment and job opportunity.

7. *Lessons learned*

- Access to services is a serious concern affecting the protection of Palestinians in Gaza. These services have been part of NECC response and continue to be relevant. This includes vulnerable areas such as health, malnutrition, psychosocial response as well as technical vocational and education training.
- During the 2014 War in Gaza the number of disabilities among people has increased especially among children. NECC staff attended a two days training about early detection and types of disabilities during June 2015. NECC are working on how to early diagnose the children with disability and types of disabilities and provide the service.
- In addition, due to the increased demand on psychosocial services in 2015, NECC has developed their psychosocial program including the integration of mental health into primary care, developing monitoring and evaluation tools, screening for the cases coming to the clinics to discover those suffering of any of common mental health disorders. More needs for PSS structured activities encouraged NECC to continue providing the PSS to mothers, women, children, students and staff.
- Emergency preparedness plans: A big lesson learned came after the Gaza wars and the lack of response to the needs of people during and post crisis. Since then it has been an active concern of programs to address the needs of emergency preparedness plans. Since the recent war, it has become apparent that emergency preparedness should be a cross-cutting requirement in Palestine and not geographically focused, but rather integral to all programming and partners. This is a complementary element to increasing the community based resilience. Accordingly, NECC has finalized an emergency preparedness plan draft in cooperation with Save the Children. NECC mentioned the main gaps and needs to be ready for emergency work during disasters. Now we are looking for a partner to start working on this including training for staff about the plan, responsibilities and roles, safety evacuation.
- More over, a risk assessment was conducted for NECC through a consultancy company hired by Save the children to assess the preparedness of NECC to any disaster.
- As NECC is running job creation opportunities occasionally, a comprehensive database for our graduates is highly demanded to be in place; the database should include their personal information such as names, ID numbers, localities, social status, economic situation as well as employment history and career development. This spread sheet should be in place and being continuously updated for any job creation intervention so that we can adopt on its ready information rather than the swift collection of information occasionally.

8. Success Stories

9.1 Story 1 (TVET program):

Mohammed Abu Kmail (Job Creation Project)

Mohammed Abu Kmail, a person with disability aged 28 years suffering from Spastic quadriplegia as a result of a cerebral palsy at birth, using an electric wheelchair.

Mohammed is married, has no kids so far and living with his parents, 3 brothers and a sister of him, all of them are not working.

He was graduated with a Bachelor degree in Accounting from a local university in Gaza in 2011 and worked in many temporary jobs after his graduation but not succeed to win a permanent job as a result of the bad employment status in Gaza.

Nowadays, Mohammed is experiencing the job opportunity provided by NECC as he is working for the General Union of Disabled Palestinians (GUDP) as a mentor for the public on how to deal with persons with disabilities through holding lectures and workshops in institutions, colleges and universities. Besides, he is well doing the administrative tasks appointed to him.



Mohammed Abu Kmail

“I have been able to fulfill my basic family livelihood expenses by the opportunity that NECC awarded to me since I am the sole breadwinner”, Mohammed said.

9.2. Story 2 (TVET program):

Mohammed Sa'id Al-Dahdouh (Shijaia VTC)

Mohammed was born on 1997 in Gaza city – Zeitoun Area. He is unmarried and lives inside a family including 5 persons while his father is suffering from Cartilage illness and so, he is working as taxi driver when his health allows.

He left school before completing preparatory school certificate. Because of his bad economic circumstances in addition to his weak attainment at schooling and afterwards, he joined the center of Welding and Aluminum which is belonging NECC.



Mohammed Al-Dahdouh is working at a workshop for Aluminum as he wished

Mohammed graduated from the center end of 2013 and from his graduation; he failed to find any job opportunity despite striving a lot for that.

During receiving the 3-years training at Shijaia vocational training center headed by NECC, he was doing a voluntary-based work at Al-Hourani Workshop for Aluminum works while his duties were including all Aluminum works such as installing doors, windows, steel for houses and making Aluminum kitchens.

During his work, Mohammed gained satisfaction of the workshop owner (his boss) as he could prove his skills and cleverness in work and his ability to afford work pressure that's why the workshop owner decided to recruit Mohammed for fixed-term employment among the workshop team just after he finished the NECC training program.

Out of his new job opportunity, Mohammed was able to assist his family with basic needs as well as prove his skills, abilities and cleverness which paved his way to gain a fixed term employment opportunity in the profession he likes.

9.3. Story3 (from Health Program):

Nesma, Shijaia clinic PNC program

Nesma is a young married lady from Shijaia area, aged 21. She has completed her secondary education. Her husband, Wesam, has a bachelor's degree in commerce and business administration. However, he is currently working as a salesman, making 15 NIS a day and for three days a week only. Wesam does not receive any aid from the Social Affairs Ministry or UNRWA. Nesma lives with her husband's family in the extended Household. Nesma and her husband along with four other brothers, three sisters and the husband's mother live all together. The house, is made of concrete, is composed of three rooms, kitchen, bathroom and a living room. Nesma's family is dependent on her widowed mother-in-law who supports them financially. Because she is a widow, she receives assistance from the Ministry of Social Affairs, 1000-NIS (\$ 300) every three months in addition to the aids from the UNRWA.

