

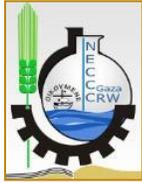


Near East Council of Churches Committee for
Refugee Work (NECCCRW)

Department of Services to Palestinian
Refugees DSPR/Gaza Area

ANNUAL REPORT 2017



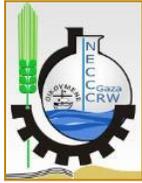


**Near East Council of Churches Committee for Refugee Work (NECCCRW)
Annual Report 2017**

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

(Philippians 1:4-6)





► Preface

Since the establishment of NECC in 1952, it believes that good health is incredibly important to achieve social and economic development. Thus, to improve the health status, education, livelihood and economic development of Palestinians and to improve the quality of services provided, the NECC launched Health and TEVT Program to strengthen the quality of health, psychosocial, education, and vocational services in various sections in order to maximize resources and improve the type of care provided.

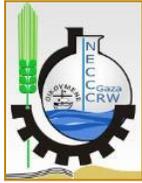
This document is the NECC Annual report, a joint coordinated and elaborated work organized by NECC-Gaza staff in full cooperation between all centers and departments.

The purpose of this report is to give comprehensive information on NECC programs implementation during the year 2017 (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 (Aspin wall, 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 program sat 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

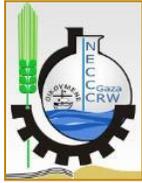
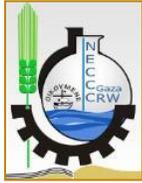
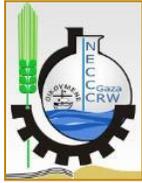


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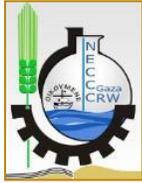


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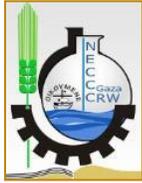


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List of abbreviations:

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



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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. Maher Issa Latif Ayyad	Chairperson	Consultant surgeon
Dr. Sami Elias Abed Manneh	Vice-Chairperson	Pediatrician
Mr. Samir Saliba Ibrahim Saba	Treasurer	Retired Accountant
Dr. Sohail Anton George El Madbak	Delegate	Dean of faculty of medicine-Al Azhar University/Gaza
Mr. Suhail Christo Jameel Tarazi	Alternate	program Manager of British council/Gaza
Dr. Elias Jan Elias Artin	Member	Consultant general Surgeon
Miss Suhaila Shawqi Bshara Tarazi	Member	Ahli Arab Hospital director
Mr. Nazeeh Lam'i Habash Habashi	Member	Retired deputy head master
Dr. Bshara Fouad Bshara Khouri	Member	General director in ministry of telecommunication and information technology
Dr. Issa Michael Anton Frangieh	Member	Physician
Mr. Jaber Abdullah Khader Al Jelda	Member	Teacher
Mr. Imad Wafa Tawfeeq Al Saiegh	Member	Engineer
Dr. Issa Saleem Iskander 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



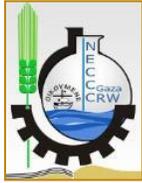
► *Foreword*

Once a thriving centre of culture, education and tourism, over the past decades Gaza has witnessed a cycle of military incursions and international violations by Israel and violent uprisings or intifadas by Palestinians intent on gaining their political autonomy. While the first intifada ended with the Oslo Accords, the second (2000-2005) concluded with the Israeli redeployment of troops and settlements from the Gaza Strip. With this redeployment, Israel renounced its status as an occupying power; however, Israel maintained control of Gaza's airspace and territorial waters, continued to police six of Gaza's seven border crossings, and imposed a buffer or Access Restricted Area zone at the border. 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.



According to the recently released Palestinian Central Bureau of Statistics-PCBS (2018), nearly 2 million people live in a narrow, 45-kilometre-long strip of land that is divided into five administrative districts, with the urban protectorate of Gaza being the most densely populated, 66% of the total population are refugees. Because Gaza's population continues to increase annually at a rate of over 3%, young people aged 0-19 account for over 50% of the Gazan population. The PCBS reported a population density of 5,479 people per square kilometre. The typical Gazan household is composed of 5.7 people, and 87.9% of Gaza's large families live in a housing unit with four or fewer rooms. According to a recent population analysis, the Gaza population will reach 5 million in the coming 30 years.

Since 2006, Gaza's gross domestic product has been cut by half, with the World Bank estimating that its gross domestic product (GDP) should be four times larger today than it is. Indeed, Gaza's real GDP is only a couple of percentage points higher than it was in 1994 – even though the population has increased by an estimated 230%. Due to this combination of depressed economic growth and rising population, the GDP per capita in Gaza was only \$1,038 in 2017, an amount 72% below 1994 levels, and real per capita income in Gaza has fallen by 31%. In addition to restrictions on the importation of raw materials, limitations on fishing rights and access to 35% of Gaza's arable land in the restricted access zone have further destroyed the territory's traditional industries, and its manufacturing sector has shrunk by 60%. Gaza consequently exports only 17% of the amount that it did before 2006. Gaza now has one of the slowest rates of economic growth and highest unemployment rates in the world, according to the World Bank estimates. While the inability to find work affected 48.7% of Gaza's inhabitants in 2017, this lack of opportunity is even more concentrated among registered refugees (43.7%), the youth



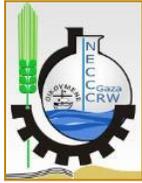
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(57.6%) and women (65.3%) (PCBS, 2017). Over one-third (38.8%) of Gaza's inhabitants subsist below the poverty line and 21.1% are categorised as living in 'deep poverty'. Nearly half of Gaza's households experienced food insecurity in 2017 and – because 97% of municipal water wells in Gaza produce water that does not meet World Health Organisation (WHO) standards for human consumption – only 10% of Gaza's residents have affordable access to an improved water source. A chronic shortage of electricity – from 12 to 22 hours of daily rolling blackouts – prevents the region's three desalination plants from meeting demand, and it drastically reduces the capacity of sewage treatment plants. Consequently, 95 million litres of partially treated or untreated sewage are discharged into the Mediterranean Sea daily. The United Nations has predicted that Gaza may be uninhabitable by 2020 and repeatedly described the situation as a protracted human dignity crisis.

Humanitarian assistance has become essential for approximately 80% of Gaza's population. Operated through the Ministry of Social Affairs, the Palestinian National Cash Transfer Programme helps the most impoverished Palestinians – about 75,000 households in Gaza and 38,000 households in the West Bank – access nutritious food, basic education and health care. In 2017, UNRWA provided emergency food and non-food items – on an ad hoc basis – to about 1 million extremely poor refugees beneficiaries.

Compounding the effects of its economic blockade, Israel launched a military assault in 2014 that has further impeded Gaza's economic development and intensified both the material and psychological insecurity of its inhabitants. Operation Protective Edge was the third major military operation launched by Israel in six years, and over the course of its 51 days, 1,462 Palestinian civilians were killed, including 551 children (two-thirds of whom were boys) (UNOCHA, 2014). Moreover, 11,231 Gazans, including 3,436 children, were either injured or left permanently disabled. Psychological injury proved even more extensive, with assessments conducted by various NGOs indicating that between 50-70% of Palestinian children need psychosocial counselling (UNRWA, 2017). In addition, according to final reports, an estimated 160,000 homes were damaged in the military operation, displacing more than 500,000 Gazan residents, causing \$1.7 billion of damage and further reducing Gaza's GDP by an estimated \$460 million. Because Israel has largely prohibited building supplies from entering Gaza, due to their potential dual usage for militant purposes, Gaza continues to look like war zone, with millions of tons of rubble waiting to be excavated and tens of thousands of structures waiting to be repaired.

In addition to that, the UN observes that 12 years of division 'has had deep repercussions on the "social contract" between the citizens and the state' – and has resulted in not only divergent legal systems, but also increasingly jeopardised the delivery of every basic service on which Gazans depend. The division has also created geopolitical ripples that have spread throughout the region and around the world. Internal political division results in cutting off completely or a significant reduction in governmental employees' salaries (30-50% reduction), a significant decrease in drug supply to Gaza with more than 40% of essential drugs at the zero stock, further restrictions to access to treatment outside Gaza for serious cases and a significant reduction in



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permits given to patients who need referrals (more than 50% denied), significant reduction in energy supply and many others.

With regard to health, the health determinants like peace, economic growth and safe environment are negatively affected by the protracted conflict in Gaza, with 12 years of blockade and economic hardship, which has resulted in increased vulnerability and ill-health among Gazans, particularly women and children. The chronic stress that people in the Gaza Strip face, means the area is experiencing an 'epidemiological transition' with wide spread of non-communicable diseases including heart disease, cancer, hypertension and cardiovascular diseases, and diabetes. In addition, infectious diseases resulted from poverty and bad sanitary conditions such as diarrhoea, meningitis, hepatitis, parasitic infestation are constantly increasing. Also, anaemia, malnutrition, smoking and drug abuse are at an escalating trend.

