

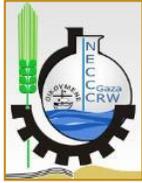


Near East Council of Churches (NECC)

Department of Services for Palestinian
Refugees DSPR/Gaza Area

ANNUAL REPORT 2016



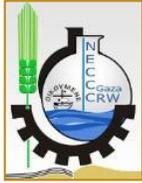


**Near East Council of Churches Committee for Refugee Work (NECCCRW)
Annual Report 2016**



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

(Philippians 1:4-6)



Near East Council of Churches Committee for Refugee Work (NECCCRW) Annual Report 2016

► **Preface**

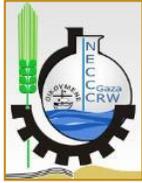
This document is the NECC Annual report, a joint coordinated and elaborated work organized by NECC-Gaza staff in full cooperation between all centers and departments.

The purpose of this report is to give comprehensive information on NECC programs implementation during the year 2016 (for period covering 1st January till 31th December), highlighting and summarizing the achievements that have been realized with regards to the stipulated and intended goals considering the different aspects of context in the Palestinian territories mainly in the Gaza Strip.

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

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





▶ **Acknowledgement**

Management is getting things done by people. Done properly, within the Available time and resources (Aspinwall, 1998).

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

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

Many thanks go to Palestinian people for their perseverance, patience, tolerance, co-operation, support and long term commitment to health , and Education programsat the individual, family and community levels.

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

With love...

NECC/DSPR-Gaza

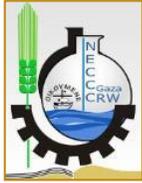
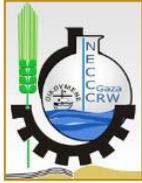


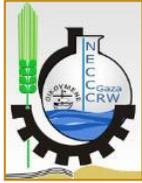
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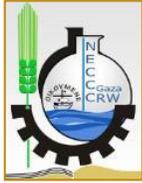
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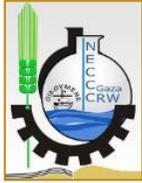


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List of abbreviations:

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



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► **Gaza Area Committee**

Middle East Council of Churches Committee for Refugee Work Gaza Area		مجلس كنائس الشرق الأوسط دائرة خدمة اللاجئين الفلسطينيين منطقة غزة	
Department of Service to Palestine Refugees			
Gaza Area Committee			
Name	Position in the board	Occupation	
Dr. Sohail Anton El Madbak	Chairperson	Dean of faculty of medicine-Al Azhar University/Gaza	
Miss Araxi Muneer Waheed	Vice-Chairperson	Retired pharmacist	
Dr. Maher Issa Ayyad	Treasurer	Consultant surgeon	
Dr. Dr. Elias Jan Artin	Delegate	Consultant general, colorectal surgery	
Dr. Imad Hanna Borbara	Member	Dentist	
Miss Suhaila Shawqi Tarazi	"	Arab Ahli Hospital director	
Mr. Suhail Christo Tarazi	"	program manager of British council/Gaza	
Mr. Nazeeh Lam'i Habashi	"	Retired deputy head master	
Mrs. Hala Remon Saba	"	Accountant	
Dr. Bshara Fouad Khouri	"	General director in ministry of telecommunication and information technology	
Dr. Issa Michael Frangieh	"	Pharmacist	
Dr. Sami Elias Manneh	"	Pediatrician	
Dr. Issa Saleem Tarazi	Executive Director	Cardiologist	
Gaza - Palestine 22/330 Said Al'as Street, Rimal P.O. Box 49 Gaza ☎ xx 972/970 (0) 8 2860146 /2822595 Fax xx 972/970 (0) 8 2866331		غزة – فلسطين 330/22 شارع سعيد العاص - الرمال ص.ب. 49 غزة ☎ xx 970 (0) 8 2860146/2822595 فاكس: 970/972 (0) 8 2866331	



► *Foreword*

While considered by the United Nations Development Programme to be in the medium human development category, the Palestinian people remain highly vulnerable especially in Gaza. The expectations of the Palestinian people about what ‘autonomy’ would deliver, politically and economically, have not been met. Despite ‘autonomy’, Israel still has overall sovereignty of Palestine, controlling borders, movement of goods and people, electricity, communications, and security – and thus the key aspects of Palestinian people’s lives. The protracted occupation by Israel, which is punctuated by repeated conflicts and coupled with severe restrictions on the movement of both people and goods, has resulted in highly fragmented and distorted local economies which are overwhelmingly dependent on external aid. Set against this ‘human dignity crisis’, which the UN considers a ‘collective punishment’ in clear violation of international humanitarian law. Such complicated uncertain context, has affected the Palestinians’ ability to set long term policies and plans.



The Palestinian people have been exposed to a wide range of vulnerabilities since 1948 with people from Gaza being particularly affected. PCBS 2015 report indicates that 38% of the HH in Gaza live below the poverty line and an additional 23% of the HHs in the GS live below the severe poverty line with women and children mostly affected. The main sources of livelihood in Gaza are employment at the services sector, trade, rain-fed agriculture, construction, livestock rearing and fishing. Recent statistics (PCBS, 2015) show that the unemployment rate reaches more than 40% in the GS (among females 55.2%; males 37.9%). Women participation in labor force constitutes 19.7% in the GS while it reaches 70.7% among males in Gaza and 72.2% among males in the WB (PCBS, 2015).

The main reasons of poverty, the key vulnerability issue in Gaza, are attributed to the severe impacts of macro structural and political influences on household-level (political economy) such as unemployment, political uncertainty, lack of sovereignty, the ongoing blockade, recurrent conflict, displacement, destruction of livelihood sources and assets and lack of national development polices Unfortunately, due to the prevailing socio-economic challenges, many studies showed that a considerable proportions of the young people in the GS (nearly one third) wish to migrate abroad.

Currently, 70% of HHs in Gaza are receiving food aid mainly through UNRWA and international organizations. Ministry of Social Affairs provides regular assistance to around 120,000 families, the majority are from the Gaza (76,000 families) in addition to the support provided by UNRWA and NGOs. However, the available social



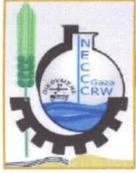
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protection programs didn't reduce or combat poverty. It is important to set policies and programs that take out the poor people from the "poverty trap". It is noticed that poor people tend to have more children, engage more in early marriages and as a result their economic situation further deteriorates.

On the plus side, actors including DSPR/Gaza are strongly committed to support the Palestinian people and therefore increased their level of support. During this reporting period, NECC had implemented several developmental and relief programs to assist poor and needy populations. However, the demand is huge and a lot needs to be done to help people recover as well as long term interventions are needed to support the livelihood conditions and development aspects in Gaza. At the health front during this reporting year, 26,484 beneficiaries (mostly women and children) were served with many of them receiving more than one aspect of the NECC comprehensive primary health care package. This represents an increase in the number of beneficiaries in comparison to the past year. NECC provided integrated health services to beneficiaries including health examination, medications, lab investigations, psychosocial support and health education. The report provided rich details about the health services provided to the needy populations. Recently, NECC has started introducing the preconception care to improve the pregnancy outcomes for both the mother and the baby. Details about this new and unique service in Gaza will be shared in the next reporting year. At the vocational training front, NECC introducing major changes in the program including curriculum development, introducing new crafts such as air conditioning and refrigeration. Currently, 249 pupils are studying at the NECC VTCs. The number of trainees in the past year was 201. Based on the market needs, NECC is keen to introduce new crafts to respond to the population demands and empower youth.

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

Extensive thanks to our partners' valuable support that enabled NECC to sustain the provision of health, educational and other services to the intended beneficiaries as planned. With the kind support we received from partners, we succeeded to mitigate



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or at least to cope with the conditions associated with the most recent war, and the further imposed siege and the tight restrictions on the movement of goods and people such as, shortage of supply and medications, lack of medical equipment in the local market, decreased supply of electricity and fuel, transportation issues and so on. Again, I would like to express my thanks and appreciations to all partners, donors, the World and Middle East Council of Churches, the Chairman and members, and the Executive Director of MECC/DSPR for their stand and unlimited support provided to Gaza Area program 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 program reflected into the interest of the people especially during this critical era of our history.

Last but not least, I extend extensive thanks and acknowledgement to my sisters and brothers, the staff of NECCCRW's family at various positions for their commitment and hard work in rendering the services to the needy people under harsh conditions.

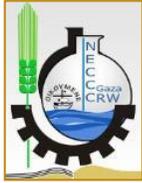
"The effect of JUSTICE will be PEACE,

And the result of

RIGHTEOUSNESS, SECURITY AND TRUST Forever"

"Isaiah 32:17"

**Dr. Issa Tarazi
Executive Director
March 2017**



Near East Council of Churches Committee for Refugee Work (NECCCRW) Annual Report 2016

The NECC Annual Report provides a comprehensive overview of NECC activities over the past year; covering the activities of the various NECC departments and summarizing achievements in relation to the stipulated goals in the picture of the deteriorated political and socio-economic situations in the Gaza Strip.

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

Executive Summary

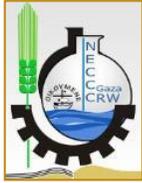
Effort is important, but knowing where to make an effort in the life, for vulnerable, and in relationship with others makes all the difference.

In this pathway, the next part is summarizing the efforts exerted by NECC over the year 2016 outlining different indicators of NECC service delivery during the determined reporting period crossing all NECC programs and centers.

With regards to health program, the 2016 annual Report of the NECC health program highlights the remarkable gains achieved by NECC in reducing mother and child deaths, infectious and communicable disease transmission, and achieving more than 50 per cent recovery rate among anemic and malnourished rates. Given the fact that the NECC centers in the Gaza Strip provide a wide range of services including maternal and child services, care of communicable diseases, and other preventive and curative services, this program contributed to the overall development through its impact on achieving three out of the eight Millennium Development Goals (MDGs): reducing child mortality (MDG4), improving maternal health (MDG5), and combating major diseases (MDG6). In an area that is characterized by political hostility and has been under occupation for more than four decades, the need to offer health services is unquestionable. The report commends progress made by NECC in improving the overall health status of vulnerable and marginalized areas. The NECC program is a response to such increasing need for health services particularly in poor, marginalized, and deprived areas.

Regarding **Access to Primary Health Care and Medication**, during this year, the number of newly registered families has reached **2296** families, while the numbers of the total families benefitted from NECC PHC clinics during this reporting period were **11506** families and the **total** number of beneficiaries at three NECC PHC centers has reached **26,484**.

With regards to antenatal care the number of new pregnant women was **2160** distributed as following: **865** in Shijaia, **693** in Darraj and **602** in Rafah with total of **2915** pregnant women



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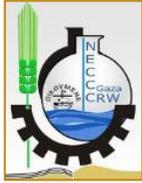
who were already registered and followed up during the reporting period. **84.95** % of pregnant women who have registered through first three months of pregnancy and received proper antenatal care. **98.8%** of pregnant women in targeted localities have received timely ANC of at least four visits, and **84.9%** of pregnant women timely received ANC sessions within the first 12 weeks of pregnancy.

Furthermore, the number of deliveries reported in the NECC catchments areas during this reporting period was **1759** deliveries: Shijaia: **756**, Darraj: **563** and Rafah: **440**. With **4560** postnatal home visits conducted. **71%** of women in targeted localities received timely quality postnatal care three times after delivery, and **81%** of women passed postpartum period safely without complications, there was no maternal mortality reporting during this period.

In terms of family planning, the number of women who received family planning services during this reporting period was **1227** women: **536** at Shijaia, **546** at Darraj and **145** cases in Rafah (target 900 women per year). The most used tool was Pills in the three served localities.

Additionally, the number of newly registered children in this reporting period has reached **4369** in the different areas which also could reflect an increased demand for the services, Shajaia received the highest number of new children at the well-baby service delivery points (1773) followed by Darraj (1373) and Rafah (1223). In total. Screening **12,740** children who attended the well-baby service delivery points in accordance with the national protocols (Annual target is 10,000). This year, the number of children screened is higher than the last year by around 500 children and higher than the anticipated target by **27%** which reflects the need and the relevancy of the well-baby program as well as the community acceptance and compliance with well-baby services schedule, **33424** well-baby follow up visits were performed which is much higher than the anticipated target of providing 20,000 well-baby sessions by **67%** (past year number was 29,152). In comparison to the previous reporting year, the number of well-baby visits performed this reporting year is higher by **21%**. The percentage of malnutrition among the attendants of the well-baby visits was 14.3% in Shajaia area while it was 10.3% in Darraj area; the prevalence in Rafah was 12%, The prevalence of anaemia was ranged from 18.6% in Shajaia to 28.2% in Darraj (in Rafah, 17.2%). Fortunately, the reported increase in the prevalence of anaemia in Darraj and Rafah has already controlled and rates reported this year have decreased. 75.4% of children diagnosed as anaemic at the well-baby services recovered and returned to normal at within 90 days of their involvement in the treatment program. Others improved (8%) but didn't return to normal within the provided time frame. The target of the project is to have 50% recovery or improvement rates.

The number of patients above 6 years old as cases examined by doctors has been **11,096** while **8212** children under 6 years were examined by doctors and received treatment. The number of cases examined by dentists and received dental care services had reached **7425** distributed as Shijaia **2852**; Darraj **2372** and Rafah **2201**.



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The total laboratory tests that were performed inside the three family care centers during this reporting period have reached **28,919** distributed as Shijaia **11968**; Darraj **10989** and Rafah **5962**. The total number of health education sessions provided to all categories was **1540** sessions for **36,517** participants.

Lectures, trainings, and information events on various topics implemented inside NECC clinics afternoon twice per week named “afternoon activities” where **232** women benefited from embroidery, wool making courses, hair dress making and others during the reporting period.

*With regards to the **Technical Vocational and Educational Training (TVET) program**, during the reporting period, a total of **249** originally enrolled trainees including male and female, continued to receive high quality vocational training skills in the designated fields of carpentry/furniture making, metals and welding, aluminum work, refrigeration and air conditioning, general electricity and motor rewinding, secretarial studies and advanced dress making. Where about **18.5%** out of those trainees are females (46 trainees) and the rest of **81.5%** are males (203 trainees).*

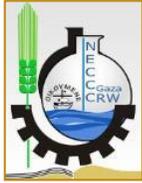
*Regarding **psychosocial support program**; **2214** children who attended the three family care centers or kindergartens located in the three served areas received PSS activities either, group sessions or counseling or recreational activities while **5,724** mothers and women received PSS either group sessions, individual counseling, group counseling or consultation. Additionally, **203** TVET students started to receive PSS.*

Summary of key findings in reference to indicator table:

During the reporting period, NECC succeeded to sustain the provision of its programs and services to the targeted beneficiaries as planned.

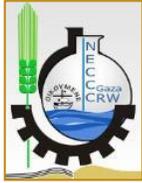
The table (1) below summarizes the main achievements in numbers.

Indicator	2015 Achieved	2016 Achieved
At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	99%	98.8%
At least 70% of women in targeted locality received timely quality post natal care at least twice.	73.12%	81%
1,200 new pregnant women registered for ANC annually	1850	2160
7000 antenatal care visits made annually	14985	18596
1,800 pregnant women received follow up visits, newly registered and on-going	2434	2915
1600 postnatal care visits conducted annually	3131	4560
12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric	12234	12740



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Indicator	2015 Achieved	2016 Achieved
measurements		
25,000 well baby visits were conducted annually	29200	33424
7,000 sick children up to 6 years old received medical examination and treatment	8304	8212
800 partners received reproductive health services and awareness	1113	1227
Over 4,000 women, children and adults in targeted areas receive dental care annually	7227	7425
Over 4,000 patients examined, tested and received treatment	10690	11,096
1,500 children received psychosocial support	2151	2214
2000 women participated in psychosocial support	6503	5724
200 women attending afternoon activities received psychosocial support	264	232
A total of 110 students receive training in Carpentry/furniture making, Welding and Aluminum work annually	109	116
A total of 20 new students and receive training in Refrigeration and Air Conditioning (HVAC)	-	20
A total of 48 students new and old receive training in Electricity skills	48	50
A total of 20 students receive training in Secretary study	22	22
A total of 15 students receive training in Advanced Dressmaking	22	24
At least 60 educational loans provided to students to complete their study at Palestinian universities	108	79
1 to 2 policy/advocacy issues resulted in improving justices and economic status	1	2
4 initiatives implemented with local communities	4	4
10 visits paid by relevant internationals	54	41



INTRODUCTION:

The next paragraph describes the NECCCRW background, vision, mission, Goals, core values, and outlines the NECC various programs.

NECC Organization Background:

NECCCRW Brief:

Near East Council of churches Committee for Refugees Work (NECCCRW)-the Gaza Area Committee is part of the Department of Service to the Palestine Refugees (DSPR). The DSPR is a department of the Middle East Council of Churches. NECCCRW Gaza is an integral part of the Palestinian Society and culture and operates with support from the churches, ecumenical and secular organizations. NECCCRW Gaza Committee was founded in 1952 launching a humanitarian program to assist Palestinians who took refuge in the Gaza Strip following the establishment of Israel in 1948.

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

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

NECCCRW Vision:

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

NECCCRW Mission:

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

NECCCRW Goals:

1. Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children.
2. Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions.



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3. Provide emergency assistance to alleviate the impact of emergency humanitarian situations when required.
4. Mobilize and empower Palestinian and other relevant communities to seek just and equal social and economic rights for Palestinians.

NECCCRW Core Values:





1. Overview on NECC Programs and Services:

1.1 Provision of Quality Primary Health Care services:

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

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

NECC operates three family health care centers in the Gaza Strip. These three centers are located in El Daraj, Shajaia, and Rafah. The three family health centres serve a population of 80,000, 100,000, and 13,000 in Daraj, Shajaia, and Rafah, respectively. The NECC's health program offers a comprehensive package of health services, with a particular focus on primary health care services. The bundle of the provided services include essential maternal and child health services such as antenatal care, postnatal care, health education, family planning, well-baby care, psychosocial services, home visits, treatment for malnourished and anemic children, and dental services. Additionally, the NECC health program offers laboratory testing and medication.

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

To avoid duplication of services and to ensure best use of scarce resources, since launching the health program, the NECC enjoys high level of cooperation and coordination with other health providers including the Ministry of Health (MoH) and other relevant organizations. The NECC health services are considered as the complementarily services for poor marginalized people.

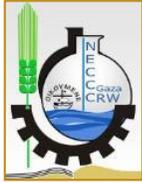
The overall objective of the NECC Health Program is to improve and to promote the health of Palestinian people, in particular women and children.

1.2 Livelihood and Economic Development (TVET Program):

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

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

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



men applying for electricity course should have completed 10 years of schooling and are between 16-23 years old.

For selecting target groups, NECC-Gaza ensures to select those who come from deprived families and have the highest needs. NECC Technical Vocational Educational Training (TVET) centres provide its services to a total of approximately 250 trainees per annum.

1.3 Psychosocial support:

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

1.4 Educational Loans:

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

1.5 Emergency Relief:

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

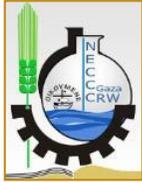
1.6 Advocacy Program:

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

1.7 Others:

❖ Community Development Program

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



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❖ Self-Help Program

The Sewing Cooperative: Graduates of the Dressmaking Center jointly operate a self-supporting, income generating cooperative producing anything from children's clothes to wedding gowns.

The Self-Help Sewing Center: Women, mostly widowed and often the sole income generators of their families, work for NECCCRW sewing pieces for internal use (uniforms, curtains ...etc.) and external distribution.

Context description (socio-political, health, economic and, environmental) - change from last year:

The political, economic and social context didn't change that much during this reporting period. Poverty, hardship condition, psychosocial problems and food shortage are still dominating the overall picture of the situation in Gaza. Therefore, 2016 is more or less a continuation of previous years. The ongoing siege imposed on the Gaza Strip since June 2006 is still contributing to the deterioration of health status and negatively affecting the provision of health services.

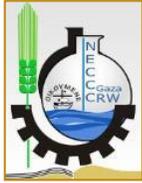
The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has repeatedly described the situation as a chronic emergency and a protracted human dignity crisis. Brave noises about internal reconciliation between Fateh and Hamas and about lifting the siege on Gaza were made but these were a vain. This has increased frustration and disappointment among people and negatively affected them.

With the ongoing conflict everywhere in the Middle East, there is donor's shift to other areas like Syria, Libya and refugees in Lebanon and Jordan. This has the ability of many NGOs to serve beneficiaries. Also, UNRWA faces shortage of resources which affects their programs targeting refugees.

The ongoing siege imposed on the Gaza Strip since June 2006 is still contributing to the deterioration of health status and negatively affecting the provision of health services. (UN Office for the Coordination of Humanitarian Affairs' **"Humanitarian Response Plan Jan-December 2016"**).

The blockade and three major escalations of hostilities in the last six years have inflicted large-scale destruction on Gaza's economy, productive assets and infrastructure. A chronic energy crisis, with power outages reaching 12-16 hours a day, also impairs service delivery, students' educational outcomes, the functioning of hospitals and medical equipment and the operation of more than 280 water and wastewater facilities.

Movement of people and goods in and out of Gaza is restricted to three crossings: Rafah crossing, Erez crossing and Kerem Shalom crossing. Rafah crossing is controlled by the Egyptian authorities and technically allows for the movement of a number of authorized



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travelers, Palestinian medical and humanitarian cases only. Erez crossing is controlled by Israeli authorities and technically allows for the movement of aid workers and limited numbers of authorized travelers, including Palestinian medical and humanitarian cases¹.

Poverty remains a continuous challenge in the Palestinian context, staying high and on the increase. This trend has resulted from unpredictable and declining economic activity, low wages, loss of employment opportunities due to the closure, reduced employment generation capacities of the public and private sectors, and restricted access to natural resources. 47.6% of Palestinians had a monthly income below the national poverty line (again with marked differences between the West Bank at 35.6% and the Gaza Strip at 67.1%). As for extreme poverty, 12.9% of Palestinians suffered from it in 2011 based on their family monthly consumption pattern with much higher rates in the Gaza Strip (21.1%) than in the West Bank (7.8%).²

The impact of the eight-year long blockade has been exacerbated by the almost continuous closure by Egypt of the Rafah passenger crossing since October 2014, confining the vast majority of the 1.8 million Palestinians to Gaza. The blockade and three major escalations of hostilities in the last six years have inflicted large-scale destruction on Gaza's economy, productive assets and infrastructure.

A chronic energy crisis, with power outages reaching 12-16 hours a day, also impairs service delivery, students' educational outcomes, the functioning of hospitals and medical equipment and the operation of more than 280 water and wastewater facilities. No major new displacement was recorded in Gaza during 2015, but an estimated 95,000 IDPs remain homeless as a result of the 2014 hostilities (the majority UNRWA registered refugees) of whom 78,000 continue to need temporary support. Although repairs to moderately-damaged homes and educational and health facilities have progressed, the rate of reconstruction of the approximately 18,000 houses that were completely destroyed or severely damaged in 2014 is very slow. (**Gaza situation report 2016**)

This UNOCHA Monthly Overview: October 2016 Humanitarian Bulletin focuses on the pervasive impact of this internal divide on the provision of municipal services across the Gaza Strip, including public hygiene, infrastructure and the environment. The combination of the divide with the blockade and restrictions on international funding to the Gaza authorities has led to a steady decline in municipal revenues and a rise in debt. Municipal staff and Ministry of Local Government employees have not been paid a full salary on a regular basis for over two years.

To illustrate just one outcome of the crisis, thousands of households are not connected to the sewage network and are forced to rely on unsafe in-house cesspits. Poverty and unemployment have driven more than a quarter of all households into food insecurity; an estimated one million people are in need of health and nutrition interventions; and 1.8 million people require some form of protection assistance.

In the first six months of 2016, members of the Mental health psychosocial support (MHPSS) Working Group in Gaza reached 63,008 children with psychosocial support and counselling

¹ Gaza Situation report, 2016.

² Palestine 2030 full report.



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services, while members of the UNICEF-led Child Protection Working Group were able to reach out to 1,542 children (**OCHA: Monthly Overview: August 2016**).

In 2015, UNRWA estimated that the Infant Mortality Rate (IMR) has increased for the first time in the last decades to around 22/1,000 live births in the GS; around 74% of them die in the first 28 days after delivery; mostly within the first 6 days of life. In 2016, a validation study was performed which confirmed the earlier study. Unlike most other countries, for more than a decade, the IMR hasn't been reduced; in fact it has increased. The under 5 years old mortality rate is around 26 per 1000 live births, the main causes of death of children were injuries, congenital anomalies and infectious diseases. Children's mortality particularly IMR is regarded as an index which reflects the overall performance of the health system, and the deteriorated socioeconomic situation. .