Nesma says that she got to know the Shijaia Clinic, through one of her relatives, who is working as a community worker at the clinic. She encouraged her to follow up in the Clinic, in addition to the good reputation of the clinic and its quality of services. Moreover, the difficult financial situation makes the possibility of receiving services from specialized centers more complicated.

Nesma went to Shajaia clinic when she was pregnant; she followed up her pregnancy in antenatal care department. She received health education, nutritional counseling and pregnancy check-up. Also, she has been given medications, conducted lab investigations, measuring her blood pressure, weight, assessing the foetal heart rate by Doppler, ultrasound examination and others.

After delivery, Nesma was visited at home for health check-up. She was healthy and received three postnatal care services sessions, including measuring her blood pressure, temperature and giving her vitamin A and examining her sugar and hemoglobin. Nesma was also given a hygienic kit.

Her baby Amer weighed only 2,200Kg after birth and had a difficulty in breastfeeding as the mother suffered a retracted nipple. Nesma had tried using an artificial nipple but it wasn't successful. The baby was crying and could not suckle. At that point, a staff nurse from NECC Shijaia clinic provided counseling to Nesma about breastfeeding and the retracted nipple. It was difficult for both the mother and the child at the beginning. But with repeated attempts from the nurse and the mother along with encouragement from the husband, his mother and Nesma's mother, as everyone knew the importance of breastfeeding, especially that the family's economic situation did not allow the option of buying artificial milk, it worked at the end. Nesma was followed up by the clinic and visited at home several times. Despite the difficulties the child faced at the beginning, he showed noticeable improvement in every as he succeeded in feeding from his mother's breast without the need for artificial milk. Nesma learned how to breastfeed her child and hold him properly while breast feeding. She followed up the child growth and monitoring in well baby program at NECC Shijaia family health care center and the child showed improvement in body measurements (weight and height). Nesma and her family thanked the clinic and its staff for their efforts and special health care which delivered them from the burden of buying artificial milk and encouraged them to try breastfeeding.

Now the child is six months old and has not taken artificial milk at all. His weight also increased from 2.200 kg after birth to 3.200 kg when he was a month old after receiving breastfeeding only. Now Amer is in good condition and weighs 7.6 Kg.

Nesma states that:"I continued to follow-up in the clinic for about a year and a half. It was excellent follow-up as I received high quality care and I benefited from it whether in the clinic or during the home visits. Thanks to God first and then to the efforts of the NECC health staff, I succeeded in breastfeeding. Finally, Nesma and her husband thanked the clinic for their special follow-up and care and priceless advice.

9.4. Story4 (from PSS Program):

Sabreen, Shijaia, Well baby and PSS program

Sabreen is a married woman from Shajaia area, aged 28 years old. She has four children, the eldest child Mottaz is four years old-boy, the second one Revan-three years old female, the third is a daughter Mayar, 2 years old, and the youngest child- Naseem. Naseem is a baby aged eight months; she is the focus of this case study.

The husband Shadi, is 32 years old, he is a relative of his wife, he is sick and unemployed, suffers from mental disorders and receiving medications related to his problem regularly. Consequently, the family doesn't have any solid financial resources for living except for their slight amount of money that comes from the Ministry of Social Affairs. Sabreen lives in Shajaia area, Al Nazaz Street, in front of Sabha AL Harazeen governmental primary health care center with family consists of fourteen members; the parents, four toddlers and the husband's mother and sisters live all together in the same house. Despite living close to a governmental clinic, she prefers to be served by the NECC.

Her house is basically three small rooms; in which one of the three rooms is the only bedroom in the house for Sabreen, her husband, and their children (6 members in one room), the second one is for the husband's mother and sisters. The third room is used as both a bedroom and a living room, half of the house is made of concrete and the ceiling of the other half is made of corrugated tin sheets, a tiny kitchen corner area with no shelves an old fridge, and small oven. Actually, there was no place to wash the dishes in it furthermore lack of tape water, so they had to take the kitchenware to another place in the house where there was water tank to clean the dishes, and one very small and simple bathroom, the house was old with cracked dim and evade lose painting walls, too many peels and musty, the ceiling is made of corrugated tin sheets where Sabreen's family live and sleep, which don't offer any protection from water leaking or rain during winter especially in the cold winters. Sabreen states that "I put blankets on the floor during the rainy winter in terms of absorption of water leakage that make the inside of the house as cold and chilly as outside.Sun and light doesn't enter the house even in the daylight, as in the summer the house become very hot with no ventilation.

As mentioned above, Sabreen's family is dependent on assistance from the Ministry of Social Affairs, 1000-NIS every three months in addition to the aids from UNRWA, which is not sufficient to meet the basic needs in terms of food, milk, and diapers for the baby. Going through difficult conditions, and living poorly with a depriving environment consequently had affected my children's health status.

