

Middle East Council of Churches

Department of Service to Palestine Refugees

DSPR - Gaza Area

مجلس كنائس الشرق الأوسط

دائرة خدمة اللاجئين الفلسطينيين

منطقة غزة

“Then I looked again at all the injustice that goes on in this world. The oppressed were crying, and no one would help them. No one would help them, because their oppressors had power on their side”

(Ecclesiastes 4:1)



**Annual Report
2010**

Table of contents

	<u>Page</u>
1. Gaza Area Committee	1
2. Identity – Vision/Mission	2
3. Foreword	4
4. NECC Project Background and Context	8
5. NECC Programmes	9
5.1 Activities and Results	13
5.1.1 Activity 1: Community workers training	13
5.1.2 Activity 2: Mother and Child Health service provision	18
5.1.3 Activity 3: Nutrition Project	29
5.1.4 Activity 4: Preventative health measures, awareness raising of local communities and psychosocial interventions	35
5.1.5 Activity 5: Monitoring and community involvement	40
5.2 Results according to logframe	43
6. Key achievements in the reporting period	51
7. Key lessons learned	53
8. Main Constraints Faced in the Reporting Period	54
9. Outputs of Family Health Care Centres	55
10. Outputs of Dental Health Services	56
11. Projects Promoting Educational Opportunities	57
11.1 Introduction	57
11.2 Aims	58
11.3 Secretarial and Office Management	59
11.4 Advanced Dressmaking	60
11.5 Boys' Vocational Training Centre, Gaza	62
11.6 General Electricity and Motor Rewinding	63
11.7 Women's Vocational Training	68
11.8 Men's Vocational Training	69
11.9 Educational Loans	70
12. Relief and Rehabilitation	71
13. Employment and Income generating co-operative	72
14. Advocacy and Capacity Building	72
15. Total and refugee population	74
16. How the money was spent	74
17. Acknowledgement to Supporters	75

Middle East Council of Churches
Committee for Refugee Work
Gaza Area

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Department of Service to Palestine Refugees

Gaza Area Committee

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Dr. Issa Saleem Tarazi	-	Treasurer
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Mr. Dawoud Khader Tarazi	-	Member
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البريد الإلكتروني
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IDENTITY:

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

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

VISION:

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

MISSION:

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

Context:

The Gaza Strip contains about 1,6 m people, which makes it one of the most densely populated areas in the world (5,000 inhabitants per km²). Of the total population, **over 1,167,361** are refugees, of whom nearly **518,147** inhabitants live in 8 refugee camps administered by United Nations Relief and Works Agency (UNRWA). The Gaza Strip is highly urbanized, with only about 15% of the population living in rural areas.

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

The needs and problems of Palestinians in the different geographical areas where DSPR operates vary considerably. The Gaza Area Committee tailors its programme to meet some of these needs, mainly in the health, education

and training sectors. In general, target groups consist of poor Palestinians in and out of refugee camps, disadvantaged youth, women and vulnerable communities. While each area committee has more specific objectives, the overarching goal is to facilitate an improvement of living standards for Palestine refugees and needy Palestinians in the five areas and support the development of Palestinian village infrastructure, organizations and communities whenever possible.

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

Good cooperation in related activities is maintained with international and local NGOs, external and local churches, the PNA, Ahli Arab Hospital (Anglican Hospital) and National Health, Rehabilitation, Medical and Agricultural Relief Committees, Union of Health Work Committee, Women's Societies and Unions, and PNGO. NECCCRW is proud and appreciates its links with a large number of funding partners and NGOs namely: The Pontifical Mission for Palestine, Christian Aid, DanChurchAid, Diocese of Aalborg, Diakonisches Werk, Evangelical Lutheran Church in America, Norwegian Church Aid, Lutheran World Relief, ICCO, Church of Sweden, Church in Wales, Church of Scotland, Australian and US National Councils of Churches, KAIROS and NECEF in Canada, EED and Bread for the World in Germany, CCFD, Mennonite Central Committee, Bibleland and a number of other ecumenical organizations.



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

H/G Archbishop Desmond Tutu

Foreword:

Due to the Israeli blockade on Gaza which has been intensified since June 2007 the import of most construction, raw materials & spare parts were banned, also the import of consumer goods and fuel restricted; moreover, the movement of people largely banned and the access to agricultural land and fishing areas increasingly limited – Buffer Zones (17% of the total agricultural land).

The impact of blockade related to livelihoods devastated, about 120,000 private sector jobs lost in first two years, 268 establishments destroyed during “Cast Lead”, 70% of industrial establishments closed (Jan 2010) and over 40% unemployment (2010). With the presence of poverty and food insecurity as manifested by UNRWA that “Abject poverty” among refugees tripled since the blockade from 100,000 to 300,000. The presence of 61% of households’ food insecure and appearance of shifting in diet from high cost and protein rich food to low cost and high carbohydrate foods also some 80% receives humanitarian assistance, mainly food.

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

"The United Nations Relief and Works Agency for Palestine Refugees, UNRWA, has warned that the humanitarian situation in Gaza is in decline on all levels due to years of Israeli restrictions.

Christopher Gunness, a spokesman for the UN agency has said unemployment rates in Gaza have reached around 45.5 percent. Israel and neighbouring Egypt shut down Gaza's border in June 2006 and tightened the siege further when the Hamas movement was democratically elected and took control of Gaza a year later. Israel relaxed the tight siege last June, allowing consumer goods into Gaza after its May attack on a Turkish aid ship sparked international outrage. But experts say there is no economic improvement on the ground as Israel still restricts the import of capital goods, severely restricts the movement of people and blocks all exports. Human rights activists say people across the world are looking at what is happening to the Gaza

economy shattered by the siege and Israel war during the winter of 2008-2009. According to the United Nations figures, the war left more than 50,000 homes, 800 industrial units, 200 schools as well as 39 mosques and two churches damaged or destroyed. Activists say the best way to deal with this increasing concern is to lift the blockade fully. Over a million refugees in Gaza who live in hard conditions in several camps across the strip depends on assistance provided by UNRWA. The UN agency needs to build 100 schools and 10,000 housing units in addition to a number of health centres but these have been hampered by Israeli restrictions.

The situation in Gaza Strip remains perilous, as previously described, with not only urgent humanitarian needs to be addressed but imperatively the need to end the siege and occupation. The tremendous scale of destruction and need requires much greater efforts and advocacy in addition to scaled-up logistical response to have access for funds, materials, spare parts and equipment to meet the needs of 1.5 m inhabitants of the Gaza Strip big prison.

Unfortunately, the prospects for peace have not been adequately addressed by the International Community in general and the Quartet in particular who failed to curb Israeli settlement expansion and end the blockade on Gaza Strip that has plunged over 80 per cent of the population below the poverty line, and ease freedom of movement which consequences forced us of all ages to live with physical, mental and emotional wounds.

We do hope that the International Community will break the silence of the graves and realizes the serious implications of the grave present situation under the nearly 43-year brutal occupation which has been labelled by the General Secretary of WCC as “a sin against God” and works faithfully towards the endorsement and implementation of a Just and Comprehensive Peace in compliance with International Law and UN Resolutions. Immediate action is required to end the siege and occupation to pave the path for a just and peaceful solution before it would be too late.

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

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

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

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

***“The effect of JUSTICE will be PEACE,
and the result of
RIGHTEOUSNESS, SECURITY AND TRUST For ever”
“Isaiah 32:17”***

***Dr. Issa Tarazi
Executive Director***

February 2011

With effect of December 31st 2010, Mr. Constantine Dabbagh relinquished his position as Executive Director of NECC/DSPR Gaza area and handled over work and duties to Dr. Issa Tarazi the newly appointed Executive Director. Mr. Constantine Dabbagh has distinguished long and faithful working record and achievement he made over the last 43 years of his commitment and devotion to the mission of NECC/DSPR in Gaza, keeping and complying with excellent relationship with local and international NGOs and the support and solidarity of our partners.

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



NECC Project Background and Context

This year, coincided with the 43rd anniversary of the Israeli occupation which causes hardships, in September 2005 Israel has redeployed its army outside Gaza Strip. However, still it kept full and strict control on the flow of people and goods in and out of the Gaza Strip.

During this reporting period, all border crossings to the Gaza Strip for nearly three years have been continuously closed. The illegal Israeli-imposed harsh siege as collective punishment of the whole civilian population of Gaza, which has steadily been tightened since June 2007, has had a disastrous impact on the humanitarian and economic situation in this tiny Gaza Strip. The new development is the first Gaza Freedom Flotilla headed to Gaza with over 700 International activists supporters of peace from some 30 countries which aimed at breaking Israel's siege of Gaza where over two thirds of families don't know where they'll find their next meal, has most probably shocked the world when was recently attacked by the Israeli navy and commandos in the international waters killing nine and injuring around 60 people.

Around 1.6 million inhabitants are being denied their basic rights, including freedom of movement, and their rights to appropriate living conditions, work, health and education. The main concern of the population is now to secure their basic needs of food, medicines, fuel, water and electricity supplies. Electricity interruption has lately increased which is causing great difficulties in all spheres in particular the suspension of vital services such as health, water supplies and sanitation.

While Israeli forces launched series of air strikes and incursions against civilian targets in all parts of Gaza Strip causing death and inflicting injuries on many; at the same time destroying a number of the remaining factories and workshops in addition to country homes and levelling areas of agricultural land, Israel has continued to prohibit the entry of raw construction materials into the Gaza Strip for nearly three years; Additionally, the Israeli navy have continued to attack Gaza fishermen along the coast of Gaza depriving them from freedom to fish even within the permissible area. Moreover, Israel has imposed additional restrictions on access of International diplomats, partners' representatives, journalists and many other visitors mainly from churches.

Thus, the living conditions of the population in the Gaza Strip have seriously deteriorated; levels of poverty and unemployment have continued to mount sharply.

Moreover, the most recent disastrous announcement of the new Israeli Military Order which will potentially expose thousands of Gaza residents in the West Bank to immediate deportation and can be expected that in most of the cases the person will be deported without any possibility of challenging the order pursuant to which he has been assisted.

The Palestinian Centre for Human Rights described those orders **that form part of the criminal policy which Israel has developed over the years against the Palestinian people as it combine occupation, apartheid, colonization and forced displacement and eradication of the population, and constitute blatant violation of international human rights standards and law principles.**

NECC Programmes:

NECC runs ongoing projects in Gaza, Qararah and Rafah as well as projects with beneficiaries from across the Gaza Strip.

- **Health:**

Two family health service centres in Gaza (each potentially serving a poor community of 60,000-75,000 people) offer both preventive and curative services with a third centre in the south (Rafah) serving a community estimated at 12,000 people. The emphasis is on mother and child health care and education to encourage awareness of health needs and improve the quality of life.

Women will also be trained as community workers to provide counselling and social work services to poorer communities. This will also enhance and improve their role in society.

- **Education:**

Vocational training for boys of 14-16 years, who have dropped out of the schooling system, is provided in carpentry and furniture-making, metal work, welding and aluminium fittings. They are also taught Arabic and mathematics and other mainstream subjects. Adult males who have completed their preparatory and secondary education are provided with training in general electricity and motor rewinding and computer skills. **Additional extra curricula subjects i.e. acceptance of the other, reconciliation were introduced taking in consideration the prevailing situation.** Interest free educational loans from a revolving fund are provided to students to enable them to enrol at the local universities in the Gaza Strip although this activity is not included in this application. Training is provided for young women in dress-making and secretarial skills, including computing.

- **Employment:**

A self-supporting cooperative for graduates of the advanced dressmaking course will provide self-employment opportunities for 8-10 women. In addition, a clothing centre will provide employment for 12-14 women who come from needy families and have become the main earners in their families. The programme will also support graduates from the other training systems in locating and getting appropriate employment.

- **Community Development:**

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

Beneficiaries of NECC programme:

The programme focuses on the Palestinian population. The health centres provide preventative and primary curative health services to patients/clients in their areas of responsibility. In **2010**, NECC had almost **18,930** families registered at its three clinics. The centres focus on mother and child care, family planning, primary health care and health education. A total of about **200** students per year receive vocational training in one of the vocational training centres. The employment project supports approximately **20-25** women in income generation. The community development programme supports schools, youth groups and kindergartens across the Strip.

How and what stage will they be involved?

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

- **Beneficiary participation in project design:**
In determining the priority services required by the communities, NECC has drawn mainly on its own experiences of community needs. In the health programme, NECC has been running Mother and Child Health (MCH) clinics in the communities for decades, and is aware of the general health needs of the population. With unemployment being one of key problems facing Gaza's youth, employment-related training is the focus of training. The programme has been designed with the assistance of communities in terms of the type of courses run and the services provided.
- **Beneficiary participation in implementation:**
The trainers, health workers and other staff of the project are all members of the beneficiary communities. As a service provision project, it is to be expected that beneficiary participation, other than this, in implementation, will be limited. However, beneficiaries contribute nominally to the running costs of the health centres and training and employment programmes whenever it would be possible.
- **Beneficiary participation in monitoring & evaluation:**
As training and health provision are both technically skilled professions, it is likely that the beneficiary role in monitoring will be limited. At the end of each training course, an evaluative questionnaire is completed by the trainees. NECC also relies on monthly reports from staff that are in direct contact with the beneficiaries and clinic staff also provides feed-back from patients. Weekly staff meetings are held at clinics and monthly meetings are held at all Vocational Training Centres, to share information, discuss progress and issues arising. Through these, and other expressions of changing priorities and needs, such as planning of new construction activities, the communities will ensure that effective monitoring and consultation by NECC will lead to appropriate

programme changes. An evaluation was conducted in 2008 for the health programme by a local consultant in coordination with Christian Aid, with the full cooperation and participation of the beneficiary communities.

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

Criteria for selecting beneficiaries:

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

To what extent are women involved and/or beneficiaries of the project?

- **Traditional situation of women in this area:**
Conservatism is powerful in defining the traditional role of women in the Gaza Strip. The position of women in the Gaza Strip is still hard and became even more difficult during the Uprising (Intifada). Many of the male bread-winners lost their jobs and became unemployed workers. Other bread-winners have been killed or imprisoned and therefore it becomes the responsibility of women to take over and handle the

matters of earning an income and raising the children. Those who have had fewer opportunities to continue their education became responsible and replaced men in providing for their families. Since the beginning of the second Uprising (Intifada) and the existence of the autonomous Palestinian territory, the internal factions strife and the isolation of the Gaza Strip as a result of the strict siege being imposed by Israel and the International Community after the election of Hamas, the economic situation has worsened to unprecedented levels. Therefore, competition for jobs is high, and women have returned to low levels of employment. Women now represent about 11% of the workforce and only 10% complete 12 years of education, compared to 20% of males. Equally, social domination of men continues and Palestinian political life is also male-dominated.

- **Women as planners, implementers and beneficiaries:**

In this traditional atmosphere, it is difficult to promote radical alternatives to the social norm. However, NECC have challenged the role of women through the active stretching of this traditional role.

The NECC attitude is to put emphasis on women's productive role through gaining certain skills. Vocational training provides long term empowerment to women trainees, even in traditional activities. It is well understood that married women are unlikely to retain total control of any wages earned. However, where the husband is unable to work, or for single women, the training projects will provide some form of economic independence. The disparity between teenage girls and boys access to education is also addressed. The high level of school dropouts among teenage girls will be addressed through the vocational training centres and community outreach teaching. Over 50% of trainees of the vocational training programme are women. Women and infants are also the main focus of the health programme.