The under 5 years old mortality rate is around 28 per 1000 live births, the main causes of death of children were injuries, congenital anomalies and infectious diseases. Children's mortality particularly IMR is regarded as an index which reflects the overall performance of the health system, and the deteriorated socioeconomic situation.

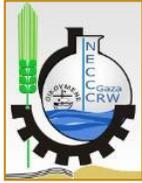
Around 70% of children aged 6-12 months suffer from anemia. Also, around 75% of Gaza children were either suffering from Vitamin A deficiencies or at the border line representing a serious public health problem. Malnutrition is not only a medical disorder; rather, it is a multi-factorial issue that has political, social and contextual dimensions. The reasons for such deteriorated nutritional status in Gaza is mainly attributed to poverty resulting from the occupation policies, poor socioeconomic situation as a result of the blockade, limited access to food, deterioration of sanitary and environmental conditions and many others. With the deterioration in the livelihood conditions, the level of malnutrition has significantly increased. (**PCBS, 2016**)

Around 225,000 children in Gaza require psychosocial support and child protection services, and over 33,000 of the most vulnerable children are in need for individual child protection case. (**Occupied Palestinian Territory: Humanitarian Needs Overview 2016, November 2015**)

The population of the Gaza Strip exceeds 2 million in 2016 which further complicated the already complicated context.

A recent population analysis study done by UNFPA shows that in 2050, the Gaza Strip population will be around 4.8 million. This implies taking serious measures to respond to the increase in the population size such as expanding services, deploying more resources and responding to the consequences of the change in demographic structure such as higher population density, over crowdedness, higher unemployment, more psychosocial stress and increasing urbanization related diseases. NECC is currently carefully studying the findings of this important study and its implications on NECC programs.

The unemployment rate in Gaza Strip was 41.7% compared with 18.3% in the West Bank in the 2nd quarter 2016. And the unemployment rate for males in Palestine was 22.1% compared with 44.7% for females in the 2nd quarter 2016 (**BPCS, 2016**).



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The continued occupation and political instability constitute a major source of anxiety for young people. In Gaza, youth reported fear of death, injury, war, and loss of work.³ At the personal level, economic hardship represents the major source of anxiety (higher among males (29%) than females (15%)), followed by labor and family-related issues. Of the compounded psychosocial vulnerabilities facing youth and adolescents, economic hardships have the greatest influence on deteriorating their psychological status.⁴

Youth linked many problems to the economic situation: domestic violence, low educational attainment, inadequate socialization, insufficient recreational activities, and dysfunctional relationships between adolescents and their parents. Lack of electricity and other basic services or infrastructure also create many stressors among youth. At school, male youth experience violence, while in the home, girls were more exposed to domestic abuse than their male peers.

The closure and repeated Israeli military operations have traumatized many people who have high levels of post-traumatic stress disorder (PTSD), with chronic symptoms including high levels of anxiety and psychosomatic reactions. Young people in the Gaza Strip suffer from PTSD and other forms of anxiety, depression, attention deficit disorder, conduct disorders, increased violence, and loss of hope, bad memories, nightmares and bed-wetting.⁵ Thus NECC has increased the number of patients seen every day and succeeded in integration the psychosocial services into primary health services.

Regarding disability, the total number of people with disability in the Gaza Strip (GS) was found to be 40379 (2.85%) of the population-excluding mental related disability. Of them, 36% are children less than 18 years. The most common physical impairments among children are motor, visual, auditory and multiple disabilities.

During 2015, UNRWA-wide data showed that 13.4% of pregnant women were classified as high risk, while 27.7% were considered alert risk. There is a consensus that for each case of mortality, 30 cases of morbidity develop. Women's morbidity hasn't been adequately studied in Palestine, therefore there are no precise estimates about morbidities associated with pregnancy. Published reports indicate that the most commonly reported health problems during pregnancy are infections (urinary tract infections and reproductive tract infections), anemia, and pregnancy-induced hypertension. Statistics show that around 20% of pregnancies are high-risk.

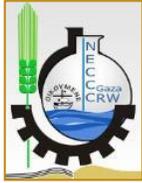
The collapse of Gaza economy led to the fact that around 80% of families in Gaza currently depend on humanitarian aid, a total of 50% of the labour force in the GS are out of work during the year 2015 which is constantly increasing. With an increasing rate, deep poverty fluctuates and ranging from 20-32% while the poverty rate is being zoomed up to around 80% as reported in some studies (**PCBS, 2016**).

This also has increased vulnerability and demand for the NECC services. Also, this confounder has affected the recovery rate of children and placed a high burden on NECC to

³ UNFPA and Higher Council for Youth and Sports, Status of Youth in Palestine, (2014).

⁴ Source: Abu-Hamad, B., Jones, N., Bayoumi, N. Al, & Samuels, F. Mental health and psychosocial service provision for adolescent girls in post conflict settings: The case of the Gaza Strip, Gaza, 2015

⁵ "Ministry of Health, Health Sector Strategic Plan: Gaza Governorates 2014-2018, (Palestine, 2014).



counter the effect of these problems on the health condition of children.

2. Major Activities, Achievements and Analysis Of NECC Programs:

2.1 HEALTH PROGRAM

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

The NECC’s health program offers a comprehensive package of health services, with a particular focus on primary health care services. The bundle of the provided services include essential maternal and child health (MCH) services such as antenatal care (ANC), postnatal care, health education, family planning, well-baby care, psychosocial services, home visits, treatment for malnourished children, and dental services. Additionally, the NECC health program offers laboratory testing and medication.

The overall objective of the Gaza Community Health Program is to improve and to promote the health of Palestinian people, in particular women and children. Additionally, the program has the following specific objectives:

To reduce the prevalence of malnutrition and anemia among children under 5 years through a targeted nutritional program.

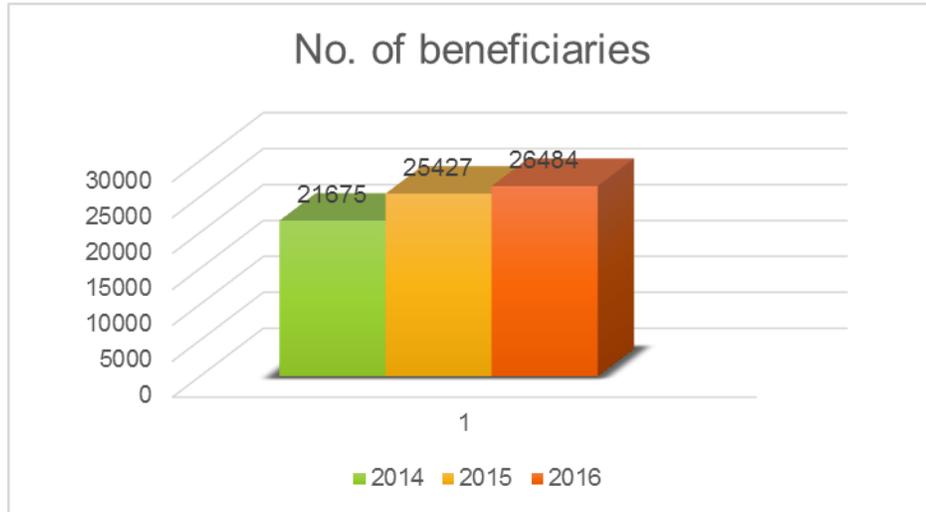
To contribute to promoting the psychosocial well-being of the Palestinian population through support to traumatized patients/persons particularly women and children. During this reporting year, the three clinics offer health services to about **26,484** beneficiaries, including 11506 families in the three marginalized areas.

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

By age	Above 18 years		Less 18 years		Total
By gender	M	F	M	F	26,484
No of beneficiaries	1154	7047	9093	9190	
Total	8,201		18,283		



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



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

2.1.1. ANTE NATAL CARE (ANC)

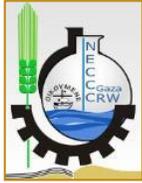
Indicators: At least 90% of pregnant women in targeted localities receive timely ANC of at least four visits, and at least 70% of women in targeted localities receive timely quality postnatal care at least twice

As the NECC health program log frame, this outcome will be achieved by providing pregnant women with at least four timely ANC visits, offering timely and quality postnatal care, and improving women's overall knowledge of nutrition, ANC, natal care, and postnatal care. ANC care provides incredibly important opportunities for pregnant women with a wide range of interventions including treatment, education, counselling, screening, and promoting the well-being of the mother and fetus. ANC is effective when sought early, and when followed with quality care that continues until delivery.

The NECC three health centers adopted the MOH-ANC protocols for follow up visits. These protocols are in line with the WHO protocols. According to the ANC protocol, each pregnant women may have ANC

No. of high risk pregnant women during 2016 in NECC clinics was **205** cases (13.15% of all new pregnant women)





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visits on the following schedule: (1) every month, from the first through the end of the sixth month of pregnancy (the first 28 weeks), (2) every three weeks in the seventh and eighth months (from week 28 to week 36), and (3) every week in the ninth month (from week 36 until birth). The schedule of ANC visits enables the three NECC centers to offer a continuum of care that is accessible and of high quality.

It is worth noting that most pregnant women commenced receiving ANC in the first trimester and during the reporting period **84.95%** of pregnant women have received ANC sessions within the first 12 weeks of pregnancy. The newly registered pregnant women was **2160** distributed as following: **865** in Shijaia, **693** in Darraj and **602** in Rafah with total of **2915** pregnant women who were already registered and followed up during the reporting period. (1850 new pregnant in 2015 with total number of 2434 pregnant women). Among the new pregnant women in 2016, 694 were primigravida.



The total antenatal care visits have been reached 18,596 visits (14985 ANC visits during 2015) as the pregnant woman should follow up monthly during her pregnancy. Accordingly **98.8%** of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy, the anticipated goal is at least **95%** of pregnant women should have at least timely four ANC visits.

It is worth noting that, there is an increase of ANC beneficiaries compared to 2015 and this could be correlated to the high needs to reproductive health in Gaza. Also there is no registration of maternal mortality at NECC health clinics during this period, which revealed the high quality of care.

The referred cases of pregnant women during the reporting period was 83 complicated pregnant women who referred to hospitals. For anemic pregnant women, NECC provides to them iron and folic acid supplements, during this reporting period, 1497 were anemic (73%), and 1823 of pregnant women have received folic acid through the first three months of pregnancy. However, during this reporting period, there was no maternal mortality registered.



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NECC is planning for the coming years to start, in partnership with EME, working on preconception care and to promote the ANC program in terms of supporting anemic pregnant women, high risk pregnancy, continuum of care and referral. Reduce of congenital malformation. Also NECC is looking forward more focus on attitude, knowledge and practice of the pregnant women before, during and after pregnancies.

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

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

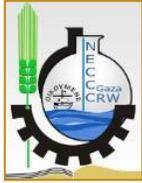
During 2016, the % of women received US service 3 times or more during their pregnancy period reached 83.5% while the total numbers of US scans were 5765

2.1.2. POST NATAL CARE (PNC)

Postnatal care is the core medical care that every healthy woman and healthy baby should be offered during the first 6-8 weeks after the birth. In the Gaza Strip, postnatal health care has been a neglected aspect of women's health care, in which the main health providers UNRWA and the MoH do not offer systematic postnatal care services. Currently, UNRWA health centres conduct postnatal care in the first week after delivery when newly delivered women visit a health center to immunize their babies. This is also the case in the MoH centers. Both the MoH and UNRWA conduct home visits only in high-risk cases.

The postnatal care provided by the NECC health program is among few systematic, well-organized postnatal care services in the Gaza Strip that includes home visits to all newly delivered women. In brief, the NECC postnatal services targets all delivered women who attended ANC services in the three health centers through providing home visits. Ideally, the first home visits should be within the first 72 hours, the second home visits will be within 7 days after delivery; and the third one will be within the 42 days after delivery. During home visits, the health professionals, mostly midwives, conduct physical examinations including a uterine and abdominal examination, checking blood pressure and assessing breastfeeding practices. With regard to newborn care, health professionals check the umbilical cord, conduct a physical examination, and check for any health problems. In terms of visiting the NECC centers, during the home visits, NECC health professionals advise women to come to the





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center and register their babies in the well-baby clinic, preferably within 30 days after delivery.

According to the program log frame, at least 70% of women in targeted localities receive timely postnatal care. So this indicator along the lines of ANC services has been achieved and the percentage of women who had postnatal care outweighed the desirable 81%. All women who follow up for antenatal care at NECC family health care centers during pregnancy used to receive PNC three times, two at home and third one either at home after delivery by NECC staff, or could be at the center. During the postnatal visits, the midwife/nurse provide psychosocial support services to mothers, provide health awareness sessions pertaining to postnatal period such as breastfeeding, family planning, nutrition, baby care, danger signs and hygiene, provide appropriate supplementation to women as needed such as Iron/Folic acid to anemic and even normal deliveries according to national protocol for 3 months, refer the severe or cases with complications. Additionally they check the baby's weight and perform umbilical dressing. Also they filled a questionnaire about both mother and baby.



NECC during 2016 continue the promoting of PNC project with support from UNICEF, NECC signed an agreement with UNICEF starting in 10th April 2016 and ending in 9th April 2017. The overall objective of the project is to contribute to reduce the morbidity of the targeted pregnant women and mothers and neonates/children at the postnatal period in addition to screen and manage children under 5 for MAM⁶ and SAM⁷. The project aimed to increase coverage of PNC services for registered women at the postnatal period. The project started in April with higher coverage including Shijaia area in addition to Darraj and Rafah.

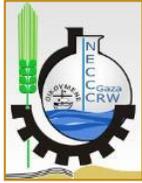
The project is aiming to increase coverage of PNC services for registered women at the postnatal period to reach 1200 women and their babies per year in all areas through appropriate assessment, care provision, counseling and health education to safely pass the critical postnatal period.

The NECC postnatal program involves conducting home visits to all newly delivered women, mostly in the first six days after delivery. Contrary to the NECC postnatal program, UNRWA and MOH postnatal programs involve visiting only defaulters and high-risk pregnancy cases.

Regarding the post natal visits, the total number of deliveries during 2016 in the three localities who were registered in ANC was **1759**. NECC succeeded to provide **4560** PNC

⁶ MAM: Moderate Acute Malnutrition.

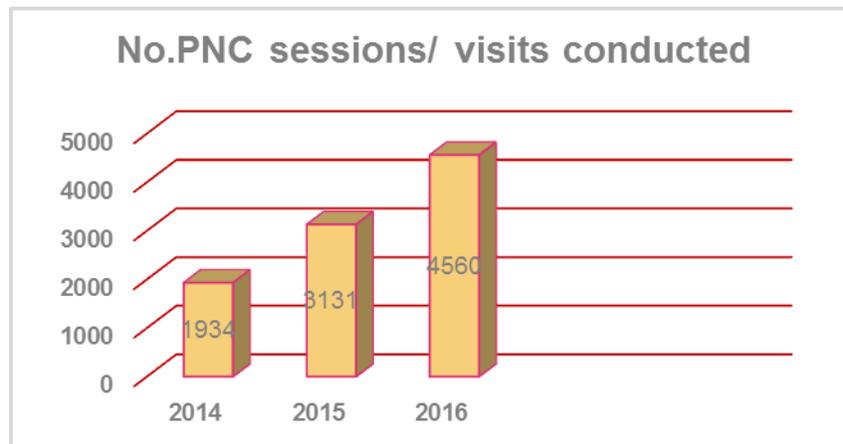
⁷ SAM: Severe Acute Malnutrition.



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sessions/visits in three served localities (was 3131 in 2015, 1934 in 2014) .The total number of PNC sessions/visits were 4560; 3084 at home and 1476 at the health center.

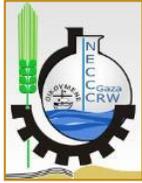
Figure (2) below shows the comparison of number of PNC sessions/visits were conducted among the previous three years:



NECC succeeded to achieve the main goal of this project by increasing the coverage of PNC services at the three served areas to reach 1759 (planned: 1200) and to provide high quality of PNC package of services either to mothers or newborns.

Also 80% of mothers (1407 mothers out of 1759) passed 6 weeks after delivery without complication while 9.6% of children (186 children out of 1737) during 6 weeks of their born had specific medical conditions and received appropriate treatment and recovered. Also one of the main objectives to enhance the exclusive breastfeeding, the percentage of children who are exclusively breastfed during the 6 weeks after delivery was 75.6%. Regarding the psychosocial support provided during postpartum period, NECC team assess all the mothers after delivery using Edinburgh scale, any mother discovered to be abnormal is assessed using PHQ for depression and GAD-7 for anxiety. During this reporting period 1187 mothers were screened by Edinburgh scale during the postpartum period, distributed as following: 647 in Shijaia, 647mothers in Darraj and 373 in Rafah, among them 111 were abnormal suffering of depression or anxiety and received PSS from NECC psychosocial counselors. Actually NECC has inside each health center a female counselor in addition to the trained health staff on mental health disorders and psychological support.

NECC will continue provision of PNC to all mothers and babies in the three targeted areas with more focus on the new issues which NECC learned through the current project cycle with UNICEF such as danger signs for neonates, health education on newborn care and



family Planning tools: Advantages, and disadvantages, anemia among deliveries, health promotion on neonatal care, Additionally NECC still used an android program for home visits/outreach activities especially postnatal care for accurate date and saving information .

2.1.3. FAMILY PLANNING SERVICES (FP)

High fertility rates are associated with poverty, increased rates of infant and under-five child mortality, reduced female labor force participation, and low school enrollment for children. In order to achieve the above outcomes. The NECC family planning clinics offer free family planning methods and counseling. Family planning services at NECC were launched at family health care center in Darraj in 1995 upon the request of the local community. In 2002, family planning services were extended to Family Health Care Centre in Shijaia and in 2014 the family planning program was run in Rafah, this was upon the community needs and request. A female gynecologist and staff nurse run the family planning clinics inside each one of the three health care centers. The family planning methods which are commonly used are: intrauterine devices (IUDs), pills, injections and male condoms.



The women have a good discussion with the gynecologist in order to select the best and safe method of contraception after the medical examination and sometimes they need to discuss with their husbands and come back with the decision of both of them.

During 2016, the number of new acceptors was 405 (319 in 2015, 233 in 2014). Beneficiaries of Family Planning and visits disaggregated per area are shown in **table (3) below**.

Center area	No of beneficiaries	FP Visits
Shijaia	536	1801
Darraj	638	2432
Rafah	145	323
Total	1319	4556

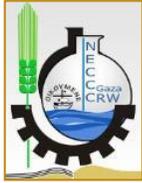
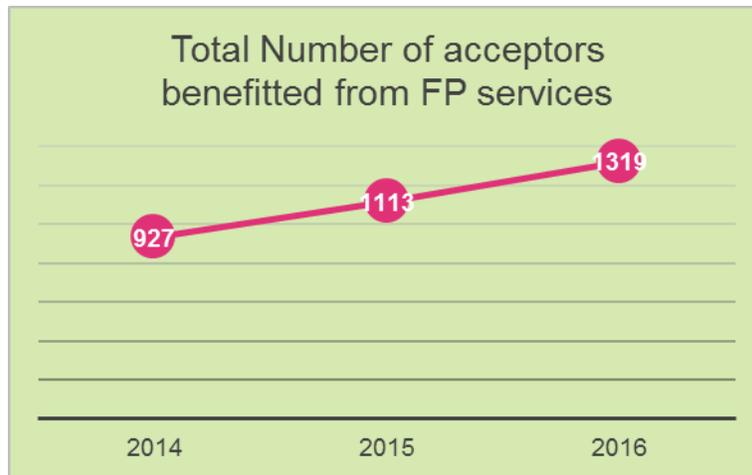


Table (4) below shows the distribution of acceptors of contraceptives disaggregated per locality and year of reporting:

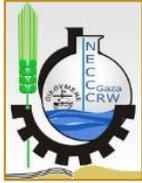
Center area	2014	2015	2016
Shijaia	441	461	536
Darraaj	452	546	638
Rafah	34	106	145
Total	927	1113	1319

It was noticed an increase in number of beneficiaries from FP services among the last three years as in the following **figure (3)**:



The **table (5)** below showed the distribution of Acceptors by Type of Contraceptive in NECC Family Planning clinics by locality:

Center	Pills	IUD	Male condom	Emergency pills
Shijaia	761	48	748	-
Darraaj	1266	61	899	-
Rafah	136	16	1180	-



The most used tool was the pills in the three localities with male condoms ranked second and IUD third.

However NECC had faced a problem during 2015 and it continued to 2016 due to not receiving any FP tools from UNFPA through MOH as usual. This happened due to shortage of quantity received by MOH from UNFPA, so the quantity is enough to cover just MOH primary health care centers activities. Accordingly NECC was obliged to procure the available tools from the local market even this was not planned.

2.1.4. WELL BABY PROGRAM (WB)

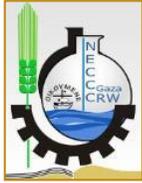
Well-baby services are integral part of NECC health program designed to provide health care for children 0-6 years. Children received quality well-baby services according to the Palestinian protocols. The rhythm of visits is inversely correlates with age, were younger children are being visited more frequently. At well-baby visits, children anthropometric measurement, weight and height are measured and also their haemoglobin level is being assessed. The general condition of children is also assessed. Children showing delay in growth and development in reference to the standard growth milestones are recognized and enrolled in treatment programs. Health education is also provided and the mother and they receive instructions about the subsequent follow up visits. Mothers who don't adhere to the follow up program are contacted and encouraged to follow up regularly.



The aim of well- baby program is to contribute to the promotion of child health through early detection of abnormalities in growth and development particularly in nutritional parameters, reducing the prevalence of malnutrition and anemia among children in the vulnerable areas of the Gaza Strip served by the NECC clinics; thus reducing mortality and morbidity resulted from nutritional deficiencies and their co-morbidities among children under 6 years. The

program has been designed to strengthen the provision of high quality well-baby services at the NECC primary health care premises. Quality well-baby services are important to monitor and promote child health status particularly in monitoring any growth deviation from the normal milestones allowing for early detection and early intervention. Well-baby services to children under 6 years old are important as these services are provided at a critical age in the human life cycle where most of body and mind functions develop. Most health providers in Gaza link well-baby services to





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immunization services and usually after the completion of the immunization schedule well-baby services are practically not provided. Therefore, the demand for high quality well-baby services in Gaza is high. During the screening activity, children weight, height and haemoglobin are assessed in reference to the standard measurements. Children with below -2 Z-score are regarded as malnourished and therefore join the treatment program. Also, anaemic children with haemoglobin level below 11 are enrolled in the treatment program. Briefly, the treatment program includes identifying the underlying causes of malnutrition and anaemia, treating infections and worm infestations, giving iron supplementation, providing instructions about malnutrition and anaemia, monitoring the change in growth measurement, provision of therapeutic formulas and if needed referral services for cases that don't respond to treatment. Typically, the treatment program of anaemic children consumes around 3 months and for the malnourished children it consumes around 4 months.

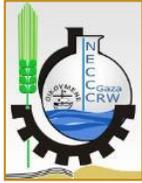
NECC rigorous monitoring system played a vital role in ensuring that the activities of the project are implemented according to the work schedule. In 2016, the project has achieved the following.

Screening **12,740** children who attended the well-baby service delivery points in accordance with the national protocols (Annual target is 10,000). This year, the number of children screened is higher than the last year by around 500 children and higher than the anticipated target by 27% which reflects the need and the relevancy of the well-baby program as well as the community acceptance and compliance with well-baby services schedule. Similar to the previous year, Shajaia Clinic ranked first in term of the number of children seen at the well-baby services (5722), followed by Darraj (4018) and Rafah (3000). It is noticed that the number of children screened in Darraj and Rafah has increased in 2016.

In total, **33424** well-baby follow up visits were performed which is much higher than the anticipated target of providing 20,000 well-baby sessions by 67% (past year number was 29,152). In comparison to the previous reporting year, the number of well-baby visits performed this reporting year is higher by 21%. During this reporting period, 4369 new children were assessed at the well-baby service delivery points. Shajaia received the highest number of new children at the well-baby service delivery points (1773) followed by Darraj (1373) and Rafah (1223).

The total number of those examined and found abnormal and enrolled in treatment programs is **1808**, much higher than the last year figure (1391) with an increase by 30%. The analysis of data in the past three years shows that with the increase in the number of children screened at the well-baby services, the number of children discovered as malnourished and therefore enrolled in the program increases.

The percentage of malnutrition among the attendants of the well-baby visits was **14.3%** in Shajaia area while it was **10.3%** in Darraj area; the prevalence in Rafah was **12%**. The reported prevalence rates are similar to the last year figures in the three areas reflecting the



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status quo in the context. It is noticed that that malnutrition is more common in areas with bad socioeconomic conditions such as Shajaia especially among non-refugees-refugees receive food rations from UNRWA. The prevalence of anaemia was similar to the reported figures in the previous reporting year as it ranged from **18.6%** in Shajaia to **28.2%** in Darraj (in Rafah, **17.2%**). Fortunately, the reported increase in the prevalence of anaemia in Darraj and Rafah has already controlled and rates reported this year have decreased.