On the plus side, humanitarian and development actors including DSPR Gaza are strongly committed to support people and reduce their suffering therefore increased their level of support. During this reporting period, NECC had implemented several relief programs to assist poor and needy populations. However, the demand is huge and a lot needs to be done to 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, around 26,000 families were intensely served, mostly women and children and received more than one aspect of the NECC comprehensive primary health care package. In addition to this number, thousands were served through the psychosocial program (benefiting around 5000), health education activities (benefiting more than 43,000) and outreach programmes such as screening children for anaemia (Serving 2695). NECC provided integrated health services to beneficiaries including health services, medications, lab investigations, psychosocial support and health education. The report provided rich details about the services provided to the needy populations and the positive impacts of these services. This reporting year has witnessed introducing new services the preconception care which has been provided to around 1000 women in order to improve the pregnancy outcomes for both the mother and the baby. Also, in 2017, we conducted screening to all children living in our catchment area in Rafah (2695 children). Moreover, in partnership with the UNICEF, Early Childhood Development (ECD) program has been introduced in 2017 which will serve around 10,000 children and help to maintain them healthy.

At the vocational training front, NECC continue introducing major changes in the program design including curriculum development, upgrading of equipment, introducing new crafts such as solar energy, establishing solar energy lab, introducing AutoCAD engineering computerized software in training. Also, the year 2017 has witnessed establishing a large employment multi-year project which connects training with employment. In the year 2017, 245 trainees were enrolled in the NECC vocational training program. Moreover, 159 trainees completed their training and graduated from the TEVT program.



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Finally, NECC is committed to continue and even increase its support to the vulnerable people in Gaza, however, the demand is much higher than the current capacity of the organization. NECC/DSPR needs more resources to be able to serve the needy population. It is worth pointing that 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. Continued aid is vital to respond to the growing humanitarian crisis in Gaza but it cannot provide a solution in itself. Because the ultimate solution is political in nature, advocacy and lobbying measures should be taken to find a political resolution to the Palestinian case.

Extensive thanks to our partners' valuable support that enabled NECC to sustain the provision of health, educational and other services to the intended beneficiaries as planned. With the kind support we received from partners, we succeeded to mitigate or at least to cope with the conditions associated with the most recent war, and the further imposed siege and the tight restrictions on the movement of goods and people such as, shortage of supply and medications, lack of medical equipment in the local market, decreased supply of electricity and fuel, transportation issues and so on. Again, I would like to express my thanks and appreciations to all partners, donors, the World and Middle East Council of Churches, the Chairman and members, and the Executive Director of MECC/DSPR for their stand and unlimited support provided to Gaza Area programme in solidarity with our people. I seize this opportunity to extend my heartfelt thanks and appreciation to the Chairman and Members of Gaza Area Committee for their devotion, valuable support and cooperation which enabled in the development and sustainability of the programme reflected into the interest of the people especially during this critical era of our history.

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

"The effect of JUSTICE will be PEACE,

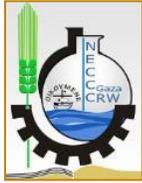
Dr. Issa Tarazi
Executive Director

And the result of

RIGHTEOUSNESS, SECURITY AND TRUST Forever"

"Isaiah 32:17"

April 2018



Report Overview

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.

"Knowing is not enough; we must apply. Willing is not enough; we must do."

In this pathway, the next part is summarizing the efforts exerted by NECC over the year 2017 out lining different indicators of NECC service delivery during the determined reporting period crossing all NECC programs and centers.

With regards to health program, the 2017 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 Sustainable Development Goals (SDGs): Ensure healthy lives and promote well-being for all at all ages (SDG3), including improve maternal health and combating major diseases, Achieve gender equality and empower all women and girls (SDG5). 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.

Palestinians continue to need humanitarian health services across the opt, particularly in Gaza, where needs have substantially increased in the past year, particularly in vulnerable locations and communities. In Gaza, due to the deterioration of the electricity supply over the course of 2017, elective surgeries are being delayed to reserve energy for emergency cases, diagnostic services are put on hold, and Ministry of Health (MoH) primary healthcare (PHC) facilities are at risk of closure. Compounding the electricity crisis is the shortage in medical supplies and continuing access restrictions on the referral of patients in need of life-saving healthcare outside Gaza. Gaza's already



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overburdened and under-resourced health sector is now on the brink of collapse as essential medicines run out and there is a continuous loss of healthcare staff.

An estimated 1,630 206 million people are in need of humanitarian health interventions across the oPt. The majority of these are people in Gaza, with over 1,226,500 people in need, of whom over 900,000 are refugees (73%). Of the total population in need in Gaza 677,485 (55%), are female, and over 583,814 are children (Humanitarian needs overview, 2017).

Regarding **Access to NECC 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 **11545** families and the **total** number of beneficiaries at three NECC PHC centers has reached **25,734**.

With regards to antenatal care the number of new pregnant women was **2155** distributed as following: **926** in Shijaia, **665** in Darraj and **564** in Rafah and 3092 pregnant women who were already registered and followed up during the reporting period. **87.8** % of pregnant women who have registered through first three months of pregnancy and received proper antenatal care. **99.6** % of pregnant women in targeted locality received timely ANC at least 4 visits.

Furthermore, the number of deliveries reported in the NECC catchments areas during this reporting period was **1803** deliveries: Shijaia: **782**, Darraj: **594** and Rafah: **427**. With **4719** postnatal home visits conducted **75.5%** of women in targeted localities received timely quality postnatal care three times after delivery, and **86** %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 **1375** women: **557** at Shijaia, **659** at Darraj and **159** 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 **3970** 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 (1488) followed by Rafah (1260) and Daraj (1222). **12530** 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 similar to the number of children screened during the last year (last year figure was 12740) and higher than the anticipated target by 25% 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 .**34284** well-baby follow up visits were performed which is much higher than the anticipated target of providing 20,000 well-baby sessions by 71%.

During this reporting period, the percentage of malnutrition among the attendants of the well-baby visits was 12.4% in Shajaia area while it was 10.8% in Darraj area; the prevalence in Rafah was 11.6%. The reported prevalence rates are slightly less than the last year figures in the three areas, although it remains the highest in Shajaia, possibly because the residents of the other areas contain higher proportions of refugees who are served by UNRWA. It is noticed that malnutrition is more common in areas with bad socioeconomic conditions such as Shajaia especially among non-refugees as refugees receive food rations from UNRWA. The prevalence of anaemia was slightly higher than to the reported figures in the previous reporting year as it ranged from 21.4% in Shajaia to 21.2% in Darraj and in Rafah it was 20.8%. The figures reported in the past years were 18.6% in Shajaia to



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28.2% in Darraj and 17.2% in Rafah. Fortunately, the reported increase in the prevalence of anaemia in Darraj and Rafah in the previous couple of years has already controlled and rates reported this year have decreased. **1557** anaemic or malnourished children are identified and received appropriate care. More than **70%** of children diagnosed as anaemic at the well-baby services recovered and returned to normal, **87%** of wasted children, **67%** of underweighted and 54% of children with stunting recovered and returned to normal within the recommended 120 days

The number of patients above 6 years old as cases examined by doctors has been **5563** while **5521** patients received treatment from dermatology clinic, **7991** 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 **7641** distributed as Shijaia **2392**; Darraj **2889** and Rafah **2360**.

The total laboratory tests that were performed inside the three family care centers during this reporting period have reached **31,191** distributed as Shijaia **14005**, Darraj **10590**, and Rafah **6596** the total number of health education sessions provided to all categories was **1741** sessions for **43,368** participants.

Lectures, trainings, and information events on various topics implemented inside NECC clinics afternoon twice per week named "afternoon activities" where **245** women benefited from embroidery, wool making courses, hair dress making and others during reporting period.

*With regards to the **Technical Vocational and Educational Training (TVET) program**, during the reporting period, a total of **245** 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 **19.2%** out of those trainees are females (47 trainees) and the rest of **20.8%** are males (198 trainees).*

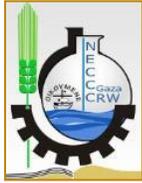
*Regarding **psychosocial support program**; **2,446** children who attended the three family care centers or kindergartens located in the three served areas received PSS activities either, group sessions or counseling or recreational activities while **4,870** mothers and women received PSS either group sessions, individual counseling, group counseling or consultation. Additionally, **201** TVET students started to receive PSS.*

Summary of key findings 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.

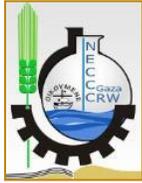
The table (1) below summarizes the main achievements in numbers.