Women are represented on the Gaza Area Committee of the NECC, and therefore have influence in planning decisions and project management. NECC is equal employer.

“Actions speak louder than words”

Activities and Results

It is worth starting by illustrating the human resources at NECC. In 2010, 101 staff members were working at NECC different programs. Females constituted around 60% of the NECC human resources. The breakdown of human resources by category is illustrated down below in the table 1.

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

Title	No.	Title	No.
Executive secretary	1	Instructor	9
Adm. Assistant	1	Psycho-Counsellor	2
Accountant	1	Laboratory Technician	3
Coordinator, Health programme	1	Social Worker	6
Consultant	1	Community Worker	7
Doctor	2	Secretary	3
Gynaecologist	1	Programmer	2
Paediatrician	2	Assistant Pharmacist	3
Dentist	2	Assistant Electrician	1
Pharmacist	1	Data Processing	2
Staff Nurse / Midwife	12	Clerk	2
Registered Midwife	4	Store-keeper	2
Engineer	1	Driver	2
Consultant/Trainer	1	Watchman	11
Teacher	9	Cleaner	6
Total			101

Activity 1: Training

a. Community workers training

Anticipated:

Community training will be provided at the three served communities; Kherbet El Adas (Rafah), El Darraj and El Shija'ia. Community work training will be provided to up to 40 trainees per year divided into two cohort groups. Each group will receive training for 6 months, 3 days per week, 6 hours per training day.



Community Workers' training and graduation

Achieved in this reporting period:

In this year, one training course was organized with 23 participants in Rafah area. The course started in May 2010 and completed by July 2010. Finally, 20 community workers were graduated. Unfortunately, 3 participants were dropped out from the course for various reasons.

NECC monitors the graduates and many of them are either working or volunteering in community base organizations. For example, currently two community workers are working on the NECC emergency nutrition project in Rafah area and three in Darraj and Shijia areas. Additionally, **20** of them provided volunteer assistance in the psychosocial intervention programme with children during summer.

b. Training for medical staff

Anticipated:

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

- Antenatal Care
- High Risk Pregnancy
- Postnatal Care
- Family Planning
- Breast Feeding
- Nutrition
- Heath Education

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

Achieved in this reporting period:

In total, 18 training days were organized in various topics as illustrated in the table (2). In total, 66 persons participated in training (per capita) in various topics. As a response to the increase in malnutrition and anaemia cases, five long study days were organized for the NECC medical and paramedical staff in addition to 8 community workers working on this field. The nutrition related training focused on screening, management of anaemia and malnutrition, project management and monitoring, data base and so on.

Table 2: Study days organized by the NECC by topics and participants:

No	Date	Topic	Number of participants	Days
1	Jan. 21 st , 10	Training Report	9	1
2	Feb. 11 th , 10	Training Database	6	1
3	Feb. 13 th , 10	Training Database	8	1
4	March 11 th , 10	Storage management	7	1
5	April 10 th to May 5 th , 10	Psychosocial support	15	8
6	Aug. 1 st , 10	Safety at work	21	1
7	December 15 th through December 20 th 2010	Screening and management of Nutrition	15	5

Also, as clear in table 3, to avoid duplications (efficiency wise) and also to increase interactions with other health care providers, the NECC is keen to send participants to the relevant trainings organized by other parties. **43** NECC staff members including doctors, nurses, paramedical and administrative staff have also attended **126** days of capacity building workshops organized by other parties such as the Ministry of Health, DCA, WFP and UNICEF in a variety of technical and administrative subjects related to our activities i.e Child Health, nutrition, Breast feeding, Psychosocial interventions and others.

Most training sessions were evaluated through pre and post tests which indicate remarkable progress in the level of knowledge of participants of training and were required to share the skills learned with their colleagues and also to apply the acquired skills in the field. Evaluation tools such as checklists confirm the improvement of performance as a result of the training received.



Table 3: Workshops organized by other parties and attended by the NECC staff

Date	Organizing body	Topic	No. of days	No. of participants
Jan. 25 th , 2010	WHO and Merlin	Effective NGO Participation in Humanitarian Coordination	2	1
Feb. 2 nd , 2010	NDC	Monitoring funded projects	1	1
Feb. 15 th , 2010	CA	Advocacy	1	2
Feb. 10 th , 2010	WHO	Cluster Meeting	1	1
March 17 th , 2010	PNGO	Palestinian health system development methods	1	1
March 18 th , 2010	MOH	Palestinian health system development	1	1
May 11 th , 2010	WFP	Food Security	1	1
May 18 th , 2010	Ibn Khaldon	Building Transparent systems	1	1
May 26 th , 2010	WHO	Cluster Meeting	1	1
May 31 st , 2010	Technical Unit	Referral cases	1	1
June 2 nd , 2010	MOH	Breast Feeding	1	1
June 10 th , 2010	WHO	Communication	1	1
June 28 th , 2010	WHO	Health Metrics Network Framework and Assessment Tool	1	1
June 29 th , 2010	Palestinian Medical Relief Society and Terre des hommes Italia	Psychosocial and nutritional support to preschool age children	1	1
July, 4 th , 2010	UNRWA	Computer Skills	22	3
July 12 th , 2010	WHO	Health Metrics Network Workshop	2	1
July 18 th , 2010	Mercy Corps	MOS Microsoft Office Operating Specialist	60	1
July 21 st , 2010	WHO	Cluster Meeting	1	1
August 11 th , 2010	CA	Capacity Building	3	2
August 16 th , 2010	UNICEF	Gender	1	1
August 30 th , 2010	UNICEF	Child protection	1	1
Sep. 30 th , 2010	MOH	National committee for breast feeding meeting	1	1
Sep. 29 th , 2010	WHO	Anaemia	1	1
Sep. 30 th , 2010	CA	PPME Training Follow up	1	2
Oct. 4 th , 2010	MOL	Training requirements for trainers	5	2
Oct. 21 st , 2010	PITA	IT and communication roles	1	2
Nov. 3 rd , 2010	WHO	HIS	2	1

<i>Date</i>	<i>Organizing body</i>	<i>Topic</i>	<i>No. of days</i>	<i>No. of participants</i>
Nov. 10 th , 2010	PNGO	Protection from disability	1	1
Nov. 23 rd , 2010	UNICEF	Child Protection	1	1
Nov. 27 th , 2010	UNICEF	CRC Operetta	1	1
Dec. 1 st , 2010	PNGO	Current situation and future	1	1
Dec. 2 nd , 2010	Balsam society	My rights	1	1
Dec. 6 th , 2010	Islamic University	Antenatal care	1	1
Dec. 6 th , 2010	UNICEF	Protection Cluster Workshop	1	1
Dec. 16 th , 2010	GTZ	Choosing the Local Partner of LET Council	1	1
Dec. 25th, 2010	IASC MHPSS	Guideline training	2	1

Building on the previous experience, on-the-job training sessions were provided to the NECC staff on monitoring and evaluation by a consultant who previously developed the pilot indicators (the pilot indicators address antenatal care, postnatal care, growth monitoring, client satisfaction and counselling). Training provided in this reporting period had focused on using the logical framework as a tool for monitoring, using data analysis software such as the SPSS, data entry, data storing, analysis and reporting. Data collection tools were developed and staff received training on using them both formal training and on the job training.

To support the practice of monitoring as a routine activity, the previously developed monitoring tools such as the mother and child health related checklists are fully in use. Staff received training on monitoring the compliance with these checklists. Data entry models for these checklists were developed and the staff regularly enter and analyze the findings of these checklists onto the developed databases (the available checklists currently in use include Antenatal care, Post natal care, Growth monitoring, Control of diarrhoea diseases, Acute respiratory infections and Infection prevention and control).



Computerization of medical records

To further reinforce the monitoring practices and the use of information for decision making, this reporting year, the NECC finalized the development of a computerized health information system. The newly developed system is capable of generating reports in correspondence with the specified indicators. NECC staff received training over the last year on using the new system and currently the clients files are entered into the data base. The developed data base will make significant development in term of monitoring and using data for decision making.



Updating computerized medical reporting system

Interestingly, so far, data pertaining to the nutrition program, antenatal care, family planning, post natal care, home visits, well and sick baby clinics and reports are currently in use. Currently, our staff is regularly using the computer for processing data and for taking decision as needed in all the activities and the emergency nutrition project.

Activity 2: Mother and Child Health service provision:

Anticipated:

There are two family health care centres in Shij'ia and Darraj areas, each of them potentially serving a poor community of nearly 80,000 people where existing provision of medical services are at low level. The third centre is located in Rafah in Kherbet El Adas rural area, serving a population of nearly 12,000 people where provision of medical services is non-existent.

Achieved in this reporting period:

Despite the fact that the security situation didn't significantly improve during this reporting period, NECC continued the provision of health services even in more intensive way. It was noticed that an increased numbers of patients/clients requested treatment at the centres. This increase could be explained by the positive perceptions from the clients' side about the quality of services and also the availability of free services and availability of medicines without interruptions. Additionally, among the contributing factors the noticeable shortage of medicines at governmental health institutions noticed this year and the harsh economic conditions of beneficiaries (184 out of 280 items were missing at MOH). Moreover, the political and security situation

affected the abilities of other health providers to provide their routine services and this led to more patients living in the localities to seek the NECC services. Another contributing factor was the newly established NECC policy of increasing the number of patients seen by a doctor each day from 40 patients to 50 patients which has been implemented since August 2007.

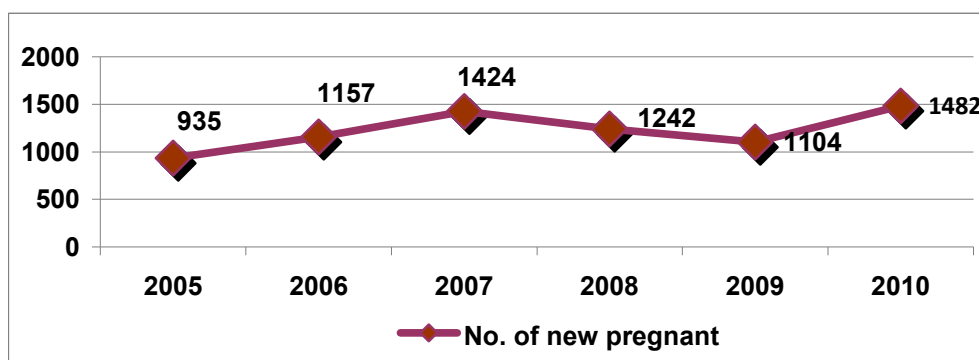
It was noted that, no maternal mortality cases have been reported among the registered pregnant women at NECC family health care centres due to increasing mothers' awareness about the follow up of antenatal visits, the provision of good quality services to pregnant women and early detection of serious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



Care of women during antenatal period

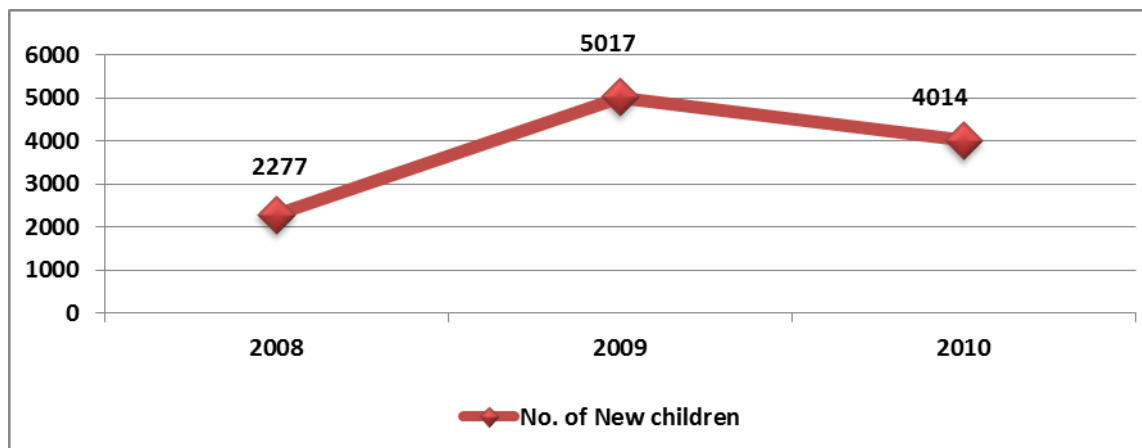
As illustrated in figure 1, the number of newly registered pregnant women for this reporting period was higher than what is anticipated **1482** (**1000** anticipated in one year) with an obvious increase distributed as follows; Shijai'a, **696**; Darraj, **523** and Rafah **263**. This increase reflects a positive signal and indicates an increased awareness about the antenatal care, importance of early registration in the first month, high quality of services and the provision of free of charge services. With the support of the project, the number of antenatal care visits for new pregnant women has increased from the baseline reading (2005) by 547 cases. During these antenatal care visits, quality antenatal care services were provided.

Figure 1: Yearly distribution of newly registered pregnant women (number)



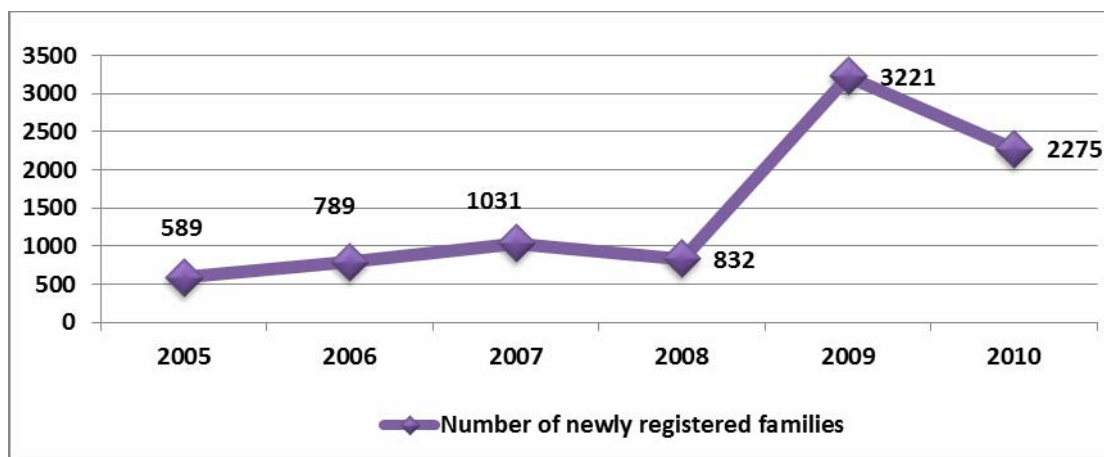
Additionally, the number of newly registered children in this reporting period has reached **4014** in the different areas (Shija'ia **2158**; Darraj, **1264**; Rafah **592**) which also could reflect an increased demand for the services. Shijaia figure is significantly higher because cases were re-registered again after the demolition of the clinic in 2009.

Figure 2: Yearly distribution of newly registered children (number)



Similarly, the number of newly registered families has reached 2275, while the number was 3221 in 2009. The sharp increase in 2009 is related to reregistering all/most of the lost files in Shija'a which was demolished during the last war on Gaza. In 2010, the reported number started to return to the ordinary range (Figure 3).