I heard about NECC Shajaia health care center from my neighbor, I knew about the "Well-baby" program for children in addition to different health programs provided by NECC clinic. As I have already noticed that my child Revan was a skinny kid, her weight was not fit compared with children in her age, so I decided to bring her to NECC Shajaia clinic to register her in Well-Baby programs. At my first visit, the staff nurse measured her length, weight, and did blood test for her. The nurse opened a file for my child on the computer, and then she informed me that my daughter had moderate malnutrition, and anemia with HB 10 gm. Having malnutrition and anemia didn't bring surprise to her, because she thinks it was due to our poor family diet and also she put some of the blame as she stated on her ignorance regarding feeding practices for Revan, as we basically depend on the UNRWA food aid rations. Ration contains 2 white flour packets, 8 small corn oil bottles, 5 KG sugar, and 5 KG lentil. Besides that, almost every month we have some tomatoes, potatoes, and some fruits from my parents. These are my daily food sources and supply to cook and feed my family and husband's family for the month.

Sabreen states: "I always cook main lunch meal that lasts for two days and so on, an example, for a main lunch meal for us is rice with lentil or tomatoes or some vegetables with rice. As for our daily breakfast, we have bean, bread and tea. As for dinner, my parents send me some food from time to time for dinner.

Regarding fish, chicken and meat we get that once a month, however, it's always frozen meats, chicken or fish cause it's a lot cheaper than the fresh. The staff nurse at the time provided me with intensive health and nutritional instructions, and counseling about nutrition habits, healthy and low-cost food, also she gave me brochures about that plus explanation on its details to me, about personal hygiene, hygiene practices, and preventive measures. Staff nurse asked about the daily diet, the mother replied "I usually depend only on supplying the house of essential needs of food from aids". Her parents are the vegetables and fruits supporter. I received from the NECC health clinics nutritional treatment, multi-vitamins, special formula, and iron supplementation, I was getting some aids designated for poor families from some charities organizations particularly that my husband has mental health disorders, and he has a violent behavior, sometimes he was broking the house tools when he had the psychological attacks. He is abusing me and my children by beating us. This sometimes push me to leave the house in order to protect and safeguard my children, I can't tolerate these difficult conditions, living poorly in a distressing context, which has the worst impact on my mental and psychological life, I can't bear the responsibility to cover the needs of my family, when I came to the Shajaia clinic to follow up my child in well baby program, I was complaining of headache, nervousness, loss of appetite, inability to sleep, I was suffering also due to the violent from my husband. The staff nurse noticed Sabreen's manifestations, she asked her about her mood and scored the PHQ-9, and GAD7 the assessment tools for mental health disorders, which showed that Sabreen had a moderate depression and moderate anxiety. She has been referred to the counselor of NECC. The counselor met her the first time in the center, and discussed the treatment plan with her included guidance, self-help, relaxation and breathing technique, and problem solving approach therapy. In the beginning she was not very motivated and her orientation to her problems was negative. As she came to the sessions, she became more motivated.

The counselor said she was not feeling interested and having pleasure in her daily activities; I discussed the treatment plan which included problem solving approach therapy. In the beginning, I discussed with her the guided self-help activities counselor said.

We integrated her in mothers' group sessions; she became more motivated and worked on her problems guided by the problem solving steps. The problem solving steps resulted in a plan in which she will do regular physical exercise, do pleasurable activities and other activities. She also decided to think positively about her life and her family. Although she did not take any medications, her headache decreased, and her mood became better over time. She reported that she was more active and did not feel tired all the time like she used to.

In parallel with the care that she received, she also provided care for her child respectively. The doctor prescribed special formula, and iron supplementation for her child and through the whole following 6 months had let me informed and involved in the child's treatment plan, followed up management, visits and appointment. She said, the staff nurses were always asking for my feedback to be sure that I got the correct information, and filled with me pre-post-test questionnaire. I have become more aware of the health diet and nutritious food. I take a good care now of the food I'm giving my kids and I try to make the most use of what is available in the house. I try to make vegetable on the table at every meal we have and I give Revan milk daily 2 hours later after her Iron-fortified food.

Revan has recovered and now her HB level has also improved and become 11.3gm and her weight become 12 kg. Now, and after the end of the program, I a different person and I do care better of my kids all of them not Revan only. I can give them better care especially with economic but nutritious food.

Nowadays we still live the same hard living conditions and nothing much changed, but I feel very impressed about my health and my daughter's health with the knowledge I learned.

The interaction with the NECC staff, and the communication was excellent. I do appreciate the NECC clinic efforts and support. I am fully satisfied with the high quality of the NECC health services, I can't imagine Shajaia area without the NECC clinics. Also, I can't image what will happen to our children, mothers, and families without the NECC clinics. In such harsh, and awful situation we are living at, we need the NECC services. I really hope that NECC continue serving our population and reduce their suffering.