Indicator	2016 Achieved	2017 Achieved
At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	98.8%	99.6 % of
At least 70% of women in targeted locality received timely quality post-natal care at least twice.	81%	75.5%
1,200 new pregnant women registered for ANC annually	2160	2155
7000 antenatal care visits made annually	18596	18725



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Indicator	2016 Achieved	2017 Achieved
1,800 pregnant women received follow up visits, newly registered and on-going	2915	3092
1600 postnatal care visits conducted annually	4560	4719
12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric measurements	12740	12,530
25,000 well baby visits were conducted annually	33424	34284
7,000 sick children up to 6 years old received medical examination and treatment	8212	7991
800 partners received reproductive health services and awareness	1227	1375
Over 4,000 women, children and adults in targeted areas receive dental care annually	7425	7641
Over 4,000 patients examined, tested and received treatment	11,096	11,084
1,500 children received psychosocial support	2214	2446
2000 women participated in psychosocial support	5724	4870
200 women attending afternoon activities received psychosocial support	232	279
A total of 110 students receive training in Carpentry/furniture making, Welding and Aluminum work annually	116	133
A total of 20 new students receive training in Refrigeration and Air Conditioning (HVAC)	20	20
A total of 36 students new and old receiving training in HVAC	-	38
A total of 48 students new and old receive training in Electricity skills	50	56
A total of 20 students receive training in Secretary study	22	24
A total of 15 students receive training in Advanced Dressmaking	24	23
At least 60 educational loans provided to students to complete their study at Palestinian universities	79	66
1 to 2 policy/advocacy issues resulted in improving justices and economic status	2	4
4 initiatives implemented with local communities	4	4
10 visits paid by relevant internationals	41	35



Introduction

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

NECC Organization Background

NECCCRW Brief:

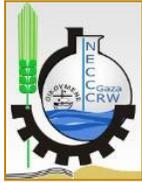
Near East Council of churches Committee for Refugees Work (NECCCRW)-the Gaza Area Committee is part of the Department of Service to the Palestine Refugees (DSPR). The DSPR is a department of the Middle East Council of Churches. NECCCRW Gaza is an integral part of the Palestinian Society and culture and 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:

Department of Service to Palestinian Refugees of the Middle East Council of Churches vision is of an empowered pluralist Palestinian society which guarantees equal opportunities for all its members and vulnerable communities based on the ideals of justice, equality of rights, opportunities and freedom.

NECCCRW Mission:

DSPR is an Ecumenical Church Related Organization in the Middle East Region. It reflects the Christian core values in its Witness and Diakonia in partnership with local and global actors, to foster and advance socio-economic conditions of Palestinians and the marginalized through active contribution to improve living conditions, though providing health, education, environmental, economic, social and humanitarian programs with the realization of basic human right.

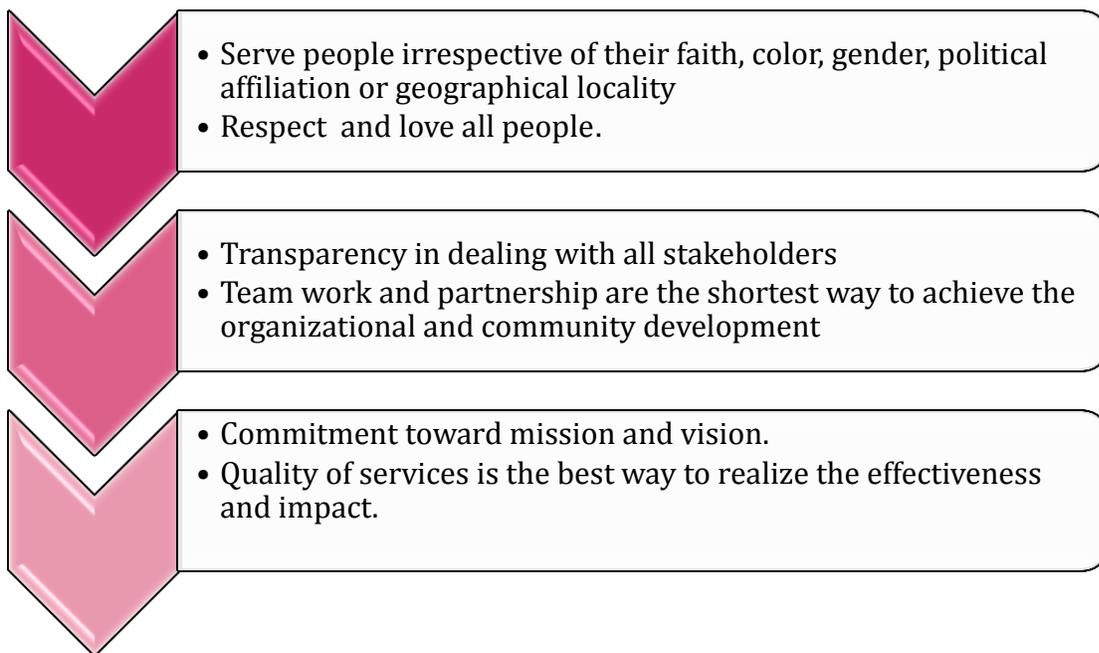


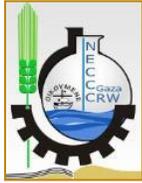
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NECCCRW Goals:

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.
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:

Provision of Quality Primary Health Care services:

Health is a broad social concept that is difficult to precisely define or even to measure, though determinants for health for any population include peace, security, economy, income, education, democracy, equity, women empowerment, safe and healthy environment, appropriate nutrition and so on. Thus, to improve the health status of Palestinians and to improve the quality of health care services, the NECC launched Gaza Health Program in 1952. The overall objective of the Gaza Health Program is to improve and to promote the health and the wellbeing of Palestinian people, particularly women and children and 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 centres in the Gaza Strip. These three centres are located in El Daraj, Shajaia, and Rafah. The three-family health centres serve a population of 80,000, 100,000, and 20,000 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 includes 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 anaemic 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.

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.

1.1 Psychosocial support:

Since April 2009, as a response to 2008-2009 war, and in order to support mothers' and children's mental health and psychosocial well-being within such complex context, the NECC has started to provide psychosocial support program across the three NECC centers with the aim of improving the level of mental health of children and *women* beneficiaries. 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 NECC psychosocial program offers diverse services including psychosocial support, emotional support and debriefing, recreational activities, and individual and group counseling. The counselors use various counseling techniques such as: the mind and body, cognitive behavioral interventions, individual and group counseling, seminars, home visits, and community-based education through awareness programs for mothers. The program focused on the Palestinian families through the health centres, vocational training centres, secretarial centre, advanced dressmaking centre and NECC staff in cooperation and coordination with relevant organizations.

1.2 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.

1.3 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).

1.4 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.



1.5 Others:

❖ Community Development Program

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

❖ Self-Help Program

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

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

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

Local and international officials stated that the context in Gaza in year 2017, was the worst ever since the Israeli occupation in 1967-UN described it as a protracted conflict and a human dignity crisis. Still, the economic recession, political uncertainty, siege and poverty dominate the overall picture in Gaza. Gaza reconstruction plans are being slowly implemented through complicated procedures. Still many people are displaced and living with relatives and friends, in tents or caravans. In May and June 2017, further restrictions on Gaza including further reduction of electricity supply by at least 30%, early retirement of employees, reduction of PA employees' salaries in Gaza by at least 30%, suspension of the routine supplies of drugs and disposables in addition to almost total suspension of referrals abroad. This has been further complicated by Donald Trump's decision in December 2017 to recognize Jerusalem as the capital of Israel, which the United Nations general assembly has voted overwhelmingly to condemn in a rare emergency session of the global. Since that decision, many Palestinians were killed or injured. The PA took a strong position against Trump decision which annoys the American Administration and resulted in severe cut of UNRWA budget which serves Palestinian refugees. Unless being compensated through other sources, UNRWA services will be severely affected including health, sanitation and education.

Palestinians continue to need humanitarian health services across, particularly in Gaza, where needs have substantially increased in the past year, but also in vulnerable locations and communities in the West Bank. In Gaza, due to the deterioration of the electricity supply over the course of 2017, elective surgeries are being delayed to reserve energy for emergency cases, diagnostic services are put on hold, and Ministry of Health (MoH) primary healthcare (PHC) facilities are at risk of closure. Compounding the electricity crisis is the shortage in medical supplies and continuing access restrictions on the referral of patients in need of life-saving healthcare outside Gaza. Gaza's already overburdened and under-resourced health sector is now on the brink of collapse as essential medicines run out and there is a continuous loss of healthcare staff.



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An estimated 1,630 206 million people are in need of humanitarian health interventions across the oPt. The majority of these are people in Gaza, with over 1,226,500 people in need, of whom over 900,000 are refugees (73%). Of the total population in need in Gaza 677,485 (55%), are female, and over 583,814 are children (Humanitarian needs overview, 2017).

In Gaza hospitals, electricity shortages and the lack of drugs and medical disposables are life threatening, particularly for non-communicable disease and emergency patients. Electricity shortages are directly affecting the 14 hospitals, two health facilities, 49 PHC clinics and 22 UNRWA PHC centres, in addition to the refrigeration of blood and vaccine storage in MoH healthcare facilities. 200,000 patients across the Gaza Strip suffering from chronic diseases are furthermore severely impacted by drug shortages disrupting their treatment. In addition, 350,000 emergency and trauma cases risk death or disability due to shortages in essential life-saving drugs in the emergency departments. The gap in availability of essential life-saving drugs has reached a critical threshold of 40% in September 2017, the highest figure since 2014.