Figure 3: Yearly distribution of newly registered families (number)



b. Well baby Clinic:

Anticipated:

A Well Baby Clinic programme is operated in NECC twice a week. Through this programme the staff nurses provide services to children from birth to 6 years.

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

Health education about breastfeeding, nutrition and hygiene, food demonstration is conducted for all mothers who attend the family health care centres. A screening programme for children aged from 6 months to 3 years is conducted in health centres to follow up anaemic children. CBC and stool analysis is done through this programme

Achieved in this reporting period:

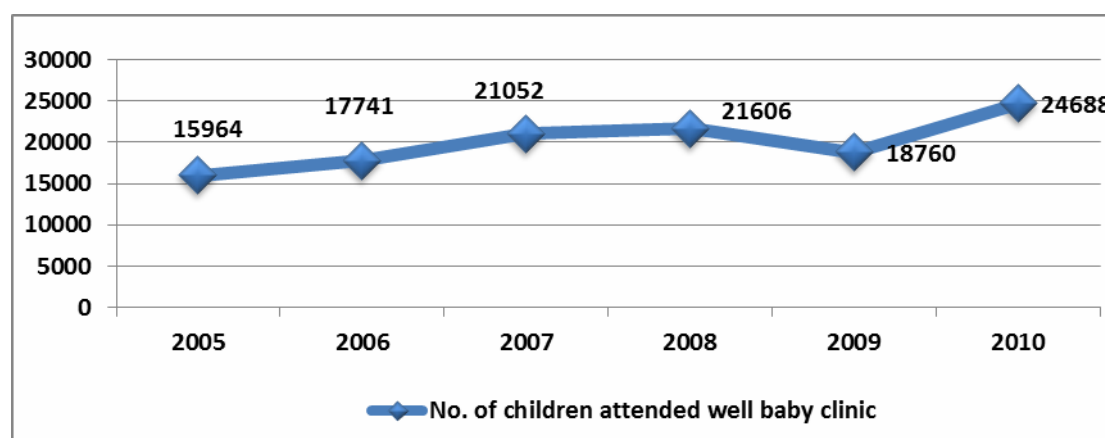
As other services, the total number of children attending the well-baby clinic has increased and reached **24688** cases-(target in one year is **14500**) distributed among clinics as follows; Shija'ia **13054**; Darraj **7532** and Rafah **4102** (Figure 5). This increase is possibly due to an increased mothers' awareness about the importance of these visits and the follow-up conducted by our staff.



Well baby Care

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

Figure 4: Yearly distribution of children attended the well baby clinic (number)



c. Antenatal and post natal care

Anticipated:

Pregnant women start visiting the antenatal clinic centres after pregnancy is confirmed. According to the standard of antenatal care from WHO followed by NECCCRW, 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.

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

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

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

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

Iron/folic acid supplementation to prevent and treat anaemia is provided. The midwife administers immunization for tetanus if necessary.

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

All women who follow antenatal care in family health care centres during pregnancy will be seen/visited twice at home after delivery by NECC staff, the first visit within six days and the second session during the 40 days after delivery.

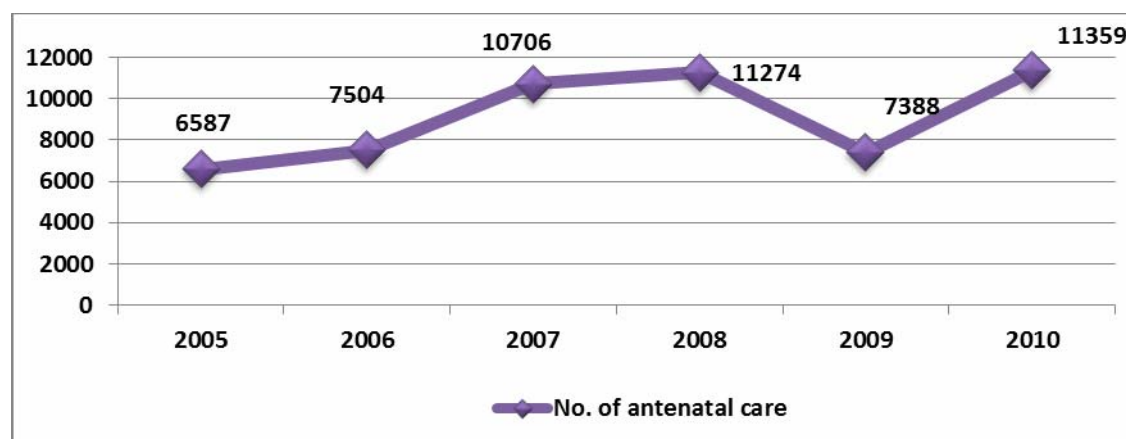
NECC staff checks the mother's blood pressure, temperature, vaginal discharge and perform uterine massage. Additionally they check the baby's weight and perform umbilical dressing. They educate mothers about breastfeeding, family planning, nutrition, baby care, and the importance of follow up in well baby clinic.

Achieved in this reporting period:

As demonstrated in figure 5, the number of antenatal care visits at all the centres is **11359** distributed as; Shijai'a **5747**; Darraj **4151** and Rafah **1461**. In comparison to the baseline reading in 2005, the number of antenatal care visits increased (from **6587** in 2005 to **11359** in 2010). This increase is attributed to the increase in the number of newly registered women and also to increasing compliance with the follow up program as recommended by the protocols.

Focusing on antenatal care services the NECC staff adheres to the approved MoH antenatal care protocol in providing the antenatal care services and clients receive timely high quality ANC services. For example, in this reporting period 3560 ultrasound scanning were performed to pregnant women. This reflects improvement of health status of pregnant women possibly as a result of increased awareness and appropriate practices.

Figure 5: Yearly distribution of antenatal care visits



NECC is uniquely providing post natal care through post natal home visits (the only provider in Gaza that systematically provides post natal care visits). Regarding the post natal visits, the number of women who received first visit within 6 days is **855** and another second visit within 40 days was **979** (The target of reaching **560** women at the post natal period per year has been far met). The number of deliveries reported in our catchments areas during this reporting period is 1154 deliveries. Still, NECC is unique in providing postnatal care services according to the international standards and may be the only provider who regularly conducts post natal home visits in Gaza. Typically, in

each post natal care visit, the nurse/midwife examines the mother and her baby and gives her the needed advice about her and her baby health such as breast feeding, hygiene, vaccination, nutrition, family planning and so on.

d. All basic laboratory tests including malnutrition and anaemia:

Anticipated:

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

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

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

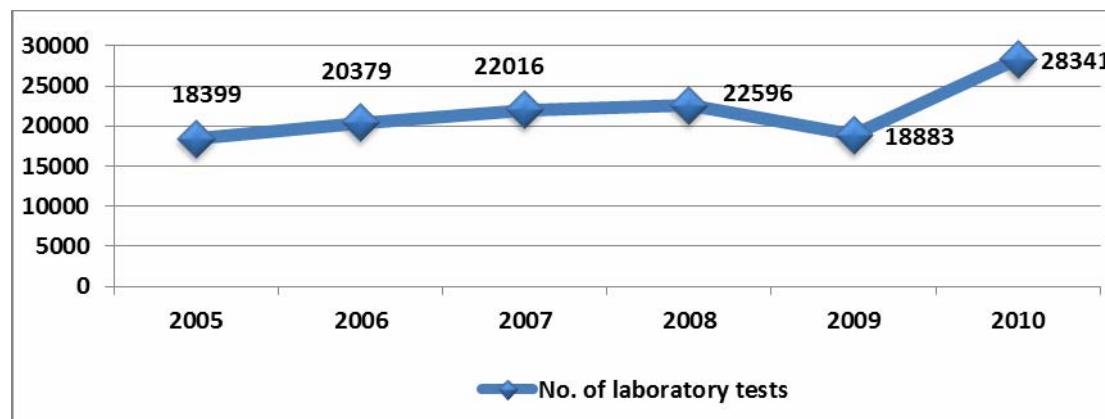


Laboratory services

Achieved in this reporting period:

Figure 6 shows the number of laboratory tests performed. Laboratory tests conducted in the year 2010 have reached **28341** distributed as Shija'ia **11026**; Darraj **12425** and Rafah **4890** (The anticipated target for one year is 22500.) Unlike other health organizations in Gaza, the available strategic storage of laboratory kits needed for the lab services helped the NECC to continue the provision of the needed lab services despite the closure.

Figure 6: Yearly distribution of laboratory tests





Consultation and Monitoring

In Shija'ia area, 677 children were received iron supplementation, and 373 children were receiving iron supplementation in Rafah area also (table 4). The programme of treatment of anaemia consists of providing iron supplementation up to three months followed by an additional three months as prophylactic doses. Enriched formula is provided up to 4 months for malnourished children. However, it is worth noting that the approach used by the emergency nutrition program is currently utilized at all our clinics since June 2008.

Table 4: Supplements distributed by serving areas

	<i>Number Of Cases Received Iron Supplement</i>	<i>Number Of Bottles Distributed inside Clinic</i>	<i>Number Of Bottles Distributed in the Field</i>
Daraj	2539	13372	3847
Shajaia	677	2624	0
Rafah	373	1159	175
Total	3589	17155	4022

e. Number of clients examined by physician

Anticipated:

23,000 people are examined by doctor each year distributed as; children 12,700, pregnant women 3,200, other adults 7,100.

Achieved in the reporting period:

The number of clients examined by doctors has been increased and reached 30,917 (target in one year is 23000) as detailed in table 7. The majority of them were children and adults.

Table 7: Distribution of clients examined by doctors by category and centre

Category /location	Shija'ia	Darraj	Rafah	Total
Children	7761	9529	2668	19958
Adults	1573	1327	3402	6302
Pregnant women	2238	1739	680	4657
Total Number of clients	11572	12595	6750	30917

NB. The number of children represents cases but not actual individual children

Figure 7: classification of cases examined by Doctor per type and centre

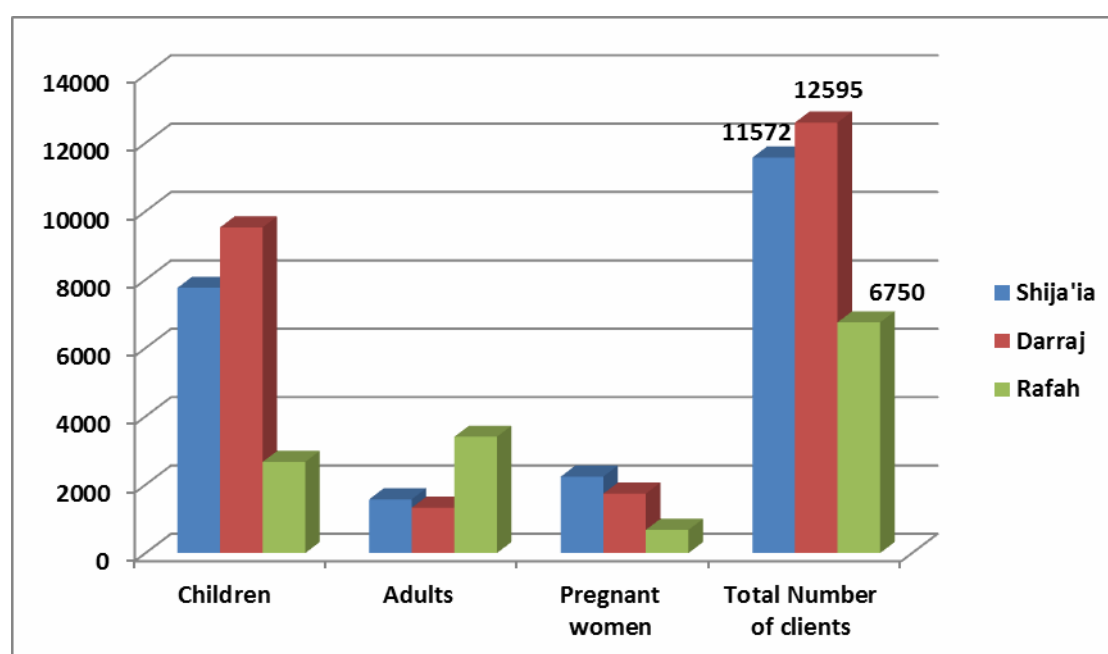
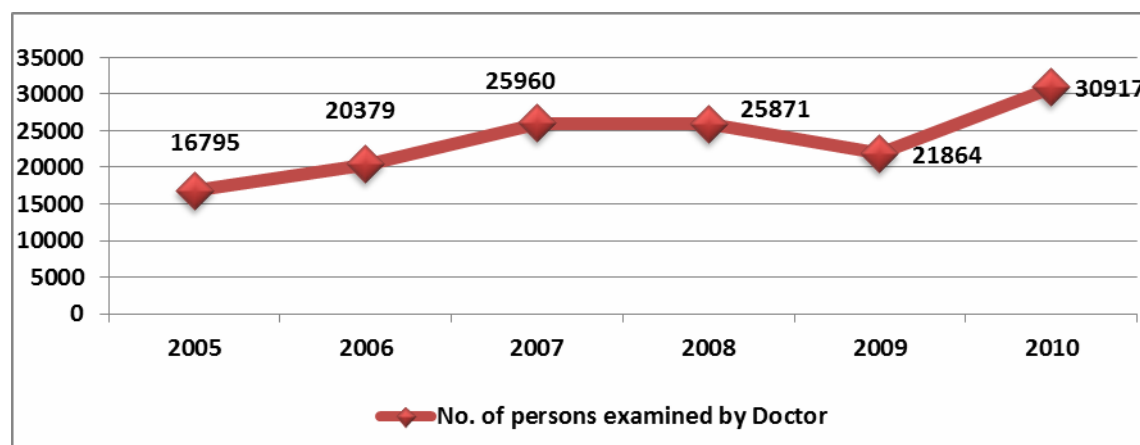


Figure 8: No. of persons examined by doctor in 2010 by category and centers



f. Family Planning services:

Anticipated:

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

Achieved in the reporting period:

In this reporting period, the number of women who received family planning services had reached 2603 (target 2500 per year) distributed as; Shija'ia 1182; Darraj, 1421. Increasingly, we noticed an increased awareness amongst the women of the communities, in particular about the benefits of family planning programme and the lack of resources at other health facilities. As with other services, with the closures and the current political situation, health facilities are facing extreme difficulties in maintaining effective accessibility of services to their clients.

It is worth mentioning that, the family planning programme has been going on in the two centres namely Darraj and Shija'ia but not in Rafah yet. It is needless to say that family planning is a sensitive issue in certain areas of the Gaza Strip and there are variations within the area regarding how it is perceived by local people. Still, in certain areas some people have negative perceptions about it. The NECC adopted and practiced a philosophy that respects and responds to local people needs and expectations. Currently, there is ongoing dialogue with the community living in Rafah-Kherbet El Adas to establish the family planning services there if they demand to do so. This change which hopefully will result in introducing the family planning services in this area could be attributed to the efforts exerted by the NECC team such as health education.

g. Pharmacy services

Anticipated:

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

Achieved in this reporting period:

As usual, despite the closure imposed on the Gaza Strip, the NECC succeeded in securing the availability of the required medicines throughout this reporting period by having in stocks of all medicines being used in each

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



Prescribed medications dispensed from MCH dispensaries

Since 2009, the dispensary services have been computerized to increase the efficiency, effectiveness and the monitoring of commodity management process. It is worth pointing that the commodity management assessment done by the Hanan Project indicated that commodity management at NECC represents a model that other organizations could benchmark it.

h. Dental health services: **Anticipated:**

The mobile dental unit continued providing dental services at the family health centres in Darraj and Shijai'a two days a week (preparation of fixed dental clinics in progress) while a fixed unit is available in Rafah-Kherbet El Adas. Besides dental services, the dentists also provide screening for all pregnant women who follow antenatal care and children from 2.5 to 6 years in well baby clinics.