Table below, shows the follow up visits table for Revan:

Date	HB	length	Weight	Intervention
23/03/2015	10:0gm	81cm	10.6kg	First visit KD iron first dose Multivitamins minerals
30/03/2015	-	-	-	Lab tests include stool and urine analysis The child suffered from common cold, cough, and fever. Medications prescribed Paraflu and Otamol

28/4/2015	10.8gm	81.8cm	10.8kg	Therapeutic treatment KD iron Cefacare 250 mg Otamol child 300mg Health education was provided
25/5/2015	9.3gm	82.5cm	11kg	Noticeable improvement in length, health education and nutritional counseling provided, in addition to therapeutic dose of iron supplement
22/6/2015	10gm	83 cm	11.5kg	Therapeutic dose of iron, folic acid, and Hista syrup for cough .
22/7/2015	11.5gm	84 cm	11.9kg	First dose of Prophylactic iron Megacare G Cream Mega prime 100 ml Counseling
24/8/2015	-	85.5cm	11.9kg	Second prophylactic dose of iron
2/10/2015	-	86.5cm	12kg	Third prophylactic dose of iron Counseling Improvement & discharge from program and enrolled in well baby program for normal healthy children.

The captures below have been taken from the child electronic file which shows the change in the anthropometric measurements pertaining to the child at the enrolment in the program and few months later.

The screenshot displays a software interface for a child's medical record. At the top, it shows the center name 'Shigaa', file number '53027', birth date '06/12/2012', and the child's name 'ريغان شادي عاتق حايده' with visit date '23/03/2015' and sex 'F'. A table on the right lists previous visits with dates, UW, and HB values. The main section contains fields for 'Visit#', 'V. Date', 'Weight', 'Len/hei', 'HB/H', and 'Notes'. Below this is a 'Progress' section with color-coded indicators for 'UW', 'Stunting', 'Wasting', and 'Anemia'. The 'Food' section shows 'Iron Bottles' and 'Next Date'. The 'Diagnosis' section lists 'E44 Protein-energy malnutrition of moderate and mild degree'. A table at the bottom shows 'Drug Name', 'Notes', and 'Quantity' for 'KD Iron Drops' and 'Children Multivitamin-Mineral Supplement'. The interface includes buttons for 'Save', 'Print', 'Clear', 'Delete', and 'Exit'.

Center: Shijala File No.: 53027 Birth Date: 06/12/2012
 Name: ريفان شادي عاطف حنيوه 23/03/2015 Sex: F

Nurse's Notes
 Visit#: 02/10/2015 Lab Test:
 V. Date: 02/10/2015

Test	Result	Value	No

Weight: 12 Len/hei: 86.5 After Project
 HB/H: 0 Fellowup From Field Sick Child

Notes: وقاليه 3 خروج تحسن سعال رشح ابن اللوز سميط سخونه 37.5

Progress:
 UW: Normal -0.9 Stunting: Mild -1.89 Wasting: Normal 0.22 Anemia: ***** 0
 Mild -1.15 Moderate -2.26 Normal 0.16 Mild 10

Food: غير محدد 0 Iron Bottles#: 1 جرعة وقاليه Next Date: 23/01/2016 00:00

ICD10: J06.9 Acute upper respiratory infection, unspecified
 Diagnosis: Dr Sign.: د مصطفى الزعائين

R/x: 143515

Drug Name	Notes	Quantity	Treatment Type
Ferrolet 50 Syrup 100ML	1.5 سم كل 12 ساعة بالعم قبل الأكل بساعة أو بعد الأكل بساعتين	1	
Tailoil 100 ML , Syr	شرب ، بالعم ، عند التزوم	1	
MegaCorten -G Greem	مزهج ، على اللوز ، كل 12 ساعة	2	
Parafu 60ml Syrup	5 سم بالعم كل 12 ساعة	1	

Referred To Outside Lab Referred To X-Ray Referred To: غير محدد File Status: تراجع

Save Print Clear Delete Exit

Photo gallery..





Revan's house

9. Annexes

- *Log-frame.*
- *List of donors.*
- *Refugee statistic.*
- *GS Map.*

Annex 1:

Health Program

Intervention logic	Indicators	Achieved
<p>Overall Goal</p> <p>1. Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children.</p> <p>Impact: Health status of Palestinian mothers and children improved through the provision of quality primary health care services.</p>	5% reduction neonatal mortality rates In targeted areas	In 2015, UNRWA estimated that the Infant Mortality Rate (IMR) has increased for the first time in the last decades to around 22/1,000 live births in the GS; around 74% of them die in the first 28 days after delivery; mostly within the first 6 days of life.
	5% reduction In maternal mortality rate in targeted areas	Maternal mortality rate is around 21.9 with a widely perceived assumption that it is higher than this figure due to under reporting and misclassifications of deaths (MOH, 2013)).
	50% of served population received appropriate care and their health status improved	<ul style="list-style-type: none"> - Regarding malnourished and/or anemic children up to 5 years diagnosed 55.7% were recovered - 83.77% % of pregnant women got ultrasound services 3 or more times - No maternal mortality among all pregnant women who follow up during their pregnancy in our clinics and gave birth during this year - 66.2% of pregnant women received folic acid in the three trimester
	20% reduction in the prevalence of anaemia and malnutrition among the served population	<p>The prevalence of Anemia: Shijaia 18.27 (Baseline 28.8%) Darraj %31.74 (Baseline: 24.6%) Rafah %20.93 (Baseline : 15.9)</p> <p>The prevalence of anemia in Shijaia was 34.4%. that's because the of house to house screening in 2014-2015 it is worth mentioned that the prevalence of anemia is high in all areas , compared to last year , which related to the consequences of poverty and unemployment.</p> <p>Malnutrition : Shijaia: 14.78% (Baseline: 16. 3%) Darraj: 9.8 % (Baseline: 9.7%) Rafah: 15.08% (Baseline: 13.9%)</p> <p>The reported prevalence rates are similar to the last year figures with more higher in Rafah area .it seems that malnutrition correlates positively with bad socioeconomic condition</p>
	90% of pregnant women received quality antenatal care services	97-99% of pregnant women received quality antenatal services
	70% of women received standardized postnatal care	73.12% of women received standardized postnatal care and this indicator achieved because of the promotion of the provision in postnatal care in 2015 supported by UNICEF
70% of children received	75% new registered children attending well baby regularly	