The blockade on Gaza enters its 11th year in 2017. The heavy restrictions on the movement of people and goods in and out of Gaza, in addition to the three consecutive conflicts and the internal political divide, have not only crushed the enclave's formerly trade-based economy, they are also heavily responsible for the sky-rocketing unemployment rates, extreme poverty, food insecurity and contribute to depression, hopelessness and confinement. The blockade also creates high additional costs for humanitarian organizations operating in Gaza Strip, reducing already scarce funds for humanitarian interventions. (OCHA, 2017).

Access to treatment for patients referred outside of Gaza and the West Bank is furthermore becoming increasingly restricted. The number of patients seeking permits to access healthcare outside the Gaza Strip has more than doubled since 2012, but approval rates through the Israeli-controlled Erez crossing are dramatically declining, from 92.5% in 2012 to 62.1% in 2016, to 55% in August 2017. The impact of these restrictions can be life-threatening; in the first half of 2017, 12 deaths were reported as a direct result of the permit regime. Every year, 20,000 patients from Gaza are affected by the permit regime.

In Gaza, 10,000 neonates¹ every year are vulnerable and in need of transfer to nursery and neonatal intensive care units for specialised life-saving treatment. In addition, children under five are prone to chronic malnutrition and require treatment and follow-up to prevent impaired physical growth and cognitive development. Approximately 140,000 children under five need essential humanitarian interventions every year².

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

¹ MoH, Annual Report of Hospitals. According to the MOH report in 2015, 25% of pregnant women are classified as high risk, therefore through a twelve - month period, 80,000 pregnant of which, 25% are high risk and 12.5% will result in neonatal cases needing special treatment.

² Health Cluster internal monitoring of cases at key nutritional centers, 2017.



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earlier study. Unlike most other countries, for more than a decade, the IMR hasn't been reduced; in fact, it has increased.

Congenital anomalies have increased from 4 per 1000 births in 2006 to 7 per 1000 births in 2009 and to more than 14 in 2012. That increase may be attributed to the environmental pollution with toxic and carcinogenic metals from the ammunition used in the bombing of Gaza by the Israeli army during invasions and military.

According to Palestinian Central Bureau of Statistics (**PCBS, 2017**), the unemployment rate in Gaza stood at 41.1 percent, one of the highest rates worldwide. High unemployment contributes to making people increasingly vulnerable to food insecurity and seriously diminishes their ability to resist economic shocks. It also robs people of the opportunity to provide for themselves and their families thus affecting their sense of dignity and self-worth.

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.³

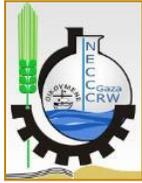
The continued occupation and political instability constitute a major source of anxiety for young people. In Gaza, youth reported fear of death, injury, war, and loss of work.⁴ At the personal level, economic hardship represents the major source of anxiety (higher among males (29%) than females (15%)), 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.⁵

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

³ "Ministry of Health, Health Sector Strategic Plan: Gaza Governorates 2014-2018, (Palestine, 2014).

⁴ UNFPA and Higher Council for Youth and Sports, Status of Youth in Palestine, (2014).

⁵ 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.



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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.⁶ 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. (**World Bank, 2016**)

The electricity crisis in Gaza has also impacted on the health and well-being of people with disability (PWDs) and the elderly. Since the deterioration of the Gaza energy crisis, the situation of PWDs who depend on electrical medical equipment has deteriorated,⁷ and an estimated total 44,000 PWDs face challenges in accessing treatment.⁸ In addition, 92,500 elderly persons are suffering social isolation and neglect leading to rapid deterioration in their health, and increased trauma incidents.

2. Health Program

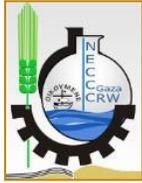
Strategic Objective 1: Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children.

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 includes essential maternal and child health (MCH) services such as preconception care, 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.

⁶ "Ministry of Health, Health Sector Strategic Plan: Gaza Governorates 2014-2018, (Palestine, 2014).

⁷ PNGO Factsheet, The impact of power outages on people with disabilities in the Gaza Strip, 2017.

⁸ Palestinian Medical Relief Society and National Society for Rehabilitation assessment, 2016. According to Handicap International, the second leading cause of death among PWDs is stroke caused by the lack of timely rehabilitation interventions. Handicap International, Participatory Situational Analysis Report on access of people with disabilities to rehabilitation, livelihood and social services in the Gaza Strip, June 2017.



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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:

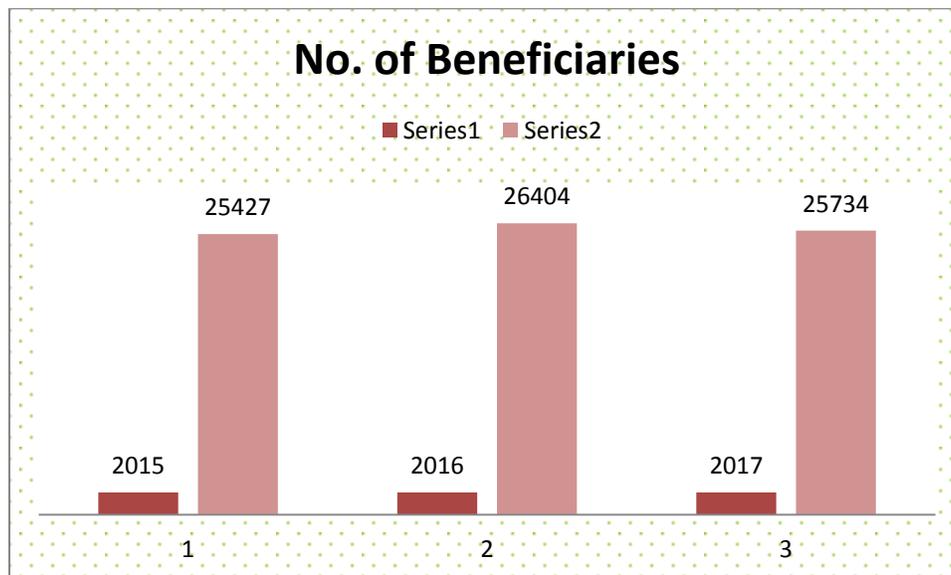
To reduce the prevalence of malnutrition and anemia among children under 5 years through a targeted nutritional program.

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 beneficiaries, including 11545 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
	M	F	M	F	
By gender					25,734
No of beneficiaries	1102	7054	8757	8821	
Total	8,156		17,578		

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



The figure indicates both high demand and good quality of services provided at NECC family health care centers.



2.1 Preconception care

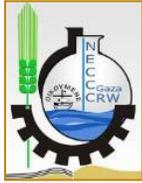
NECC in a partnership with EME introduced a Preconception Care (PCC) program in 2017 as an important component of the maternal health care and was fully integrated within the primary health care system.

The main goal of the programme is to protect and promote the health of Palestinian women, children and families by providing preconception, pre-natal, post-natal and family planning services that complement each other and are fully integrated within the NECC strategy. The program is congruent with SDGs aiming to reduce maternal mortality rate and infant mortality rate in primary health care activities, and to prevent and detect any deviation from the normal pattern of pregnancy by maintaining a regular system of health care monitoring and supervision.

This approach is designed to strengthen the provision of high quality antenatal care services at the NECC primary health care premises. Already NECC provides ANC services but the challenge is to promote the provision of timely, high quality ANC care according to the approved national protocols including early booking and registration, introducing the preconception care (counseling and Folic Acid supplementation), and to promote appropriate nutritional status of pregnant women through appropriate counseling, supplementation and follow up. Mothers' knowledge about pregnancy its antecedents and consequences is limited and requires further reinforcement especially knowledge about danger signs of pregnancy, labor and post-partum affecting mothers and fetus /infant. This program aims at improving the health status, and reducing behaviors, individual and environmental factors that contribute to poor maternal and child health outcomes. Its ultimate aim is to improve maternal and child health, in both the short and long term. Preconception care is to prepare women of reproductive age to enter pregnancy in an optimal health status. Women are assessed for risk factors, screened for hypertension, diabetes mellitus, anemia, oral health diseases, given folic acid supplementation to prevent congenital malformation - in particular neural tube defects - and are provided with medical care where relevant.



During this reporting period **1097** new women were registered in preconception care which exceeded the anticipated target, (anticipated target is **1000**), **3108** preconceptions follow up visits were provided, of them **434 women** were newly married, **642 women** have had children before, **313** had abortion, and **186** were followed previously at NECC family planning program. **1028** women attended preconception care received folic acid supplementation.



From those who screened **1025** women found anemic and received appropriate treatment, **2** cases found diabetic, with total of cases who have more than a health problem were **272** women.