Achieved in this reporting period:

The pontifical mission has thankfully donated and covered the costs of two dental units and its accessories and materials for family health care centers in Shija'ia, and Darraj. A bidding was made and the two dental units, accessories and 3 electric generators were purchased in August 2010 as the economic siege was imposed by Israel was partially lifted on some supplies and equipment. The two units started providing the

dental service in December 2010. The mobile dental clinic is scheduled for outreach preventive and curative dental services for remote and deprived areas where no such services are available as well as for screening of school children.

The number of patients examined/screened by dentists had reached **(3814)** distributed as Shijai'a **1055**; Darraj **885** and Rafah **1711** others **163**. The availability of a dentist and the provision of free dental services due to the harsh economic situation prevailed especially when the boycott was imposed on PNA, has affected the number of clients who received dental services. Unlike last year, due to lack of fuel, NECC wasn't able to carry out outreach dental health activities (such as community based organizations) as before. The most frequently performed dental procedure was filling (1020 cases).



Dental health services

Activity 3: Nutrition Project

a. Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in Al Darraj Area

In 2008/2009, through an effective partnership approach between Near east Council of Churches (NECC) and DCA, Al-Shajia areas were screened (more than 80,000 inhabitant), and identified anaemic/malnourished children treated (more than 14000 children). The second project performed in the Period of "1st August 2009 through 31st July 2010"

It has been built on the success of the previous project and addressed this issue by implementing a comprehensive standardized up-to-date nutritional interventions in Al Darraj area; the second largest area served by NECC health care centre in Gaza.

The main objective of the project is contributing to the reduction of children mortality and morbidity through reducing the prevalence of malnutrition and anaemia among children under 5 in Al Darraj area".

Achieved in this reporting period:

Within the project life span, and in accordance with the project plans, all the households in Al Darraj area were visited (12421). The visited households contained 71,810 beneficiaries among them children constituted 17.4% (12504). The project identified 3284 children as anaemic which equals 30.1% of the total children examined. Of them, 54% were suffering from mild anaemia while the rest were suffering from moderate anaemia. Only seven cases were found to suffering from severe anaemia. Regarding malnutrition, the project recognized 951 children as moderately or severely malnourished representing 7.6% of the total screened children. Of the total malnourished children identified in the project, around 80% were suffering from moderate malnutrition while the rest were complaining from severe malnutrition (20%). Regarding the type of malnutrition, stunting constituted the most commonly found feature of malnutrition (6.6%) indicating chronic exposure to food insufficiency followed by underweight (2.1%) and wasting (1.1%).

There were some variations in the prevalence of anaemia and malnutrition in reference to gender, age, socio-demographic profile, citizenship status, and economic status as detailed in the report. Young children (6 months to 2 years) were more affected by anaemia than the older ones. Children aged 2-4 years were more affected by malnutrition than their counterparts from other age categories.

The appropriate management regime and the follow up of cases resulted in significant improvement in the status of the malnourished and anaemic children enrolled in the program. Around 44% of the anaemic children recovered and returned to normal or improved in less than 60 days from the time of their enrolment in the management program. The percentage of those who recovered or improved has increased with staying longer in the program and receiving the required medications as it reached around 67% at 60-90 days. The recovery rate obtained in this program far exceeds the target of the project that half of the anaemic children will improve, recover, or prevented from further deterioration within three months. The conditions of only 5.4% of the anaemic children were deteriorated after their enrolment of the program due to various medical or nutritional reasons despite the efforts made by NECC and they are still under treatment.

The project was successful in inducing positive impacts on the health status of the malnourished and anaemic children. Regarding children with underweight 53% were improved and/or returned to normal at two to four months interval from the time of their enrolment in the project. Regarding wasting, 84% were improved and/or recovered within 61-120 days interval from the time of enrolment in the program. The recovery rate increased up to 89% with staying longer than 120 days and none reported to be deteriorated among wasted cases. The recovery rate obtained in this program far exceeds the target of the project that 50% of the malnourished children will improve, recover, or prevented from further deterioration within the recommended four months from the time of enrolment in the program.

Regarding stunting which reflects chronic exposure to malnutrition, 54% of the stunted children were recovered and/or improved at 2-4 months interval since their enrolment in the program. The number of the stunted cases deteriorated at around 4 months was 9 cases; less than 2%. As with the anaemic children, the impact of the program has exceeded the expectations as less than 10% of malnourished cases were deteriorated after the enrolment in the program.

One of the success factors for project was the coordination and the integration with the relevant health providers such as the MOH and Ard El Enssan which provided back up referral sites and the Ministry of Social Affairs which provided food rations to contribute to treating the severe cases who belonged to poor families through improving food rations. UNICEF should be acknowledged for provided medications particularly iron supplementation.

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

As inferred from above, more than what was anticipated, the project made a significant progress towards decreasing the time needed for cases to recover. The aim was to decrease the average time to around 4 months. The baseline study showed that the average time for malnourished cases to recover was around 13 months. The mean time for recovery of wasting is around one month with similar median value indicating that cases recover quickly and with little variations among cases. The mean and median time for the recovery of cases with underweight is not very far (42, 34 days). The mean and median for recovery from stunting was around three months which is less than the anticipated values. The median value indicates that half of cases recovered before that value and the other half after.

Health education in the field was provided during home visits to 23824 individuals. The target to reach 10,000 caregivers throughout the project life was achieved. Additionally, the project staff provided focused health education to caregivers of the malnourished and anaemic children once a week accompanied by food demonstration. During field visits and focused health education sessions carried out around 20,000 copies of health education brochures were disseminated in the field during house visits and also for women who had participated in the focused health education sessions.

At the beginning of the project, a training course was organized and implemented throughout 5 intensive day training course focusing on work strategies, processes, designs, protocols, work guidelines, counselling,

computerized database. 25 staff members from different categories were included. This year (2010) additional, 2 training days were provided as in-service training on management of complicated and non-responsive cases. Reviewing records and observing performance of trainees indicates that trainees are using the provided knowledge in their practice.

b. Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in Vulnerable Areas- Gaza Strip

New project started at the 1st of November, 2010 through 31th of December, 2011; the purpose of the project is contributing to the reduction of children mortality and morbidity through reducing the prevalence of malnutrition and anaemia among children under 5 in the vulnerable areas of the Gaza Strip served by the NECC.

The previously implemented emergency nutrition projects in the last two years consisting of identifying malnourished and anaemic cases and providing them with standardized treatment had succeeded in improving children anthropometric measurements and raising the haemoglobin level among anaemic children in a timely manner.

Achievements (November through December 2010)

It is early to show significant achievements towards the objectives as the project has just started. The NECC teams invested a lot in finalizing the preparations and just started the field implementation in Rafah area on December 20th 2010.

The following points summarize the key achievements within the last two months of this reporting year. It is anticipated that the bulk of field work will be implemented in the coming year and shall appear in the next report

1. Introducing the project to the local community leadership in Rafah and holding a meeting with 22 community leaders and gaining their support to the project.
2. In coordination with Rafah Municipality, mapping the targeted area and drawing a large map of the area with the estimated population.
3. Hiring the project staff including the 8 community workers, two physicians and a nurse and also, deploying the internal human resources from within the NECC who are dedicated to the project. This included preparing job descriptions and distribution of tasks and responsibilities.
4. Reviewing the work manuals to fit the new project design and introducing the required modifications.
5. Preparing the specifications of the required equipment (HG, Wt, Ht, HemoCue) and finalizing the procurement.
6. Preparing the specifications of the required drugs, therapeutic milk and finalizing the procurement.
7. Start the procurement process of disposables and HemoCue Microcuvettes such as bags, stationary, diaries, rulers and so on.
8. Selection of health education materials and printing out the needed copies.

9. Determining the reporting requirements and printing out the needed forms.
10. Dividing the area to be screened into neighbourhoods (30 ones) with distinguished landmarks for each area.
11. Finalizing Performance Management Plan (20 indicators) and agreeing with the team about how to tract it.
12. Establishing baseline readings based on secondary data available at the database.
13. Developing a detailed action plan.
14. Modifying the available database to fit the new design of the project.
15. Providing 5 day training to the project team about the technical work, field manual, database, monitoring and reporting.
16. Reaching an agreement with referral sites including Ard El Inssan and MOH hospitals about the referral process.
17. Finalizing the renovation of a new place in Rafah area to the project operations and moving to a new clinic in El-Darraj area.
18. Starting the field visits-Rafah on December on 20th 2010.
19. Starting the field work in Shijia and Darraj on December on 20th 2010.

Beneficiaries so far reached

Rafah clinic

1. 347 families with 2045 beneficiaries were visited (60% of them were having children under 5 years old)
2. 350 children were screened
3. 37% of screened children were anaemic; 54% with mild anaemia and 46% with moderate anaemia
4. 15.7% of children screened were found to be malnourished (among them 70% moderate and 30% severe)
5. Stunting prevalence was 12% which represents chronic exposure to malnutrition.
6. 644 caregivers received health education in the field during home visits.

Darraj clinic

1. Number of well baby visits conducted is 1410
2. Number of children visited the well baby is 1239
3. Number of lab investigation conducted is 439 tests

Shijaia clinic

1. Number of well baby visits conducted is 2271
2. Number of children visited the well baby is 1794
3. Number of lab investigation conducted is 206 tests

Regarding impacts, it is early to estimate the effects produced by the project as the project has just started.

During Period from 1-1-2010 to 31-12-2010

Table (5): Change in the status of anemia cases per enrolment period

Change period	Recovered		Improved		Remained the same		Deteriorated		Total
	No	%	No	%	No	%	No	%	
Less than 60 days	151	27.8	97	17.8	260	47.8	36	6.6	544
61 days-90	239	56.5	44	10.4	124	29.4	16	3.8	423
More than 91 days	1266	63.4	207	10.5	419	21.1	98	4.9	1990

Table (6): Change in the status of malnourished cases admitted to the program per period of enrolment

Change period	Recovered		Improved		Remained the same		Deteriorated		Total
	No	%	No	%	No	%	No	%	
Wasting									
Less than 60 days	23	62.2	3	8.1	10	27.0	1	2.7	37
61-120 days	35	92.1	0	0.0	2	5.3	1	2.6	38
121 and more	87	85.3	4	3.9	11	10.8	0	0.0	102
Under weight									
Less than 60 days	18	25.0	1	1.4	52	72.2	1	1.4	72
61-120 days	28	57.1	2	4.1	19	38.8	0	0.0	49
121 and more	84	54.5	11	7.1	55	35.7	4	2.6	154
Stunting									
Less than 60 days	52	29.2	3	1.7	119	66.9	4	2.2	178
61-120 days	127	64.8	5	2.6	58	29.6	6	3.1	196
121 and more	246	45.5	29	5.4	252	46.6	14	2.6	541

Activity 4: Preventative health measures, awareness raising of local communities and psychosocial interventions:

a. Awareness raising sessions

Anticipated:

- NECC staff will conduct health education sessions for women attending family health care centres in the following topics:
- Breast feeding
- Importance of attending ANC and the contents of ANC visits
- Family planning methods
- Psychological issues such as trauma, family issues, violence, bed-wetting and post partum depression
- Oral health educations
- Protection of environment
- First Aid
- Women empowerment
- Self breast examination
- Menopause
- Nutritional Education

Achieved in this reporting period:

As illustrated in table 8, our staff continued to intensify their efforts in health education and increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment etc. The total number of health education sessions provided to all categories was 774 sessions for 23318 participants. The NECC staff far went beyond the pre-established target results of providing health education to 3000 clients. Sessions were provided at the health centres and occasionally in local community based organizations. Participants included pregnant women, women, new pregnant women, grandmothers and influential family members.



Health Education

Table 8: Distribution of health education sessions by topics and number of participants

<i>Area of concern</i>	<i>Shija'ia</i>		<i>Darraj</i>		<i>Rafah</i>		<i>Total</i>	
	No. of sessions	No. of attendants	No. of sessions	No. of attendants	No. of sessions	No. of attendants	No. of sessions	No. of attendants
Family planning	25	406	12	420	-	-	37	826
Pregnancy	69	2377	62	2052	3	85	134	4514
Children	12	510	66	2662	-	-	78	3172
Nutrition	90	3580	157	2487	3	105	250	6172
Public health	97	3322	121	3525	3	120	221	6967
Dental	24	547	30	1120	-	-	54	1667
Total	317	10742	448	12266	9	310	774	23318

The most frequently implemented sessions were mainly concerned on nutritional issues, followed by public health and pregnancy. Darraj Centre elicited the highest number in terms of conducting health education sessions. However, an additional number of beneficiaries received health education sessions through the emergency nutrition project (34,260 persons). Our reports indicate that the number of children presenting to our health centres with diseases related to hygiene such as diarrhoea and skin diseases is decreasing as a result of the adoption of appropriate practices.

Although it is difficult to precisely estimate the effect of health education, one positive signal is that families are generally compliant with providing the needed medications particularly iron to their children which is manifested in the significant improvement in their haemoglobin. In the third quarter of the last year, the nutrition project team developed a tool to assess the change induced by health education on mothers' knowledge, attitudes and practices. 46 pilot questionnaires were completed with a random sample of women who attended the health education sessions. Questionnaires were analyzed and the results are encouraging. Significant improvement in mothers' knowledge took place as a result of health education as shown in the table 9.

Table 9: Effect of health education on mothers' knowledge as demonstrated in the pre post tests

Variable	Pretest results (%)	Posttest results (%)
Knowing the concept of anaemia	91	97.8
Knowing signs of anaemia	61	86.7
Knowing food rich in iron	37	89
Knowing that tea decreases absorption of iron	82	100
Knowing the timing for complementary feeding	73	89
Knowing the concept of malnutrition	53	63



b. Afternoon activities

Anticipated:

Afternoon activities coupled with health education are also provided to women by NECC. NECC family centres act as social clubs where mothers from the served areas come to the centre in two specified days per week for approximately 3 hrs per each day at their convenience. No formal invitations are sent but generally mothers are familiar with the services provided within this evening program. The NECC encourages women to meet, talk, learn, develop fine arts and establish small income generation businesses such as sewing and socialize in such meetings. Health education activities as well as other social activities are provided at the meeting. As mentioned earlier, NECC health centres are open and provide such services twice a week regularly (around 100 meetings per year). Usually, 10-20 women attend each meeting and the number usually increases in summer.