	appropriate growth monitoring services	according to appointment date given by NECC while 52.42 of total children attending well baby regularly according to appointment date given by NECC
	50% of anaemic children timely recovered	55.7% anemic children recovered
	50% of malnourished children timely recovered	54.66% of malnourished children were recovered
Specific Objectives/ Outcome	Indicators	Achieved
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	At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	97.5% 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.	73.12 of women in targeted locality received timely quality post natal care at least 3 times.
	20-30% improvement in the knowledge level based on pre test post test (nutrition, danger sign for mother and baby during ANC, NC, PNC.	22.2% improvement in the knowledge level based on pre-test and post test
1.2 The public and environmental health in the targeted areas is promoted and enhanced	At least 20% reduction of clients presented with diseases resulted from bad sanitation, and in appropriate practice (diarrhea, parasites, skin diseases).	18.9% reduction in parasitic infections respiratory diseases dropped from 43.57% to 24.8% (Reduced by 43%) among patients at general clinics, while a noticeable increase in the prevalence of skin diseases from 11.48 in 2014 % to 34.55% in 2015 among patients at general clinics. This could be explained by provision of dermatology clinic services at NECC health centers that started in March 2015
1.3 The level of malnutrition including anaemia in the target areas is reduced.	Reduce prevalence of anaemia amongst registered pregnant women, breastfed mothers and children by 30%.	The figures reported the last year were significantly less. NECC is looking for reasons beyond this increase in the level of anemia and plans to intensify the health education and multispectral collaboration activities Minimal reduction for registered pregnant women
1.4 Achieve high standard of quality in the services provided by NECCRW's health centers.	60% of health care providers practice appropriate practices	374 checklists were filled and 97.4% of health care providers practice appropriate practices.
	60-90% of clients received standardized services according to protocols.	Achieved
	Level of satisfaction amongst beneficiaries reaches over 85% for the protocols and systems followed	Level of satisfaction amongst beneficiaries reaches over 90% for the protocols and systems followed
1.5 The psychosocial	At least 30% of clients with	NECC developed the approach of integration of mental health

status of the served community particularly women and children is promoted	psychosocial problems improved after receiving support from NECC staff as verified by objective assessment	into PHC and newly started using monitoring tools to measure the outcome of intervention so we expect to have results by 2015.for example for emotional problems among school children it was a significant reduction by 31.7 according to SDQ measure
1.6 Cooperation and collaboration with relevant organizations is enhanced	At least 6 reports produced, disseminated, and discussed among stakeholders	More than 10 reports produced, disseminated, and discussed among stakeholders
	At least 10 coordinating meetings or workshops conducted with relevant organizations	At least 50 coordinating meetings or workshops conducted with relevant organizations
	200 severe cases referred to specialized institutions	319 severe cases referred to specialized institutions
1.7 The needs of persons with disabilities from medical apparatus and devices is fulfilled	30 persons with disabilities received medical apparatus and devices and lead more reproductive life	5 persons with disabilities received crutches and 1 received a walker and 5 wheel chairs
Expected results/outputs	Indicators	Achievement
1.1.1 Pregnant women received adequate primary and procreation health care	1,200 new pregnant women registered for ANC annually	1850 new pregnant women registered for ANC annually
	7000 antenatal care visits made annually	14985 visits made annually
	1,800 pregnant women received follow up visits, newly registered and on- going	2434 pregnant women received follow up visits
	10,000 lab tests for pregnant made women.	16,630 lab tests for pregnant made women
	4500 mothers received health education activities	10776 mothers received health education activities
1.1.2 Deliveries received appropriate postnatal care services	1600 postnatal care visits conducted annually	3131 postnatal visit conducted
1.1.3 Children received adequate primary health services	12,000 children registered at the well baby clinic and screened for anemia and anthropometric measurements	12,235 children 0-6 years old attending the well-baby services as planned in accordance with the national protocols
	25,000 well baby visits were conducted annually	29,152 well-baby follow up visits were performed
	7,000 sick children up to 6 years old received medical examination and treatment	8304 sick children have been provided with medical examination and needed medications and supplementation