2823 care givers received health education and awareness sessions about nutrition, preconception care, and hygiene practices, the most commonly delivered health education method was lecture, and educational films on Smart board ,

189 women who received preconception care become pregnant and enrolled at NECC antenatal care program during the reporting period

2.2 Ante Natal Care (ANC)

Indicators: At least 95% 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, hygiene, reproductive health and best practices. ANC care

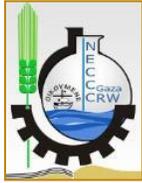
provides incredibly important opportunities for pregnant women with a wide range of interventions including treatment, education, counseling, screening, and promoting the well-being of the mother and fetus. ANC is effective when sought early, and when followed with quality care that continues until delivery.

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 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 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. **1894** of pregnant women received antenatal care services during the

No. of women with high risk pregnancy during 2017 in NECC clinics was **179** cases (7.09 % of all new pregnant women)





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first trimester which indicates that **88%** of pregnant ladies were followed up according to national protocol of pregnant. The newly registered pregnant women was **2155** distributed as following: **926** in Shijaia, **665** in Darraj and **564** in Rafah

3092 pregnant women who were already registered and followed up during the reporting period. Among the new pregnant women in 2017, **687** were primigravida.

The total antenatal care visits have been reached **18,725** ANC visits ,18,596 visits in 2016 and14985 ANC visits during 2015) as the pregnant woman should follow up monthly during her pregnancy. Accordingly, **99.6%** 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 previous year, and this could be correlated to introducing preconception care, 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 94 complicated pregnant women who referred to hospitals.

For anemic pregnant women, NECC provides iron and folic acid supplements to anemic pregnant, During this reporting period, the total number of those examined pregnant and found anaemic and enrolled in treatment programs is **1648**, which means that 76.4% of pregnant women having anaemia and received treatment, **1587** pregnant women have received folic acid through the first three months of pregnancy. **2899** sick pregnant examined by the doctor and received appropriate treatment, during this reporting period, there was no maternal mortality registered.

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 2017, 2978 pregnant have got ultrasound services three times during pregnancy

2.3 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





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health centers 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 for high-risk cases.

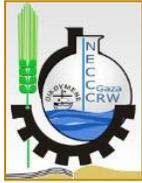
The postnatal care provided by the NECC health program is among few systematic, well-organized postnatal care services in the Gaza Strip that includes home visits to all newly delivered women. In brief, the NECC postnatal services targets all delivered women who attended ANC services in the three health 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 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 75.5%. 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 2017 continue the promoting of PNC project with support from UNICEF, NECC signed an agreement with UNICEF starting in 10th August 2017 and ending in 31th March 2018. The overall objective of the project is to contribute to reduce the morbidity of the targeted pregnant women/mothers and neonates/children at the postnatal period in addition to increase national capacity in terms of ECD, and ECI. The project aimed to increase coverage of PNC services for registered women at the postnatal period. The project started in August 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 1000 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.

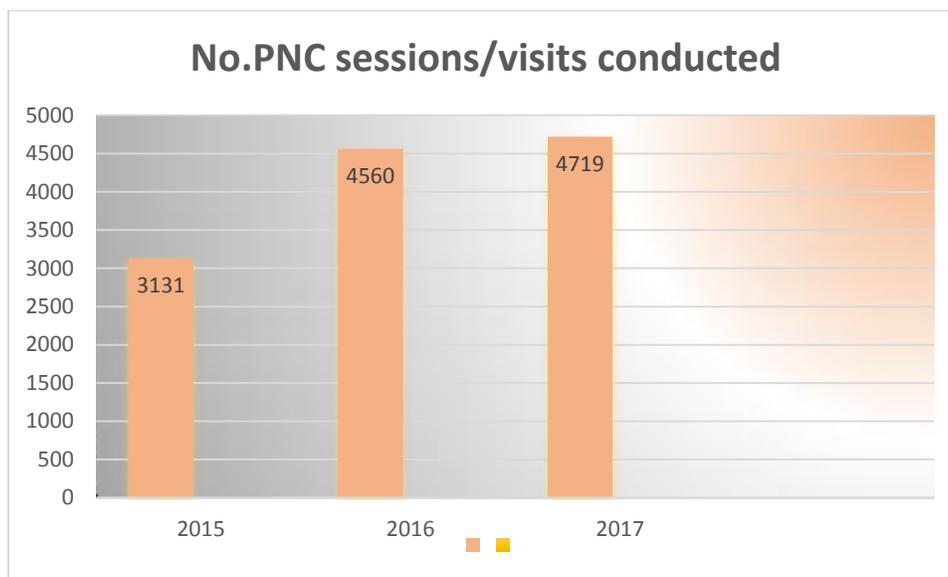


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The NECC postnatal program involves conducting home visits to all newly delivered women, mostly in the first six days after delivery. Contrary to the NECC postnatal program, UNRWA and MOH postnatal programs involve visiting only defaulters and high-risk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

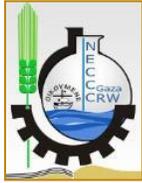
Regarding the post natal visits, the total number of deliveries during 2017 in the three localities who were registered in ANC was **1803**. NECC succeeded to provide **4719** PNC sessions/visits in three served localities it was 4560 in 2016 and, 3131 in 2015). The total number of PNC sessions/visits were 4719; 3338 at home and 1381 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 1803 (planned: 1000) and to provide high quality of PNC package of services either to mothers or newborns.

75.5% of women in targeted localities received timely quality postnatal care three times after delivery, and **86 %** of women passed postpartum period safely without complications complication while 10.9% of children during 6 weeks of their born had specific medical conditions and received appropriate treatment and recovered. Moreover, 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 **89.6%**. 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 1071 mothers were screened by Edinburgh scale during the postpartum period, distributed as following: 547 in Shijaia, 366 mothers in Darraj and 158 in Rafah, among them 76 were abnormal that's mean 7% of postnatal cases suffered from depression or anxiety and they received Psychosocial support services provided by NECC psychosocial counselors. Actually, NECC has a



psychosocial counselor in each clinic in addition to the well-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 .

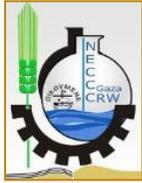
2.4 Family Planning Services (FP)

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 2017, the number of new acceptors was **391** (405 in 2016, 319 in 2015). Beneficiaries of Family Planning and visits disaggregated per area are shown in **table (3) below**.

Center area	No of beneficiaries	FP Visits
Shijaia	557	1731
Darraj	659	2573
Rafah	159	338
Total	1375	4642

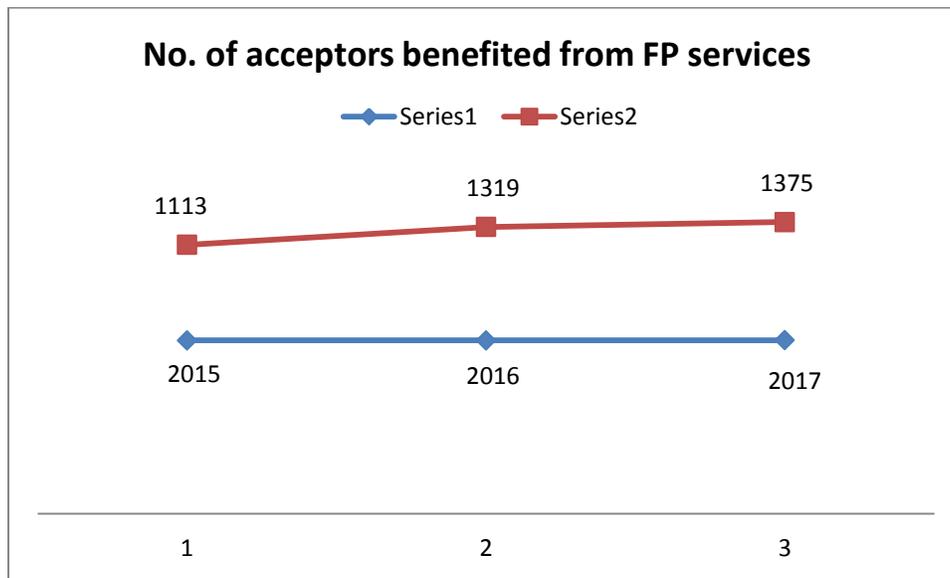


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Table (4) below shows the distribution of acceptors of contraceptives disaggregated per locality and year of reporting:

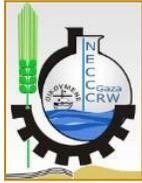
Center area	2015	2016	2017
Shijaia	461	536	557
Darraj	546	638	659
Rafah	106	145	159
Total	1113	1319	1375

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

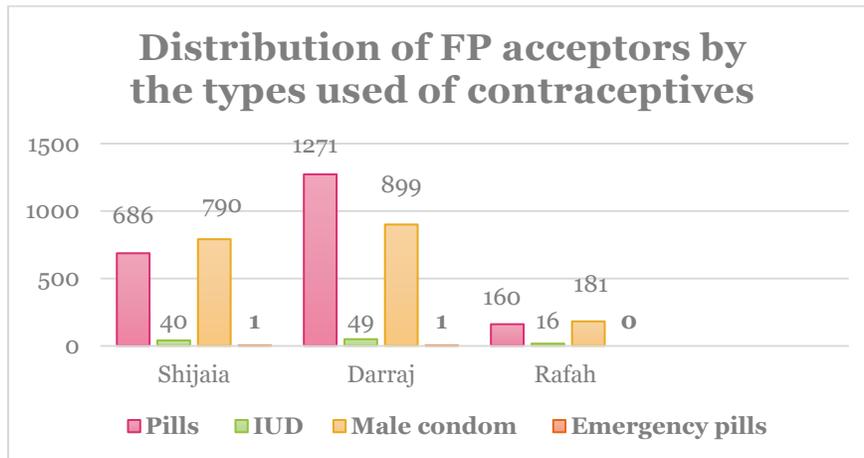


The **table (5)** showed the distribution of Acceptors by Type of Contraceptive in NECC Family Planning clinics by locality:

Center	Pills	IUD	Male condom	Emergency pills
Shijaia	686	40	790	1
Darraj	1271	49	899	1
Rafah	160	16	181	-



The most used tool was the pills in the three localities with male condoms ranked second and IUD third **figure (4)**.