Achieved during reporting period:

Through this unique activity, in this reporting period, community afternoon sessions were held with **2521** women attended and participated in the afternoon activities directed towards women empowerment and equally distributed between Darraj (978 participants), Shija'ia (1489 participants); and Rafah (54 participants). The topics of women empowerment include post-traumatic stress disorder, women rights, sharing in the family decision making, gender and training of skills in sewing, knitting handcrafts, hair dressing and so on which could help a number of them to produce articles for sale to generate income.

c. Psycho-Social Intervention:

After the end of the last war on Gaza, NECC started focusing on psychosocial interventions mainly for mothers and children. While the number of people in need of psychosocial intervention is increasing fast, there are little resources to help. As a consequence of the continued bombardment and blockade, the Gaza Strip has witnessed a terrifying growth in mental health problems with victims suffering from stress related conditions including post-traumatic stress disorder.

We have arranged for our social workers, doctors and staff nurses to attend courses which were organized mainly by ACT Consultant and Coordinator in Gaza in addition to our ToT team in order to enable our organization contributes towards the elimination of post-war psychosocial effects on the various communities through the provision of psychosocial assistance to restore hope, dignity, mental and social well-being while mainly focusing on students of our VTCs, mothers and their children who attend at our family health care centres. A special one-day psychosocial support programme was organized for the children of the Orthodox Sunday-school on the request of ACT Consultant who delivered toys made at NECC and paid for by ACT International.

15 staff members from the various centres had attended a psychosocial training course of eight sessions which was organized by our ToT team during 10th April to 5th May 2010. Table 10 illustrates the psychosocial activities as implemented in 2010.

Table (10): Psychosocial interventions provided by categories

Category	Shija'ia	Daraj	Rafah	Total
Children from clinic	367	247	268	882
Mothers	5040	4477	2950	12467
Home visits	42	138	35	215
Children from Kindergarten	305	635	546	1486
Afternoon activities	1331	904	54	2289
Lectures	176	140	104	420
Individual sessions	177	169	188	534
Group sessions	9	2	2	13
Recreational trips for children and mothers				575

Accordingly, we envisage that the social workers and other staff can implement the acquired skills in dealing with:

- 1- The Community, Parents and their children served by NECC family health care centres had access to counselling;
- 2- Students attending the NECC vocational training centres had access to counselling;
- 3- People diagnosed with signs of mental health disorder will be referred to receive treatment and support at specialized organizations.



Social Workers organized various activities for children

Case story



I attend the NECC family center at al Shajaiya. I am a wife to a man who is married to two women. My husband is unemployed as he was a worker inside Israel before Gaza became under siege. I live with one of my husband's wives and all together there are 17 persons living in a small house. One of my daughters is divorced and also lives with the rest of the family along with her children who are anemic and malnourished.

Several members of my family have depression from feeling insecure, especially after the last Israeli war on Gaza. I was stressed and felt helpless for not being able to provide the basic needs for my family.

NECC helped my family by providing cash for food, and by providing psychosocial intervention for the children, who became active participants in all the trips and recreational activities provided by NECC family center at al Shijaiya.

I am also part of the women's group attending afternoon psychosocial sessions which helped me a lot in managing my anger, following up with the malnourished children and helping them progress at school.

Bakiza Al Ghoula

Activity 5: Monitoring and community involvement

Anticipated:

Monitoring supports the NECC staff and management to comply with their scope of work and to timely meet their objectives. Monitoring helps NECC tracking the progress of activities and achievement made in reference to the concerned and relevant health indicators and objectives. One of the key philosophies of primary health care is community involvement and involving the community in the planning, the implementation and the evaluation of

services. This approach is also supportive to the concept of shared ownership of the health services and lies at the heart of quality.

- a. Data collection of key indicators of service quantity and quality and community welfare through improved use of computerized data analysis at each clinic
- b. Collection of baseline data for analysis of project objectives and results through monitoring and evaluation
- c. Development of indicators to measure socio-economic conditions of clients
- d. Provision of data to other NGO and governmental health organizations
- e. Regular community meetings to assess provision and needs.

Community meetings involve people from the served areas and usually include women and men from different backgrounds and different characteristics. Additionally, community meetings are usually attended by community leaders from the area. NECC staff and senior management regularly attend the community meetings. Records and minutes of the community meetings are maintained at the NECC facilities.

During community meetings various issues are discussed such as the quality of the services provided and community perceptions about them, community requests for new services, approaches to delivering services and community suggestions for improving the provided services. Community requests and opinions are usually discussed within the medical committee of the NECC and tentative decisions are taken accordingly. The Ministry of Health is actively involved and their approval/support is essential before introducing any new services as discussed in the community meetings.

The development of indicators and collection of data under this activity will be used to assess the achievement of the planned results for other activities.

Achieved in this reporting period:

Seven meetings were conducted in the family health care centres with the local community leaders and head of the families in all areas. Additionally, the health coordinator had visited in Rafah some of the heads of families and local leaders in Rafah area to introduce the campaign to prevent and reduce the prevalence of anaemia and malnutrition amongst children.

Table (11): Distribution of community meetings by purpose

<i>Community meetings purpose</i>	<i>Shija'ia</i>	<i>Darraj</i>	<i>Rafah</i>
Assisting and Supporting poor families	1	1	1
Afternoon Activities	-	1	-
Malnutrition and Anemia project	-	1	2



Community involvement

Since 2007, NECC monitors clients' perspectives/satisfaction and results demonstrate a very high degree of satisfaction among clients. Satisfaction assessment and community feedback enable the NECC staff to constantly monitor weaknesses and strengths in order to maintain good quality of services both in terms of quality of facts and quality of perceptions. Interestingly, the clients' satisfaction which revealed to be very high is as validated by our internal assessment as well as by the assessments carried out by others. The satisfaction was very high regarding services provided, cleanliness, privacy and time allocated to the clients. Less satisfaction reported about waiting time mainly due early arrival of clients to our clinics. However, NECC tries to shorten the waiting time and to conduct patient flow analysis which could help in decreasing the waiting time and makes the patient flow smoother.



Meetings with the local communities

“If you would hit the mark, you must aim a little above it”.
Henry Wadsworth Longfellow (1807-1882)

RESULTS ACCORDING TO LOGFRAME:

Result 1. Increased usage of antenatal, postnatal health care and other Mother and Child primary care services

Indicator 1

Anticipated: At least 97.1% of registered mothers (more than 1,000 women per year) of infants <2 months old receiving at least four antenatal care visits as defined by the MoH/WHO standards. Antenatal care visits are those visits made by pregnant women to receive a set of internationally recognized interventions including assessment of the health of the mother (and foetus where possible), progress of the pregnancy, nutrition assessment and provision of iron-folate supplements as appropriate, provision of tetanus toxoid (provided gratis by the MoH) immunization as appropriate, and counselling. A standard checklist will be compiled based on the internationally recognized standards.

Achieved: 98.1 % of registered mothers received at least four antenatal visits (1133 out of 1154 delivered women received 4 or more ANC sessions). This figure doesn't include those who are still pregnant although received 4 or more visits.

Difference and reason for difference: Target achieved.

Indicator 2

Anticipated: At least 50% of mothers (more than 560 women each year) registered at the NECC facilities of infants <2 months of age receive postpartum care from a skilled health provider at least twice, once within 6 days after delivery and once within 40 days of delivery.

Achieved: 76.6% (855 out of 1154) of mothers registered at the NECC were visited twice; once within 6 days after delivery and once within 40 days (first visit 855 second visit 979 out of 1154 delivered women) distributed as Shijai'a 66.4% (374 out of 563) 87.5% in Darraj family health care (364 out of 416), in Rafah 66.8% (117 out of 175)

Difference and reason for difference: target achieved.

Indicator 3

Anticipated: At least 90% of registered children (more than 14,500 children per year) aged less than 6 years receive the required well baby visits according to the NECC well-baby schedule

Achieved: 24688 attended the well-baby clinic according to the NECC schedule

Difference and reason for difference: target achieved

Indicator 4

Anticipated: 23,000 Families and 65,000 Children registered by year 3

Achieved: families registered by this reporting period is 18930 and children registered 42601.

- El Darraj 12874 families, 33728 children
- Shijai'a 3545 families, 4885 children
- Kherbat Al Adas 2511 families, 3988 children

Table (12): Distribution of registered families and children by centre

Category	Shija'ia	Darraj	Rafah	Total	Target
Families	3545	12874	2511	18930	Already achieved
Children	4885	33728	3988	42601	Already achieved

Difference and reason for difference: Target already achieved

Indicator 5

Anticipated: 23,000 people examined by doctor each year:

Total 23,000, of which children 12,700, pregnant women 3,200, other adults 7,100

Achieved: Total number examined by doctors is 30917 distributed as; 19958 children, 4657 pregnant women and 6302 adults.

Indicator 6

Anticipated: 4,000 home visits (yearly)

Achieved: 3061 home visits were conducted during this reporting period. Target not met.

Efforts will be taken to ensure that the number of visits is met in future

Table 13: Number of visits conducted in 2010

Category	Shijiaia	Darraj	Rafah	Total
Well baby visits	340	347	269	956
Pregnant women visits	167	264	87	518
Abortion related visits	20	32	10	62
Post natal (within 6 days) visits	374	364	111	849
Post natal (within 40 days) visits	187	108	98	393
Psychosocial related visits	42	138	35	215
General clinic visits	8	37	23	68
Total	1138	1290	633	3061

Indicator 7

Anticipated: 2,500 women attending family planning

Achieved: Number of women attending family planning in this reporting period is **2603**.

Result 2. Improved quality of care in PHC services in areas covered

Indicator 1

Anticipated: Percentage of clients satisfied with the services received (measured by postnatal home visits, and other follow up assessment).

Achieved: Above 90 % of clients are satisfied as measured by post natal questioner and through conducting clients exit interviews and by our own assessments at home visits.

Difference and reason for difference: Achieved

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

Variable	Frequency	Percentage (%)
Antenatal care		
Very satisfied	899	100
Postpartum care		
Very satisfied	899	99.9
Not applicable	1	0.1
Nutrition services		
Very satisfied	846	94.1
Satisfied	37	4.1
Not applicable	16	1.8
Dental care		
Very satisfied	847	94.2
Satisfied	50	5.6
Not applicable	2	0.2
Child health		
Very satisfied	866	96.3
Satisfied	14	1.6
Not applicable Total	19	2.1
Health education		
Very satisfied	881	98
Satisfied	18	2
Home visits		
Very satisfied	867	96.4
Satisfied	27	3
Not applicable	5	0.6
Family planning		
Very satisfied	342	38
Satisfied	14	1.6
Not applicable	543	60.4
Laboratory		
Very satisfied	861	95.8
Satisfied	31	3.4
Not applicable	7	0.8

Indicator 2

Anticipated: Ability of staff to meet international standards of minimum provision in the services provided (analysis of other indicators)

Achieved: This composite indicator is assessed by measuring the compliance level with the technical protocols. Checklists readings indicate very high compliance with technical standards.

Difference and reason for difference: No specific figures were proposed as a target for this indicator.

Measures taken to address the difference: Checklists were developed and currently in use. Training were organized and implemented. Supervisory visits are regularly performed.

Result 3. Improved diagnosis and treatment of mother and child health conditions

Indicator 1

Anticipated: 22,500 laboratory tests per year

Achieved: 28341 tests were carried out in this reporting period.

Indicator 2

Anticipated: Accuracy of tests.

Target achieved.

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

- i) **Control the instruments:**
Preventive maintenance is done daily, weekly, and monthly as defined by the manufacturer according to the instruments catalogue. In addition by temperature of refrigerators are monitored and charted daily.
- ii) **Maintenance:** if the equipment is out of order maintenance personal are called and remedial actions are done.
- iii) **Calibrations:** calibrations and verification are done following manufacturer's instruments and using calibration materials.
Control of reagent: the lab. Staff prepare their list of needed reagent and supplies based on previous tests done and future plans.
It should be assured that the tests are performed on available and sufficient reagents and not outside expiration range when using a new reagent it is checked and controlled in compliance with the standards of the MoH.
- iv) **Capacity building of the staff :** continuous training according to the needs of laboratory to upgrade the skills of the lab. Technicians and upgrade their knowledge.

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

Result 4. Improved data and analysis shared with other health care providers

Indicator 1

Anticipated: Extension of data collection to include socio-economic status of clients in year 1, and analysis of data collection to enable pinpointing of most vulnerable amongst client base

Achieved:

Secondary data are collected routinely. Health indicators in the area are monitored. Data from the MoH, Palestinian Central Bureau of Statistics and other health programs are compared and monitored. The areas where we work are still considered as among the most vulnerable areas in Gaza. Vulnerability indicators that were developed during the last reporting period were computerized now within our data base. Upon completing the data entry of the family files of our clinics, we will be able to generate vulnerability estimation based on the socioeconomic status of clients.

For more details, as we mentioned in previous reports, our family record/profile includes socioeconomic related data such as housing conditions, income, the availability of sewage system and so on. However; the plan is validate such data and systematically analyze it to ensure that we serve the most vulnerable populations in the area. It is worth pointing here that the data that could be extracted from the records pertains only to the beneficiaries who visit our centres.

To assess the vulnerability of the population at the locations where we work, we rely mainly on secondary data (to avoid going through expensive empirical and lengthily data collection procedures). Certain indicators have been developed and will be used soon. These indicators reflect socioeconomic as well as health related issues. The NECC will continue gathering the data from the secondary sources such as MOH, UNRWA, WHO, World Bank, Palestinian Central Bureau of Statistics and other projects reports and will monitor the areas where it works. The collected data will be analyzed against certain indicators and will pinpoint to the vulnerable areas. A multi-stage comprehensive approach to assess vulnerability is currently under development which includes both quantitative and qualitative methods for assessing vulnerability.

Using this evidence based approach for identifying vulnerability we can achieve two goals; verify that the NECC works on vulnerable areas within the Gaza Strip and also to make sure that we serve vulnerable populations in areas where we work.

It is worth noting that, the evaluation exercise conducted in 2004 for the NECC program and the vulnerability assessment conducted by the Hanan

Project in 2005 both indicate that our organization still works in highly vulnerable areas and its beneficiaries are among the poorest of the poor.

Difference and reason for difference: Target met

Indicator 2

Anticipated: Extension of data collection to link activities and financial inputs, quality or care related factors (e.g. beneficiary satisfaction, drop-out rates) and health practices of clients (e.g. related to breast-feeding, contraception etc)

Achieved: target achieved- number of beneficiaries is increasing; satisfaction level is increasing- antenatal and postnatal defaulters are brought back to the services.

For more clarification; as we reported earlier, aside from the general clients' satisfaction, data systematically collected, analyzed and reported about each specific aspect of services. This is being collected internally by the NECC routinely during the home visits. Findings are reported in reference to the set up indicators.

Defaulters are regularly monitored, visited, and brought back to the clinics to continue their services (For example, in Darraj Clinic, the team succeeded to bring back 70% of the defaulters). The number of defaulters in antenatal and post natal care is decreasing and our staff is almost always successful in bringing them back to the services.

Among the important quality indicators we have, is the compliance with protocols and technical instructions. We designed many indicators which supposed to reflect the quality of services such as the indicators about Antenatal care, postnatal care, Well baby clinics and so on. Compliance with protocols is monitored by checklists, scorecard and also by the outputs/outcomes.

The number of beneficiaries who comply with the appropriate health practices is increasing and this is an objective sign for the improvement in health practices by beneficiaries. For example, the number of women who attend 4 or more visits is increasing and this is measured against the designed indicator. Similarly, receiving two post natal care sessions, visiting the well baby clinic according to the schedule and so on.