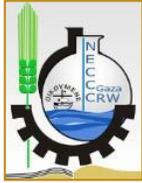
Table (6): The percentage of malnutrition and Anemia among the attended Well Baby Visits

Year	Anemia			Malnutrition		
	2014	2015	2016	2014	2015	2016
Shijaia	28.8	18.27	18.6	16.3	14.78	14.3
Darraj	24.6	31.74	28.2	9.7	9.8	10.3
Rafah	15.9	20.93	17.2	13.9	15.08	12

- **75.4%** of children diagnosed as anaemic at the well-baby services recovered and returned to normal at within 90 days of their involvement in the treatment program. Others improved (8%) but didn't return to normal within the provided time frame. The target of the project is to have 50% recovery or improvement rates.
- **85.2%** of wasted children recovered and returned to normal within 120 days of their involvement in the project.
- **73.2%** of children diagnosed as underweighted children are recovered and returned to normal within 120 days of their involvement in the treatment program. Others improved (7.5%) but didn't return to normal within the provided time frame.
- **55.1%** of children with stunting recovered and returned to normal within the recommended 120 days.

11735 caregivers were exposed to health education sessions, received health education materials and practice healthy nutrition and hygienic behaviours -the last year figure was 3111. The mostly commonly delivered health education method was lecture (345 ones). As verified through the pre-test post-test measurements, change in the level of knowledge about malnutrition, anaemia, appropriate nutritional practices among the attendants of the health education session. Also the change in the epidemiology and disease pattern such as infections, **345** focused health education sessions were provided to the mothers in the form of lectures. Also, **355** counselling sessions were provided to specific cases which required individual sessions. Pamphlets and educational materials were also disseminated to beneficiaries and explained to them

During this reporting period, **25,183** SMS were sent routinely to clients (last year figure was 17302, and the figure in 2014 was 12,457) which were effective and well-perceived by them



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in addition to 9235 SMS that were sent to bring back defaulters; last year figure was 6537, in 2014, 4382 SMS were sent)-in total 34,418. The use of SMS has contributed to the reduction of the number of defaulters. The increase in the number of SMS messages could be attributed to the increase in the number of served children.

10899 laboratory tests were conducted during the well-baby visits-the last year figure is 12704, and in 2014 it was 8051. This reporting year (2016), the most frequently conducted test is haemoglobin level 7343 and complete Blood count 1442, due to the widely spread anaemia, in 2015, 10674 blood tests were performed and in 2014 around 5000 tests were performed.

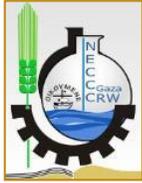
4937 children have been provided with needed medications, supplementation and received (15396) bottles of medications. In addition to those who joined a treatment program inside NECC premises.

156 were referred to other facilities for more advanced management at hospitals or diagnostic centres. The vast majority of the referred children were referred to MOH hospitals and for the Thalassemia centre to undergo further advanced investigations.

Table (7): Total quantities of supplements provided to children less than 5 years during 2016:

Grand Total	
Iron	12831
Vitamin A&D	1159

NECC signed with International medical corps **IMC** an agreement in November 2016 of a project "Promoting nutritional status of vulnerable children under 5 years in Rafah area."Funded by USAID for 12 months .This project aims to combat malnutrition and anemia through appropriate screening at the community level, early identification and interventions. The nutritional related problems especially anemia, the proposed project is a practical and effective response to both chronic and the newly emerged nutrition problems in Rafah. It provides comprehensive approach that combines active community level screening, identification of cases, provision of health education, and individual counselling as needed, the primary target of the project is children under 5 with the inclusion of children with disabilities. Around 2500 children will be screened from the neighborhoods of Kherbet Al Adas which is a rural and very deprived area. Refugees, non-refugees and Bedouin are living in the area. We are heading to visit around 3000 houses and to do the screening for all the children below 5 years old in these areas. In addition, we will screen all the children below 5 year old who are registered at Al-Amal society for Rehabilitation. The organization is well-



known in serving children with disabilities from the south. The organization serves all types of disabilities.

2.1.5. DENTAL CLINIC (FIXED AND MOBILE)

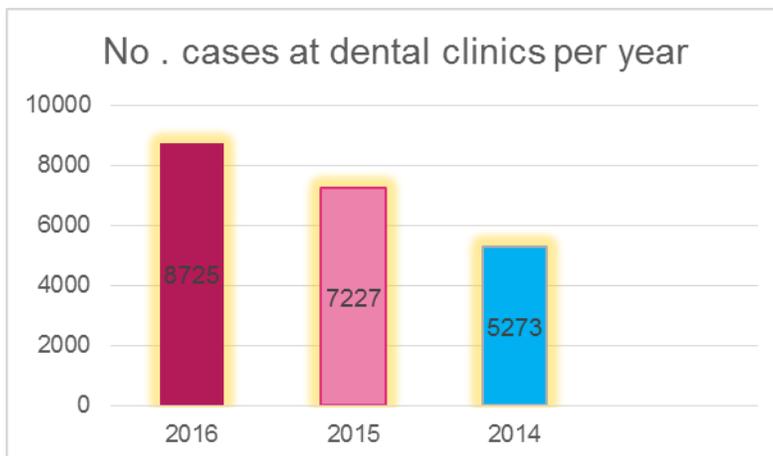
All clinics of NECC Gaza are equipped with fixed dental units that provide routine dental services – such as check-up, filling, extraction, scaling 4 days a week. During 2016, **8725** patients (target 4000) were examined by a dentist at the clinics distributed as following: **3574** in Shijaia, **2860** in Darraj and **2291** in Rafah, also **2061** children were screened during well baby program (target 700 child per year), **1996** pregnant women were screened during antenatal care for their dental care (target 1200 pregnant women per year).



The routine checkups and the dental services provided for adults is success for the NECC health program, further demonstrating the importance of this service and the fact that NECC health program is the only program offering systematically organized free of charge routine checkup for Palestinian people, so NECC Conducted 2 days of dental examination and screening during this period, through **NECC Mobile Dental Clinic** 45 female TVET students and 20 new Male TVET students from new career profession (refrigeration and air conditioning).



Figure (4) below shows the number of cases at dental clinics per year.



No of referred cases from dental clinics during 2016 were 415 cases.

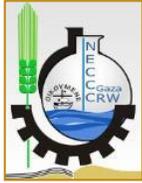


Table (8): Yearly distribution of the dental activities

Item	2014	2015	2016
No. of patients examined by dentist	6648	8124	8725
No. of children screened on well baby days	817	1740	2061
No .of pregnant women screened	1173	1946	1996

It is noticed an increase in all dental clinic beneficiaries compared to the previous years as shown in the above table due to existence of good quality services provided and very low costs paid for these dental services, as most of the services provided are for free, just the client have to pay for the prescription to see the dentist minimal fees.

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

District	No. of Visits	Treatment	Composite Fillings	Amalgam Fillings	Teeth extractions	Teeth scaling	Follow up visit
Shijaia	3574	1617	48	742	264	162	967
Darraj	2860	1680	31	676	346	51	578
Rafah	2291	1325	30	407	293	116	401

2.1.6. GENERAL CLINIC/MEDICAL EXAMINATION

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

Achieved in the reporting period:

The number of patients above 6 years old as cases examined by doctors has been reached **11096 cases** including those attended dermatology clinic.





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Below the table shows the distribution of all clients who were examined by doctors and received treatment by category and center during 2016 (the table mention number of visits not cases, it means that the patient may receive the service more than once during the year).

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

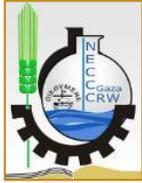
Target group	Shijaia	Darraj	Rafah	Total
Less than 6years old	16443	15044	10171	41658
Pregnant women	4119	2768	2269	9156
Above 6 years old	2972	2428	2409	7809
Dermatology clinic	4110	2082	2153	8345
Total	27644	22322	17002	66968



It is obvious that above mentioned table illustrates high increase in number of beneficiaries compared to previous years, which is correlated to several factors: high demand and needs, destruction of the closest governmental clinic in Shijaia, acute shortage of medication at MOH facilities and to provision of a new health service at NECC centers; Dermatology clinics. During 2016, NECC provided dermatology clinic services to a total of **8345** patients.

2.1.7. HEALTH EDUCATION

Health education is an investment that has long-term positive impacts. The effect of health education is generally positive and sustainable. Through health education, community people including women and children become more aware of healthy nutritional habits and practices. The impact of adopting appropriate nutritional behaviors is long-term sustainable investment that will have long positive impacts.



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Families who maintain healthy nutritional behaviors will have a better chance to have healthy and productive life. The change in knowledge and practices will sustain long and can be transferred across generations. Awareness is an important component of health promotions and contributes to strengthening communities' abilities to demand and support appropriate practices. Enabling communities to discover and seek appropriate care is a sustainable approach. Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes and behaviors. Health education is a tool of health promotion: the two should not be separate.



NECC staff will conduct health education sessions for women attending family health care centers.

To promote healthy practices, health education was provided to families particularly to caregivers. Health education is provided based on the needs of families.

Achieved in this reporting period: NECC continued to intensify its efforts in health education and in increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment, etc... The total number of health education activities provided to all categories was **1540** for **36,517** participants; they received group sessions, demonstrations, counseling, awareness games...

Sessions were provided at the health centers and occasionally in local community based organizations e.g. kindergartens. Participants included pregnant women, mothers, grandmothers and influential family members. Also health education materials were distributed either inside the centers or at home visits.

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

NECC has used a new technique as a part of health education activities using smart screen for educational films, 3 smart screens were used through conducting these films about breastfeeding, early marriage; antenatal care. The activity was appreciated by the beneficiaries.

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



- Respiratory system diseases are dropped from **24.8% to 11.8% (Reduced by 52%)** among patients at general clinics. This gives clear evidence about the effectiveness of the health education provided at NECC.
- NECC database documents that **11735** caregivers had received health education about nutrition, hygiene and sanitary measures. As verified through the pre-test post-test measurements, change in the level of knowledge about malnutrition, anaemia, appropriate nutritional practices among the attendants of the health education session. Also the change in the epidemiology and disease pattern such as infections
- A noticeable increase in the prevalence of skin diseases from **34.55% in 2015 to 35.42%** among patients at general clinics. This could be explained by provision of dermatology clinic services at NECC health centers that started in March 2015 and accordingly caused an increase in number of patients seen by the dermatologist in addition to the high prevalence of skin diseases among Palestinians due to most recent war effects.

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

Item	Shijaia	Darraj	Rafah
Demonstration	62	58	6
Health education	646	251	159
Counseling	40	38	17
Awareness Activities	106	91	66
Total	854	438	248

2.1.8. HOME VISITS

Home visits are a part of health services provided by NECC to the community either for PNC, bringing defaulters and special cases. During 2016 approximately 3840 home visits (3166 in 2015) were conducted by NECC to beneficiaries inside their houses.



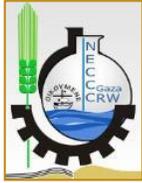


Table (12): Distribution of home visits conducted through 2016

Type of home visit	Shijaia	Darraj	Rafah	Total
Deliveries home visits				1170 1228 1017 3415
Expected deliveries				114 32 28 174
Defaulters				90 53 69 212
Abortion cases				21 8 2 31
Anemic children or referred cases				2 1 5 8
Total Number of visits				1397 1322 1121 3840

Community Workers Training Courses

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



Community training is provided at three served communities; Darraj, Shijaia and Rafah to up to 40 female trainees per year divided into two groups. Each group receives training for 4 months, 3 days per week, 4 hours per training day. The lectures are about health, social and psychosocial issues. Also they are trained about how to give a session for a group of women even about health, social or psychosocial issues. A first aid course also provided to the students with cooperation of MOH trainers. Most trainers are from NECC staff and other relevant NGO's as ATFALUNA, PCHR, etc...

2.1.9. REFERRAL SYSTEM

One of the success factors for NECC health program was the coordination and the integration with the relevant health providers such as the MOH hospitals, Thalassemia



association and AEI which provided back up referral sites. NECC referred 241 cases to relevant sites as needed during this year.

Table (13): Referral sites during 2016

Referral system	Shijaia	Darraj	Rafah	Total
Thalassemia center	22	20	17	59
MOH or other hospitals	100	52	18	170
MOH clinics	6	6	-	12
Total	128	78	35	241

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

2.1.10. LABORATORY SERVICES

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

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

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

Achieved in this reporting period:





The number of laboratory tests performed in the year 2016 have reached **28919** (Last year 2015 figure was **26574** lab tests) distributed as Shijaia **11968**; Darraj **10989** and Rafah **5962**. Unlike other health organizations in Gaza, the available strategic storage of laboratory kits needed for the lab services helped NECC to continue the provision of the needed lab services despite the closure.

Table (14): Distribution of lab tests

Type Of Lab Tests	Shijaia	Darraj	Rafah	Total
Blood tests	5353	5441	2754	13548
Urine	5405	4317	2634	12356
Stool	1003	1188	559	2750
Pregnancy Test (Urine Sample)	207	43	15	265
Total	11968	10989	5962	28919

Accuracy of tests:

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

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

2.1.11. PHARMACY SERVICES

NECC offers preventive and curative services free of charge, with a focus on mother and child health care and education towards health and environmental awareness (hygiene, vaccination, etc.). Accordingly, there is a small pharmacy operated by an Assistant Pharmacist at each of three clinics with a number of medicines (approximately 120 items), complying with WHO standards and approved by the NECC medical sub-committee. The main lists of the medications include those needed for pregnant women and children as Iron supplements, multivitamins, antibiotics, anti-allergic, skin ointments and creams, antifungal



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oral gel , ovules and vaginal creams, antipyretic, anti-cough, analgesics, anti-helminthes, etc....

Only prescriptions of the clinic medical doctors are dispensed to the patients of the particular center. Medicines are mostly made and supplied directly by pharmaceutical companies in the West Bank and Gaza. Stocks are replenished from the main “warehouse” under the supervision of a pharmacist twice a month while the balance of medicines at each clinic covers a period of six weeks and the balance of medicines at the main store covers 12 months as the replenishment of dispensed medications replenished every 6 months through tenders.

Some items were thankfully donated in kind by ANERA during 2016 and some items from MOH (Iron supplements for children that was already donated to MOH from UNICEF),

In addition to nutritional

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

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



NECC purchased medication during Dec 2016 through support from UPA.

UPA thankfully agreed to support NECC in terms of purchasing medication and a new proposal will be submitted for the year 2016 too.

As revealed by the satisfaction assessments conducted routinely, the patients were very satisfied with the services and the availability of medicines at the dispensary especially that other health facilities encountered shortages in great number of medicines most of the time of the year due to the siege and embargo imposed by Israel.

During 2016 the number of prescriptions dispensed to patients reached 70,166 in the three localities (last year 2015 figure was 63,592 prescriptions).

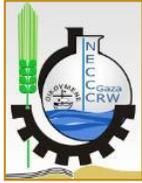
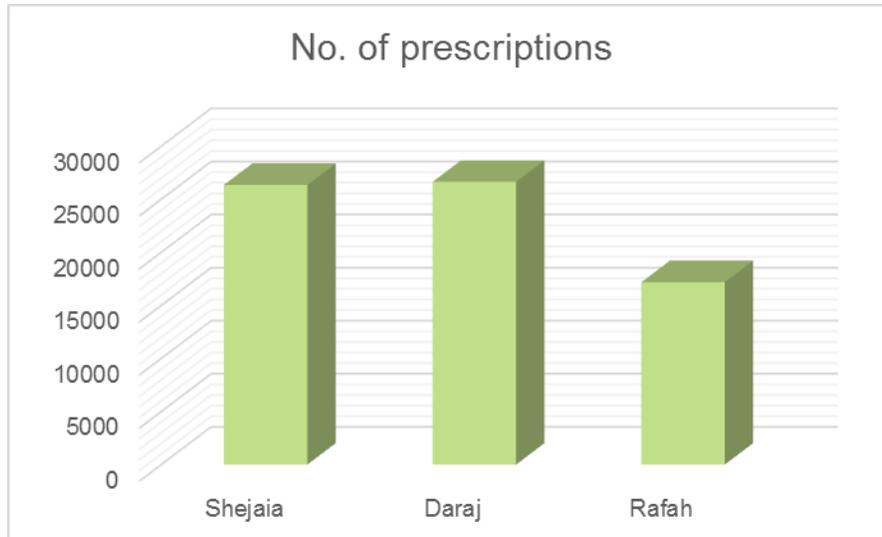


Figure (5) No. of Prescriptions dispensed



During this reporting period, 35,309 SMS were sent to clients which were effective and well-perceived by them in addition to 10,253 SMS that were sent to bring back defaulters (in total 45,562). The use of SMS has contributed to the reduction of the number of defaulters.

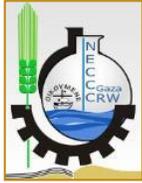
2.2 PSYCHOSOCIAL SUPPORT PROGRAM (PSS)

Strategic objective 2: To promote the psychosocial status of the served community particularly women and children.

2.2.1 NECC ONGOING PSYCHOSOCIAL SUPPORT PROGRAM

As a part of NECC responsiveness to the community needs, immediately after the Israeli Operation Cast Lead on Gaza, in 2009 NECC has introduced the psychosocial support services into its health and vocational training programs. The program aims to alleviate the suffering of the Palestinian population including children, women, VTC's students and the NECC staff themselves. The NECC psychosocial support program provides individual counselling, group counselling, psych education sessions, consultations. The higher level change achieved through the integration of psychosocial support program into primary health program, screening and detecting all





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clients who attended NECC clinics for any psychological problems, and manage these problems. The program which started in 2009 continues to operate providing services to thousands of children and women who are psychosocially vulnerable. Women gain much confidence on themselves and learned how to deal positively with and to control their daily stressors. With regards to Psycho-Social Support (PSS), the psychosocial component of NECC health program is consistent with the NECC mission, strategies, and objectives, around 225,000 children in Gaza require psychosocial support and child protection services, and over 33,000 of the most vulnerable children are in need of individual child protection case management (Source: OCHA: 2016 Humanitarian Needs Overview for the occupied Palestinian territory). Gaza has endured multiple losses – what are called multi-traumatic losses. Accordingly, there is a widespread sense of hopelessness and powerlessness. The long-term, continuous stress experienced by many Gazans has resulted in a growing plethora of psychological difficulties. To respond, NECC developed the psychosocial support program through the integration of mental health into primary health care and additional indicators for adherence to child protection policies and code of conduct were used, as well as indicators relevant to national and local priorities. NECC health staff screened and identified patients with mental health problems who are attending the health centres, in order to provide them with needed support and services, and to refer the severe cases to relevant external organizations.

The psychosocial aspect of this program includes maintaining the database, indicators, and reports which adds a significant value to the psychosocial support program in terms of accurate data and statistics, saving time and efforts.

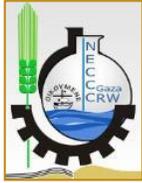
2.2.2 PREVENTIVE SERVICES

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

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

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

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



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

Table (15): The main interventions in terms of preventive services

<i>School children (6-15) years</i>	<i>Problem solving approach</i>
<i>Kindergarten children served through cognitive behavioral therapy</i>	<i>CBI for kindergartens children that suit the age of those children: expression through drawing, storytelling, coloring, playing.</i>
<i>VTC Students</i>	<i>CBI and psychosocial sessions for VTC's students.</i>
<i>Children of both age groups and VTC Students</i>	<i>Open fun days and Recreational trips.</i>

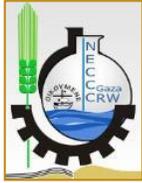
2.2.3 COUNSELLING SERVICES

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

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

Table (16): *Counseling services include:*

<i>Service</i>	<i>Details</i>
<i>Individual Counseling</i>	<i>Individual counseling and/or consultations provided to the affected women/mothers.</i>
<i>Group Counseling</i>	<i>Group counseling provided to the women with psychosocial problems and following traumatic events.</i>
<i>Family Counseling</i>	<i>Family counseling for childhood behavioral and emotional problems. The mother is counseled individually or with the child. Also includes parent training for dealing with behavioral problems in children.</i>
<i>Psychosocial</i>	<i>Mothers/women receive the consultation for the psychosocial problems related to the mothers/women themselves. Such as</i>



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consultations	<i>maltreatment of husband or the mother in law - severe emotional and behavioral towards their children due to the hard life, or if they have low experience on dealing with Psychological problems of their children such as: Bedwetting aggressive behavior, sucking fingers, fear feelings, low school performance, jealousy, stubborn, nervousness, convergence.</i>
Home visits	<i>Home visits for specific cases: Women and children with psychosocial problems that have not improved in counseling, or did not report on their appointments are visited at home to evaluate the social conditions and promote their coping and social support.</i>
Referral	<i>Referral of more complicated and severe cases to the specialized institutions as GCMHP. For cases that require medical or specialized treatment, the NECC program refers cases to the MoH mental health centers and to Gaza Community Mental Health Program.</i>

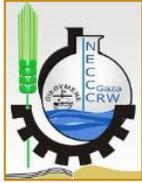
2.2.4 MONITORING AND OUTCOME ASSESSMENT

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

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

Monitoring system for psychosocial program:

- ▶ *The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of*



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psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (**SDQ**⁸) for children and parents, (**PHQ**⁹) and (**GAD7**¹⁰) for PHC screened cases, (**CRIES-8**¹¹) for PTSD children cases and (**PCL**) for PTSD¹² adults (**Edinburgh scale**) for post natal depression cases.

- ▶ NECC staff still screened and detected PHC patients with mental health problems and are assessed by the doctor and followed up in the center by the nurse and counselor and referred the severe cases to relevant organizations.

Table (17): The main psychosocial support program achievements

Activities and target groups	Number of individuals reached 2016	Number of individuals reached 2015	Number of individuals reached 2014
School children (6-15) years targeted through attending clinics for problem solving approach	960 children	786 children	641 children
Kindergarten children serve through cognitive behavioral therapy	1055 children	1365 children	1164 children
Individual counselling for school children	65 children	65 children	66 children
Individual counselling for women /mothers	197 women/mothers	171 women/mother	176 women/mothers
Family counselling for mothers with children suffer from		75 mothers	Not existed

⁸SDQ: strength and development questionnaire.

⁹PHQ: patient health questionnaire.

¹⁰GAD: Generalized anxiety disorder.

¹¹CRIES-8: Children impact of Event scale.

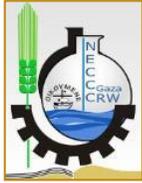
¹²PTSD: Post traumatic stress disorders.



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psychological disorders	162 mothers		
Psycho education sessions for PHC beneficiaries	151 sessions for 3706 women/mothers	171 sessions for 3956 women/mothers	248 sessions for 6054 women/mothers
General psychosocial consultations	669	576	563
Group counselling for mothers and or/women with similar psychological problems	93 mothers/women	96 mothers/women	55 mothers/women
Home visits	126 home visits	101 home visits	163 home visits
Screening and detection of mental health problem in PHC patients	<p>126 mild cases from PHC who were screened and detected, they received guided self-help by nurses/midwives.</p> <p>1187 Edinburgh scale filled for postnatal cases to detect postnatal depression, 111 were discovered complained of depression in post-partum period that's mean 9.3% were suffered from depression during the postpartum period.</p>		

It is obvious from a table above that, some variations in the number of school children, consultations and individual and counseling for mothers, which were high in 2016 in comparison to 2015 and 2014, that's revealed the intensive need for psycho social support services. A recent study conducted on the psychosocial services on Shajajaia area (Abu Hamad et al 2015) showed that the population of the area are in bad need for these services especially after being exposed to severe psychological traumas. The study flags the importance of implementing high quality psychosocial services. Policy-makers should implement more programs designed specifically to meet children's needs, and direct greater effort to encouraging caregivers to increase uptake of services and programs. Women and young children need greater access to mental health services.



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with regard to psycho education, the table showed that in 2014 the number of women / mothers attended psycho education sessions ranked the highest number in comparison to 2015, 2016; that's because the intensive training in psycho education conducted for the staff to review basic psycho education skills and introduce counselors to the advanced skills in counseling techniques to be specified, comprehensive and to meet the need of communities in terms of psychosocial problems .

Monitoring system for psychosocial program:

- *The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ¹³) for children and parents, (PHQ¹⁴) and (GAD7¹⁵) for PHC screened cases, (CRIES-8¹⁶) for PTSD children cases and (PCL) for PTSD¹⁷ adults (Edinburgh scale) for post natal depression cases.*
- *NECC staff screened and detected PHC patients with mental health problems and referred the severe cases to relevant organizations.*
- *NECC has developed database and indicators for psychosocial support program, to get accurate statistics and to save information.*

To measure the improvement rate for school children groups in all clinics at Al Daraj, Shejaia, and Rafah centers during this period the counselors conducted group sessions about problem solving approach (8 sessions per group) and used an international tool SDQ pre and post-test. A total number of children were 744 from both genders.