	150 demonstrations presented for mothers to feed their children	152 food demonstrations distributed to 4630 attendants at well baby days. Sessions were provided at the health centers and occasionally in local community based organizations.
	Awareness lectures for 3,000 mothers conducted annually	885 awareness sessions conducted for 13,390 mothers
	At least 10,000 calls, home visits and sms done to ensure follow up of children at well baby program	23,840 SMS were sent to clients which were effective and well-perceived by them in addition to 7313 SMS that were sent to bring back defaulters (in total 31,153). The use of SMS has contributed to the reduction of the number of defaulters
1.1.4 Couples received reproductive health services and awareness.	800 partners received reproductive health services and awareness.	1113 women received family planning and health awareness
	500 breast exams carried for women annually and 100 women referred for mammogram	Only 8 breast exams were conducted for women. NECC is still looking for a referral site for mammography (free for charge) to start conducting the screening.
1.1.5 Clients received appropriate dental care	Over 4,000 women, children and adults in targeted areas receive dental care annually	7227 women, children and adults in targeted areas receive dental care
	1,200 pregnant women receive routine dental check up for the first time pregnancy.	1946 pregnant receive routine dental check up
	700 children receive tooth check up during well baby clinic.	1740 children checked-up during well baby clinic
1.1.6 Patients physically examined, appropriately investigated and received treatment	Over 4,000 patients examined, tested and received treatment	10690 cases examined , tested, and received treatment
1.2.1 Inhabitants received consultative, awareness and creational health services.	1500 beneficiaries were annually visited at their homes	3166 home visits were conducted by NECC to beneficiaries inside their house
	40 women participates in 2 trainings per year	Community training is provided at both served communities; Darraj and Shijaia to 41 female trainees per year divided into two groups.
1.2.2 Local communities received minor assistance to support their environmental health context	At least 100 families of beneficiaries received social assistance.	626 households received social assistance in terms of cash assistance
1.3.1 Adequate treatment in matters related to nutrition best practices has been extended	At least (2,000) anaemic children and\or (500) malnourished treated recovered or improved or prevented from being deteriorated annually	The total number of those examined and found abnormal and enrolled in treatment programs is 1394 child. Regarding to house to house screening in Shijaia. The number of anemic was 1528 and the malnourished was 621
1.4.1 Information system enhanced	Functional management system were promoted: protocols , information system	Achieved

1.4.2 Regular reporting and communication enhanced	Regular quality reporting is received from health centers on time	Achieved
1.5.1 Appropriate psychosocial services are provided to women and children attending the PHC.	• 1,500 children received psychosocial support	2151 children received psychosocial support
	• 10,000 women participated in psychosocial support	6503 women participated in psychosocial support
1.5.2 Women participating in activities and training to support their livelihood	200 women attending afternoon activities received psychosocial support	264 women attending afternoon activities received psychosocial support
	Percentage of women trained get income after one year	Still not developed
	40 women attending community workers training course received psychosocial support	41 women attending community workers training course received psychosocial support
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 • 70 female students, and 45 parents received psychosocial support 	<ul style="list-style-type: none"> • 157 male student students and 8 Parents received PSS sessions. • 44 female student received psychosocial support session
1.5.4 Raise and improve the capacity of professionals working in programs of psychosocial support.	• 8 team members, those 8 participate in capacity building programs.	Achieved
	• 8 NECC staff received capacity building on professionals working in programs of psychosocial support	Achieved
1.6 Cooperation mechanism to increase capabilities are adopted and followed with relevant parties.	• 20 participants from NECC staff participates in relevant workshops and trainings	25 of NECC health and PSS staff participated in relevant workshops , training and meetings
	• At least 2 visits and meetings with health partners are conducted monthly by the supervisors of the clinics	Achieved
	• 20 NECC staff participate in external activities outside NECC	Achieved
TVET program		
Overall Goal	Indicators	Achievements
2. Provide professional skills training and access to education to	At least 50% of graduates and supported youth are employed	57.6% of graduates and supported youth are employed or self-employed within one year of graduation and service

empower marginalized Palestinian youth to improve their own economic conditions / marginalized Palestinian youth are empowered to improve their own economic conditions	or self-employed within one year of graduation and service (achieving better than national numbers of same age group)	
Specific Objectives/ Outcome	Indicators	Achievements
2.1 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. / 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.	102 out of 108 graduates accomplished their vocational training and graduated in 2015 in the 5 fields, 38.2% of which are females
	At least 90% of students enrolled in training have graduated	93.6% of students enrolled in training have graduated
2.2 Quality of vocational training and associated professional skills development provided to youth and women entering the job market is enhanced	At least 60% of NECC trainers received TOT and implement the gained skills during the Training sessions.	100% of NECC VTC's trainers received TOT in 2015 and implement the gained skills during the Training sessions.
2.3 Needy students are assisted to complete their education in fields that respond to the community and market needs	At least 95 needy students completed their training without having financial constraints (subsidizing training fees for needy trainees)	102 students completed their training without having financial constraints through installment of training contributions for all students
2.4 NECCCRW's graduates are assisted in finding employment and self-employment	Over 50% of graduates were assisted to find jobs within a year after graduation	57.6% of graduates and supported youth are employed or self-employed within one year of graduation and service