However, NECC had faced a problem during 2016 and it continued to 2017 due to not receiving all types of family planning 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 some of tools including male Condoms and IUD that didn't provide by MOH which was not planned.

2.5 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.





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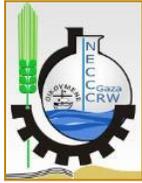
The aim of well-baby program is to contribute to the promotion of child health through early detection of abnormalities in growth and development particularly in nutritional parameters, reducing the prevalence of malnutrition and anemia among children in the vulnerable areas of the Gaza Strip served 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 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 2017, the project has achieved the following.

Screening 12530 children who attended the well-baby service delivery points in accordance with the national protocols (Annual target is 12,000). This year, the number of children screened is around to the number of children screened during the last year (last year figure was 12740) and higher than the anticipated target by 4.5% 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 (5288), followed by Darraj (4194) and Rafah (3048). It



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is noticed that the number of children screened in Darraj and Rafah is increasing in the past two years (2016 and 2017).

In total, 34284 well-baby follow up visits were performed which is much higher than the anticipated target of providing 20,000 well-baby sessions by 71% (the number in 2016 was 29,152 and in 2016 it was 33424). In comparison to the previous reporting year, the number of well-baby visits performed this reporting year is higher by around 1000 visits. During this reporting period, 3970 (last year number is 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 (1488) followed by Darraj (1222) and Rafah (1260). Rafah clinic reported a slight increase in the number of newly registered children while the two other clinics reported a reduction in the number of newly targeted children. The increase in Rafah clinic might be related to the new outreach screening program funded by the USAID which helped in the recruitment of new children. At the other clinics, the possible reduction could be attributed to gradual reduction in fertility rates in Gaza which dropped from above 7 per women in 1994 to around 3.8 in 2016.

The total number of those examined and found abnormal and enrolled in treatment programs is 1557, this is less than the number reported in the past year (1808), but still higher than the figure reported in 2015 (1391). Generally, the analysis of data in the past few 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. However, malnutrition is not only a medical disorder rather it is largely affected by contextual and cultural factors, therefore it fluctuates according to the change in the context. The percentage of malnutrition among the attendants of the well-baby visits was 12.4% in Shajaia area while it was 10.8% in Darraj area; the prevalence in Rafah was 11.6%. The reported prevalence rates are slightly less than the last year figures in the three areas, although it remains the highest in Shajaia, possibly because the residents of the other areas contain higher proportions of refugees who are served by UNRWA. It is noticed that that malnutrition is more common in areas with bad socioeconomic conditions such as Shajaia especially among non-refugees as refugees receive food rations from UNRWA. The prevalence of anaemia was slightly higher than to the reported figures in the previous reporting year as it ranged from 21.4% in Shajaia to 21.2% in Darraj and in Rafah it was 20.8%. The figures reported in the past years were 18.6% in Shajaia to 28.2% in Darraj and 17.2% in Rafah. Fortunately, the reported increase in the prevalence of anaemia in Darraj and Rafah in the previous couple of years has already controlled and rates reported this year have decreased, it's worth mentioning that **United Church of Canada** supported NECC in medications needed for the treatment of anemic, malnourished and sick children, this support used to complement an ongoing program supported by the **Embrace the Middle East**.

During this reporting period, 30,105 SMS were sent routinely to clients, last year figure was 25,183, in 2015 it was 17,302, and the figure in 2014 was 12,457) which were effective and well-perceived by them in addition to 10,710 SMS that were sent to bring back defaulters; last year figure was 9235, in 2012 the number of SMS was 6537 while the number in 2014, was 4382 SMS)-in total 40815 SMS were sent while the number was 34,418 in 2016. The use of SMS has contributed to the reduction of



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the number of defaulters. The increase in the number of SMS messages could be attributed to the increase in the number of served children.

More laboratory tests were conducted during this reporting period (16505) than the previous reporting year as in 2016, 10899 laboratory tests were conducted during the well-baby visits-the 2015 figure is 12704, and in 2014 it was 8051-in the past three years the number of laboratory tests were doubled. This reporting year (2017), the most frequently conducted test is haemoglobin level (14056) and stool analysis (1177) followed by urine analysis (757) and complete Blood count (515).

7202 children have been provided with the needed medications, supplementation and received (16975) bottles of medications. The highest number of children was seen at Shajaia clinic (3613) and the highest number of dispensed medications (5854) were at the same clinic also. In addition to those who joined a treatment program inside NECC premises, 108 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.

At least, 19,986 caregivers received health education and awareness sessions about nutrition-the last year (2016) figure was 11735 and the year before (2015) it was 3111. The number of males who received family planning was 8144 while the number of females was higher 11842. The mostly commonly delivered health education method was lecture (661), almost double the number that has been achieved in 2016 (345 ones). The caregivers of around 245 children had received in-depth counselling sessions. Also, health education materials were distributed.

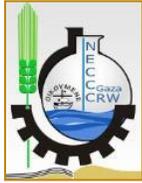
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Fortunately, the reported increase in the prevalence of anaemia in Darraj and Rafah in the previous couple of years has already controlled and rates reported this year have decreased.

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

Year	Anemia			Malnutrition		
	2015	2016	2017	2015	2016	2017
Shajaia	18.27	18.6	21.4	14.78	14.3	12.4
Darraj	31.74	28.2	21.2	9.8	10.3	10.8
Rafah	20.93	17.2	20.8	15.08	12	11.6

- More than 70% of children diagnosed as anaemic at the well-baby services recovered and returned to normal within 90 days of their involvement in the treatment program. Others improved (5%) but didn't return to normal within the



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provided time frame. The target of the project to achieve 50% recovery or improvement rates has been far achieved.

- 87% of wasted children recovered and returned to normal within 120 days of their involvement in the project.
- 66.8% of children diagnosed as underweighted children are recovered and returned to normal within 120 days of their involvement in the treatment program. Others improved (13%) but didn't return to normal within the provided time frame.
- 54% of children with stunting recovered and returned to normal within the recommended 120 days; 8% improved but didn't recover yet.

Table (7): Total quantities of supplements provided to children less than 5 years during 2017:

Grand Total	
Iron	10740
Vitamin A&D	1138
Folic Acid Tab	2380

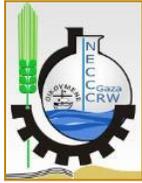
Nutrition screening activities

NECC conducted nutritional screening for children under 5 years, this project supported by International medical corps **IMC** an agreement was undertaken 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 counseling as needed, the primary target of the project is children under 5 with the inclusion of children with disabilities.

Through the project period, 1759 households were visited in the Rafah area, and these households contained 10308 members in Rafah area (Kherbit AL Aladas neighborhoods), and average of HH size is 5.8 members.

- Around 2695, (1401 Males, and 1297 Females) (target 2,500) of children were 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. In addition to children below 5-year-old who are registered at Al-Amal society for Rehabilitation. The prevalence of anemia among screened children was 20.9% and the prevalence of malnutrition was 7.3% among screened children, for children with disability, we screened 38 children and there were 15 children from 38 children with disability having anemia and malnutrition. As per the current protocol, all malnourished and anaemic children were screened, thoroughly investigated and then treated. 55.5% of



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children diagnosed as anemic improved or recovered and returned to normal within three months of their involvement in the treatment program.

- 78.8% of wasted children improved or recovered and returned to normal within 4 months of their enrolment in the program.
- 62.2 % of children diagnosed as underweighted children are improved or recovered and returned to normal within the recommended 4 months of their enrolment in the treatment program.
- 43.8% of children with stunting recovered and returned to normal within the recommended 4 months of their enrolment in the treatment program.
- 2451 caregivers received health education and awareness sessions about nutrition, breast feeding, and hygiene practices.

Introduction of Early childhood development (ECD) approach

From 5th to the 15th of March 2017, UNICEF State of Palestine in partnership with the NGO “EDUS- Education for All” and UNICEF supported organization of the Trans disciplinary. Training on «Early Childhood Development and Early detection and intervention for children with developmental delays and disabilities “for 16 SOP’s government representatives and service providers.