The SDQ pretest shows 46.9% of children have some psychosocial problems. At the end of the group sessions the SDQ results show a significant decrease in the number of children with problems to 35.3% in total.

In some psychological problems for example decrease number of children who suffered from movement problems from 12.3% to 7.8% which revealed significant improvement by 36.5% reduction in emotional problems. See figure (6) below.

¹³ SDQ: strength and development questionnaire

¹⁴ PHQ: patient health questionnaire

¹⁵ GAD: Generalized anxiety disorder

¹⁶ CRIES-8: Children impact of Event scale

¹⁷ PTSD: Post traumatic stress disorders

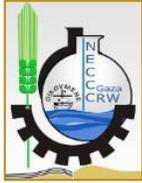
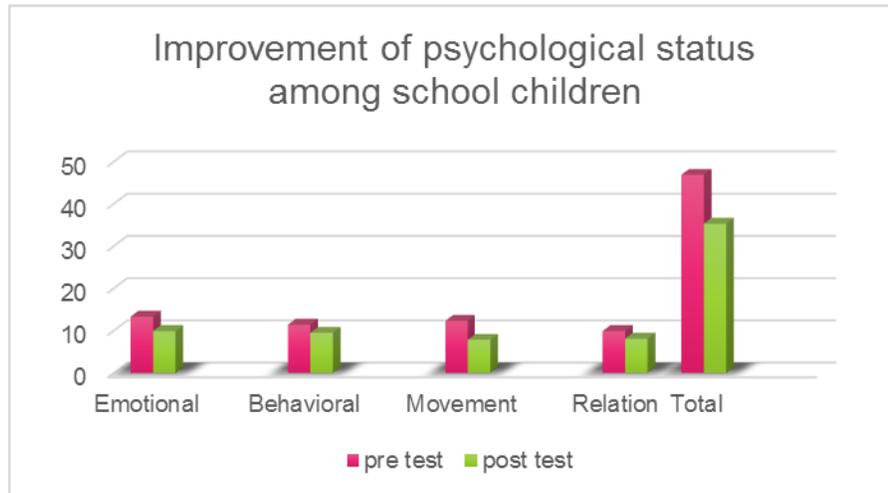


Figure (6): The main psychosocial support program achievements



2.3 TVET PROGRAM:

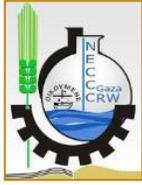
Strategic Objective 3: Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions.

The TVET program is overly aimed at enlarging the prospects for work and employment for the Palestinian youth in Gaza Strip in order to contribute to enhancing their economic and livelihoods conditions given the unprecedented unemployment rate among youth (triggering about 60%).

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

With regards to TVET Program, NECC runs four vocational training centres offering seven vocations/trades: two centres for male students (with four courses to select from) and two for female students (with two courses to select from), as follows:

1. **The Gaza City Vocational Training Centre (Gaza City VTC)** offers multiple-period vocational training courses that target disadvantaged boys aged 14-16 years old who have dropped out of school. They can choose to train either in (I) carpentry and furniture making (for two years), (II) metal and welding works (for two years) or (III)



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aluminium works (for one year) or (IIIV) refrigeration and air conditioning (for two years).

2. **The Vocational Training Centre at El-Qararah (south of the Gaza Strip)** provides a two-year course in general electrician skills and motor and transformer rewinding that is offered to young men aged 16-23 who finished grade ten.
3. **The Secretarial studies and English Language Centre** offers a one year intensive course in secretarial studies to young women who have finished their secondary studies (High School grade or locally known: Tawjihi).
4. **The Advanced Dress Making Centre** offers a one year course in tailoring provided to young women.

During the reporting period (January – December 2016), **348** students (**259 males** and **89 female** students) received training through NECC VTC's which exceeds the target of 300 youth participating in TVET. The total figure of 348 youth includes the following:

- ▶ **99** students were graduated (56 males, 43 females) from the program late 2016.
- ▶ **97** second-year and third-year male trainees continued and upgraded at Gaza Shijaia (73 students) and El-Qararah VTC's (24 students) for males respectively.
- ▶ **152** new students (106 males, 46 females) enrolled out of totally 369 who applied for the 2016-2017 scholastic year (of those applicants 290 were males and 79 were females).

In the reporting period, 99 of the 2015-2016 scholastic year graduated late 2016 leaving 249 students receiving TVET courses till the end of December 2016. **The table (18) below shows** the distribution of the students of VTC Gaza and VTC El-Qarara during the reporting period:

#	Program	Duration (Year)	Graduates (2016)	Current Enrolment			Total number of existing students (December 2016)
				1 st Y	2 nd Y	3 rd Y	
1	Carpentry and Furniture Making	2	22	25	22	20	67 (*)
2	Metal and Welding Works	2	12	18	16	15	49 (**)
3	Aluminum Works	1	-	17	-	-	17 (***)
4	HVAC	2	-	20	-	-	20 (***)
5	General Electricity and Motor Rewinding	2	22	26	24	-	50
-	Sub-total (males)		56	106	62	35	203
6	Secretary and English Language	1	22	22	-	-	22
7	Advanced Dressmaking	1	21	24	-	-	24
-	Sub-total (females)		43	46	-	-	46
-	Total		99	152	62	35	249



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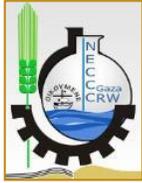
- (*): 28 students enrolled carpentry works at the beginning of scholastic year (Sep 2016), 3 out of them have dropped out later, so the currently enrolled are 25.
- (**): 18 students enrolled aluminium works at the beginning of scholastic year (Sep 2016), 1 out of them have dropped out later, so the currently existed are 17.
- (***) : this scholastic year (2016-2017) is the first year for commencing vocations of aluminum works and HVAC.
- The "last 3rd Year class" students (carpentry and welding at Shijaia VTC) will be graduated next January 2017 after doing their external training and final exams. NECC will be shifting to the 2-year period courses from this scholastic year and on.

Regarding the curricula, NECC has finished the curricula development process including the five offered professions/trades as an integral part of its co-partnered project with GIZ. The new curricula now is between trainers' hands and being delivered duly to the NECC-TVET students in the different VTCs. All needed arrangements were undertaken to ensure the smooth transitional period in TVET delivery to the same target groups.

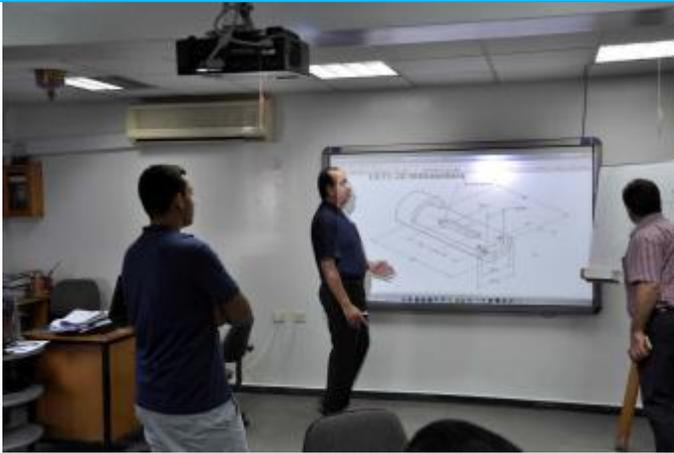
This scholastic year will be as a pilot in the TVET provision pathway, at the end of the year there will be evaluation measures being taken including soliciting feedback from all concerned stakeholders such as students, graduates, instructors and trainers, supervisors and labor market representatives in order to further strengthen this course. This will be a very supportive and prominent best practice measure aimed at its end lines to likely achieve a robust, unique and suitable curricula modules in accordance with the labor market demands and requirements.

2.3.1. AUTOCAD APPROACHING AND TRAINING:

In a related context on the outcome level, in terms of the curricula development, a new approach will be applied as of inserting the CAD software learning inside the TVET delivery for students in the "industrial" professions/trades of carpentry, metals and welding and electricity starting from the current scholastic year and on. Giving the knowledge of CAD software to our students inside the designated VTCs will open wider horizons for them to better understand the architecture of the industrial products/exercises and afterwards, providing them with skills and practices to likely getting easier to enter the labor market and get jobs based on the industrial background they gain. In line with that concept, NECC provided a full-package training course for the VTC trainers totaling 120 training hours including 2-D and 3-dimension drawings. This is the first step in that endeavor, and will be followed by establishing a full-equipped computer lab for providing this sort of training to our students in the near future. We are planning now to continue and apply for a proposal to GIZ through their EU funded program.



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An expert providing AutoCAD course



TVET staff receiving the AutoCAD course



TVET staff receiving the AutoCAD course



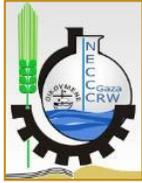
TVET staff receiving the AutoCAD course



TVET staff receiving the AutoCAD course



TVET staff receiving the AutoCAD course



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TVET staff receiving the AutoCAD course

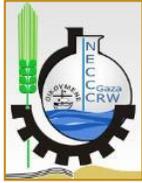


TVET staff receiving the AutoCAD course

In cooperation with Palestinian Federation of Industries (PFI) and the private sector entities, the NECC trainees who were soon to graduate had been placed in various offices, companies and workshops for a period of six-eight weeks to undertake external (on-the-job) training with follow-up made by the social workers and NECC-TVET instructors and supervisors. The trainees were distributed to those workshops and companies on the basis of the professions and trades they follow. This external on-the-job training is an integral part of students' curricula that they have to finish before they graduate and get their certifications from NECC vocational centres.

The external training was followed by evaluation questionnaires and the feedback was being gathered on tripartite-basis as by the supervisor, employer and the students themselves.

During the reporting period and right after the external training was ended, NECC-TVET accomplished the final examinations for TVET professions/trades of Secretarial. In Dressmaking, Carpentry and Metal works, students sat for exams in June while in Electricity VTC; 1st year students were examined in October 2016 and 2nd year students did the exams in November 2016 in a well-structured and organized process. The answers were corrected and rated and the certificates were issued and awarded duly after the accreditation from the Ministry of Labour.



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Graduation ceremony for secretary and dressmaking
Students receiving their certificates



Students receiving their certificates



Graduation ceremony for electricity VTC
Students receiving their certificates



Graduation ceremony for electricity VTC
Group photo for students

In terms of the new professions/trades offered by NECC-TVET program, the following paragraph gives background information about the new context and updates regarding the program:

- ▶ According to GIZ¹⁸ and Ministry of Labour conditions, the training period for a person to become officially qualified in carpentry or metals works is optimum to be two years so accordingly, the training period for these professions at NECC-VTCs was reduced from three years to two years.

¹⁸ GIZ: German Technical Cooperation Agency.



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- ▶ Likewise in terms of GIZ and MoL conditions, the Aluminium department was separated from welding and metals so, Aluminium works became a separate profession with a one year training program.
- ▶ Starting from December 2016 a new vocational training diploma in HVAC¹⁹ was commenced in partnership with GIZ through EU funding program for TVET in Palestine. The diploma is similarly for a total period of two years including external on-job training.
- ▶ This diploma is mainly specialized in heating and cooling systems, air conditioning and refrigeration implications; the 1st year will be focusing on refrigerators while the 2nd year will be focusing on heating and cooling systems especially air conditioners.

NECC is striving to link graduates with the labour market. In that endeavour, NECC provides support to graduates through market connections, skills-upgrade courses, and occasionally job creation initiatives and small grants in cooperation and partnership with a various network of organizations.

This is being done for achieving multiple objectives comes first, giving wider opportunities to those fresh and ex-graduates for practicing new work environments and learning new skills and off course generating income and concurrently enlarging NECC network of valuable partner organizations in order to prominently contribute to the community economic development for its target groups given the severely harsh economic situations in the besieged Gaza Strip.

NECC is used to conduct a follow-up assessment on annual basis for its graduates from all vocational training centres after one year of their graduation from the VTCs.

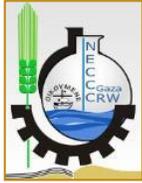
This assessment is aimed to give an oversight on the employment status of the graduates as to show whether they are working in their profession or other professions or even not working at all with percentages of each proportion.

It is very significant to conform on that this assessment is very critical and sensitive for NECC-TVET program officials to decide which graduates should be supported by on-job training opportunities in order to accelerate their involvement in the local labour market in spot of the funds available with NECC.

Although there is progressive work being done in this field, still there is a need for NECC to conduct a comprehensive evaluation for the TVET program including all its aspects such as selection, examination, curricula, capacities, long term impact on improving livelihoods, etc.

- Subsequently, NECC has recently conducted the annual employment follow-up assessment (in November 2016) for graduates of year 2015. The assessment results revealed that overall **84.16%** of all NECC-TVET graduates of the year 2015 are employed

¹⁹ HVAC: Heating, Ventilation and Air Conditioning.

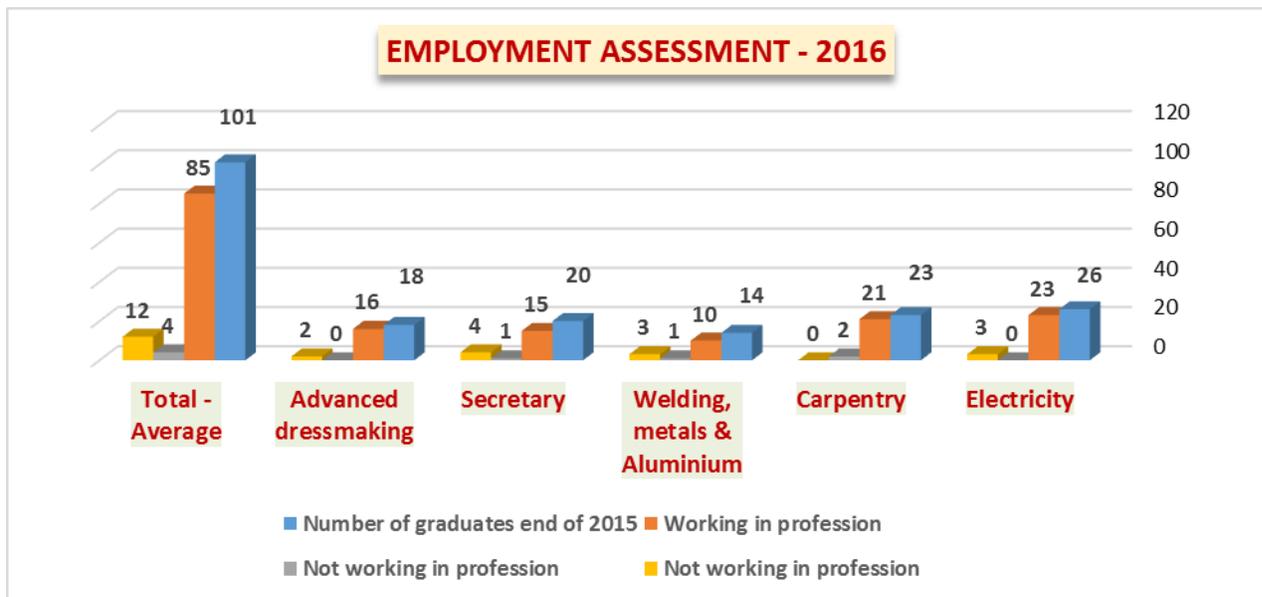


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or self-employed in their profession within one year of graduation (a total of 85 out of 101 graduates), which exceeds the target of 50% of graduates from the TVET program. The figures below show the employment trends among the graduates. **Table (19)**

Profession	Number of students who graduated in 2015	Working in profession	% Working in their profession	Not working in profession	
				Working in other profession	Not working at all
Electricity	26	23	88.5%	0	3
Carpentry	23	21	91%	2	0
Welding, metals & Aluminium	14	10	71.4%	1	3
Secretary	20	15	75%	1	4
Advanced dressmaking	18	16	88.9%	0	2
Total- Average	101	85	84.16%	4	12

Figure (07): Employment assessment for NECC-TVET graduates of 2015
(Conducted in November 2016).





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Analysis of the graph results: As the graph above indicates, the employment rates among NECC-TVET graduates is over 50% (target indicator) for the five trades one year after graduation. Furthermore, the 2016 employment assessment (most recently conducted) reveals a higher employment rates (84.16%) one year after graduation compared to the previous year.

The increase is attributed to the various job creation and on-the-job training initiatives that NECC have run recently in partnership with various donors.

NECC realized good records with regards to livelihood improvement for the TVET graduates through the different initiatives it has been engaged in for benefit of the graduates quietly on the short-term level. However, still there is a need for assessing and tracking the longer term outcomes those initiatives have impacted on the different aspects of socioeconomic context of the graduates and their families' lives. We are planning to approach new techniques for doing this longer term tracking in the soon future.

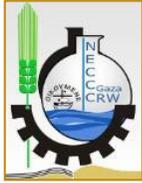
In line with that, NECC commenced an on-the-job training project funded by Caritas France targeting 50 NECC ex-graduates from the last three years (2014-16) including an equal amount of graduates from each of the trades of carpentry, welding, electricity, dressmaking and secretary (10 beneficiaries from each of the five trades). The project started in December 1st, and will be lasting until May 30th, 2017.

Additionally, NECC has been involved in a co-partnered on-the-job training project led by Islamic Relief lasting for four months starting from October 2016 which will last until February 2017. Among the approximately 550 beneficiaries of the whole project including both university and TVET graduates, graduates of NECC trainings comprise a significant portion as 77 NECC ex-graduates from the last three scholastic years (2014-15-16) have been involved in this valuable opportunity. A group of the NECC beneficiaries under this project have been placed at NECC different premises including clinics (for paramedical university graduates) and VTCs for TVET graduates of course.

Alongside the on-job-training course, in addition to the daily work experience the beneficiaries have been receiving a group of public lectures including important topics such as career counseling, work ethics, gender, entrepreneurship and others.

2.3.2. CURRICULA DEVELOPMENT:

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



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training and response to clients and service demanders.

- The curricula preparation within the first pilot scholastic year 2015-2016 started from September 2015 and will be continuing gradually during the year of 2016, feedback sessions will be held at end of scholastic year for purpose of evaluation and lessons learned.
- Full implementation of the new curricula will be carried out by the new 2016-2017 scholastic year starting from September 2016 and on.
- Additionally in this context, as a part of NECC partnered project with EU-GIZ, the supervisor of El-Qarara VTC attended a 2-week training course in Germany in April 2016; the training was entitled “Technology training for teachers of vocational schools in the educational and methodical implementation of curricular tasks”.

The training was located in a well-recognized German vocational institute named “Hessische Landesstelle für Technologie fortbildung”, where the El-Qarara VTC supervisor received a specialized training in the curricula development namely of Complex Task Approach (CTA).

The supervisor was accompanied by GIZ-TVET Program Technical Advisor as well as representatives from 4 TVET providing institutes in Gaza Strip.



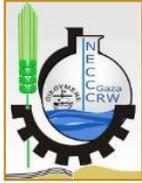
El-Qarara Supervisor (back left)
Training in Germany



El-Qarara Supervisor (on the right)
Training in Germany

2.3.3. 2ND TVET WEEK:

- Adhering to its slogan “TVET – Transforming skills into work”, TVET-Gaza led by project of “**EU Support to TVET Sector in the Gaza Strip**”, implemented by GIZ aims to raise awareness among partners, the public, and the media in Gaza about new TVET services



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and programmes. The TVET-Week event highlighted the coherent and valuable approach of TVET in the Gaza Strip introducing new TVET programmes that meet the need of the labour market including NECC programs.

- The TVET-Week ceremony that was held at the Shalihat Resorts on Gaza beach was devoted to shedding the lights on the TVET institutes partnered in the EU – TVET Empowerment Programme through the technical support of GIZ; institutes included NECC, University College of Applied Sciences, Palestine Technical College - Deir al Balah, Abdel-Mo'ty Rayyes Vocational Secondary Girls School and Deir al Balah Industrial Secondary School.
- Dr. Issa Tarazi, the NECC-Gaza Committee Executive Director was honoured in the event to represent the partner institutions by his welcoming speech; he started his speech welcoming the valued audience and gave a brief spot on NECC programs especially the so-called TVET programme and the cooperation with EU and GIZ in that field.
- Valued speeches from the honoured EU, GIZ and BTC guests mentioned the stages of their support to TVET institutions in Palestine in General and particularly Gaza Strip and asserted on their commitment in continuing their support to the Palestinians in all aspects and further support to TVET sector in the upcoming period.
- The speeches were followed by exciting shows included Dabka and Funny Sketch where the opening of the booths took place after the guests' speeches.
- Necc booth included works prepared by NECC-VTCs students from all professions where the students themselves were in the booth welcoming audience and representing their professions.
- As well, as a part of TVET Week activities, NECC participated in the career day by preparing and sharing a list of candidates for the Career Day took place on 17th February where the candidate graduates were interviewed for jobs and some of thereof got jobs actually.
- A promo film was conducted keeping pace on the different professions that TVET institutes are providing through the EU support, the promo film was broadcasted along the TVET Week.

2.3.4. RELATIONS AND NETWORKING:

NECC has been involved in a comprehensive network joining all TVET providing institutions in the Gaza Strip. The network is including TVET organizers and accreditors such as Ministry



of Labour considering that it is the governmental party that gives the due certifications for our vocational diplomas.

2.3.5. LET-COUNCIL20:

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

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

As well, the network is including donors of TVET sector in Gaza Strip such as GIZ, Islamic Relief and Belgian Cooperation (BTC) and so many others.

Form other related side, the NECC TVET program has been operating with the full cooperation and integration of the private sector in the whole process; NECC has signed cooperation agreements with Palestinian Federation of Industries “PFI”, and the Palestine Federation of Trade Union “PFTU” in order to support the trainees and approach the outdoor training for them within the workshops following the PFI and PFTU.

Practically, NECC runs continuous coordination work with those strategic partners in conducting shared capacity building programs, networking and share experience meetings in fields of job creation opportunities, employability interventions and TVET weeks and exhibitions.

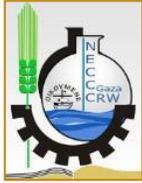
- NECC is coordinating as well with training provider institutions from the private sector such as "INJAZ Palestine" in order to conduct training courses for benefit of our VTC trainees in several topics; many courses were conducted by their trainers regarding topics like “my path to professionalism” at our Shijaia VTC and “Be an Entrepreneur” at the VTCs.

2.3.6. SAFETY MEASURES TRAINING COURSE:

Supported by GIZ, a training course was conducted in favour of NECC-TVET staff entitled Safety Measures at the workshops and work stations. The course was conducted in April 2016 totalling 72 training hours for almost 12 full training days.

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

²⁰ LET-Council: Local Employment & TVET Council.



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The course pertained topics of: concepts of safety, risks of electricity, general risks at work environment, best practice attitudes, personal safety equipment, labour law and relation to safety and other topics.



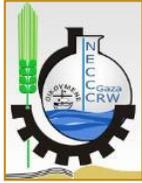
Safety Measures training course



Safety Measures training course

The course included conducting field visits to our VTCs in addition to the Gaza electricity generation company to assess safety status at NECC-VTCs using designated checklists as well as visiting Gaza General Electricity Generation Station as a scientific study tour.

- Following the study tour which was conducted to NECC-VTCs as well as the general electricity generation station in Gaza in April as a part of the Safety Measures training course provided to NECC-TVET staff, the visit revealed that NECC is applying the safety measures at its VTCs with considering a need to make some updates to the system.



Study tour to Electricity Generation Company by
NECC-TVET staff



Study tour to Electricity Generation Company by
NECC-TVET staff

2.3.7. SAFETY BOOK:

An external expert was approached by the TVET program to prepare a “Safety Book” designated to be an integral part in curricula provided to our students at the different VTCs. The book is including guides and best practices to use personal safety tools in addition to the safe use of machines and the physical environment as a whole. The book was prepared, printed and distributed to VTC supervisors, trainers, students, staff and relevant persons from the TVET community.

2.3.8. FRENCH PROJECT (AFD):

In cooperation with NECC key project staff and a freelancer from Secure Catholique (Caritas France), a new project proposal was initiated and discussed to be applied for the French development agency AFD. The proposal was preceded by activities including meetings with a selected group of last job-creation project beneficiaries, meeting with many organizations interested in employment issues including Islamic relief, Jawwal company, Palestinian Fund for Employment and Social Protection, CRS, IOCC, Ministry of Labour, Chambers of Commerce and others.

The proposal was sent to AFD, currently is being under discussion and not approved yet.



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Caritas France visit to NECC



Caritas France visit to NECC

2.3.9. TRAINING PROGRAM WITH INJAZ PALESTINE:

In cooperation with “INJAZ Palestine”, the new training program of “Project of Life” designated for students of Shijaia VTC was held on January 28th targeting 35 of 3rd year male students (carpentry and metal professions).