The clients' questionnaire we complete after conducting the home visits contains a specific section about health education and data about each aspect of health education topics is regularly collected. Beneficiaries perceived the information they received as very useful in the different aspects of health educations including breast feeding and family planning. Additionally, field observations as reported by our staff indicate that beneficiaries adopt health practices and they implement them. Although this hasn't been assessed in a specific study or through a separate exercise, it is obvious during counselling and home visits that beneficiaries' healthy practices are improving and also

this has reflected in their compliance with the technical instructions and the appropriate health seeking behaviours.

Indicator 3

Anticipated: 'Benchmarks' for service quality developed in year 2 and maintained throughout

Achieved: Quality indicators pertaining to the technical and management aspects of the work were developed and data are collected routinely and analyzed. Compliance with technical protocols is increasing and clients' satisfaction is increasing. Additionally, the number of beneficiaries is increasing which indicates that the services are positively perceived by the clients.

Indicator 4

Anticipated: Cooperation on use of statistics established with Ministry of Health, UNRWA and other health service providers

Achieved: Certain data from the NECC clinics is monthly provided to the MoH according to agreed formats (specific forms for family planning services and infectious diseases). Health statistics on specific topics from the MoH, UNRWA, WHO and other providers are discussed in PNGO (non-governmental organizations network) health coordination meetings. Data available are discussed and used and appropriate interventions are developed.

Difference and reason for difference: Target achieved

Result 5. PHC staff use improved skills in health service provision

Indicator 1

Anticipated: At least 40-50 women from graduates are using their training in the communities in the year following graduation

Achieved: 20 women serving their communities were graduated.

Indicator 2

Anticipated: Post-training evaluation confirms that skills acquired are being used in work by all trainees

Achieved: Achieved and validated by the checklists and scorecard results. Also, field observation reveals that the staff utilizes the skills in their routine daily work. Skills gained at training sessions are shared with colleagues.

Difference and reason for difference: Target achieved

Result 6. Women from communities qualified to act as community workers

Indicator 1

Anticipated: 40 local women per year graduate following six-month intensive course for community workers

Achieved: 20 were trained in this reporting year

Indicator 2

Anticipated: Post-training evaluation confirms that skills acquired are being used in work by all trainees

Achieved: new policies were established and implemented. Impact of training is noticeable on performance and recovery rates are significantly improving. Supervisory checklists and data based are helpful in ascertaining the implementation of training.

Result 7. Communities adopt improved health and related behaviours

Indicator 1

Anticipated: 3,000 women participating in awareness raising activities

Achieved: 45644 clients attended several lectures provided in three clinics by health educators and staff (Same clients may attended several lectures and raising awareness related activities).

Difference and reason for difference: Target achieved

Indicator 2

Anticipated: Follow up evaluation shows understanding and adoption of key health practices in areas including nutrition, hygiene etc.

Achieved: pre and post tests were used for assessing the impact of health education.

Difference and reason for difference: Target achieved



Key achievements in the reporting period

NECC has established a new location for El Darraj family centre in December 2010 and already transferred all the activities to the new site. The new site is more spacious, more convenient to staff and clients and is conducive to quality of services than the old site.

- 1) NECC finalized the establishment of two fixed dental units; one at Darraj and the other at Shijia clinics. Now, all NECC clinics are equipped with fixed dental units and the mobile dental unit will be used for outreach activities and also a backup support in case of unforeseen events.
- 2) NECC clinics continued operations in full speed and maintained accessibility to population and staff were able to come to work as usual and serve their clients despite the contextual constrains.
- 3) Our staff made significant progress in meeting the designated targets and produced the intended results. Most targets related to the number of beneficiaries were already achieved.
- 4) As a reflective organization, we learned the lessons from the last years and utilized effective strategies that fulfilled the gaps revealed previously in relation to certain indicators.
- 5) With the support provided through this project, NECC succeeded not only in reaching the number of beneficiaries but also in providing high quality services to the concerned population. The indicators reflecting the quality of services were all improved and quality efforts were institutionalized. Our staff adherence to protocols and technical instructions has been increased and resulted in health providers' compliance with protocols as manifested in the supervisory checklists results and the increasing number of beneficiaries who received services according to protocols. Staff adherence to technical protocols in mother and child health services, nutrition, infection prevention and control is significantly increasing.

- 6) Systems for monitoring and improving the quality of services and for making work operations more efficient and effective are in place and most of them were already institutionalized.
- 7) NECC finalized the development and the installation of data base and a computerized management information system. NECC staff received training on the developed data base and data entry of the active files already started. Activities pertaining to the nutrition services are all computerized. Others services are now being computerized as well.
- 8) Activities related to capacity building of the NECC staff in technical, managerial and monitoring aspects were dense and contributed to achieving the intended results.
- 9) Although most other organizations suffered from shortage of drugs and disposables, NECC maintained appropriate commodity management and regular drug supply without any shortage.
- 10) NECC health services are provided to vulnerable populations through a client-centred approach. The provided services are appropriate-according to standards (quality of facts) and positively perceived by clients (quality in perception). Client satisfaction assessment results indicate that the beneficiaries positively perceive the provided health services.
- 11) To respond to the emergency situation, with a generous support from DanChurchAid, NECC implemented an Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in Al Darraj Area. The program has been implemented as a part of Darraj Clinic through a special team hired for this purpose.
- 12) In November 2010, NECC started implementing a new nutrition project in Rafah and maintenance of the achievements made by the previous projects in Darraj and Shijia areas.

Key lessons learned

- Building good relationships with the local community is very helpful in providing responsive high quality services.
- Achieving quality of care is possible when using appropriate means and follow up.
- Coordination and integration is possible and it resulted in excellent working relationships among health organizations.
- Raising community awareness and enabling them is a crucial factor for improving health status of a given population. This should be accompanied by meeting population demands for services-working on demand need chain
- Capacity building followed by supervision is an effective approach to improve quality of services.
- Providing comprehensive integrated services is well appreciated and positively perceived by clients and effective in improving health status of population.
- Conceptualizing health as a social rather than as a medical concept and integrating medical services with social aspects such as empowerment, gender and awareness is an appropriate model to improve the health status of a given population
- Using indicators is very helpful in managing and improving services; using information and data for decision making is helpful tools.
- Computerized health information system is very helpful at both operational and managerial levels.
- Follow up and monitoring is essential in implementation.
- Responsiveness to clients opinions and perspectives is essential

Main Constraints Faced in the Reporting Period

- 1) The tight closure and siege imposed on Gaza had sharply restricted movements of goods and people and this affected health providers' ability to maintain sufficient strategic storage of drugs and disposables. With the help of international bodies such as the International Red Cross, certain items of equipment pass to Gaza but with some delay.
- 2) The current frequent and long electricity cuts have many consequences on individuals, families, health organizations not only from humanitarian points of view but also from financial and management perspectives as well. For instance, the electricity cut leads to:
 - a. Inability to pump water to houses
 - b. Inability to pump sewage to the dumping sites
 - c. Decreasing working hrs at organizations
 - d. Increasing costs for electricity generators (for fuel)
 - e. Psychological effect
- 3) The closure, siege and restriction of movement have led to unprecedented poverty rates and unemployment. This has the following effects;
 - a. Increased rates of poverty related diseases such as malnutrition and anaemia
 - b. Increased rates of sanitary related diseases (shortage of water, sewage disposable problem, garbage collections in streets, inability to buy detergents)
 - c. Decreased ability of clients to contribute in covering the costs of health services
 - d. Decreased financial accessibility such as transportations, fees, drugs and so on.
- 4) Health is a social concept that is largely underpinned by socioeconomic and political factors; therefore our efforts in improving health status to our served populations will not be effectively achieved unless the general situation improves. For instance, our efforts in health education are unlikely to achieve the intended results if poverty continues and food is not adequately secured.

Family Health Care Centres

1/1 - 31/12/2010

No.	Activity	* Shia'ia	Darraj	Rafah	Total
1	No. of registered families	3545	12874	2511	18930
2	No. of new families	1307	600	368	2275
3	No. of registered children	4885	33728	3988	42601
4	No. of new children	2158	1264	592	4014
5	No. of children attended well-baby clinics	13054	7532	4102	24688
6	No. of registered pregnant	1171	21681	850	23702
7	No. of new pregnant	696	523	263	1482
8	No. of antenatal care	5747	4151	1461	11359
9	No. of New High risk Pregnancy	83	68	29	180
10	No. of repeated High risk Pregnancy	630	519	184	1333
11	No. of antenatal follow in the last week before delivery	486	384	68	938
12	No. of deliveries	563	416	175	1154
	12.1 No. of post natal visit within 72 h	374	364	117	855
	12.2 No. of second post natal visit within 40 d	136	108	47	291
	12.3 No. of second post natal visit at home within 40 d	316	301	71	688
13	No. of Ultrasound Scan	1696	1344	520	3560
14	No. of persons examined by doctors:	11572	12595	6750	30917
	a- Children	7761	9529	2668	19958
	b- Adults	1573	1327	3402	6302
	c- Pregnants	2238	1739	680	4657
15	No. of laboratory tests	11026	12425	4890	28341
16	No. of home visits	1132	1282	604	3018
17	No. of demonstrations	581	1848	85	2514
18	No. of treatments in the form of:	3100	1607	868	5575
	a- Injections	1895	687	564	3146
	b- Dressings	538	217	246	1001
	c- Ventolin Inhalation	667	314	98	1079
	d- Others	0	389	0	389
19	No. of women attended Family planning	1182	1421	0	2603
20	No. of afternoon women's activities	1489	978	54	2521
21	Number of Diabetes Mellitus	93	152	408	653
22	Number of Hypertension	57	94	213	364
23	No. of registered Under Weight Children	942	100	218	1260
24	Number of children become normal	0	0	0	0
25	Number of new under weight children	414	221	146	781
26	No. of referred cases	18	28	0	46
27	No. of Abortions	20	32	10	62
28	No. of Newly born deaths	3	5	1	9
29	No. of Cases Received iron Supplementation	1398	0	549	1947
	a Children	1398	0	549	1947
	b- Lactating Women	0	0	0	0
30	No. of Psycho Social attendance	190	171	188	549

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

* Various activities were resumed on 2 May 2009

Activities of Dental Health Services
1/1 - 31/12/2010

No.	Activity	Shija'ia	Darraj	Rafah	Others	Total
1	No. of persons examined by dentist:	1055	885	1711	163	3814
	a- First Visit	464	372	769	163	1768
	b- Repeated Visit	216	210	594		1020
	c- Consultation	375	322	348		1045
2	Scaling	38	40	105	15	198
3	Extraction	128	95	241		464
4	Amalgam Filling	420	310	431	3	1164
5	Composite Filling	20	11	4		35
6	Fisher Sealant	0	0	0		0
7	Minor Surgery	1	0	1		2
8	Follow Up	231	198	260		689
9	Medication	628	498	1163		2289
10	Referrals	64	52	142		258
	10.1 Specialist	61	43	142		246
	10.2 X-ray	3	9	0		12
11	No need for treatment (mixed)	7	10	19		36
12	Screening of Children on Well-Baby Clinic days (2.5-6 years)	1007	377	33		1417
	12.1 No Need for Treatment	754	272	17		1043
	12.2 Needed Treatment	253	105	16		374
13	Screening of pregnant	625	498	125		1248
	13.1 No Need for Treatment	90	45	8		143
	13.2 Needed Treatment	535	453	117		1105
14	X ray in the center	0	0	1		1



Various Activities at Family Health Care Centres



Various Activities at Family Health Care Centres



Psychosocial activities

“DON'T FEED ME A FISH, BUT TEACH ME HOW TO FISH”

II. PROJECTS PROMOTING EDUCATIONAL OPPORTUNITIES:

The mission of our organization is aimed at the empowerment and strengthening of Palestinian individuals and communities to help them secure a better quality of life. We seek at the development of the whole human being by providing education, training and health services that enhance the well-being, self-reliance. We believe that a quality training gives them the tools that will enable them to become productive and creative members of the society.

The present basic education system applied in the Gaza Strip consists of a nine-year compulsory programme. The PNA and UNRWA are responsible for service provision in addition to a small number of private schools mainly run by non-profit societies and the Latin & Orthodox Churches. A great number of the school buildings are used for double shifts. The building of new schools is being undertaken at a rate below that of the population growth before it has been completely halted nearly for the last three years due to prohibition imposed on import of construction materials in particular. The most noticeable weakness in the system is the automatic upgrading of the students most probably in order to provide room for the new comers.

On the other hand, the 3-year secondary education cycle is mainly run by the PNA Ministry of Education with a very limited number of schools are run privately. It is still in the culture of those who complete their studies to seek enrollment at one of the universities and higher institutes of education operating in Gaza Strip. These local universities and institutions graduate every year such a large number that many of them become unable to find appropriate employment. A small number of students can afford to enroll at universities in the Arab countries mainly in Jordan if they would be able to travel outside Gaza.

In this climate, the vocational and technical training programmes which are provided in the Gaza Strip mainly by the Ministry of Labour, UNRWA and few other organizations such as NECCCRW, have proved to be of utmost importance due to the role they play in human resource development and employment creation.

Our vocational and training programmes target skills and professions which are still required by the market and focus on young men and women in the Gaza Strip in the fields of carpentry & furniture making, metal/aluminum works and welding, general electrical training & motor/transformers rewinding, advanced dressmaking, secretarial & office management and computer skills. The importance of this programme is that it is directed towards a sector of the population that has no other avenues. The criteria and period of training differs from one to another based on the prerequisite of each centre. The trainees

are given good training and they emerge from the programme which provides them with empowerment in mastering an important new skill and will give the feeling of control in their own lives in addition to the respect and support of the community; They would have pride in their occupation as our courses gained good reputation amongst employers due to the emphasis placed on quality and the good care and follow up being addressed by the staff.

The participants at each programme are requested to pay a nominal contribution not a fee as a mean to promote the participant's ownership of the programme and ideals of shared responsibility. Each programme has a different rate of contribution which usually is determined by the Gaza Area Education sub-committee in consultation with the staff noting that our organization refunds a portion or in full of the contribution to the very needy family as incentive upon regular attendance and successful completion of the course.

The participants evaluate the training on annual basis providing us with recommendations for development or criticism for change which are usually discussed at various levels with the staff concerned and administration for appropriate action.

1. Aims:

- 1.1 *To complement educational activities and training opportunities undertaken by PNA, UNRWA and other NGOs while ensuring avoidance of duplication.*
- 1.2 *To assist in developing the social and industrial infrastructure of the future independent Palestinian State.*
- 1.3 *To increase the skills-level of the work force by providing educational and training opportunities to young women and men, in order to improve their capacity for self-reliance and livelihood security.*
- 1.4 *To educate and train young women to share responsibilities within a society dominated by men. To improve women's opportunities to participate in the development process and improve their position at household and community levels.*
- 1.5 *To provide training in a variety of designed skills and professions to qualify both women and men in accordance with the emerging needs of the society and market.*
- 1.6 *Empower women by providing education and training to them especially teenagers who drop out from school. It offers them positive ways to be self-reliant with a sense of hope.*

- 1.7 *To provide training opportunities for about 200 adults in various levels of whom about 120 will graduate every year*

NECCCRW runs the following centres:

1. Secretarial Centre and Language Studies:

Objectives:

- 1- To graduate qualified secretaries.
- 2- To promote the role of women in the community.
- 3- To pay attention to building up and enhance self reliance and capacity of women in order to find and occupy jobs to support themselves and their needy families.