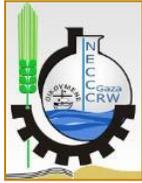


The training was conducted in the NGO EDUS's training center in Sarajevo, and the policy makers and service providers from health, education and social protection sectors from SOP improved knowledge and competencies on topics like early childhood development, assessment of child development, creation of individual service plans, and provision of early intervention services for families with young children with developmental delays and disabilities.

EDUS with UNICEF BiH, supported by the BiH government has developed an innovative model of a system for early childhood detection (ECD) and intervention (ECI) in order to recognize children at risk and with developmental delays and disorders as early as possible and introduce services that will enable them to catch up with their typically developing peers and prevent in many cases life-long disability and exclusion.



The main objectives of this trans disciplinary training were to support government of SOP to create a system of early detection and intervention in their country and implement the priorities defined under the National ECD and ECI strategy 2017-2022, as well as to provide professionals with a diversified knowledge and competencies training in how to use standardized instruments for



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harmonized “whole child” assessments and interventions in ECD and ECI particularly focusing on most vulnerable families with young children with developmental delays and disabilities. One of the participants of this training was from NGO Near East Council of Churches Gaza (NECC) which consider as a partner with UNICEF. Thus, this approach is very important because Palestine endorsed the National ECD and ECI Strategy 2017-2022 and one of the key priority is introduction of the early detection of children with developmental delays and disability and intervention services.

2.6 Dental Clinic

All clinics of NECC Gaza are equipped with fixed dental units that provide routine dental services – such as check-up, filling, extraction, scaling 4 days a week. During 2017, **7641** patients (target 4000) were examined by a dentist at the clinics distributed as following: **2392** in Shijaia, **2889** in Darraj and **2360** in Rafah,

also **1724** children were screened during well baby program (target 700 child per year), **2062** pregnant women were screened during antenatal care for their dental care (target 1200 pregnant women per year).



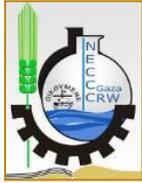
Table (8): Yearly distribution of the dental activities

Item	2015	2016	2017
No. of patients examined by dentist and received dental services	7227	8725	7641
No. of children screened on well baby days	1740	2061	1724
No .of pregnant women screened	1946	1996	2062

It's worth mentioned that most of the dental services provided are for free, just the client has to pay for the prescription to see the dentist nominal fees.

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

District	No. of patients Visits	Treatment	Composite Fillings	Amalgam Fillings	Teeth extractions	Teeth scaling	Follow up visit
Shijaia	2392	1030	0	575	120	104	584
Darraj	2889	1756	0	675	320	115	560
Rafah	2360	1354	1	406	330	137	357



2.7 Mobile dental clinic:

- Conducting 2 days dental examination and Screening through NECC mobile dental clinic to 92 TVET students



2.8 General Clinic/Medical examination

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

Achieved in the reporting period:

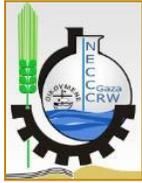
The number of patients above 6 years old as cases examined by doctors has been reached **11084 cases** including those attended dermatology clinic.

Below the table shows the distribution of all clients who were examined by doctors and received treatment by category and center during 2017 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	14,387	13,426	10,522	38,335
Pregnant women	4561	2809	2076	9,446
Above 6 years old	2952	2146	2124	7,222
Dermatology clinic	2784	1324	1413	5,521
Total	24,684	19,705	16,135	60,524



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, acute shortage of medication at MOH facilities and the provision of a new health service at NECC centers; Dermatology clinics. During 2017, NECC provided dermatology clinic services to a total of **5521** patients.



2.9 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.

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, child safeguarding concepts, and child rights, anger management etc... The total number of health education sessions activities provided to all categories was **1,741 sessions** to **43,368** 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.



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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 various techniques of health education activities including, lectures, and in-depth counseling sessions. Audiovisual materials were used through conducting educational films about breastfeeding, early marriage; preconception care, antenatal care. The activities were 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 (**Reduced by 5%**) among patients. This gives clear evidence about the effectiveness of the health education provided at NECC.
- 14.2% reduction in parasitic infections
- A noticeable decrease in the prevalence of infectious skin diseases by 30%

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

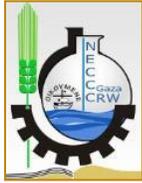
Item	Shijaia	Darraaj	Rafah
Demonstration	49	55	18
Health education	394	371	155
Counseling	296	17	77
Awareness Activities	119	123	67
Total	858	566	317

2.10 Home Visits

Home visits are a part of health services provided by NECC to the community either for PNC, bringing defaulters and special cases and through 2017 the number of home visits conducted was **3903** . In 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 2017

Type of home visit	Shijaia	Darraaj	Rafah	Total
Deliveries home visits	1430	1230	938	3598
Expected deliveries	83	9	31	123
Defaulters	123	4	22	149
Abortion cases	14	1	3	18
Anemic children or referred cases	11	2	2	15
Total Number of visits	1661	1246	996	3903



Community enlightenment 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 45 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...



2.11 Referral System

One of the success factors for NECC health program was the coordination and the integration with the relevant health providers such as the MOH hospitals, Thalassemia association and AEI which provided back up referral sites. NECC referred 237 cases to relevant sites as needed during this year.

Table (13): Referral sites during 2017

Referral system	Shijaia	Darraj	Rafah	Total
Thalassemia center	13	18	5	36
MOH or other hospitals	104	75	15	194
MOH clinics	1	6	-	7
Total	128	99	20	237

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.



2.12 Laboratory Services

A laboratory is based in each one of the clinics.

The following tests are carried out:

1. Hematological tests:
2. Urine and stool analysys 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 this year reached **31,191** distributed as Shijaia 14005, Darraj 10590, and Rafah 6596, and in year 2016 it reached **28919** (in year 2015 figure was **26574** lab tests). 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.



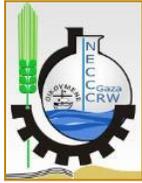
Table (14): Distribution of lab tests

Type Of Lab Tests	Shijaia	Darraj	Rafah	Total
Blood tests	6686	5241	3471	15,398
Urine	6048	4316	2654	13018
Stool	963	913	416	2292
Pregnancy Test (Urine Sample)	308	120	55	483
Total	14,005	10,590	6,596	31,191

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



2.13 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 oral gel, ovules and vaginal creams, antipyretic, anti-cough, analgesics, anti-helminths, 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.

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 2017 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.

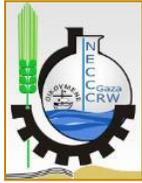
NECC purchased medication during 2017 through support from UPA.

UPA thankfully agreed to support NECC in terms of purchasing medication and a new proposal will be submitted for the year 2017too.

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

Some items were thankfully donated in kind by ANERA during 2017 and some items from MOH (Iron supplements for children that was already donated to MOH from UNICEF), In addition to nutritional supplements that donated thankfully by UNICEF

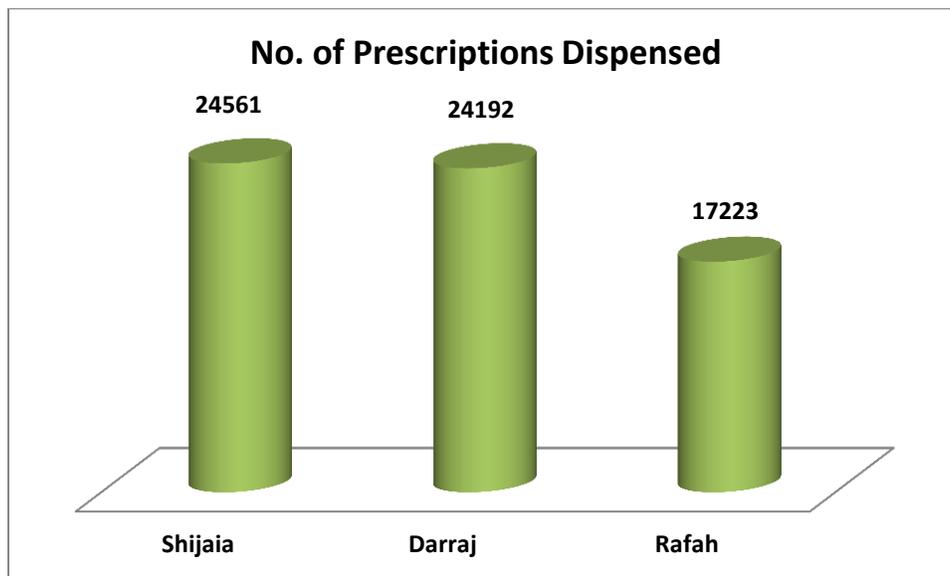




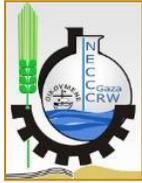
facilities encountered shortages in great number of medicines most of the time of the year due to the siege and embargo imposed by Israel.