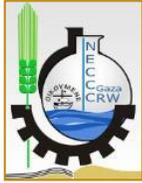
The students experienced new approaches of their life, life skills and how to plan for future.



Entrepreneurship training for male students



Entrepreneurship training for girls



My path to professionalism

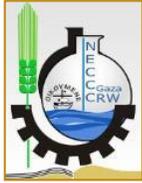


My path to professionalism

2.3.10. "FIRST-AID" TRAINING:

In cooperation with the Ambulance and Emergency Unit of MoH, two "First Aid" training courses were conducted targeting VTC female students (two professions of dressmaking and secretary) in separate.





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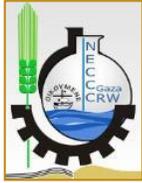


The courses took place in February 2016; 4 training days during 2 weeks for each profession, and was followed by a completion ceremony where the course trainer and MoH representatives participated and honoured in the ceremony. The training was conducted in January and February 2016.

2.3.11. "EDUCATIONAL CONCEPTS" TRAINING COURSE, FEBRUARY 2016:

Conducted training course entitled "educational concepts and practices" tackling main topics of:

- Motivating the trainees.
- Problems encountered during the training and solutions.
- Criteria for preparing good examinations.



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TVET staff attending “Educational Concepts” training

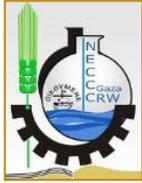


TVET staff attending “Educational Concepts” training

2.3.12. WORKSHOPS:

NECC-TVET program coordinated with GIZ and curricula development consultants on a capacity building program targeting vocational trainers from all GIZ-project partner institutes including NECC. The capacity building program took place at Al-Salam restaurant in Gaza tackling topics of carpentry, welding, multimedia, secretary, electricity, dressmaking where all concerned NECC trainers were nominated and participated. The workshops took place in January 2016.

As well, TVET Coordinator in addition to supervisors and trainers attended and participated actively in a various group of workshops internally and externally in cooperation with TVET supporters and providers such as GIZ, BTC, Islamic Relief and LET Council.



2.4 EDUCATIONAL LOANS PROGRAM:

Youth and household bread-winners lack proper and adequate job opportunities to support their families and afford education expenses due to the economic situation in Gaza. The students want to improve their knowledge but they cannot afford for the educational expense, they need to find financial aid. Thus NECC continued the implementation of this program for the academic year 2015-2016 to provide educational loans to needy students with zero interest in order to help them complete their university study.

For this reporting period (Jan-June) in the academic year 2015-2016, 116 university students received applications thereof, 81 bachelor and 35 masters students while 50 students (33 bachelor and 17 masters students) returned back their full eligible applications for loans out of them, 39 have received loans within this given reporting period.

See table (20) below which shows the numbers of loans dispensed.

Education loan	Bachelor			Master			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
New loan	13	15	28	8	3	11	21	18	39
Renew loan	10	26	36	3	1	4	13	27	40
Total	23	41	64	11	4	15	34	45	79

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

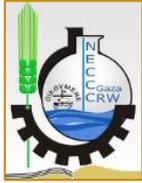
The beneficiary students are coming from all local universities of Gaza Strip (Islamic University, Al-Azhar, Al Quds Open University, etc.) and their majors are distributed in all specialties (humanitarian studies, politics, arts, languages, and etc.). As well, it provides a hope for poor university students to get access to complete their university education locally and without paying any profits.

2.5 JOB CREATION:

A completion report was issued early 2016 on the in-tact implementation of the last job creation project which took place in the period August – December 2015.

The report included narrative and financial documents was duly submitted to the Pontifical Mission in Palestine (PMP).

Latterly in 2016, Two Job Creation projects were carried out during the reporting period benefited a total number of **132** beneficiaries:



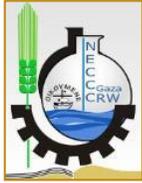
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- First, funded by Caritas France, the NECC conducted a job creation project for 6 months period targeting 50 selected graduates whom graduated from NECC-VTCs in the last three years of 2014-15-16.
The project started on 1st of December 2015 and will be lasting till 31st May 2016; the selected beneficiaries were selected out of the applicants previously applied, a selected group of NECC-TVET unemployed graduates. The selected candidates were 50; of which 30 were males and 20 were females, meaning that they were 10 from each profession of carpentry, welding, electricity, dressmaking and secretary.
- Stating selection criteria, the NECC carried out a full process of advertising, receiving applications and selecting the winners.

The table (21) below shows the distribution of the second job-creation project applicants on the local labor market:

#	Organization	No
1	Ministries and governmental departments	4
2	Companies and private workshops	32
3	NGOs	14
-	Total	50

- Second, through cooperation with Islamic Relief - Palestine (IRPAL), the NECC has been running a Job Creation project starting from October 2015 and will be lasting till the mid of April 2016.
- The project aimed at alleviating the worsening economic situations in the Gaza Strip especially among Palestinian youth residing Gaza through providing selected groups of NECC-TVET graduates with temporary job opportunities as well as integrating them into the local labor market.
- This project patch targeted about 82 youth beneficiaries distributed on all NECC-TVET professions similarly.



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Follow-up visit to a dressmaking Job-Creation beneficiary



Follow-up visit to a secretary Job-Creation beneficiary



Follow-up visit to a secretary Job-Creation beneficiary



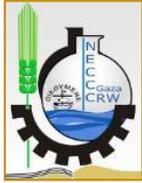
Follow-up visit to a dressmaking Job-Creation beneficiary



Follow-up visit to a dressmaking Job-Creation beneficiary



Follow-up visit to a dressmaking Job-Creation beneficiary



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Follow-up visit to a dressmaking Job-Creation beneficiary



Follow-up visit to a welding Job-Creation beneficiary



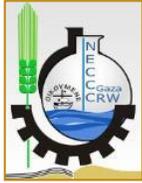
Follow-up visit to an aluminum Job-Creation beneficiary



Follow-up visit to a carpentry Job-Creation beneficiary

2.6 SELF –HELP:

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



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Self-help workers



Self-help workers

Youth activities and Societies:

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

In this regard, ***the following table (22) summarizes the forms of support provided to these societies.***

#	Name of society	Provided support
1	Family Care Center - Shijaia	<ul style="list-style-type: none"> - Paintings. - Wooden stand. - PC wooden desk. - Generator keeper.
2	Banat El-Yasser Society	<ul style="list-style-type: none"> - Desk. - Chair (iron and leather).
3	Holy Family Church	<ul style="list-style-type: none"> - Wooden desk.
4	Family Care Center – Daraj	<ul style="list-style-type: none"> - Maintenance for chairs.
5	YMCA	<ul style="list-style-type: none"> - Maintenance for desks.
6	Retired Civil Servants Society	<ul style="list-style-type: none"> - Tennis table.
7	CARITAS Switzerland	<ul style="list-style-type: none"> - Wooden models.
8	Orthodox Arab Church Delegates Council	<ul style="list-style-type: none"> - Maintenance. - Wooden tablet. - Generator keeper.
9	Family Care Center – Rafah	<ul style="list-style-type: none"> - Certain bars.



Maintenance of Brotherhood Park Project

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

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

Before Maintenance



Damaged concrete chairs

After Maintenance



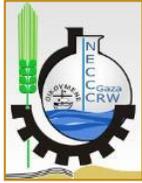
New granulite desks in the park



Damaged pergolas



Pergolas were maintained



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Damaged children toys



Toys were repaired, fixed and painted



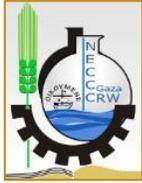
Damaged concrete chairs



New concrete desks in the park

This project is solely scoped for the maintenance of Brotherhood Park north Beach Refugee Camp west Gaza city, the maintenance including fixing water fountain, fences, bathrooms, pergolas, benches, children toys, grass and plantings etc. The project Memorandum of Understanding (MoU) between NECC and the Municipality of Gaza was signed on September 29th; the contract stipulated the shared responsibility of the two parties on the technical implementation of the project.

- A selection full process was done (call for tendering, tendered settlement, correspondences etc.), a contractor was selected for the implementation of the project for the period from 21st of November for 3 months after.



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- Maintenance works were commenced shortly late November 2015 after launching implementation order to the contractor to start the works; a visit was conducted to the park site by the Pontifical Mission representatives on 8th December 2015.
- The implementation lasted till the end of March 2016 encountering some problems such as unavailability of 5cm-thickness wooden bars in addition to unavailability of certain kinds of plants in the local market and raising the prices of some materials due to its scarce in the local market thereby some mitigations and variation orders were made undergone.

2.7 ADVOCACY PROGRAM

As was aforementioned in TVET program part, NECC participated in 2nd TVET Week event, in order to raise awareness on youth employability promotion and advocate their important and effective role in the community development through TVET approach; the event took place in the period 15-17th of March.

As well, NECC is actively participating in the meetings held under the Local Employment and TVET (LET-Council) as it has membership in two sub-committees of TVET Capacity Building and Donor Funding.

Those important committees are administering policies and roadmaps for the planning, delivery and development of TVET programs in the Gaza Strip given the largely-diversified entities of TVET providers encompassed by the committees such as ministries (Labor, Education, etc.), TVET providing institutes, NGOs, and private sector representatives namely federation of industries, ICT, and chambers of commerce.

Additionally, NECC has participated in an initiative led by Islamic Relief in Palestine in terms of recycling of waste products and maintain safe environments.

Attendants of the awareness sessions were distributed among NECC clinics beneficiaries and VTC students of TVET programs.

Another initiative conducted by the WHO was convened pertaining best use of antibiotics wherein clinics beneficiaries have actively participated in the clinic places.

NECC continued to collaborate and coordinate for the visits of international partners to Gaza Strip including visits to NECC various programs. The number of delegations representing many different organizations hosted during this reporting period was 41. It is worth noting that there was difficulty for visitor to get permits to enter Gaza through Erez crossing.

3. Overview of Major Focal Areas and Developments

NECC successfully succeeded to achieve the main outputs and outcomes as planned during 2016 despite the deterioration of Gaza political situation at all life aspects one year after the war and long years of tight blockade.



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NECC has continued providing skin services since 2015 based on the high prevalence of skin diseases and high demand to such type of services.

NECC contacted an IT programmer to develop an android system of psychosocial support program, especially developing indicators and reports to keep the quality of services provision. The program now is well developed and the staff is receiving training on it.

Two new Manuals were finalised, including a HR/Personnel Manual that incorporates employment status, roles and job descriptions, employees' records, training and development, employee benefits, payroll, workplace guidelines, employee conduct, disciplinary actions, grieving system, performance appraisal and e-Policies. Also, developing a Financial Management Manual/Policy that involves planning, organising, controlling and monitoring of financial resources. The financial policy manual delineated responsibility, authority and accountability of different related parties, and strengthening the management systems at the NECC services. These manuals are now complete and a training will be carried out soon for the key staff concerning implementation of these manuals. A technical consultant trained NECC key and operational staff in "how to write a professional case study and success story" aiming to reflect improvement on beneficiary life and livelihoods.

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

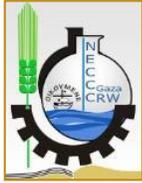
A first draft emergency preparedness plan for NECC was developed and still under revision and discussion.

With support of UNICEF, NECC succeeded to promote the PNC services in both Shijaia, Darraj and Rafah areas, in addition to management of acute moderate and severe malnutrition.

Learning needs assessment was conducted by DKH Diakonia with NECC staff at different levels to assess the organizational capacity, and organizational development plan.

NECC developed a draft of monitoring and evaluation tool balanced score card as a result of the previous received training supported by AFP to build organizational and technical capacity in terms of management, financial, health and TVET programs.

A technical consultant trained NECC key and operational staff in "how to write a professional case study and success story" aiming to reflect improvement on beneficiary life and livelihoods



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NECC-TVET program is continuously attempting to allow its VTC graduates and students to get more and more closed to the labour market as well the skills needed for those graduates to be equipped with, in order to easier get jobs.

New career profession was launched for male TVET students in Refrigeration and Air conditioning.

Most recent, NECC has approached new training course in engineering drawing computerized software so called AutoCAD for building the capacity of our staff in computer aided designing and in order to finally transmit this TOT program to our students initially at Shijaia VTC at first stage. As well, the next steps in this approach will be working and running fundraising for a specialized computer lab to be based at Shijaia VTC as a base for this approach. NECC has taken actions in that scope.

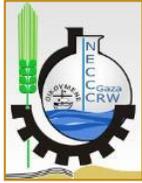
4. Current problems and constraints

Donor support has significantly declined in recent years and, naturally, aid cannot sustainably make up for inadequate private investment, constrained by weak investor confidence due to the ongoing restrictions and the lack of political progress.

With the ongoing conflict everywhere in the Middle East, there is donor's shift to other areas like Syria, Libya and refugees in Lebanon and Jordan. This has tightened the ability of many NGOs to serve beneficiaries. Also, UNRWA faces shortage of resources which affects their programs targeting refugees. **(OCHA, 2015)**

During this reporting period, the number of displaced people staying in collective centers (shelters) has been gradually decreasing, and currently UNRWA has closed all its sponsored shelters. Still many people are displaced and living with relatives and friends, in tents or caravans. Plans to rebuild and rehabilitate demolished households in Gaza are still on paper and many people who lost their houses are still living in temporary unhealthy residential places including from areas served by NECC. As a result, the exposure of those people to health risks has increased including the spread of communicable diseases, increased food insecurity, nutritional related disorders, wide spread of psychosocial issues and spread of sanitary related conditions which increased the burden on NECC clinics and increased demand at our facilities because other facilities (especially MOH) were affected by the siege or directly targeted during the war. Also, the economic pressure on families has decreased their ability to contribute to medical fees. Also, NECC has increased the number of patients seen every day and implemented new psychosocial and health projects.

After starting the provision of dermatology clinic inside each health center; one for each Darraj and Rafah and 2 days for Shijaia, the number of beneficiaries increased and accordingly the medications needed for treatment exceed the expected quantities. NECC decided to overlap this problem through contacting more donors to avoid the shortage of medication at their stores such as ANERA, UPA...



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Family planning tools are used to be received from UNFPA through MOH every year to all family planning providers in Gaza. The year 2016 there was shortage of quantity that UNFPA provided to MOH, so as a result, severe shortage in all family planning tools to all providers in Gaza, as MOH was able to cover governmental PHC only. Accordingly NECC was obliged to procure the tools available in local market even this was not planned in any of NECC plans/budget.

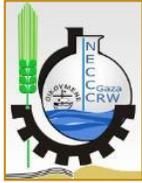
Difficulties in securing the needed equipment's and disposables. NECC waited long time until receiving any order due the tight restrictions on the entrance of goods, materials, supplies...to Gaza.

The unavailability of the raw materials in the local market that was greatly affected by the tight closure even the available commodities are purchased with double prices. NECC has good strategy in maintaining stock of materials to be used, however NECC faced a real challenge to get funds for that.

Due to frequent power cuts, NECC consumption of fuel needed for electricity generators was constantly increasing and still. The availability of fuel in the local market and its high prices remain a challenge. However, NECC maintained adequate strategic stock of fuel even this was not anticipated.

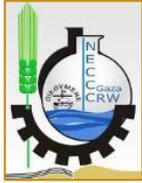
Frequent electricity cuts that exceed 18 hrs per day especially in winter storms and cold weather affected negatively all Gaza people life including the provision of health services. As the electric generators at NECC health centers capacity didn't meet the needed electricity for the centers.

NECC faced some problems in procurement of some materials such as wood of certain thickness as well as some equipment needed for electricity training motors.



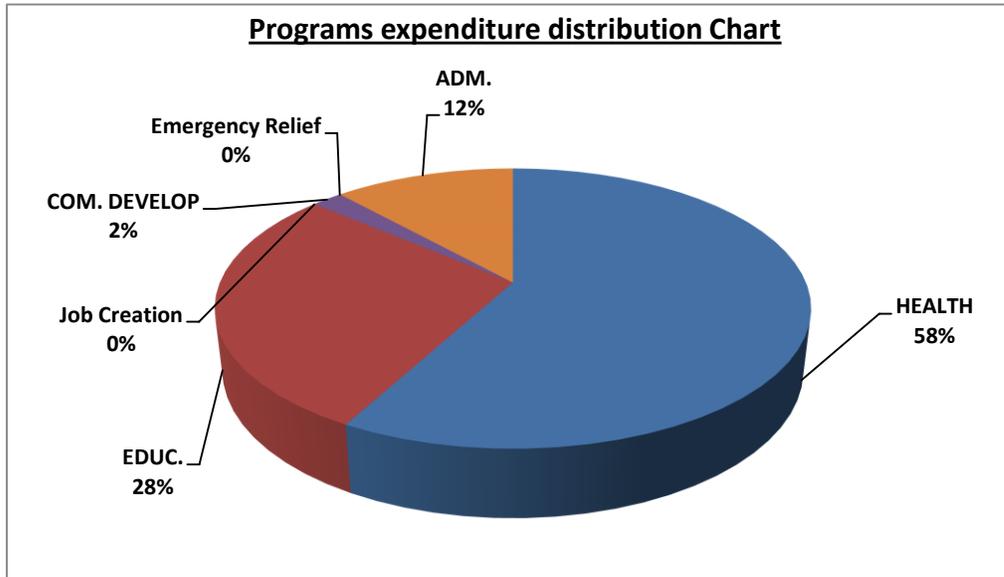
5. Cross cutting issues

- ▶ Finance
- ▶ Projects and donors
- ▶ Human Resources HRM (adequacy, distribution, morale, shortages)
- ▶ Training
- ▶ Quality of services
- ▶ Supervision Monitoring and evaluation
- ▶ Gender
- ▶ Environment
- ▶ Coordination
- ▶ Policies
- ▶ External relations and communication
- ▶ Community relation and client satisfaction

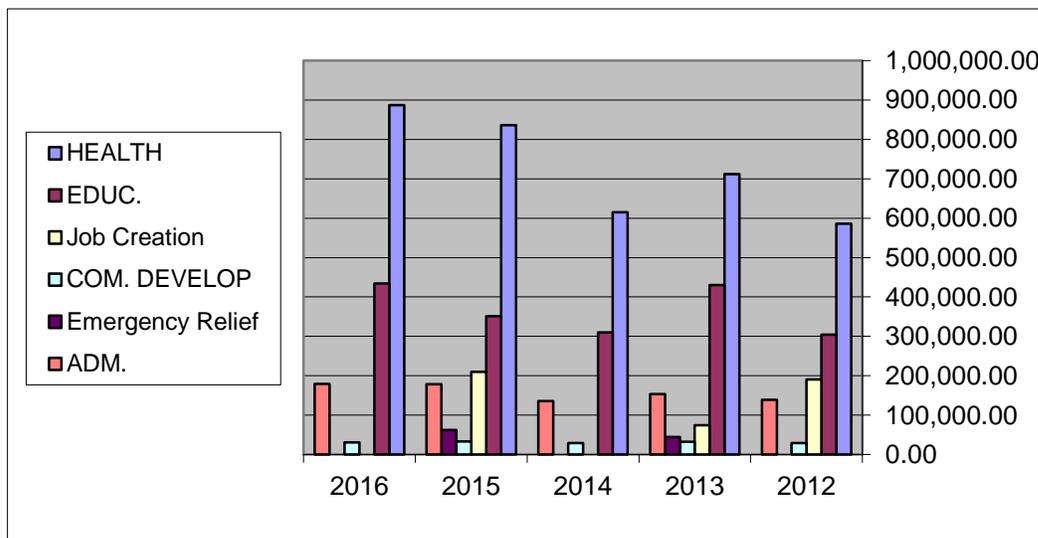


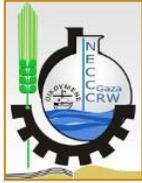
5.1 FINANCE

The following chart is shows NECC programs expenditures for the year ended 2016



The following chart is comparing NECC programs expenditure over the years from 2012 to 2016





5.2 HUMAN RESOURCES:

It is worth illustrating the human resources at NECC. The total NECC Staff is approximately 101 staff. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health education, and customer service.

The breakdown of human resources by category is illustrated below in the table (26). The total NECC Staff during the reporting period is approximately **127** staff members. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health, and customer service

The breakdown of human resources by category is illustrated below in the table (23).

NECC Programs staff	Male	Female	Total
Number of full-time staff	44	42	86
Number of part-time staff	22	11	33
Number of other staff ²¹	1	7	8
Total number	67	60	127

Capacity building and training:

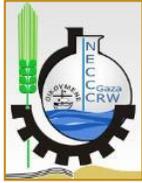
Capacity building is an ongoing process through which individuals, groups, organizations and societies enhance their ability to identify and meet development challenges. NECC role is to facilitate learning. This is partially accomplished by providing resources and training, but is most effectively done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

During this reporting period, **117 days** of different trainings, workshops and meetings were attended by NECC staff for capacity building. The trainings were conducted by different national and international organizations at different locations within Gaza Strip.

Table (24): Main trainings and workshops attended by NECC for capacity building from 1st January to 31st December 2016:

#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
1	Women Care during Postpartum Care and Complications	22 Health staff	1	NECC by UNICEF	January	Al-Salam Restaurant
2	Curricula	Dressmaking	1	GIZ		Ramallah

²¹ Volunteers



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	Development	Supervisor				
3	Curricula Development	Electricity Supervisor	1	GIZ		
4	Office Machine Maintenance	Secretary Supervisor	1	GIZ		Al-Salam Restaurant
5	Carpentry development	1 TVET staff – carpentry trainer	1	GIZ		Al-Salam Restaurant
6	Communications for Development and improving health and education skills	22 Health staff	1	NECC by UNICEF		Al-Salam Restaurant
7	Secretary development	Secretary Supervisor	1	GIZ		Al-Salam Restaurant
8	Metals & welding development	1 TVET staff – Welding Trainers	1	GIZ		Al-Salam Restaurant
9	Multimedia development	1 NECC staff – IT support	1	GIZ		Al-Salam Restaurant
10	Aluminum development	Aluminum Trainer	1	GIZ		Al-Salam Restaurant
11	Fashion design development	Dressmaking Supervisor	1	GIZ		Al-Salam Restaurant
12	LET Council meeting	TVET Coordinator	1	LET Council		Al-Salam Restaurant
13	TVET Capacity Building Committee meeting	TVET Coordinator	1	LET Council		Al-Salam Restaurant
14	TVET Capacity Building Committee meeting	TVET Coordinator	1	LET Council		University College of Applied Sciences (UCAS)
15	Communications for Development and improving health and education skills	22 Health staff	1	NECC by UNICEF		Al-Salam Restaurant
16	HNC joint meeting	1 Health staff – Health Coordinator	1	WHO		WHO
17	Fashion design	Dressmaking Supervisor	1	UCAS		UCAS
18	TVET WEEK	TVET Coordinator	1	GIZ		Al-Shalihah resort
19	C4D training for Staff	PSS Coordinator	1	NECC/UNIC		UNICEF



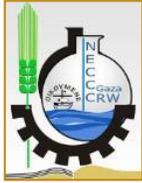
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	and Key partners			EF Project		
20	Donor Funding Committee meeting	TVET Coordinator	1	GIZ		Islamic University of Gaza
21	Child Protection Working Group (CPWG) meeting	PSS Coordinator	1	UNICEF		UNICEF
22	Graduation ceremony for TVET courses	NECC Executive Director	1	ATFALONA for deaf people org.	March	Atfalona for deaf people
23	First Orientation Meeting for Gaza 2020: Health Matters Project	3 NECC staff: NECC executive director, health coordinator, chief accountant	1	International Medical Corps		Al-Mashtal Hotel
24	Strategic Planning	2 TVET staff: Coordinator, Qarara Supervisor	7	Islamic Relief		Al-Salam Restaurant
25	Workshop on "How to diagnose intestinal parasites in GAZA Strip"	1 health staff	1	MOH	April	MOH – Remal Clinic
26	Safety Measures	15 TVET staff	12	GIZ		NECC
27	Training of Trainers on the GBV and CP SOPs	2 NECC-HQ staff	2	NRC		NRC
28	(CPWG) meeting	1 NECC staff – PSS coordinator	1	UNICEF		UNICEF
29	World Health Day	1 NECC staff – PSS coordinator	1	UCAS		UCAS
30	Conference: Mental Health and Human Rights in Palestine	2 NECC staff: TVET coordinator, PSS coordinator	1	Gaza Community Mental Health Program (GCMHP)		Al-Mashtal Hotel
31	PSS/CBR Meeting workshop	1 PSS staff – PSS coordinator	1	Mercy Corps		Mercy Corps
32	LET Council meeting	1 NECC staff – TVET coordinator	1	GIZ		Chamber of Commerce
33	MHPSS Working Group	1 PSS staff – counselor	1	UNICEF		UNICEF