opportunities.		
Expected results/outputs	Indicators	Achievements
2.1.1 Male youth received vocational training in carpentry/furniture making, welding and Aluminum work	39 new male youth joined the vocational training courses in carpentry/furniture making, welding and Aluminum work	39 new male youth joined the vocational training courses in carpentry/furniture making, welding and Aluminum work
	A total of 110 students new and old receive training in carpentry/furniture making, welding and Aluminum work annually	99 students new and old receive training in carpentry/furniture making, welding and Aluminum work during 2015
2.1.2 Male youth received Vocational training in general electrical skills and motor and transformer rewinding	24 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding annually.	26 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding during 2015.
	A total of 48 students new and old receive training in electricity skills	48 students new and old receive training in electricity skills
2.1.3 Female youth received Vocational training in secretarial and office work	<ul style="list-style-type: none"> • 20 new female youth joined the vocational training in secretarial and office work • A total of 20 students receive training in secretary study 	<ul style="list-style-type: none"> • 22 new female youth joined the vocational training in secretarial and office work • 22 students receive training in secretary study
2.1.4 Female youth received Vocational training in advanced sewing	<ul style="list-style-type: none"> • 15 new female youth joined the vocational training in advanced sewing • A total of 15 students receive training in Advanced sewing 	<ul style="list-style-type: none"> • 22 new female youth joined the vocational training in advanced sewing • 22 students receive training in Advanced sewing
2.2.1 Advanced vocational training for NECC staff is provided	<ul style="list-style-type: none"> • 15 NECC staff received capacity building on vocational training disaggregated by type, location of training and duration 	<ul style="list-style-type: none"> • 15 NECC staff received capacity building on vocational training
2.2.2 Linkages with Alumni and market enhanced and feedback integrated into training programs	<ul style="list-style-type: none"> • Number of coordination meetings with domestic market. (private sector) • Number of graduates who got employment after one-year of graduation. 	<ul style="list-style-type: none"> • 30 coordination meetings with domestic market and relevant organization • 57 out of 99 of graduates who got employment after one-year of graduation
2.3.1 Educational loans to students to complete their study at Palestinian universities were provided	<ul style="list-style-type: none"> • At least 60 educational loans provided to students to complete their study at Palestinian universities 	<ul style="list-style-type: none"> • 108 educational loans provided to students to complete their study at university for the year 2015
2.4.1 Follow-up graduates; one year of	<ul style="list-style-type: none"> • Annual Follow-Up is conducted • At least 70% of graduates were 	<ul style="list-style-type: none"> • Annual follow-up was conducted

graduation is conducted.	followed/contacted after one-year of graduation.	<ul style="list-style-type: none"> 100% of graduates were followed after one year of their graduation
2.4.3 A mechanism to connect students with labour market is established	<ul style="list-style-type: none"> At least 50% of those connected through NECC joined the labour market through the link after one-year of graduation from vocational training 	<ul style="list-style-type: none"> 57.6% of graduates and supported youth are employed or self-employed within one year of graduation and service

Emergency relief program

Overall	Indicators	Achievements
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	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 status (when funds are available).	<ul style="list-style-type: none"> - Job creation: - 175 persons (88 males and 87 females); 100 were supported by Act Alliance and 75 by PMP. - Cash Assistance: - 626 Families: 3951 individuals were supported by Act Alliance. - Pullovers: - 85 Beneficiaries were kindergarten children from Rafah and middle governorate affected by the winter storm.
Specific Objectives/Outcome	Indicators	
3.1 Enhance NECC's ability to mitigate the effects of, and respond to emergencies	<ul style="list-style-type: none"> NECC have scenario analysis, plans and possible resources, updated quarterly 70% of applied appeals are granted (ACT) 	<ul style="list-style-type: none"> 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 needs and context assessment , strategic and contingency plans , capable staffing, and relevant publications including quarterly and annual narrative and financial updated reports We applied Emergency appeals to Act Alliance, for the year 2015-2016. ACT Alliance appeal is still implemented till end of March 2016 .
3.2 Families affected by the on- going emergency situation have enhanced their humanitarian status	<ul style="list-style-type: none"> Over 90% of assisted families humanitarian status is at least temporarily enhanced 	All of the assisted families were enhanced as they expressed their satisfaction of being able at least to secure their basic needs including food.
3.1.1 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
3.2.1 Needy households were assisted through cash assistance	<ul style="list-style-type: none"> 4,000 households assisted through cash support 	626 families assisted through Food, non food kits and vouchers.