The Secretarial Centre offers job training that includes typing, computer applications, office practice, bookkeeping, Arabic and English Languages in addition to para curricula subjects. One unique aspect of the programme is that the majority of subjects are taught in English to improve their standard in the foreign language. Female students who have successfully completed their secondary education can join the centre after passing the NECCCRW entrance exams.

The training course lasts 11 months and the graduates are given the opportunity of training in the NECCCRW main office during their enrollment and after graduation in addition to a period of six weeks external training.

The course enjoys a good reputation and graduates are always in demand in spite of the harsh economic condition prevails in the Gaza Strip due to the strict being imposed. Our organization acts as a placement office for the graduates; As requests for secretaries are received, we nominate the graduates who decide whether or not to accept the job and terms of employment. Our graduates occupy many important jobs throughout the Gaza governorates, working for NGOs, PNA Ministries and in the private sector.

Many students in the Secretarial Centre view their training as opening up further future opportunities for them. There are very few work opportunities in the Gaza Governorates for unskilled women workers. According to the Ministry of Labor, the sectors which provide employment opportunities for women tend to demand higher educational levels.

For the year 2010 – 2011, secretarial training course 26 applicants were interviewed and sat for an entry examination of which 21 applicants were accepted to join the training course.

Madeline Abu Hamda

I am a student at the Secretarial section- NECC Vocational Training Center. I have 3 brothers and 3 sisters and I am the eldest. My father is unemployed and cannot provide basic needs for the family. One of my sisters has a hearing impairment and so my family lives of the grant given by the Catholic Church in the United States, which



can partially help in providing my family's needs. I feel helpless and sad that I cannot do anything to help my family. When I heard about the NECC Vocational Training Program, I was keen on joining the secretarial program and graduate so as help my family.

I chose the NECC VT Program after I heard about the quality of the training provided and the kindness and competency of the instructors who do their best to help and guide us. I am now hopeful that I will succeed and graduate the course in order to get a job.

2. Advanced Dressmaking Centre:

The advanced Dressmaking centre is reputedly the most popular and successful centre of this kind in the Gaza Strip. The course lasts 11 months and provides the trainees aged 16 years old and above, with both theoretical and practical training.

The female students must demonstrate basic competency in sewing prior to enrolling. Students begin by sewing a simple skirt and at the end of the course when graduate are able to make all kinds of dresses for children and adults as she has to perform every step from A to Z on her own Each trainee sew from cloth provided by her a complete suit to her measurement when graduates. After graduation, two students a month have the opportunity to continue their practical training as interns at the NECCCRW's self-support Sewing Cooperative. All seamstresses currently working as part of the Sewing Cooperative were formerly trained and graduated from the Dressmaking Centre.

In addition to the nominal contribution each student makes to the programme, students are responsible for purchasing the material, thread and other items used during the training, which constitutes a real burden on the family budget under the prevailing very harsh economic condition and therefore many had "voiced" great difficulty to cover such expenses even that is relatively small amount. The Committee decided to look into the matter before the

commencement of the new course in order to help those poor women.

In the conservative Palestinian culture, dressmaking is considered an appropriate profession for women. Their training takes place in the company of other women only and she will eventually be able to work as seamstress from home, as sewing is a practical trade that many can depend on into the future through these times of economic uncertainty and hardships and at the same time can look after her children and family.

17 trainees joined the course of the period 1/9/2009 to 31/07/2010 four females trainees left the center in order to get married 13 trainees were graduated in 2010. In 1/9/2010, 15 new trainees joined the course for the period 1/9/2010 to 31/7/2011 one student had left because of joining the university.

Sahar Darwish:

I am a student at the sewing section of NECC Vocational Training Center. I arrived from Sabra and Shatella refugee camp in 1994, and got married in Gaza 15 years ago. I am a mother of 4 girls and 2 boys who are all attending school. My husband was a businessman, but due to the difficult political and economic situation in Gaza, he is now in debt and cannot work anymore. My family received help from relatives and others; but still I became very unhappy as I was not able to provide for my children.

I have twin boys, 5 years old, who have a speech disorder and have to receive rehabilitation by therapists. This of course needs follow up and costs a lot so that they can attend continuous speech therapy sessions. I am now 36 years old, and was guided to the sewing training section. I also participate in the psychosocial program and I'm happy and content that I will be able to have a small business and help my family.



3. Boys' Vocational Training, Gaza:

This centre is aimed at serving mainly nearly 110 teenagers aged 14-16 who usually drop out from schools and find no other opportunity . Those disadvantaged and vulnerable youngsters are kept off the streets and are trained in a trade either in carpentry/furniture making or metal works/welding through their enrollment for three years course at the centre. Additionally, are taught applied mathematics, Arabic language and cultural subjects. They also receive lectures pertaining to prevention and safety and protection. They are also being placed in workshop in order to receive on the job training while they are introduced to the market.

Muhamad Al Ashkar:

I am a first-year student at the NECC Vocational Training Center-Carpentry Section. I was born in Gaza, and I am now 15 years old and have never seen my father until today. My father left the house and got married again when I was still an unborn baby. My mother got re-married as well, and I had to live with my grandmother and grandfather.

I was not able to complete high school as I have a learning difficulty that is related to a weakness in reading, writing and comprehension . I used to be a calm person; did not have any friends and seldom left the house.



One year ago, I came to NECC Vocational Training Center and chose the carpentry section; I also participated with other students in the psychosocial program, where group counseling and recreational activities take place.

Today, I am a changed person, always surrounded by my friends from the VTC, I am very active and enthusiastic to complete the carpentry course and help my grandparents and other elderly people in re-constructing their homes after being destroyed during the last Israeli war on Gaza. My grandfather is proud of me and always follows up with the VT instructors at the center.

4. General Electricity and Motor/Transformers rewinding:

The centre is located in Qararah village about 20 kms to the south of Gaza City. It was opened as a respond to the need of having skilled and well trained electricians. It offers a two-year course in general electricity and motor/transformers rewinding for men who should have successfully completed at least ten years of schooling. They are taught besides the technical subjects, English language, physics and mathematics. Additionally, para curriculae subjects are being taught as well. They are also placed in workshop for on the job training to acquaint them with the market.

The Pontifical Mission has thankfully covered the costs of building a classroom and boundary in Qararah VTC for which we much appreciate their generous donation and support.

Mahmoud Al Habash:

I am a second-year student at the NECC Vocational Training Center Electricity Section. My father passed away due to an illness when I was just a teenager of 13 years old. The incident reflected badly on my psychological status, and I was no longer able to complete high school. I have four siblings, and my mother tries her best to provide for the family.

Charity organizations in Gaza helped my family in reconstructing our home after being hit during the last Israeli war on Gaza in 2008/2009.

Me and my family are happy that I was given a chance to



enroll at the electricity section, as I am progressing and I'm now skillful with electricity.

I am also working at a part-time job in the evening, and I'm able to provide my own pocket money, which makes me hopeful that after graduating from the VTC I will find a job and help my mother by providing for the family.

2. Activities:

- 2.1 The various vocational training centers operated normally. The number of graduates during the period of reporting was 110 (51 female and 59 male as described.
- 2.2 The total strength at the centres as on 31/12/2010 was **196** trainees (**35** women and **161** men) defined as follows.

Ser. No.	Programme	Graduates	Failed	Presently Enrolled			Total Enrolled 31/12/2010
				1 st Y	2 nd Y	3 rd Y	
1	Secretarial Studies	18	2	21	0	0	21
2	Advanced Dressmaking	13	0	14	0	0	14
3	Carpentry & Furniture Making	24	0	24	23	23	70
4	Metal/Aluminum Works & Welding	14	0	15	15	15	45
5	General Electricity and Motor/Transformer Rewinding	21	3	22	24	0	46
6	Community Workers	20	0	0	0	0	0
Total		110	5	96	62	38	196

- 2.3 The number of **96** trainees have been accepted to enroll in the scholastic year **2010/2011** in addition to 100 trainees who were upgraded to the second and third years of training at the VTCs in Gaza & Qararah.
- 2.4 The social worker and instructors got involved in assisting the trainees through the psychosocial intervention; They were encouraged to paint, join in acting and staging plays, and volunteering in social activities, at least for short periods of time. Those activities, as well as others, we are intended to deal with trauma suffered by our trainees and to enable them to make the transition back to learning and training easier.
- 2.5 Five meetings were held with the parents and instructors to discuss matters related to their children and situation.
- 2.6 The Principal and Instructors at the Vocational Training Centre in Gaza have arranged for the on job training of the third year trainees who sat for their final tests in July 2010. The results were good and all the 3rd year trainees (**38**) graduated and received their certificates by end of the month.
- 2.7 Arrangements were made for the selection of new groups at the Secretarial (**21**) Advanced Dressmaking (**14**), and Gaza Boys' VT (**39**) who have enrolled at the new courses which commenced on September 1st, 2010.

- 2.8 The 2nd-year trainees at Qararah Electricity & Motor rewinding course who have been placed for training in various workshops and sat for their final examinations in October, and those **21** who had succeed graduated in early November. Accordingly a new group of **22** persons was selected out of **184** applicants who joined the centre on 01/11/2010.
- 2.09 It was not possible to organize the afternoon computer courses for women as it was noted that there was hesitation on the side of the women and their families to enrol mainly for economic reasons and late hours courses for economical reasons as well.
- 2.10 One meeting with a small group of former graduates of the VTC Gaza were held to exchange views and experience in focusing on the required skills and its development but unfortunately have not succeeded yet to establish an "Alumni" for them. Additional meetings as well have been organized with the guardians when aspects related to the follow up of their children were discussed including the attention paid to psycho intervention.
- 2.11 The operation of the centres was possible during the power breakdown thanks to the generator which was put its consumption of fuel had again inflicted a considerable increase on fuel budget line this year as well.
- 2.12 Recreational and cultural events have been conducted within the centres in order to help defuse the trainees' "suffocation" as they are deprived from such activities in their communities due to the prevailing situation especially in light of trauma they have experienced as a result of the Israeli war on Gaza in late 2008 and extended until 18 January 2009. A trip within Gaza Strip was also arranged and a lunch was served at the seashore. Additionally, on two occasion light meals prepared by the students' social/cultural committee were served at the centres.

Additionally "Iftar" events (Breaking the fasting at sunset) during the month of Ramadan were organized for the trainees and their instructors in Gaza & Qararah centres.

Another activity of practical training of drawing and painting and different kinds of sports was conducted for the boys at Gaza VTC who enjoyed the event and most of them had master it.

- 2.13 The VTC consultant continued his visits to the centres to follow up the implementation of plan of action of each centre and provided his observations and recommendations to the instructors when necessary.

- 2.14 The teachers continued to work with the trainees in eliminating their illiteracy at the Gaza Boys' Centre.
- 2.15 Various lectures were given by specialized persons on the topics including Health, gender, tolerance and Labour Law, Safety and prevention, Gender, Feasibility Studies, Personal appearance etc .
- 2.16 The Social Worker conducted a survey of last year's graduates and noticed that the employment rate was comparatively better than last year in spite of the high rate of unemployed prevailing in the Gaza Strip due to the siege and economic condition.

No. of participants in psychosocial support sessions:

No.	Vocational Training Centre	No. of students	No. of parents	C.B.T	Lecture
1	Gaza	1269	107	8	34
2	Qararah	428	0	4	20
3	Secretarial Study	204	8	2	0
4	Advanced Dressmaking	132	8	2	0
Total No.		2033	123	16	54

Graduates	Employment Rate	
	2009	2010
1 Carpentry and furniture making	38%	65%
2 Metal works and welding	50%	83%
3 Electricity & motor rewinding	53%	73%
4 Secretarial & Office Management	62%	31%
5 Dressmaking (Working for clients and the families at home)	100%	100%

It was noted again that a number of graduates from the Secretarial course who are unemployed either got married and wish to raise their children or had not accepted offers to work in small offices. Four out of total 13 graduated joined the university.

While the restriction on import of raw material and specifically related to construction is still in practice, the Social Worker had been informed by the owners of workshops that the trades are still required as soon as the construction materials would be available in the market.

Thanks to a special funds donated by Mennonite Central Committee for providing our VTC's with new Welding Machines, Electric Equipments and Sewing Machines.

We much appreciate the generous funds donated by Bibleland which was utilized in purchasing material supplies as well as other provisions to our VTC's that helped in training performance of the students.

- 2.17 The trainees before their graduation have been placed in various offices, companies and workshops for period of six-eight weeks to practice their skills with follow-up made by the social workers and their instructors.
- 2.18 Our Senior Medical Officer examined the new boys who enrolled in September 2010 and laboratory tests for stools, urine and blood were made. Medicines have also been prescribed to those who needed them.

3. Constraints encountered :

- 1) The shortage of materials in the market and high rise in its cost when found.
- 2) The noticeable steep decrease in the number of external job orders due to the harsh economic condition and high increase in the cost of products.
- 3) Electricity interruption and shortage of proper fuel, gas and raw materials were the main challenges. Accordingly, the generators operated more often which increased the expenses of fuel.
- 4) The strict siege imposed on the Gaza Strip and denial of permits for our Instructors who could not travel to West Bank to attend specialized training courses and accordingly denied exposure to Vocational Training Centres.