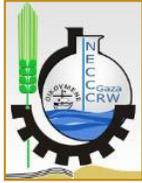
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34	Training course: Networking and building relations with labor market and employers	2 TVET staff: coordinator, Qarara supervisor	2	Islamic Relief		Al-Salam Restaurant
35	CPWG meeting	1 PSS staff – counselor	1	UNICEF	May	UNICEF
36	Partner Meeting	4 NECC staff: executive director, PSS coordinator, health coordinator and chief accountant	1	Save the Children		Save the Children
37	HR Management	2 TVET staff: TVET coordinator, Qarara supervisor	2	Islamic Relief		Islamic Relief
38	Emergency plan	2 NECC staff: PSS coordinator, TVET coordinator	1	Ma'an Development Center		Laterna Restaurant
39	Exhibition for fashion design	Dressmaking Supervisor	1	UCAS		UCAS
40	Program meeting	2 NECC staff: PSS coordinator and chief accountant	1	UNICEF		UNICEF
41	Safety delivery in emergency	2 health staff	2	MOH		MOH
42	Dr. Koenig Farewell	2 TVET staff: TVET coordinator, Shijaia supervisor	1	GIZ		Lighthouse restaurant
43	Balanced scorecard	9 NECC staff from all programs	3	NECC		NECC
44	Workshop for TVET development	TVET Coordinator	1	BTC - Gaza Community College for Tourism Studies (GCCTS)		GCCTS
45	Career day	1 TVET staff: TVET coordinator	1	Islamic University of Gaza (IUG) – faculty of engineering	June	IUG



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46	CPWG meeting	1 PSS staff – PSS coordinator	1	UNICEF		UNICEF
47	Proposal writing for IMC	3 NECC staff: executive director, PSS coordinator and chief accountant	1	International Medical Corps (IMC)		Lighthouse restaurant
48	Workshop plan and schedule of upcoming activities		1	IMC		Lighthouse restaurant
49	EPRP	2 NECC staff: TVET coordinator, Health coordinator	1	Ma'an Development Center	July	Laterna Restaurant
50	Concept Note Writing Workshop	TVET Coordinator	1	LET Council		Lighthouse restaurant
51	HCD	Health Coordinator	2	Mercy Corps	August	Lighthouse restaurant
52	AutoCAD Training Course	TVET Staff	15	NECC		NECC HQ
53	CPWG	1 PSS program staff	1	UNICEF		UNICEF
54	Workshop of "Promoting nutritional status of vulnerable children under 5 years old in Rafah area"	2 NECC staff; Health Coordinator, Chief Accountant	1	IMC		IMC
55	EU Support to TVET in Palestine project	TVET Coordinator	1	LET Council		PITA
56	CVET training courses implementation workshop	TVET Coordinator	1	BTC		Lighthouse restaurant
57	Child protection services	1 PSS staff	1	UNICEF		Center of Democracy and Conflict Resolving
58	MHPSS	PSS Coordinator	1	UNICEF	September	UNICEF
59	Evaluating health project activities	1 PSS staff	1	MOH		Effects consulting company
60	ECD Global	Health Field	1	UNICEF		UNICEF



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	campaign	Coordinator				
61	Workshop on UN grants management	2 NECC staff: TVET coordinator, Health coordinator	1	OCHA	November	UNESCO HQ
62	Project of PFESP for employment	TVET Coordinator	1	PFI		PFI
63	"Positive Assessment-based strategic planning" workshop	2 NECC staff: TVET coordinator, Health coordinator	٣	Ahli Arab Hospital		Library of Ahli Arab Hospital
64	Workshop on "Identifying priorities and strategic interventions related to women issues"	Clinic Supervisor	1	Ministry of Women Affairs		Al-Salam Restaurant
65	"Preparation for the Second Cycle of Emergency Preposition kits"	Director Assistant, Chief Medical Warehouse	1	IMC		IMC
66	Annual review meeting	Health Field Coordinator	1	UNICEF		UNICEF
67	Workshop on project of "Improving Youth Employability in GS – phase II"	TVET Coordinator	1	Islamic Relief	December	Laroza Restaurant
68	Stakeholder group workshop	3 TVET staff	2	Islamic Relief		ATFALUNA org.
69	National committee of family planning	1 Health staff	1	MOH		MOH
70	Workshop on "Consolidation for former EU funded project"	3 TVET staff	1	GIZ		GIZ Office
71	Workshop on "IASC MHPSS Guidelines and Mainstreaming MHPSS into Health Services"	Health Field Coordinator and 3 PSS staff	4	IMC		Al-Mathaf Hotel



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72	"Curricula Development" workshop	TVET Coordinator	1	GIZ		Lighthouse restaurant
73	"Curricula Development" workshop	1 TVET staff	1	GIZ and Islamic Relief		Al-Salam Restaurant

It is worth noting that NECC staff used to attend all monthly meetings of Health Nutrition sector, MHPSS, Child Protection Clusters, Family Planning Committee as well as TVET Partner Meetings.

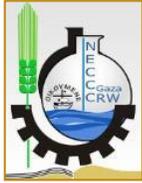
5.3 QUALITY OF SERVICES

Since its establishment in 1952, the NECC is committed to improve the health status of Palestine people in the Gaza Strip. This is clearly reflected on the mission of NECC and the strategic goals. The strategic plan incorporated health intervention as a key component of intervention. The organizational capacities supported implementing this program included the availability of qualified staff, well-established centers, good procurement, financing, auditing, and logistics departments. To summarize, the health program is very responsive to the NECC capacities, and it is consistent with the work themes, mission, and strategic goals of the NECC.

Provision of Psychosocial Service within the Family Health Care Centers. NECC integrates psychosocial service as a core component of the Family Health Care centres. In the Gaza Strip, most psychosocial and psychiatric services are provided through vertical programs that only provide psychosocial and psychiatric services.

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

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



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Involving Community in Designing Making and Prioritizing Health Needs: Community involvement is an essence of PHC and Family Health Care. The involvement of community members to such a degree is not a common behavior of health providers in the Gaza Strip. Since launching its health program, NECC involves community members constantly in identifying community needs, prioritizing the identified needs, and implementing activities. For instance, during launching the nutritional program in the three-targeted areas, NECC involved community leaders in order to reach, educate, and convince people to adopting healthy habits. Another example is the inclusion of family planning services to the NECC health services. Community members demanded the service; community leaders expressed the need to NECC, and NECC responded to the community need and included the service within NECC bundle of services. With no doubt, community involvement is not only value added to NECC, but it gives creditability, acceptability, and suitability of NECC provided services.

Creating Electronic Health Record and Centralized Database: In 2008, NECC health program is the first program that developed electronic health records and that fully transformed the paper-based system to electronic computerized system. Currently, UNRWA is in the process of transforming the paper-based system to electronic system.

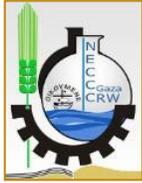
Offering Systematic Well-Organized Postnatal Care: NECC health program is the most successful and among the few systematic, well organized postnatal care services in the Gaza Strip. The NECC postnatal program involves conducting home visits to all newly delivered women, mostly in the first six days after delivery. Contrary to the NECC postnatal program, UNRWA and MoH postnatal programs involve visiting only defaulters and high-risk pregnancy cases. Also, the MoH postnatal program is not a sustainable program, it is a project funded by UNICEF with particular emphasis on child health rather than women's health.

Providing Growth Monitoring for Children up to Six Years Old: In the Gaza Strip, the NECC health program is the only program that provides growth monitoring to children up from birth to six years old. Both UNRWA and MoH provide growth monitoring for children up to three years old.

Conducting Systematic Follow up for Beneficiaries: NECC is the only health provider that implements systematic follow up for their beneficiaries. For instance, NECC refers severe cases of anemia and malnutrition to MoH and other local organizations. NECC conducts systematic follow up of referred cases through home 20 visits, and follow up with physicians at the referral organizations. Additionally, NECC conducts regular follow up that involves home visits for children suffer from anemia and malnutrition.

5.4 SUPERVISION, MONITORING AND EVALUATION

Monitoring and evaluation are very important to follow implementation and outputs systematically, measure the effectiveness, and identify the most valuable and efficient use of



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resources. The NECC enjoys a very committed, dedicated and effective management; each centre has a supervisor, and the three supervisors are well-trained have good managerial skills. At the main office level, the NECC Executive Director and the Health Program Coordinator monitor and supervise the implementation of the health program closely.

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

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



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

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

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

Health facility assessment and Emergency Preparedness Readiness (EPR) assessment were conducted by IMC team to identify needs and priorities of NECC clinics and to assess the preparedness of NECC to any upcoming disaster in order to support NECC with emergency medicines and supplies to be used during emergency times.

A team from Act for Peace Australia conducted evaluation of organizational capacity in terms of technical and financial aspects including, NECC management office, health clinics and VTCs centres, this was through their visiting.



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NECC is currently considering the findings of the field monitoring report shared by Act for Peace and will be discussed in the upcoming proposed activities .

An external evaluation was conducted for NECC project with UNICEF of postnatal care promoting in Darraj and Rafah; the evaluation final report was submitted by end of March 2016. It revealed the priority of such program and the need to continue and expand the coverage area to include Shijaia too.

The technical consultant trained the key staff about balanced score card, and how to develop indicators.

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

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

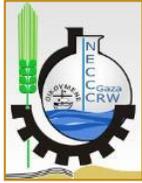
Gender

Gender equality and female empowerment are now universally recognized as core development objectives, fundamental for the realization of human rights, and key to effective and sustainable development outcomes. NECC-Gaza considers gender equality as a cross-cutting issue and over the years members have endeavored to promote gender sensitive approaches to development and humanitarian assistance.

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

Recent trends show that labor force participation has remained almost constant for males but increased significantly among females, rising 70% from 2001 to 2014 for those 25-54 years of age. Many males and females who are willing to work cannot access the labor market. This is especially true for youth aged 15-24, for whom the unemployment rate was 41% and for women, with 39% unemployment. **(Palestinian 2030 full report)**

During the reporting period, NECC has strived to create gender parity in the hiring of men and women to NECC in terms of both quantity of both sexes and also the types of positions they fill - The executive director and his assistant are males, otherwise there is balance between male and female throughout the organizational hierarchy; e.g. the head of the Health department is female, whereas the head of the TVET department is male. Currently, 47.3% of NECC staff is females and 52.7% are males.



One of NECC main core values is to serve people irrespective of their faith, color, gender, political affiliation or geographical locality. Approximately 60% of beneficiaries are females, recognizing the important role women play as caregivers within the household. PSS program targets equally children from both genders without any kind of discrimination. The NECC health program offers health services through general clinics equally to males and females; no intentional discrimination was practiced in relation to gender or any kind of discrimination.

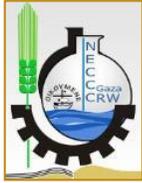
Additionally, NECC provides equal opportunities for male and female students in its TVET offered trades to develop their career in order to be able to more easily get decent job employment opportunities. The new enrolled female students' percentage is 40% and 60% for males the increase of male percentage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

5.5 ENVIRONMENT

Although the control of infectious diseases has been maintained with no reports of fatal vaccine-controllable diseases, meningitis, hepatitis, watery diarrhea, parasitic infestation, skin diseases and others are common diseases with high morbidity rates. The spread of infectious diseases is attributed to contextual factors such as poverty, poor sanitary conditions, water and environmental pollution. **Source: PALESTINE 2030: Demographic Transition in Palestine and What it means for Development.**

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

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



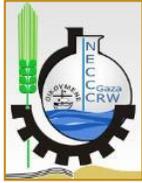
NECC's-VTCs adopt the cost-effective (3R) procedure where the minimal amounts of the raw materials in the centers are consumed due to the reuse of the old projects conducted by the students in the formation of new project. Small pieces of wood are used to produce architecture handcrafts. Sawdust also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

5.6 COORDINATION

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

Within the context of the Palestinian healthcare system, as it has four main providers: the MoH, UNRWA, non-governmental organizations, and private for-profit providers. Coordination is extremely important as it improves the efficiency of operations by avoiding overlapping efforts and duplication of work. Also, coordination among health service providers increases the quality of services, patient satisfaction, and prevents wastage of resources. Thus, it is substantially important that NECC fully coordinate services with other providers, in particular the two main providers: MoH and UNRWA

- In the Primary Family Health Care Centers, NECC has good coordination with Ministry of health to get license of the family care centers for the New Year and to provide the legal coverage of the programs operations.
- Coordination with WHO in terms of attending Health nutrition cluster regular meetings held monthly to share updates, experiences and knowledge.
- MOH provides advanced diagnostic and therapeutic interventions even hospitalization to complicated cases referred from NECC health centers.
- Coordination with the local and international organizations takes place as much as possible to obtain drugs, humanitarian assistance and other assistive modalities. For example NECC contacted ANERA for in kind donation of medication.
- Coordination with preschools and CBOs to provide outreach health education activities and PSS activities at these organizations.
- Coordination with the Thalassemia Society to do hemoglobin electrophoresis for cases that didn't show improvement in hemoglobin level.
- Coordination with nutrition sectorial committee organized by UNICEF.
- Referring severe cases with mental disorders identified at NECC centers to MOH/Department of mental health.



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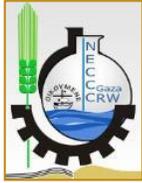
- NECC TVET program is being running with the full cooperation and integration of the private sector in the whole process; NECC has signed cooperation agreements with Palestinian Federation of Industries “PFI” the Palestine Federation of Trade Union “PFTU” in order to support the trainees and approach the outdoor training for them within the workshops fulfilling the PFI and PFTU. During the reporting period: 80 external workshops and 5 local institutions in Gaza from private sectors received trainees from NECC as a part of the practical training of TVET program or benefitted from NECC VTC’s.
- Practically, NECC runs continuous coordination work with those strategic partners in conducting shared capacity building programs, networking and share experience meetings in fields of job creation and employability interventions and TVET weeks and exhibitions.
- NECC is coordinating as well with training provider institutions such as Injaz Palestine in order to conduct training courses for our VTC trainees in several topic; many courses were conducted by their trainers in favorite of our trainees in titles like “my path to professionalism” at our Shijaia VTC and “Be Entrepreneur” at Qararah VTC.
- In a similar approach, NECC organized 2 specialized training courses targeting a group of our Qarara-VTC graduates and Electrical workshop owners in cooperation with Aknan Tech. company trainers.

5.7 POLICIES

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

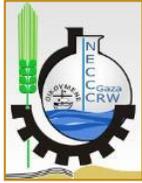
5.8 EXTERNAL RELATIONS AND COMMUNICATIONS

- NECC implemented all its programs activities in accordance with the local protocols of MOH either for MCH care, nutrition, PSS.
- On the partnership level, NECC continues partnership with UNICEF to promote postnatal care to mothers and newborns by receiving at least three PNC sessions two at home and one at the health center, and management of moderate and severe acute malnourished cases.



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- On the partnership level, NECC continues partnership with UNICEF to promote postnatal care to mothers and newborns by receiving at least three PNC sessions two at home and one at the health center, and management of moderate and severe acute malnourished cases.
- Additionally NECC succeeded to get approval from EME to get a fund to promote the antenatal care program through focusing more on high risk pregnancies and to start provision of preconception care at NECC centers.
- A new proposal was submitted by NECC and accepted by IMC for the 2016-2017 years entitled "Promoting nutritional status, of vulnerable children under 5 years in Rafah area ". This is may continue as a part of 5-years USAID-funded project: Envision Gaza 2020: Health Matters, starting from 2016 till 2020. The discussions is continuing during 2016.
- Regarding TVET, NECC is running its TVET program in full engagement and partnership with all related stakeholders; on the governmental level, Ministry of Labor is accrediting our TVET trades annually and certifying our vocational training diploma provided to our TVET graduates once graduated.
- New proposal was submitted to **DCA-NCA** for TVET program funded by NORAD.
- NECC in cooperation and partnership with "Secure Catholique France" prepared a joint proposal in the topic of economic empowerment for NECC –TVET graduates planned to take place in 2016-2019
- In the prospect of our partnership with Islamic Relief the NECC will be able to sustain Job Creation project in 2016-2017
- On the civil society level, NECC is securing strategic and sustained relationships with TVET providing institutes, NGOs, colleges and universities etc.
- The TVET program for male VTCs current partnership with GIZ and further, NECC is seeking for securing this partnership and renewal for new partnered project for the period 2016-2019..
- Recently, NECC was got membership in the in the LET-Council; a framework gathering all TVET providers and stakeholders in Gaza Strip (and one in the West Bank) currently led by GIZ with a general coordinator elected and introduced by the participant institutions and conjoining 4 sub-committees, NECC is a member in two of them (Sub committees of TVET capacity building and donor funding).
- On the other hand, NECC is running its TVET program with the full cooperation and integration of the private sector in the whole process so that NECC has signed cooperation agreements with Palestinian Federation of Industries "PFI" the Palestine Federation of Trade Union "PFTU".



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

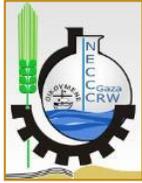
5.9 COMMUNITY INVOLVEMENT

With regard to involvement of community leaders, the NECC involves community leaders greatly. The NECC Executive Director and Health Program Coordinator conduct regular meetings with community members. The meetings serve different purposes, mainly to assess the local community needs and involve community leaders in the decision making process. For instance, decision to include family planning services to the NECC bundle of services was a response to a need that was expressed by community leaders. The community leaders demanded more of such meetings, particularly with the NECC Executive Director.

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



One of the key philosophies of NECC is community involvement in the planning, the implementation and the evaluation of services. This approach is also supportive to the concept of shared ownership of the health services and lies at the heart of quality.



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

During the year 2016, three community meetings were conducted at health clinics to assess the needs of community and discuss different health issues and one community meeting conducted at TVET center to launch a new profession for the students Refrigeration and air conditioning.

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

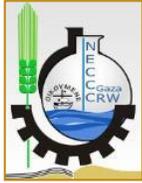
5.10 FUTURE PLAN:

- Continue the provision of the current programs through support from NECC partners.
- Continue offering preventive and curative health services to sustain and promote the health and wellbeing of Palestinians in the three served areas Shijaia, Darraj and Rafah\ Kherbet Al-adras.
- Continue providing professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions through vocational training centers.
- Strengthening management system through developing financial and personnel manuals.
- Provide capacity building training on fund raising and networking skills is very essential for NECC key staff.
- Develop database management information system for TVET program.
- Developing new strategic plan for the next 5 years 2017-2021.
- Starting new partnerships and projects when approved.

5.11 SUSTAINABILITY

NECC ensures sustainability in the programmes in the health and vocational training centres. The staff and managers are local Palestinians of both genders. NECC has been operating for decades NECC implement the programs in the health and vocational training centers. Staff and managers are local Palestinians of both genders. NECC have been operating for decades.

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



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Given the fact that the program has different components, each component has a different degree of sustainability. This program is contributing to the long-term development of the Gaza Strip; the relationship between health and development is well known; improving health of a population is a means to the end of development.

Given the fact that the NECC health program provides a wide range of services including maternal and child services, care of communicable diseases, and other preventive and curative services, the program will have positive long-term impacts on the beneficiaries of the NECC centers and the whole community as well. Areas that will have positive improvement include reducing mortality rate among infant and under five children, improving access to reproductive health, and preventing the spread and control of many diseases, and reducing the burden from nutritional problems. Clients will keep utilizing health services of the NECC centers, eventually; this will improve the overall level of health. This overall improvement will be sustainable.

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

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

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

To ensure continuity of care, NECC enroll served beneficiaries into its health program therefore beneficiaries will continue to receive services at NECC clinics. This will reinforce appropriate practices and behaviors. In addition, the project will help to develop the capacity of the NECC to provide quality health care and PSS. NECC will build on the success of this project and will develop sustainable appropriate practices. The project will leave skills, strategies and tools which will continue to operate despite the discontinuity of the fund through this project.

Last but not least, the program will serve a needy population and addressed an important health problem which fits within the overall health plan of the Palestinian population, through an integrated approach of services provision and strengthening communities' abilities to meet their needs. The project could be a model for the continuum of care to the women in



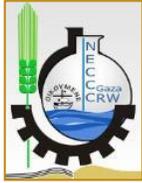
Gaza that could be benchmarked by other organizations. The spillover effect of the project will be positive at the community front as well as at the health providers' front.

NECC developed its curricula provided for its TVET-program students designated for the enterprise and start-up business management.

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

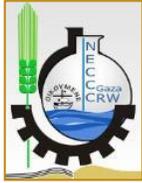
5.12 LESSONS LEARNED

- ▶ Access to services is a serious concern affecting the protection of Palestinians in Gaza. These services have been part of NECC response and continue to be relevant. This includes vulnerable areas such as health, malnutrition, psychosocial response as well as technical vocational and education training.
- ▶ As a result of repetitive wars on Gaza strip the number of disabilities among people has increased especially among children. SoNECC intended through AfP current support to engage health staff in two-days training about disability, including, social model and disability inclusive development, NECC will mainstream the disability policy.
- ▶ The relevancy of the psychosocial component of the NECC health program is very high as it focused on the promoting mental health and increasing psychological wellbeing of Palestinians, NECC should continue implementing such activities in the future.
- ▶ Nutritional problems remain prevalent in the Gaza Strip, as the NECC health program is contributing to reducing the prevalence of nutritional problems among Palestinians particularly children. The NECC health program emphasis on nutrition is very relevant and appropriate, thus, it is very important to continue implementing such program in the future.
- ▶ Emergency preparedness plans: it is significantly highlighted to address the needs of emergency preparedness plans. Since the Gaza wars and situation, it has become apparent that emergency preparedness should be a cross-cutting requirement in Palestine and not geographically focused, but rather integral to all programming and partners. This is a complementary element to increasing the community based resilience. Accordingly, NECC developed an emergency preparedness plan draft in cooperation with DCA/NCA. NECC mentioned the main gaps and needs to be ready for emergency work during disasters. The EPRP needed modification. It still some gaps needed to be filled in terms of structure, procedures, and resources to guide the organization through an emergency and describe broad responsibilities of the key personnel who will set up and mobilize an emergency response.
- ▶ Provide capacity building training on fund raising and networking skills is very essential for NECC key staff.



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- ▶ Contacting different donors and develop new partnerships for fund raising to avoid financial crisis
- ▶ As NECC is running job creation opportunities occasionally, a comprehensive database for our graduates is highly demanded to be in place; the database should include their personal information such as names, ID numbers, localities, social status, economic situation as well as employment history and career development. This spread sheet should be in place and being continuously updated for any job creation intervention so that we can adopt on its ready information rather than the swift collection of information occasionally.



5.13 SUCCESS STORIES

Stories from health program

Story 1

Al-shajiaa neighborhood is one of the biggest areas in Gaza strip which is located in the eastern part of Gaza City, and it is in continuous growth of population, it is divided into two blocks Turkuman, and Ejdaida, these blocks are popular blocks (neighborhoods) densely populated especially with children, and extended families. The population is 100 thousand people who were exposed to war attacks back in 2008/2009 these wars were sudden and paralyzing to people who were not able to act in such a shock. The most fierce and longest war was the last in 2014; the neighborhood had a random shelling and bombing from the Israeli occupation military, they destroyed houses on the heads of its residences more than 20 thousand houses were destroyed between partially entirely demolishing. In a time during the war, the neighborhood become empty from everything, smell dead between the alleys, it become only some rubbles here and there, even the passage of ambulances was not allowed to save whom they can save, it became isolated not only from Gaza, but also, from the whole world.

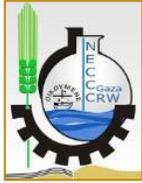
Saeda Hamad Ismail Shamali was born in 1974, married and a housewife. She is originally a Gazan, she studied two years majoring physics at university before getting married, but she left her studying to be free for her babies and responsibilities.

Isam Hamed Shamali was born in 1971. He is an educated majoring mathematics. He works as a math teacher at one of the governmental high schools. Sometimes, he works as a tutor to cover life's needs. He lives in a house consists of 12 family members, four boys and five girls beside to his mother.

The boys are Mahmoud who studies mathematics at university, Ahmed who is in fifth grade, the third one is in ninth grade and Mohammed is one year old. The eldest girl is Samah who was born in 1997, she studies primary education at university and she has got married. The second one is Aya who is at secondary school. The third one is in third grade and the fourth one is at kindergarten.

They live in Al –Shajaia area near Al-Twfiq Mosque on the east borders of Gaza Strip. She lives in a concrete house consists of three bedrooms, a living room, a kitchen and a bathroom.

The husband Isam works as a governmental teacher and his salary is about 2000 NIS but the hard conditions forced him to work extra time as a tutor. Isam's mother suffers from



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diabetes and blood pressure. So, he is the responsible of supplying the requirements and needs of his family, taking care of his brothers and married sisters, and hosting them at his house.