3.2.2 Job opportunities for individuals were created.	<ul style="list-style-type: none"> 90 jobs created for unemployed of 3,500 working days 	175 jobs created for unemployed.
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Advocacy program

Overall Goal/Impact	Indicators	Achievements
Mobilize and empower Palestinian and other relevant communities to seek just and equal social and economic rights for Palestinians.	1 to 2 policy/advocacy issues resulted in improving justices and economic status	<p>NECC continued mainstreaming its child protection policy. Growth monitoring for up to 6 years though well baby program is also continued at NECC centers</p> <p>NECC finished by Sep 2015 a house to house screening project in order to discover anemic and malnourished children under 5 years in Shijaia and east Zitoun areas after the most recent war, the project also aims to increase community awareness about nutrition and health care of children</p> <p>Also NECC promoted PNC for mothers and new born in order to decrease MMR and NMR and complications after delivery.</p> <p>NECC adopted a complaint mechanism but still need to be mainstreamed among staff and community</p>
Specific Objectives/ Outcome 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	Indicators 3 social issues raised by local communities	4 social issues for Health programs and one for TVET were raised by local community including family planning, breast cancer, postnatal care, Nutrition program and vocational training Economic initiatives raised through cash assistance and cash for work
	At least 70% of social issues raised, and advocated are achieved	Achieved

Expected Results/Outputs Network and coordinate with local, regional, and international organizations to defend the rights of NECCCRW's beneficiaries.	Indicators <ul style="list-style-type: none"> • 3 Functional networks established. 	Achieved
Involve communities in planning, implementation and evaluation of health initiatives	<ul style="list-style-type: none"> • 2 initiatives implemented with local communities 	4 initiatives: TVET week, Breast cancer awareness month in October 2015, Dental care for old ages, world Woman day participation
	<ul style="list-style-type: none"> • 2 programs/activities at which beneficiaries had participated in planning, implementation and evaluation 	Beneficiaries participated in planning and implementation of screening project for anemic and malnourished children in Shijaia and east Zitoun, and evaluation of emergency intervention during war 2014
Raise the awareness of international communities towards the Palestinian issue and rights and consequences of occupation.	<ul style="list-style-type: none"> • 10 visits paid by relevant internationals • 4 Relevant publications released 	<ul style="list-style-type: none"> • 54 visits paid by relevant internationals • At least 10 relevant publications released
Coordination with human rights organizations	<ul style="list-style-type: none"> • 10 coordination meetings attended with the relevant organizations 	At least 20 coordination meetings with relevant organization to advocacy were attended

Annex 2:

*"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 for Peace**
2. **ACT International (Action by Churches Together)**
3. **Amos Trust**
4. **Bread for the World**
5. **CARITAS in France, Switzerland, Luxemburg & Jerusalem**
6. **Catholic Relief Services - CRS**
7. **CCFD**
8. **CFOS (Canada)**
9. **Christian Aid, UK**
10. **Church in Wales, UK**
11. **Church of Sweden**
12. **Catholic Near East Welfare Association (CNEWA)**
13. **Diakonie Katastrophenhilfe**
14. **Diakonisches Werk, Germany**
15. **Diocese of Aalborg, Denmark**
16. **Embrace the Middle East (UK)**
17. **Evangelical Lutheran Church in America**
18. **Evangelischer Entwicklungsdienst e.V (EED), Germany**
19. **FinChurchAid**
20. **German Representative Office**
21. **Interchurch Organization for Development Cooperation (ICCO), Holland**
22. **KAIROS, Canada**
23. **Lutheran World Relief, USA**
24. **Mennonite Central Committee**
25. **Middle East Council of Churches**
26. **National Council of Churches, Australia & AusAid**
27. **NECEF, Canada**
28. **Norwegian Church Aid**
29. **Pontifical Mission for Palestine**
30. **Porticus**
31. **Save the Children**
32. **St. Patrick's Cathedral, Dublin**
33. **The Bromages, UK**
34. **The Church of Scotland**
35. **The Mission Covenant Church of Sweden**
36. **The Reids, Australia**
37. **UNICEF**
38. **United Palestinian Appeal**
39. **World Council of Churches**

Annex 3

Public Information Office Gaza Field Office

Total Registered Population 1,388,668 as of 31 December 2015*

Registered Refugees: 1,311,920					Other Registered Persons			
Area	Camps	Registered camp Population	Not in camps	Total Reg. Refugees	Other Registered Persons**	MNR family Members***	Total Persons	
Jabalia	Jabalia	117,484	121,880	239,364	3,628	2,970	245,962	
Rimal	Beach	84,968	140,575	225,543	5,444	5,049	236,036	
Zeitun	-	-	145,571	145,571	14,867	11,804	172,242	
Nuseirat	Nuseirat	75,170		154,026	2,168	1,823	158,017	
	Bureij	39,578	39,278					
Deir El-Balah	D/Balah	23,793	56,285	109,109	2,274	2,804	114,187	
	Maghazi	29,031						
Khan Yunis	Kh/Yunis	81,376	143,090	224,466	8,110	8,939	241,515	
Rafah	Rafah	117,035	96,806	213,841	4,209	2,659	220,709	
Total	8 Camps	568,435	743,485	1,311,920	40,700	36,048	1,388,668	

** Other registered Persons:- are those who do not fully meet UNRWA's Palestine Refugee criteria . While registered for the purposes of receiving UNRWA services , Other Registered Persons include : Jerusalem poor ,Gaza poor, Frontier villagers , compromise cases , kafaleh (adopted) children and non- refugee wives.

*** 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. (04/2015) by Department of Relief & Social Services - UNRWA - HQ (Amman)

Middle East Council Of Churches Committee For Refugee Work

DSPR/NECC

Mediterranean
Sea

GAZA STRIP