Vocational Centers Staff:

No.	Vocational Centres	Full time	Part time	Total No.
1.	Secretarial centre and language studies	1	3	4
2.	Advanced Dressmaking Centre	1	0	1
3.	Boy's Vocational Training (Gaza) – Carpentry and Furniture Making or Metal and Aluminium Works and Welding	11	0	11
4.	Boy's Vocational Training (Qararah Village) General Electricity and Motor / Transformers Rewinding	4	1	5
Total		17	4	21

Women's Vocational Training

	<i>Advanced dressmaking</i>	<i>Secretarial and Office Management</i>	<i>Computer</i>
<i>Subjects</i>	<i>Measurement, preparing patrons and sewing of all kinds of dresses for children and adults mainly for women.</i>	<i>English language, Simple Bookkeeping, Management Principles, Arabic Correspondence, Office Practice, Arabic and English languages and Typing, Computer, Cultural and Para Curricular Subjects i.e. History, Human Rights etc.</i>	<i>1- Introduction into computer science 2- Windows 3- Microsoft Office (Word, Excel, E-mail, Internet) 4- Others</i>
<i>Target group</i>	<i>Women interested in the skill and have an idea about sewing, aged above 16 y who can read and write</i>	<i>Women who passed successfully Tawjihi (12 years) and the NECCCRW entrance exams</i>	<i>Women who completed secondary studies</i>
<i>Training period</i>	<i>11 months</i>	<i>11 months plus six weeks of practical training.</i>	<i>2-3 months Depending on the subjects</i>
<i>Capacity</i>	<i>20-24</i>	<i>22-25</i>	<i>30-40</i>

Men's Vocational Training

	<i>Gaza VTC</i>	<i>Qarrarah VTC</i>	<i>Computer</i>
<i>It started</i>	<i>In 1958 in Gaza city</i>	<i>In 1982 in Qarrarah village, 25 kms to the south of Gaza</i>	<i>1982 Gaza</i>
<i>Students' category</i>	<i>School dropouts (14-16 yrs) from all Governorates of the Gaza Strip. The priority is for those who come from deprived families.</i>	<i>Who completed at least ten years of schooling and succeeds in the entrance exams. They come from all areas of the Gaza Strip. Aged 16-23 years.</i>	<i>Men who completed secondary studies.</i>
<i>Subjects</i>	<p>1- <i>Carpentry and furniture making</i></p> <p style="text-align: center;"><i>Or</i></p> <p>2- <i>Metal & Aluminum works & weldings</i></p> <p><i>Both courses include lessons on Maths , Arabic writing and reading, prevention and safety, cultural subjects.</i></p>	<p>1- <i>Trade Practice</i></p> <p>2- <i>Trade Theory</i></p> <p>3- <i>Electrical Science</i></p> <p>4- <i>Technical Drawing</i></p> <p>5- <i>Trade Calculations</i></p> <p>6- <i>English Language</i></p> <p>7- <i>Cultural subjects</i></p>	<p>1- <i>Introduction into computer science</i></p> <p>2- <i>Windows</i></p> <p>3- <i>Microsoft (Word, Excel, E-mail and Internet</i></p> <p>4- <i>Others</i></p>
<i>Training period</i>	<i>Three years Including two months on the job training</i>	<i>Two years Including two months on the job training</i>	<i>2-3 months Depending on the subjects</i>
<i>Capacity</i>			
1. <i>Per year</i>	<i>35-40</i>	<i>22-24</i>	<i>15-20</i>
2. <i>Total</i>	<i>100-110</i>	<i>40-44</i>	<i>30-40</i>



Various Activities at VTCs



Various Activities at VTCs

5. Educational Loans:

All staff concerned with the Educational programme continued to follow up the remaining of very few cases of the "old" loans to ensure the continuity of repayment of the loans in arrears. They constitute much less than 1% of the total previous old loans issued before the first Intifada "uprising" in 1987 which the committee decided not to write them off and keep claiming for them. Otherwise, the rate of repayment of loans which have been issued during the last ten years continued at the level of 100% in spite of the harsh economic condition. It is worth noting that **101** loanees have settled their loans in 2010.

In spite of the difficult economic condition, the repayments of the loans have been settled on time due to the availability of three guarantors.

On the other hand, while 144 applications for new loans have been taken, the Committee received only 54 which have been reviewed and found eligible, but only 40 persons handed back their documents and received the loan in addition to 21 who renewed their contracts for the academic year 2010/2011.

This unfortunately has been attributed mainly for the difficulty encountered by the students in order to secure three guarantors who would be accepted by the bank due to the harsh economic condition and the high rate of unemployment.

The committee had extensively reviewed the matter to provide support but found no alternative at the time being to adopt if the revolving capital would have to be secured and continue in assisting others.

No. of Candidates who received Educational Loans for the year 2010-2011

	Bachelor Degree			Master Degree			Total		
	Females	Males	Total	Females	Males	Total	Females	Males	Total
New Loans	12	10	22	5	13	18	17	23	40
Lone Renewal	15	5	20	0	1	1	15	6	21
Total	27	15	42	5	14	19	32	29	61

Number of Received Applications and No. of Eligible candidates who fulfilled all requirement

Scholastic Year	Received applications		Total	Eligible Candidates		Total Accepted
	Bachelor Degree	Master Degree		Bachelor Degree	Master Degree	
2009-2010	92	39	131	30	16	46
2010-2011	77	67	144	27	27	54

No. of loanees who settled their loans during 2010

Repayment	Through NECC Office	Repayment through Banks
	77	24

No. of candidates who received educational loans for the year 2010-2011

	No.	Bachelor Degree	Master Degree
1 st loan	40	22	18
2 nd loan	12	11	1
3 rd loan	5	5	0
4 th loan	4	4	0
5 th loan	0	0	0
Total	61	42	19

III. Relief and Rehabilitation:

The situation in Gaza Strip considered as humanitarian crisis as described by local and international reports where unemployment among Palestinians reaches more than 70% and most of Gaza Strip citizens rely on humanitarian aids.

The Israeli siege and closure of borders of Gaza Strip lead to scarcity of raw materials which affected the industrial sector negatively in addition to high costs of living and increased number of unemployment.

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

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

This one-time relief assistance is very helpful but it would be for a short time and the impact would not be measured except immediately during the period the family receives it. We feel and hear the appreciation of those people who conveyed their gratitude to all those who keep them in their minds and provide such support.

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

As a rule, it is worth noting that under no circumstances can the beneficiary be substituted. S/he –head of the family- must report in person to the office except for the wife who would hold documents proving that her husband is incapacitated.

Thanks to Christian Aid for securing a special emergency relief fund where 10,296 patients have benefited from the support provided in the Appeal ACT PSE 101 by contributing US\$ 5 for each case, and to secure purchasing medications for the clinics.

Thanks to the Pontifical Mission for Palestine and its Director and Staff for securing a special emergency relief fund to provide assistance to 575 families from the districts where our family health care centres are located at US\$ 100 every month, which was started in November 2009 and closed by September 2010, in addition to job opportunities for 885 working days.

IV. Employment and Income generating co-operative:

The remaining twelve women as two have left at the self-help centre in addition to eight seamstresses at the self-support sewing co-operative, continued their performance in producing garments of all kinds to women clients earning an average monthly amount of US\$ 150.

V. Advocacy:

It was noticed that more restriction had been imposed on the entry of foreigners to Gaza and many had been denied entry including a number of donors' agencies representative, church delegations and even diplomatic corps. During this period only **42** persons including representatives from a number of our partners' agencies, journalists and British MP have been met with and paid visits to our programme.

VI. Capacity building:

The capacity building of our staff is continuously receiving attention as 55 of our staff members involved in the Health, Vocational Training and Social sectors have attended courses and workshops organized by local NGOs and our organization during this reporting period mainly in psychosocial intervention in order to enable them support our trainees and beneficiaries at

the family health care centres as a result of the ongoing blockage on Gaza which poses serious threats to the mental health and psychological and social wellbeing of adults and children.

The staff members had attended the following topics in Child Development , Co-ordinating Meeting. Communication, Training Practice, Drama Method, Psychosocial, Group and Family Counselling, Training on Reporting Humanitarian Coordination Mechanism, Health Clusters Orientation & Reflection workshop in the occupied Palestinian Territories, Child Protection, Cluster Meetings, Training Database, psychosocial, Advocacy, Training on Stores Program, Video Conference, Data Entry, Safety Measures, Food Security, SPSS, Health Clusters, Breast Feeding, Behaviour Change, Community Parent Educational Programme, Microsoft Office Operating Specialist, Computer Skills, Health Metrics Network Framework and Assessment tool, Psychosocial and Nutritional Support to preschool age children in Gaza, MHPSS Sub-Cluster Monitoring and Evaluation Workshop, Capacity Building, Gender, Breast Feeding, Anaemia Causes and Prevention, PPNE Training follow up, HIS, CRC operetta, Antenatal Care those Workshops & Trainings were conducted by, Paivi and Jamil, UNICEF, NECCCRW, WHO, Christian Aid, ACT, PNGO, APF, Ministry of Health, Balsam Society, APF psychosocial team, JANSO, WBW, UNSCO, UNRWA, Mercy Corps, Palestinian Medical Relief Society and Terre Des Hommes Italia, Ministry of Labour, PITA, Islamic University, GTZ, IASC MHPSS, Balsam Society Al Widad Society.





RELIEF



Workshops Training and Capacity Building



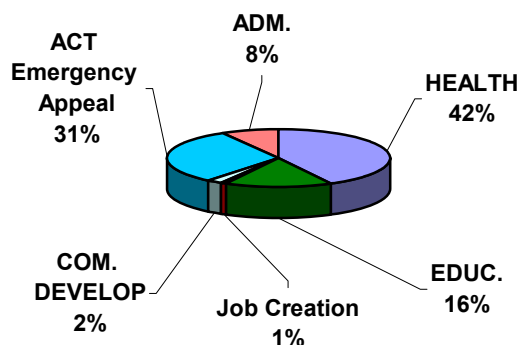
Visitors and Advocacy

The Gaza Governorates have a population of approximately 1,5m including over 1,167,361 Palestinian refugees registered with UNRWA defined as follows:

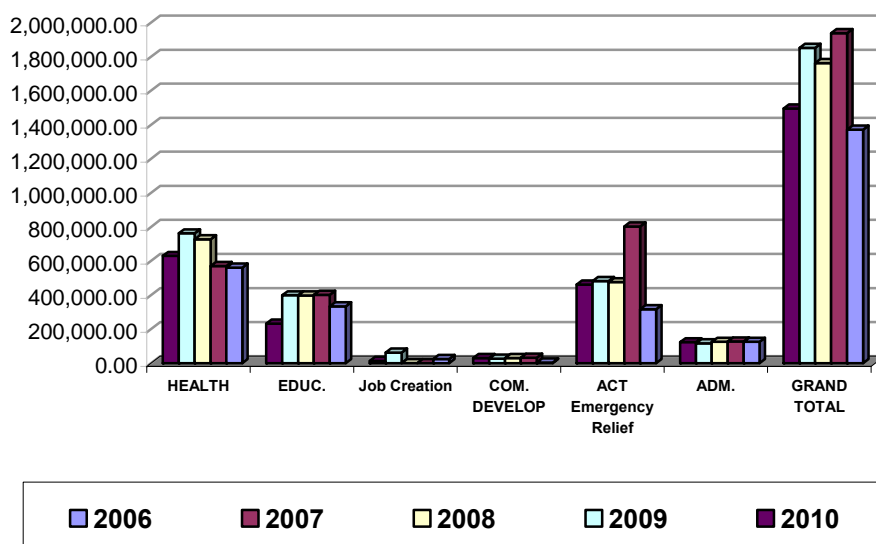
Area	Camp	In Camps	Not in Camps	* Total
Jabalia	Jabalia	111,064	99,327	210,391
Rimal	Beach	85,975	101,446	187,421
Zeitun	-	0.00	153,388	153,388
Nuseirat	Nuseirat	65,432	34,994	133,865
	Burejj	33,439		
Deir El Balah	D/Balah	21,558	49,541	96,262
	Maghazi	25,163		
Khan Younis	Kh/Younis	72,946	126,755	199,701
Rafah	Rafah	102,570	83,763	186,333
Total	8 Camps	518,147	649,214	1,167,361

* The figures as on 31/12/2010 courtesy of UNRWA which employs nearly 24,000 staff helping 4.5 million refugees in the Occupied Palestinian territories as well as Arab countries.

How the Money was spent
2010



(Part of ACT Emergency Appeal % was spent on Education and that explain lower % spent on Education)



“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)

VIII. ACKNOWLEDGEMENT TO OUR SUPPORTERS:

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

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

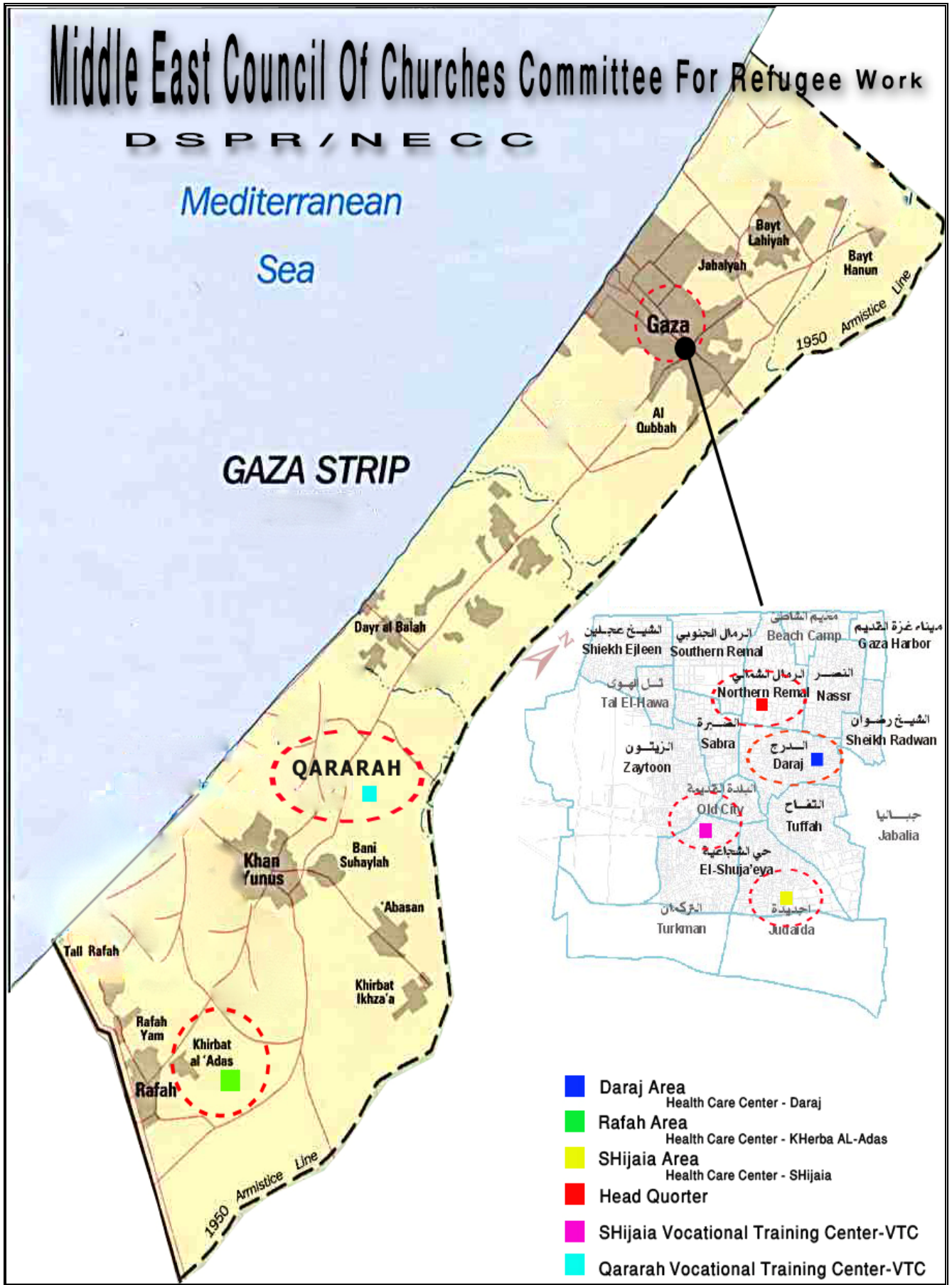
1. ACT International (Action by Churches Together)
2. Bibleland (UK)
3. CARITAS in France, Switzerland, Luxemburg & Jerusalem
4. CCFD
5. CFOS (Canada)
6. Christian Aid, UK
7. Church in Wales, UK
8. Church of Sweden
9. Danchurchaid, Denmark
10. Danida, Denmark
11. Diakonisches Werk, Germany
12. Diocese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

Middle East Council Of Churches Committee For Refugee Work

DSPR/NECC

Mediterranean
Sea

GAZA STRIP



- Daraj Area
Health Care Center - Daraj
- Rafah Area
Health Care Center - KHerba AL-Adas
- SHijaia Area
Health Care Center - SHijaia
- Head Quarter
- SHijaia Vocational Training Center-VTC
- Qararah Vocational Training Center-VTC