The Saeda and Isam's family don't receive any aid from any external side. The nature of food that the family eats is like beans, falafel, and homas at breakfast, beans, and lentil at lunch, and cheese, yogurt, beans and homas at dinner. Sometimes the husband had to borrow from the neighboring store. Moreover, his continued loans by the bank for re-building his house which has been partially ruined in the last war in Gaza.

The ruined parts were the bedrooms, the kitchen and the bathrooms. There were also some bombs has been thrown on the rest of the house and they caused damaged on the houses contains such as windows, doors, furniture, walls, the roof and the water barrels. During the war, the family had to flee and stay for 50 days at his brother's house at Al-Remal area in Gaza.

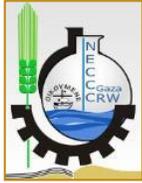
There were 18 family members live in a very small house consists of two bedrooms, a kitchen and a bathroom. They received aids and partial compensation after the war which covered some of the damages.

The lady said that, "I heard about the Near East Council of Churches – NECC clinic from my mother-in-law, whom used to follow and attend her children there. So, she recommended me to go too. Personally, I heard about the clinic's good reputation and the good quality of services they offer almost with no charges at all". That and by the Encouraging of my relatives embolden me to follow all my carriages."

Saeda had followed her first pregnancy in the old clinic before 20 years ago then she continued following the rest of them. Saeda said that the service in the clinic was very good and benefited, so she felt relaxed and comfortable in dealing with the staff. The medicine, lab analysis, the normal vital measures, and the medical counseling lectures are always available and good.

During being in the clinic, I listen to the multi- cultural lecturers which were about everything like: medical care, pregnancy, educating children, teeth and everything that can help me in life. I also followed my children in Anemia and Malnutrition Project as they were providing appropriate services and advice.

Saeda came in 27/6/2015 to postnatal Clinic to follow her pregnancy and to receive services and care measuring her blood pressure, high, weight and fetus pulse. In The first visit, she was at her second month and she was suffering from severe Anemia her HB was 6.0 mg. Urine Analysis and she was suffering from infection, as a result, she was transferred as an emergency case to complete her diagnosis after taking the proper medication and advice about good nutrition from the NECC clinic as folic acid, Iron and more.



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After 10 days, she came to do another analysis the results were much better, iron supplement is good. Other medication was described for her as iron 60 pills.

Another visit was made two months after on 4/8/2015 her HB was improved 8.8mg.

Monthly visits done by her, with continuous following up and measuring her vital signs then giving her the proper service, medication and care.

On 4/10/2016 she gave birth to her baby boy (Mohammed) no problems in labor or delivering the baby. So, the clinic's staff during visiting her did what is suitable to her as measuring her temperature, blood pressure, then her HB 11.5 mg. Testing diabetes RBS 75 was normal and good result. She was acknowledged on good nutrition for both the new baby and her, the importance of breast feeding and self-hygiene to keep everything connected to the child clean.

On the third visit of the clinic to Saeda and her child mother was healthy but the baby was so yellow. Mommy didn't know that is not good for him. The midwife explained the detriments of that and the negative effects on the little baby, so they referred him to the hospital immediately to have blood units and put under intensive care till his case was cured and be stabled.

Saeda was very shocked and feeling she is going to lose her baby, saying "it's the most hard, difficult moment in my life. Disposing my child into danger, because I was clueless, and neglecting him to do my house responsibilities which make his case go worse".

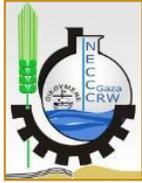
Adding " I feel so grateful and appreciating NECC clinic for providing services and care, whom had the biggest virtue for treating me and my child from the moment I know I'm pregnant till he is now 2 months old, saving our lives from danger". Thank NECC shajaea clinic for supporting and following us and incredible care that is so priceless.

The lady Saeda is a nice, kind and cooperative person. I hope live peacefully and I hope be good. The lady Saeda said that she is thankful and grateful for the care and the attention they had done to her.

- **Story 2**

The lady A/Q lives in Al –Daraj area with a stable social and finical situations, educated has a certificate majoring educational diploma.

She used to follow her pregnancy in Near East Council of Churches NECC Darraj Clinic with gynecologist there. She was very satisfied and happy with all the care she gets physically and mentally, as a result she was very committed to attend and follow till the date of her birth. After that the NECC Nursing Team made a visit to check her and the baby.



One month later, the lady came to make the normal body measures for the baby such as weight, length, and head circumference, but the results were abnormal, so immediately the staff nurse asked her about her delivery, feeding and looking, after her child, as staff nurse noticed from her talking, the neglected appearance of her, paling and crying face, and the wrong way of carrying the child. So, the staff nurse asked her to fill **Edinburgh scale** to assess the ladies psychological status after birth questionnaire, the result was 20 this result revealed moderate postpartum depression, the staff nurse referred her to the psychological counselor to listen and help, who filled another questioner with her PHQ assessment tool of depressed people, the result was 15 mild and assess her anxiety level through the assessment tool GAD7, and the result was 18 which revealed severe anxiety.

She was consulted and cultivated on what is going on with her about apprehensiveness explaining it's all about certain pressures as a result of sudden responsibility of a new baby, the changing of her life style, being scared and terrified of carrying this responsibility of such small baby. This thinking tired her then she lost her appetite, easily provoked, gets angry and mad from nothing, problems in relaxing and sleeping having insomnia most the days because of the baby's short periods of sleep, and continuous crying with no logical cause, she became do nothing at the house, Feeling helpless, sadness, depression, want to cry, as a result she neglected and ignored this baby and then never want it in the house.

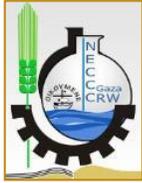
Several individual counselling sessions had done for her to release her apprehensiveness and tension, cultivated and educated her to deal with her baby and asking help from family and especially her mother. Then, the NECC continued following her and the baby for reassurance which happened through her visiting the center. After that, she has acquired six sessions for psychological helping and guiding.

After three months of working and following up, and according to PHQ, and GAD 7 questionnaires the result was 9 and 8 respectively. So, she was rebounding, accepting her baby, relieving problems with her husband, feeling relaxed, returning to her relationships with people after she has reached such a level in which she can't accept talking or seeing any one form feeling angry and sad. Then she has been guided that we are here for helping and supporting her any time she want to. Finally, she is thankful and grateful for every one stands with and supports her. She thanks NECC staff so much for their concerns, cooperation and their kindness in dealing with her.

Note that: the above mentioned two cases refused to take photos for them.

4. Story 3

Najah Mahani 43 year old had finished her third prep school grade (ninth grade) Palestinian refugee. The husband Khaled Ibrahim Mahani was born in 1966 had finished his six grade if primary school, refugee, workless, patient suffers from atherosclerosis in the lower limbs of his body, was taken to hospital many times for marks of severe and ischemic pain in the lower limbs of his body, so he need a continues and urgent treatment.



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So he suffers when he walks, or so any effort, all that costs the family around 100\$ to treatment and medicine monthly. For sorrow, no government clinics can afford the medicine for free or even normal fees.

The father's illness is a big burden on the family socially and financially, his wife takes his medicine from the pharmacy by debt, then she pay's back by the financial aid from the ministry of social affairs.

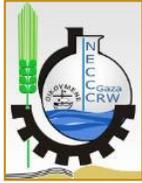
"Our financial situation is so bad; I can't provide our needs, I can't afford buying clothes for the kids for the feast, or even for back to school year", Said the mother.

My mother in law advised me to go to Shejaia health care centre, she said the service and the treatment is very good, so, I continued a street. I started with my first child into Al Beltaji street, I was follow up into the well-baby clinic if course all my children under 5 years, I was following up in well baby clinic, the elder child was carrier a Thalassemia and I kept following up him into the NECC baby clinic, four years old, Mohammad also followed up in the clinic and Mahmoud the youngest, a one year August 2015, followed up into clinic also, from the minute I gave him birth they found that he's a little weight and abnormal, so he was enrolled into Anaemia and Malnutrition program. Najah says that she got benefit from the program, that they were taking care of her child and a knowledge the suitable health, Information about the good nutrition and how to give the supplementary nutrition, doctor gave us the plumpy sup and insure milk, I was given leaflets about nutrition, hygiene and child growing up, and I filled questioner about Malnutrition and Anaemia before and after to get my feedback about nutritional aspects, there is a clear difference in the child's case, that the baby was under weight and always sick, suffers from loss of appetite, now, the child is getting better according to weight and appetite.

The child Mahmoud Khaled Ibrahim Mahani was born in 17th Aug, 2015 in Shejaia area Baghdad Street

He was follower of well-baby clinic of Near East Council of Churches (NECC), the mother came to follow up his measures, as he was under weigh the nurse referred him to Malnutrition and Anaemia program at NECC health clinic where the child received the treatment and good management. The table below shoes the follow up visits for the child.

<i>The child's dates in a clinic</i>					
Date	Weight	Length	HB	Medication	Notes
17 th Feb, 2016	6.1 kg	66 cm	11	30 pocket of plumpy supplement	Moderate underweight, moderate wasting
24 th Feb,					Brought stool,



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<i>The child's dates in a clinic</i>					
2016					<i>it was negative</i>
21 st March, 2016	6.5 kg	67 cm		<i>plumpy sup</i>	<i>He was always ill</i>
25 th April, 2016	6.8 kg	68 cm		<i>15 bottles daily of Ensure milk 237 ml</i>	<i>He got better simply</i>

The mother was acknowledged on how the importance of giving this medicine and about the good health nutrition. Then she asked to do analysis for him.

On 24th Feb, 2016, she couldn't bring Urine sample, her child was ill.

On 21st March, 2016, his mother was advised how to prevent respiratory tract infections and to take care of her child more, as on 25th April, 2016 she was attended to follow his measures.

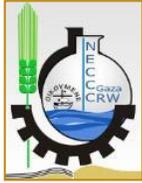
On 25th May, 2016, "The child liked to drink milk which he was took it, but his high wasn't normal, he is suffering from a simply Malnutrition then he has moderate standing" said the mother.

On 13th July, 2016, she attended lately for 2 weeks then she said: "I have a privet problem with my family", he came to the doctor and was given vitamins. On 10th Aug, 2016 his weight and high was normal, it's improvement in his status.

The mother has taken a health education, filled questionnaire About Malnutrition and Anaemia and she attended a lot of courses about it.

Najah Mahani is suffering from disappointing, because she has a hard pressures and circumstances, thus the staff nurse filled with her assessment questionnaire of depression and anxiety, she's suffering from mild depression, so she was referred to the psychosocial counsellor at clinic for solving her problems and made her active to adapted in current situation She still followed her status in psychological support program, to try hard reducing her problem.

For her husband's treatment , she asked the Chemist Mahani about the husband's medicated and say that the medicate like Trental can't found in the pharmacy all of time just for sick or for ask then got from the doctor he given it in the important time.



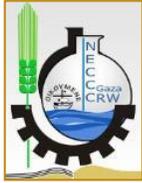
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The Mother said: “She sells her gold for his husband’s medicate, then she want from all assemblies that just cost the husband medicate and then still the helps from ministry of social affairs (for the hours cost) stead from she goes to medicate, I hope to help me and thanks for all” .

“I want to say thanks a lot for NECC for their Services and Benefits and helps me from healthy side and gives the good medication , to my children and gives healthy educate and psychological support” said the mother.

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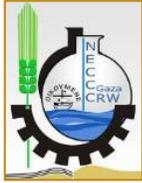




Rafeef case study

Rafeef Al Kowafi, 13 months old born in December 2015, lives with her family in a house located in Tofah Neighborhood. The area where they live is not clean and not healthy. The family consists of 9 members, 5 children and their parents in addition to the grandfather and the grandmother. All of them share the same resources in their small house they live at.

The house is not well ventilated, highly humid, and the walls are cracked and rotten. The house is located in a crowded area, full with garbage and wastes. The services in the area like sewage, water, wastes disposal are very bad. Also, there are a lot of rodents and pests in the area which is risky especially to children.



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The house contains 4 rooms. However, Rafeef's parents and her sisters are living in one single room.

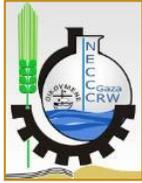
The house of the family has been destroyed during the past Israeli aggression on Gaza in July 2014 and after that the family lived in a rented house paid by the international organizations. All the household assets were demolished during the war including the clothes, utensils, furniture and the family memories. The family has to buy these items on loan and mostly purchased used items.

Gaza rebuilt plans were delayed for several months, however, finally the house has been rebuilt. The house contains a small kitchen and a bath room. It is generally clean but crowded with 7 members sharing the same room. The house is connected to electricity, sewage network and water network. However, like most houses in Gaza, the supply of these essential requirement is not reliable. There is daily electricity cuts for 8-12 hours. The municipality water supply is not safe for human use.

Because of the war, loss of household assets and the difficult economic situation in Gaza, Mohammad "Raheef's" father and his family suffer from harsh economic conditions. He lives on debts resulted from the destruction of the HH assets and the lack of reliable income.

He doesn't have a permanent work. Intermittently, he works in a shop, selling electrical devices. Sometimes he joins short term job employment programs.

All his earnings is less than 600 NIS (\$ 150). Mohammad "Rafeef's father" holds a degree from the university, but similar to other graduates in Gaza, he doesn't find a job since his graduation. The mother of Rafeef is not working also. She completed her secondary school and didn't join the university education because of poverty.



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The grandfather of Rafeef helps in securing some of the family needs. Also, the family occasionally receives food rations. Most food rations are provided by UNRWA but these are not sufficient to meet the needs of the family.

The psychosocial status of the family is not good. The shortage of resources affects the family ability to meet the needs of the households. The family is unable to sustain the resources for the school requirements including school stationaries, bags, transportation, clothes and pocket money. In particular, the family feels sad as they cant afford buying clothes for the children and instead they use the second hand items donated by relatives. Because of poverty, the family isolates itself. Because socialization and exchanging visits costs money, the family prefers to spend the limited available resources on the essential family needs. Also, the gender discrimination in the society constitutes a problem to the family. Because all the children of Raheef family are girls, always people look to them with sorrow and use words that irritate her mother. Therefore, she tends not to go outside her house quite often.

The family has been visited by NECC field workers during the household screening conducted in 2009 with support from DCA. At that time, two children (Marrah and Farrah), the sisters of Rafeef were screened and assessed for anemia and malnutrition. Rafeef wasn't born yet during that screening exercise. Since then, the family started receiving health services at NECC and continued till now. The mother was very happy that NECC teams visited them and this motivated her to seek health services including the well-baby at NECC clinic. No other governmental or UNRWA clinic are available in Darraj area. In-deed, no other health service provider provides routine well-baby services for children from 0-6 years regularly. Instead, most health care providers provide well-baby services linked to immunization. Regularly Rafeef family visits the NECC clinic and receives services for all their children including receiving the well-baby services from the program funded by the Embrace the Middle East. When asked why she attendance these services regularly she cited the following reasons;

- Quality of care
- Respect from the staff
- Availability of medications
- Accessibility
- Approach of care is comprehensive and not focusing only on the medical aspect

In July 2016, the mother attended the routine well-baby services. The clinic staff performs the needed examinations and the needed measurements. Height, weight, head circumference and hemoglobin level were measured. The examination reveals that the child suffers from anemia.



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Well Baby Iron Table Followup Form

Center: [Darraj] File No.: 14851 Birth Date: 21/12/2015
 Name: رفيف محمد محمد الكويكي الهويبة غير مخطلة 28/07/2016 Sex: F 73440

Visit#: 28/07/2016 V. Date: 28/07/2016 Weight: 7 Len/hei: 67
 HB/H: 10

Progress: UW: Normal -0.8 Stunting: Normal -0.27 Wasting: Normal -0.81 Anemia: Mild 10

Food: 0 Iron Bottles: 1

ICD10: J03 Acute tonsillitis

R/x: 161032 Dr Sian: د. سيان: دواء الحديد

Drug Name	Notes	Quantity
Ferrous Sulphate Oral Drops	11 نقطة كل 11 ساعة بالماء قبل الأكل صباحاً	1
Allergon 100cc Syrup	شراب ، بالماء ، كل 8 ساعات ، يغطي 3 أيام ، لمدة اسبوع	1
Amoxicicare 125mg , 100ml Susp	كريم 3 مرات يوميا	1
Febramol Inf. 150mg Supp	تسكين عند الضرورة	6

Child is anemic

Well Baby Iron Table Followup Form

Center: [Darraj] File No.: 14851 Birth Date: 21/12/2015
 Name: رفيف محمد محمد الكويكي الهويبة غير مخطلة 28/07/2016 Sex: F 73440

Visit#: 01/09/2016 V. Date: 01/09/2016 Weight: 7.1 Len/hei: 69
 HB/H: 11.2

Progress: UW: Mild -1.05 Stunting: Normal -0.12 Wasting: Mild -1.28 Anemia: Normal 11.2

Food: 0 Iron Bottles: 1

ICD10:

R/x: 163992 Dr Sian: د. سيان: دواء الحديد

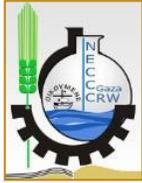
Drug Name	Notes	Quantity
Ferrous Sulphate Oral Drops	11 نقطة كل 11 ساعة بالماء قبل الأكل صباحاً	1

After the treatment, child is normal

The child has been referred to the management program of anemia and the following were done to her

- History taking
- Diet recall exercise
- Complete physical examination
- Lab investigations
- Iron supplementation
- Health education
- Health education brochures
- Monthly follow up
- Individual counseling
- Psychosocial support

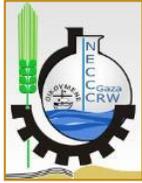
Follow up visits and medication provided



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Date of visit	Complain	Hg	Ht.	Wt.	Medications
July 28 th 2016	Acute tonsillitis and anaemia	10	67 cm	7 kg	<ul style="list-style-type: none"> • Ferrous sulphate oral drops • Allergon 100cc syrup • Amoxicare 125 mg • Febramol Inf. 150 mg
August 2 nd 2016	Regular Follow up visit				<ul style="list-style-type: none"> • Adol drops
September 1 st 2016	Follow up for anaemia	11.2	69 cm	7.1 kg	<ul style="list-style-type: none"> • Ferrous Sulphate oral drops
October 6 th 2016	Bronchitis and follow up	-	70.5 cm	7.5 kg	<ul style="list-style-type: none"> • Tailol 100 ml syrup • Ferrous sulphate oral drops • Ventocare 2 mg syrup • Megastatine oral drops • Amoxicare 125 mg, susp
November 1 st 2016	Acute Bronchitis				<ul style="list-style-type: none"> • Normasal drops • Adol drops • Ventocare 2 mg, syrup 150 ml • Cefacare 250 mg, susp 160 ml
December 27 th 2016	Common Cold and follow up	-	71.5 cm	8.4 kg	<ul style="list-style-type: none"> • Adol drops • Parafly 60 ml syrup • Ferrous sulphate oral drops

The table below shows a summary of the typical food offered in 24 hours to Rafeef.



Diet recall

Breakfast	Lunch	Dinner/supper
8 am breast feeding	2 pm lunch, beans cooked with tomato Also rice is usually served with lunch	Bread with milk or tea
11 am breakfast bread, homos, tomato, vegetables	On Friday meat, chicken, liver and fish	Artificial milk Homos and beans
12 Breast feeding		

The diet schedule has been discussed with the mother. The mother were given instructions about what to give for the child and want to avoid especially tea. The following inappropriate behaviors were noted from the diet recall analysis.

- The mother doesn't take iron as recommended
- Giving the child tea with food
- Giving milk with rice and other food
- Giving iron with milk

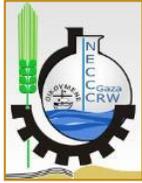
Two months later during the follow up meeting in September 2016, the mother visited the clinic with her child. Hemoglobin level was assessed and it was within normal range 11.2 gm. The change in the hemoglobin level is attributed mainly to the following

- Change in eating habits
- Compliance with appropriate nutritional practices
- Compliance with the medications
- Appropriate follow up

After her hemoglobin has reached to the normal level, the clinic team continued giving her prophylactic dose of iron.

Rafeef family was happy that her health has improved and she is very grateful to NECC and Embrace the Middle East for their efforts. As a result of Embrace support, Rafeef hemoglobin level returned to normal. Her cognitive ability will be enhanced and her ability to resist diseases has increased. This will have long term impact on her will being.

Still, Rafeef's mother recommends the following to the NECC:



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- Continue supporting the well-baby program
- Conducting periodic screening to all children
- Including children up to 10 years in the program
- Securing therapeutic milk and fortified food
- Expanding the physical place of the clinic
- Shortening the waiting time.

Success stories from TVET Program

Story 1:

Khitam Mufeed Harara

I am the student Khitam Mufeed Harara, 33 years old live in Gaza city, my family consists of 8 individuals. My husband is working out of Gaza. So I am the only person responsible for supporting my family with our essential needs. We have very difficult situation in the house, socially and financially, I have 3 sons and 3 daughters studying at school, the burden on my back is very heavy to carry.

So, I decided after I saw everyone around me is giving up on my family, I want to study, and try to earn some money for my children. I went and joined Near East Council of Churches 'NECC', the secretarial center.

Now after spending the whole year studying, fighting and overcoming all the circumstances in the secretarial center, I gain so much benefit on both social and educational levels.

I am still so responsible; I used to live on the UNRWA card as assistance for my family to feed them up.

My burden is getting much higher than I thought after my husband is stuck here in Gaza. But hopefully with this certificate I wish I can get a decent job to left my family members by my education and success, and determine the future of my children according to what we decide.

I would like to say thanks to my teachers and every one helped me to get this certificate into reality. Also glad I learned Computer and typing that means I can compete my colleagues



and be up-to-date person, especially with the wide spread of social media networks and high speed of technology.

Note: Khitam didn't accept to share her photo.

Story 2:

Mohammed Al-Ju'aidi, 25 years describes the impact of his enrolment at the General Electricity and Motor Rewinding program at EI-Qarara VTC.

I am a graduate from EI-Qarara VTC which is belonging to NECC in the southern area of the Gaza Strip.

I live with my family at EI-Burajj Refugee Camp middle the Gaza Strip, the family is consisting of 11 members. My father is an electricity technician currently working on irregular basis in his profession while he is the responsible and the sole breadwinner for the family considering that I have a brother and a sister studying at the university now.

Actually, I have applied for this NECC Electricity Diploma for four times since 2011, the luck accompanied me just in the last time in October 2014 that's why I was so delightful with my enrolment at EI-Qarara VTC because I felt that one day I will bring my dreams into the world of reality.

Within my studying at EI-Qarara VTC, I had been learning new things every day and every minute, I tried new friendships and I am learning a lot from my instructors and colleagues all the time.

Recently, I did my external training for 6 weeks at a local workshop in my neighborhood, expertizing new techniques and teachings, inspiring new world that was behind my cognition.

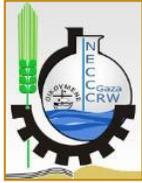
Finally, I got the success in my studying, ended my external training and passed the final exams successfully (last October).

Currently, I have been selected for doing an on-job-training placement for 6 months at an active electrical company which is working in manufacturing electrical installments at Gaza industrial zone east Gaza.

This was realized by the support of NECC in their co-partnered project with the Caritas France organization.



Mohammed (pointed by arrow) is receiving training on transformers



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This will be a prominent step in my life in general as well as easier entry in the labor market and getting a decent work afterwards allowing me to stand in support to my family.

Story 2:

I am Ahmed Jihad Al-Basoos, a graduate of the **Metals & Welding works department** of the Gaza vocational training center belonging to the Near East Council of Churches (NECC), I graduated last year of 2015.

I am 21 years old, live in Shijaia area east of Gaza city with a family consisting of 5 persons, my father is working as interlock street tiling contractor and he is the only breadwinner of the family. As well, I have two school student brothers.

I joined the vocational training center 4 years ago with an aim to learn the vocation of metals and welding because I like this vocation since I was young as so, I felt that I will get more skills to mastering it so I could work in my desired vocation in the future.

During my stay in the center (3 years), I learned a lot about the vocation of metal & welding as well as, I learned a lot from my instructors about topics relating to life skills, attitudes and interpersonal communication and practices.

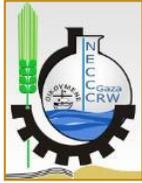
All over the period of the training, I was keeping going to a work in the vocation after finishing my training day so I could get new experience and get to know the local market in order to practice what I am being learning.

Immediately after graduation last year, I was working at Gharabli contracting company with a full time job for 3 months, I was very pleasant with this job as my companions and colleagues dealing with me respectfully and I have good relations with all of them.

Currently, I was selected by Islamic Relief for a temporary job creation program for 4 months, and I was placed at the NECC premises doing welding and maintenance work for them starting from this October and will last till mid February 2017.

I believe that this training in metals and welding works will be leading me to the success in achieving my dreams in life and I hope from god to help me on that path.

For the future, I hope that I could open my own workshop so I could go dependent in my work and life and get contracts and works on my own through which I could build my future, have a family and prosperity life.



Ahmed is doing welding for maintenance works at NECC premises



Ahmed is doing welding works at NECC premises at Shijaia VTC

Story 3:

I am lyad Salah Al-Basoos, graduated in 2015 from the **Carpentry & Furniture Making department** of the Gaza vocational training center belonging to the Near East Council of Churches (NECC).

I am 20 years old, live in Shijaia area east of Gaza city with a family consisting of 6 persons, my father is working as accountant for a local company and he is the only breadwinner of the family. As well, I have a university student brother.

I left school before completing preparatory stage certificate because of my week achievement at schooling; afterwards, I joined the department of Welding and Aluminum which is belonging to NECC at Shijaia vocational training center.

I graduated from the center at the end of 2015 and from my graduation; I worked for a local workshop at Shijaia area for little income.

However, during my work, I gained satisfaction from the workshop owner as I could prove my skills and cleverness in work and my ability to afford work pressure that's why the workshop owner satisfied my performance.

Currently, I was selected by Islamic Relief for a temporary job creation program for 4 months, and I was placed at the NECC premises doing carpentry and wooden works for them starting from this October and will last till mid February 2017.

After finishing this employment course and benefiting from the experience I gained out of, I will be able to work with other employers.



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For the future, I hope that I could open my own workshop so I could go dependent in my work and life and get contracts and works.



Iyad is doing furniture works at NECC Shijaia VTC



Iyad is doing carpentry works at NECC Shijaia VTC

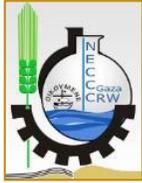
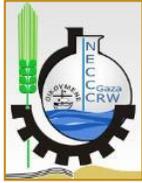


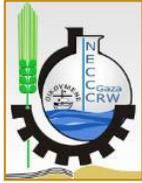
Photo Gallery





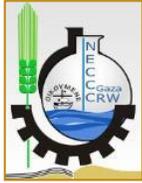
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Annex (1)

Health Program

Intervention logic	Indicators	Achieved
<p>Overall Goal</p> <p>1. Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children.</p> <p>Impact: Health status of Palestinian mothers and children improved through the provision of quality primary health care services.</p>	<p>5% reduction neonatal mortality rates In targeted areas</p>	<p>In 2015, UNRWA estimated that the Infant Mortality Rate (IMR) has increased for the first time in the last decades to around 22/1,000 live births in the GS; around 74% of them die in the first 28 days after delivery; mostly within the first 6 days of life. In 2016, a validation study was performed which confirmed the earlier study. Unlike most other countries, for more than a decade, the IMR hasn't been reduced; in fact it has increased</p>
	<p>5% reduction In maternal mortality rate in targeted areas</p>	<p>The overall MMR ratio in Palestine has significantly Improved from more than 55 per 100,000 live births in 1999 to around 23 in 2014, which is still within the acceptable range recommended by the WHO according to Miftah, Independent Commission for Human Rights, & United Nations Fund for Population Activities. Country Assessment towards Monitoring and Reporting Sexual and Reproductive Health and Rights in Palestine, (Palestine, 2015).. These estimates rank Palestine 83rd among world countries and 12th among Arab countries in MMR. The rate of reduction in MMR is 3.6% per year, less than the MDG5 target of 5.5% annual reduction, but still higher than the average worldwide reduction of 2.3% for the same time period.⁵⁵ More efforts are needed to further reduce MMR according to national plans.</p>
	<p>50% of served population received appropriate care and their health status improved</p>	<ul style="list-style-type: none"> - Regarding malnourished and/or anemic children up to 5 years diagnosed, 75.4% of children diagnosed as anaemic at the well-baby services recovered and returned to normal at within 90 days of their involvement in the treatment program were recovered - No maternal mortality among all pregnant women who follow up during their pregnancy in our clinics and gave birth during this year - Also 80% of mothers (1407 mothers out of 1759) passed 6 weeks after delivery without complication while 9.6% of children (186 children out of 1737) during 6 weeks of their born had specific medical conditions and received appropriate treatment and recovered

	20% reduction in the prevalence of anaemia and malnutrition among the served population	<ul style="list-style-type: none"> • Shijaia 18.59 (Baseline 18.27%) • Darraj %28.18 (Baseline: 31.74%) • Rafah %17.22 (Baseline : 20.93) • • it is worth mentioned that the prevalence of anemia is still high in all areas , just minimal reduction of anemia in Rafah and Daraj areas. • Malnutrition : • Shijaia: 14.26% (Baseline: 14. 78%) • Darraj: 10.25 % (Baseline: 9.8%) • Rafah: 11.97% (Baseline: 15.08%) • The reported prevalence rates are similar to the last year figures with more higher in Daraj, and Shjaia areas .it seems that malnutrition correlates positively with bad socioeconomic condition
	90% of pregnant women received quality antenatal care services	97-98.8 % of pregnant women received quality antenatal services
	70% of women received standardized postnatal care	81% of women received standardized postnatal care and this indicator achieved because of the promotion of the provision in postnatal care in 2016 supported by UNICEF
	70% of children received appropriate growth monitoring services	71.69% new registered children attending well baby regularly according to appointment date given by NECC while 56% of total children attending well baby regularly according to appointment date given by NECC
	50% of anaemic children timely recovered	<ul style="list-style-type: none"> • 75.4% of children diagnosed as anaemic at the well-baby services recovered and returned to normal at within 90 days of their involvement in the treatment program. Others improved (8%) but didn't return to normal within the provided time frame. The target of the project is to have 50% recovery or improvement rates.
	50% of malnourished children timely recovered	<ul style="list-style-type: none"> • 85.2% of wasted children recovered and returned to normal within 120 days of their involvement in the project. • 73.2% of children diagnosed as underweighted children are recovered and returned to normal within 120 days of their involvement in the treatment program. Others -- improved (7.5%) but didn't return to normal within the provided time frame. • 55.1% of children with stunting recovered and returned to normal within the recommended 120 days
1.1 Provide adequate primary health care services in the poor and overcrowded localities according to priorities/ Women, Children and Youth in the poor and overcrowded localities enjoy improved health	At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	98.8% of pregnant women in targeted locality received timely ANC at least 4 visits
	At least 70% of women in targeted locality received timely quality post natal care at least twice.	81% of women in targeted locality received timely quality post natal care at least 3 times.
	20-30% improvement in the	achieved

conditions	knowledge level based on pre test post test (nutrition, danger sign for mother and baby during ANC, NC, PNC.	
1.2 The public and environmental health in the targeted areas is promoted and enhanced	At least 20% reduction of clients presented with diseases resulted from bad sanitation, and in appropriate practice (diarrhea, parasites, skin diseases).	<ul style="list-style-type: none"> - 17.4% reduction in parasitic infections - Respiratory system diseases are dropped from 24.8% to 11.8% (Reduced by 52%) among patients at general clinics. This gives clear evidence about the effectiveness of the health education provided at NECC. - A noticeable increase in the prevalence of skin diseases from 34.55% in 2015 to 35.42% among patients at general clinic . This could be explained by provision of dermatology clinic services at NECC health centers that started in March 2015
1.3 The level of malnutrition including anaemia in the target areas is reduced.	Reduce prevalence of anaemia amongst registered pregnant women, breastfed mothers and children by 30%.	<p>it is worth mentioned that the prevalence of anaemia is still high in all areas , just minimal reduction of anaemia in Rafah and Daraj areas NECC intensified the efforts, focus more on health education , awareness sessions and counselling activities.</p> <p>Minimal reduction of anemia among registered pregnant women</p>
1.4 Achieve high standard of quality in the services provided by NECCCRW's health centers.	60% of health care providers practice appropriate practices	475 checklists were filled and 96.1% of health care providers practice appropriate practices.
	60-90% of clients received standardized services according to protocols.	Achieved
	Level of satisfaction amongst beneficiaries reaches over 85% for the protocols and systems followed	Level of satisfaction amongst beneficiaries reaches over 90% for the protocols and systems followed
1.5 The psychosocial status of the served community particularly women and children is promoted	At least 30% of clients with psychosocial problems improved after receiving support from NECC staff as verified by objective assessment	<p>The SDQ pretest shows 46.9% of children have some psychosocial problems. At the end of the group sessions the SDQ results show a significant decrease in the number of children with problems to 35.3% in total.</p> <p>In some psychological problems for example decrease number of children who suffered from movement problems from 12.3% to 7.8% which revealed significant improvement by 36.5% reduction in emotional problems</p>
1.6 Cooperation and collaboration with relevant organizations is enhanced	At least 6 reports produced, disseminated, and discussed among stakeholders	More than 10 reports produced, disseminated, and discussed among stakeholders
	At least 10 coordinating meetings or workshops conducted with relevant organizations	At least 100 coordinating meetings or workshops conducted with relevant organizations
	200 severe cases referred to specialized institutions	241 severe cases referred to specialized institutions

1.7 The needs of persons with disabilities from medical apparatus and devices is fulfilled	30 persons with disabilities received medical apparatus and devices and lead more reproductive life	26 persons with disabilities received wooden and metal crutches
1.1.1 Pregnant women received adequate primary and procreation health care	1,200 new pregnant women registered for ANC annually	2160 new pregnant women registered for ANC annually
	7000 antenatal care visits made annually	18596 visits made annually
	1,800 pregnant women received follow up visits, newly registered and on- going	2915 pregnant women received follow up visits
	10,000 lab tests for pregnant made women.	28919 lab tests for pregnant made women
	4500 mothers received health education activities	13765 mothers received health education activities
1.1.2 Deliveries received appropriate postnatal care services	1600 postnatal care visits conducted annually	4560 postnatal visit conducted
1.1.3 Children received adequate primary health services	12,000 children registered at the well baby clinic and screened for anemia and anthropometric measurements	12,740 children 0-6 years old attending the well-baby services as planned in accordance with the national protocols
	25,000 well baby visits were conducted annually	33424 well-baby follow up visits were performed
	7,000 sick children up to 6 years old received medical examination and treatment	8212 sick children have been provided with medical examination and needed medications and supplementation
	150 demonstrations presented for mothers to feed their children	143 food demonstrations distributed to 4542 attendants at well baby days. Sessions were provided at the health centers and occasionally in local community based organizations.
	Awareness lectures for 3,000 mothers conducted annually	345 awareness sessions conducted for 11,735 mothers
	At least 10,000 calls, home visits and sms done to ensure follow up of children at well baby program	35,309 SMS were sent to clients which were effective and well-perceived by them in addition to 10,253 SMS that were sent to bring back defaulters (in total 45,562). The use of SMS has contributed to the reduction of the number of defaulters
1.1.4 Couples received reproductive health services and awareness.	800 partners received reproductive health services and awareness.	1227 women received family planning and health awareness
	500 breast exams carried for women annually and 100 women referred for mammogram	Only 16 breast exams were conducted for women. NECC is still looking for a referral site for mammography (free for charge) to start conducting the screening.

1.1.5 Clients received appropriate dental care	Over 4,000 women, children and adults in targeted areas receive dental care annually	7425 women, children and adults in targeted areas receive dental care
	1,200 pregnant women receive routine dental check up for the first time pregnancy.	1996 pregnant receive routine dental check up
	700 children receive tooth check up during well baby clinic.	2061 children checked-up during well baby clinic
1.1.6 Patients physically examined, appropriately investigated and received treatment	Over 4,000 patients examined, tested and received treatment	11096 cases examined , tested, and received treatment
1.2.1 Inhabitants received consultative, awareness and creational health services.	1500 beneficiaries were annually visited at their homes	3840 home visits were conducted by NECC to beneficiaries inside their house
	40 women participates in 2 trainings per year	Community training is provided at both served communities; Darraj and Shijaia to 40 female trainees per year divided into two groups.
1.2.2 Local communities received minor assistance to support their environmental health context	At least 100 families of beneficiaries received social assistance.	Not implemented due to lack of funds.
1.3.1 Adequate treatment in matters related to nutrition best practices has been extended	At least (2,000) anaemic children and\or (500) malnourished treated recovered or improved or prevented from being deteriorated annually	The total number of those examined and found abnormal and enrolled in treatment programs is 1767 child. Children who are found anaemic, and or malnourished 949 were identified and received appropriate care as evidenced by the NECC database.
1.4.1 Information system enhanced	Functional management system were promoted: protocols , information system	Achieved
1.4.2 Regular reporting and communication enhanced	Regular quality reporting is received from health centers on time	Achieved
1.5.1 Appropriate psychosocial services are provided to women and children attending the PHC.	• 1,500 children received psychosocial support	2214 children received psychosocial support
	• 2,000 women participated in psychosocial support	5724 women participated in psychosocial support
1.5.2 Women participating in activities and training	200 women attending afternoon activities received psychosocial support	232 women attending afternoon activities received psychosocial support

to support their livelihood	Percentage of women trained get income after one year	Still not developed
	40 women attending community workers training course received psychosocial support	40 women attending community workers training course received psychosocial support
1.5.3 Appropriate psychosocial services are provided to male students and parents of VTC.	<ul style="list-style-type: none"> 220 male student and 40 parents received psychosocial support 	<ul style="list-style-type: none"> 203 male student students and 30 Parents received PSS sessions.
1.5.4 Raise and improve the capacity of professionals working in programs of psychosocial support.	<ul style="list-style-type: none"> 8 team members, those 8 participate in capacity building programs. 	Achieved
	<ul style="list-style-type: none"> 8 NECC staff received capacity building on professionals working in programs of psychosocial support 	Achieved
1.6 Cooperation mechanism to increase capabilities are adopted and followed with relevant parties.	<ul style="list-style-type: none"> 20 participants from NECC staff participates in relevant workshops and trainings 	25 of NECC health and PSS staff participated in relevant workshops , training and meetings
	<ul style="list-style-type: none"> At least 2 visits and meetings with health partners are conducted monthly by the supervisors of the clinics 	Achieved
	<ul style="list-style-type: none"> 20 NECC staff participate in external activities outside NECC 	Achieved

TVET program

Overall Goal	Indicators	Achievements
2. Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions / marginalized Palestinian youth are empowered to improve their own economic conditions	At least 50% of graduates and supported youth are employed or self-employed within one year of graduation and service (achieving better than national numbers of same age group)	Achieved. 84.16% of graduates and supported youth are employed or self-employed within one year of graduation and service
Specific Objectives/ Outcome	Indicators	Achievements
2.1 Provide high quality vocational training in a variety of designed skills and professions to target groups in accordance with the requirements of the society and market. / female and male youth have gained skills and professions that are relevant to the market and society	At least 95 graduates accomplished their vocational training and graduated annually in 5 fields, 38% of which are females.	99 graduates out of 107 (originally enrolled) students accomplished their vocational training and graduated in 2016 in the 5 fields, 43.4% of which are females
	At least 90% of students enrolled in training have graduated	92.5% of students enrolled in training have graduated
2.2 Quality of vocational training and associated professional skills development provided to youth and women entering the job market is enhanced	At least 60% of NECC trainers received TOT and implement the gained skills during the Training sessions.	Achieved. 100% of NECC VTC's trainers received TOT in 2016 and implement the gained skills during the Training sessions.
2.3 Needy students are assisted to complete their education in fields that respond to the community and market needs	At least 95 needy students completed their training without having financial constraints (subsidizing training fees for needy trainees)	99 students completed their training without having financial constraints through installment of training contributions for all students

2.4 NECCCRW's graduates are assisted in finding employment and self-employment opportunities.	Over 50% of graduates were assisted to find jobs within a year after graduation	84.16% of graduates and supported youth are employed or self-employed within one year of graduation and service
Expected results/outputs	Indicators	Achievements
2.1.1 Male youth received vocational training in carpentry/furniture making, welding and Aluminum work	39 new male youth joined the vocational training courses in carpentry/furniture making, welding and Aluminum work	63 new male youth joined the vocational training courses in carpentry/furniture making, welding and Aluminum work.
	A total of 110 students new and old receive training in carpentry/furniture making, welding and Aluminum work annually	107 students new and old receive training in carpentry/furniture making, welding and Aluminum work during 2016
2.1.2 Male youth received Vocational training in general electrical skills and motor and transformer rewinding	24 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding annually.	26 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding during 2016.
	A total of 48 students new and old receive training in electricity skills	48 students new and old receive training in electricity skills
2.1.3 Female youth received Vocational training in secretarial and office work	<ul style="list-style-type: none"> • 20 new female youth joined the vocational training in secretarial and office work • A total of 20 students receive training in secretary study 	<ul style="list-style-type: none"> • 22 new female youth joined the vocational training in secretarial and office work • 22 students receive training in secretary study
2.1.4 Female youth received Vocational training in advanced sewing	<ul style="list-style-type: none"> • 15 new female youth joined the vocational training in advanced sewing • A total of 15 students receive training in Advanced sewing 	<ul style="list-style-type: none"> • 24 new female youth joined the vocational training in advanced sewing • 24 students receive training in Advanced sewing
2.2.1 Advanced vocational training for NECC staff is provided	<ul style="list-style-type: none"> • 15 NECC staff received capacity building on vocational training disaggregated by type, location of training and duration 	<ul style="list-style-type: none"> • 15 NECC staff received capacity building on vocational training
2.2.2 Linkages with Alumni and market enhanced and feedback integrated into training programs	<ul style="list-style-type: none"> • Number of coordination meetings with domestic market. (private sector) • Number of graduates who got employment after one-year of graduation. 	<ul style="list-style-type: none"> • 30 coordination meetings with domestic market and relevant organization • 85 out of 101 of graduates (2015) who got employment after one-year of graduation
2.3.1 Educational loans to students to complete their study	<ul style="list-style-type: none"> • At least 60 educational loans provided to students to complete their study at Palestinian universities 	<ul style="list-style-type: none"> • 79 educational loans provided to students to complete their study at university for the year 2016

at Palestinian universities were provided		
2.4.1 Follow-up graduates; one year of graduation is conducted.	<ul style="list-style-type: none"> Annual Follow-Up is conducted At least 70% of graduates were followed/contacted after one-year of graduation. 	<ul style="list-style-type: none"> Annual follow-up was conducted 100% of graduates were followed after one year of their graduation
2.4.3 A mechanism to connect students with labour market is established	<ul style="list-style-type: none"> At least 50% of those connected through NECC joined the labour market through the link after one-year of graduation from vocational training 	<ul style="list-style-type: none"> 84.16% of graduates and supported youth are employed or self-employed within one year of graduation and service

Emergency relief program

Overall	Indicators	Achievements
Provide emergency assistance to alleviate the impact of emergency humanitarian situations when required./ Impact of emergency situation has been alleviated through the provision of humanitarian assistance	Targeted Palestinians and communities are able to attain cash for work “ temporary jobs”, cash relief for one time to secure food , medicine, and daily needs, and health and education services comparable to pre-emergency status (when funds are available).	<ul style="list-style-type: none"> Job creation: 132 TVET graduates from NECC VTCs (92 males and 40 females) got job creation opportunities: <ul style="list-style-type: none"> - 82 through Islamic Relief (62 m, 20 f). - 50 through Caritas-France (30 m, 20 f).
Specific Objectives/Outcome	Indicators	
3.1 Enhance NECC's ability to mitigate the effects of, and respond to emergencies	<ul style="list-style-type: none"> NECC have scenario analysis, plans and possible resources, updated quarterly 70% of applied appeals are granted (ACT) 	<ul style="list-style-type: none"> NECC is well-prepared humanitarian ground to mitigate the negative effects of the violent environment, giving special attention to those most affected and vulnerable, and the poorest of the poor through its emergency relief program including needs and context assessment, strategic and contingency plans, capable staffing, and relevant publications including quarterly and annual narrative and financial updated reports. We applied for Emergency appeals to Act Alliance, for the year 2016-2017. Previous ACT Alliance appeal was implemented till end of March 2017, a new appeal was launched in April 2017.
3.2 Families affected by the on- going emergency situation have enhanced their humanitarian status	<ul style="list-style-type: none"> Over 90% of assisted families humanitarian status is at least temporarily enhanced 	Due to unavailability of funds for this section, this indicator was not implemented.
3.1.1 NECC active	<ul style="list-style-type: none"> All ACT form meetings attended. 	All of the monthly ACT forum meetings were attended.

in ACT Forum meetings.		
3.2.1 Needy households were assisted through cash assistance	<ul style="list-style-type: none"> 4,000 households assisted through cash support 	Due to unavailability of funds for this section, this indicator was not implemented.
3.2.2 Job opportunities for individuals were created.	<ul style="list-style-type: none"> 90 jobs created for unemployed of 3,500 working days 	132 jobs created for unemployed graduates (see details above).

Advocacy program

Overall Goal/Impact	Indicators	Achievements
Mobilize and empower Palestinian and other relevant communities to seek just and equal social and economic rights for Palestinians.	1 to 2 policy/advocacy issues resulted in improving justices and economic status	<p>NECC continued mainstreaming its child protection policy. Growth monitoring for up to 6 years though well baby program is also continued at NECC centers.</p> <p>Also NECC promoted PNC for mothers and new born in order to decrease MMR and NMR and complications after delivery.</p> <p>NECC adopted a complaint mechanism but still need to be mainstreamed among staff and community.</p> <p>NECC actively participated in economic initiatives namely the 2nd TVET week and LET council.</p> <p>NECC participated in 2 initiatives led by Islamic Relief "waste products and maintain safe environments" and WHO "best use of antibiotics".</p>
<p>Specific Objectives/ Outcome</p> <p>To enable and empower the local community to advocate its issues to achieve social equality./ Palestinian refugees and marginalized communities in Gaza are advocating their issues to achieve social equality</p>	<p>Indicators</p> <p>3 social issues raised by local communities</p>	<p>4 social issues for Health programs and one for TVET were raised by local community including family planning, breast cancer, postnatal care, Nutrition program and vocational training.</p> <p>Economic initiatives raised through TVET week and job creation projects.</p>
	At least 70% of social issues raised, and advocated are achieved	Achieved

Expected Results/Outputs Network and coordinate with local, regional, and international organizations to defend the rights of NECCCRW's beneficiaries.	Indicators <ul style="list-style-type: none"> ● 3 Functional networks established. 	Achieved
Involve communities in planning , implementation and evaluation of health initiatives	<ul style="list-style-type: none"> ● 2 initiatives implemented with local communities 	4 initiatives: TVET week, Breast cancer awareness month, Dental care for old ages, world Woman day participation, LET Council initiatives.
	<ul style="list-style-type: none"> ● 2 programs/activities at which beneficiaries had participated in planning, implementation and evaluation 	NECC has conducted 4 community meeting involving our beneficiaries in planning, implementation and evaluation of our programs 3 of which in health and the fourth in TVET.
Raise the awareness of international communities towards the Palestinian issue and rights and consequences of occupation.	<ul style="list-style-type: none"> ● 10 visits paid by relevant internationals ● 4 Relevant publications released 	<ul style="list-style-type: none"> ● 41 visits paid by relevant internationals ● At least 10 relevant publications released
Coordination with human rights organizations	<ul style="list-style-type: none"> ● 10 coordination meetings attended with the relevant organizations 	At least 20 coordination meetings with relevant organization to advocacy were attended

Annex 2:

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

(Philippians 1:4-6)

ACKNOWLEDGEMENT TO OUR SUPPORTERS:

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

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

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

**Public Informaiton Office
Gaza Field Office**

*Total Registered Populaiton 1,435,616 as of 31 December 2016**

Registered Refugees: 1,311,920					Other Registered Persons		
Area	Camps	Registered camp Populaiton	Not in camps	Total Reg. Refugees	Other Registered Persons**	MNR family Members***	Total Persons
Jabalia	Jabalia	119,087	135,407	254,494	3,913	3,584	261,991
Zaitun	-		179,141	179,141	15,491	14,553	209,185
Rimal	Beach	84,140	158,636	242,776	5,819	5,435	254,030
Nuseirat (Nuseirat & Bureij Camps)	Nuseirat	117,711	45,049	162,760	2,323	2,250	167,333
Deir El-Balah (D/Balah & Maghzi Camps)	D/Balah	54,159	63,309	117,468	2,413	3,200	123,081
Khan Yunis	Kh/Yunis	83,719	167,698	251,417	8,746	11,559	271,722
Rafah	Rafah	119,878	107,682	227,560	4,445	3,349	235,354
Total	8 Camps	578,694	856,922	1,435,616	43,150	43,930	1,522,696

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

*** MNR family members are also part of the Other Registered Persons category , but their numbers are seperated for tracking and monitoring purposes

**Informaiton is based on UNRWA Registration Statistical Bulletin No. (12/2016) by Department of Relief & Social Services - UNRWA - HQ (Amman)*

Middle East Council Of Churches Committee For Refugee Work

DSPR/NECC

Mediterranean
Sea

GAZA STRIP