During 2017 the number of prescriptions dispensed to patients reached **65,976** in the three localities (last year 2016 figure was 70,166prescriptions).

Figure (5) No. of Prescriptions dispensed disaggregated by clinics



During this reporting period, 40,815 SMS were sent to clients to remind them by their appointments of follow up which were effective and well-perceived by them in addition to SMS that were sent to bring back defaulters). The use of SMS has contributed to commitment of appointment dates, monitoring, follow up the cases, and the reduction of the number of defaulters.



3. Psychosocial Support Program (PSS)

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

3.1 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 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,

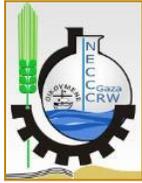


There is an increase in mental health and psychosocial problems. High levels of acute and chronic stress due to the protracted occupation and related political violence are taking a heavy toll on mental health. Children, youth and women are in need of urgent mental health humanitarian care⁹. In Gaza, those acutely in need of mental health services, come to a total of 210,000¹⁰, however, Gaza's health sector lacks the institutional and specialised mental health personnel.

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.

⁹ According to the WHO Mental Health guidelines for understanding the needs of MHPSS, meta-analysis shows that 15.5% have PTSD and 17.3% prevalence of depression. From this total, 113592 to be exact are expected to be in need of MHPSS. From this total, the amount in critical need is 95,400 based on partner experience.

¹⁰ WHO and MAP collectively state that 20% of the population after a conflict in Gaza suffered from mental health disorder. Using the global WHO model MHPSS, the percentage is expected to decline year-upon-year. The Health Cluster applied a rate of decline of 50% of the originally affected population (400,000), which is approximately 210,000. Further analysis needs to take place in the coming twelve months.



3.2 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's concrete skills and provide an opportunity to retreat them.

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

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

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

The provision of psychosocial support for children at a time when needed, after the recent conflict, 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>

3.3 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.

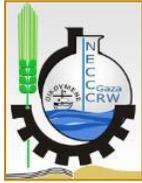


Table (16): Counseling services include:

<i>Service</i>	<i>Details</i>
Individual Counseling	<i>Individual counseling and/or consultations provided to the affected women/mothers.</i>
Group Counseling	<i>Group counseling provided to the women with psychosocial problems and following traumatic events.</i>
Family Counseling	<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>
Psychosocial consultations	<i>Mothers/women receive the consultation for the psychosocial problems related to the mothers/women themselves. Such as maltreatment of husband or the mother in law - severe emotional and behavioral towards their children due to the hard life, or if they have low experience on dealing with Psychological problems of their children such as: Bedwetting aggressive behavior, sucking fingers, fear feelings, low school performance, jealousy, stubborn, nervousness, convergence.</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>

3.4 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.*



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- ▶ *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 psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ¹¹) for children and parents, (PHQ¹²) and (GAD7¹³) for PHC screened cases, (CRIES-8¹⁴) for PTSD children cases and (PCL) for PTSD¹⁵ 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 2015	Number of individuals reached 2016	Number of individuals reached 2017
<i>School children (6-15) years targeted through attending clinics for problem solving approach</i>	786 children	960 children	1001 children
<i>Kindergarten children serve through cognitive behavioral therapy</i>	1365 children	1055 children	955 children
<i>Individual counselling for school children</i>	65 children	65 children	59 children
<i>Individual</i>	171 women/mother	197	279

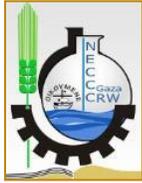
¹¹SDQ: strength and development questionnaire.

¹²PHQ: patient health questionnaire.

¹³GAD: Generalized anxiety disorder.

¹⁴CRIES-8: Children impact of Event scale.

¹⁵PTSD: Post traumatic stress disorders.



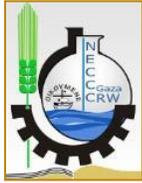
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Activities and target groups	Number of individuals reached 2015	Number of individuals reached 2016	Number of individuals reached 2017
counselling for women /mothers		women/mothers	women/mothers
Family counselling for mothers with children suffer from psychological disorders	75 mothers	162 mothers	203 mothers
Psycho education sessions for PHC beneficiaries	171 sessions for 3956 women/mothers	151sessions for 3706 women/mothers	173 sessions for 4680 women/mothers
General psychosocial consultations	576	669	794
Group counselling for mothers and or/women with similar psychological problems	96 mothers/women	93 mothers/women	104mothers/women
Home visits	101 home visits	126 home visits	117 home visits
Screening and detection of mental health problem in PHC patients	86 mild cases from PHC who were screened and detected, they received guided self-help by nurses/midwives. 1071 Edinburgh scale filled for postnatal cases to detect postnatal depression, 76 were discovered complained of depression in post-partum period that's mean 7% were suffered from depression during the postpartum period.		

It is obvious from a table above that, some variations in the number of school children, consultations and individual and counseling for mothers, which were high in 2017 and 2016 in comparison to 2015, that's revealed the intensive need for psycho social support services,

Monitoring system for psychosocial program:

- *The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ) for*



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children and parents, **(PHQ)** and **(GAD7)** for PHC screened cases, **(CRIES-8)** for PTSD children cases and **(PCL)** for PTSD 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.

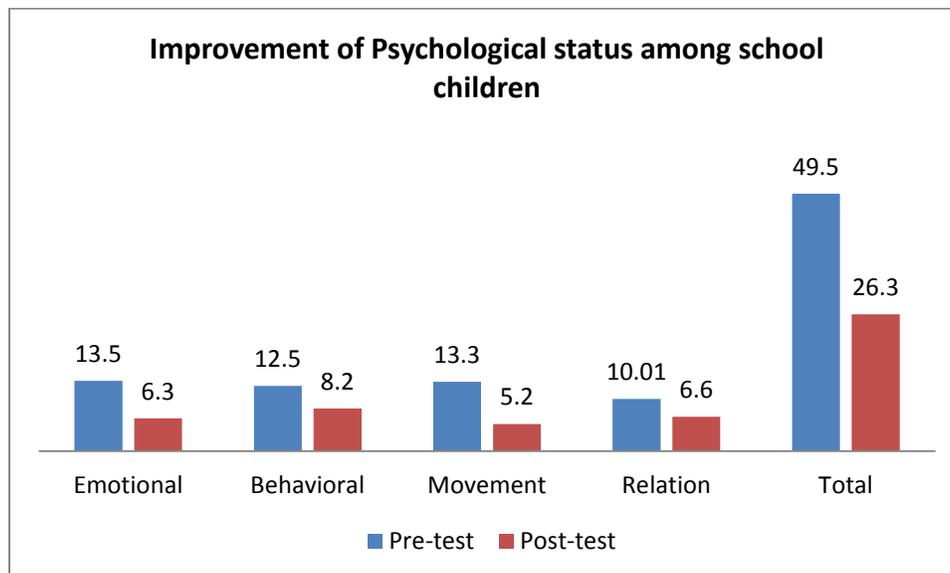
To measure the improvement rate for school children groups in all clinics at Al Daraj, Shejaia, and Rafah centers during this period the counselors conducted group sessions about problem solving approach (8 sessions per group) and used an international tool SDQ pre and post-test.

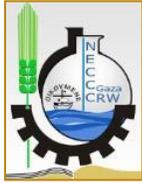
The SDQ pretest shows 46.9% of children have some psychosocial problems. At the end of the group sessions the SDQ results show a significant decrease in the percentage of children with problems to 26.3% in total.

In some psychological problems for example decrease number of children who suffered from movement problems from 13.3% to 5.2% which revealed significant improvement by 61%, also reduction in emotional problems from 13.5 to 6.3 that's mean 53% improvement in emotional status. See figure (6) below.

It is worth mentioning that a project of psychosocial support program for children and mothers approved and started in November 2017 supported thankfully by **Pontifical Mission (PMP)**.

Figure (6): The main psychosocial support program achievements





4. 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%).

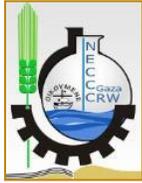
In direct response to the community needs and labour market demand and as part of its strategic plan, NECC is consistently committed in approaching its vocational training program through providing quality TVET service based on competency-based approach which is relying on transforming skills into work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

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

1. **The Gaza City Vocational Training Centre (Gaza City VTC)** offers multiple-period vocational training diplomas that target disadvantaged boys aged 14-16 years old who have dropped out from school. They can choose to be either trained in (I) carpentry and furniture making (diploma for two years), (II) metal and welding works (diploma for two years) or (III) aluminium works (one-year diploma) 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 diploma in general electrician skills and motor and transformer rewinding that is offered to young men aged 16-23 who finished tenth grade.
3. **The Secretarial studies and English Language Centre** offers a one-year intensive diploma 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 diploma in dressmaking provided to young women.

During the reporting period (January – December 2017), **405** students (**313 males** and **92 female** students) received training through NECC vocational training centres. The total figure of 405 youth includes the following:

- ▶ **159** students were graduated (114 males, 45 females) from the program late 2017 (plus a student didn't graduate).
- ▶ **86** first-year male trainees continued and upgraded at Gaza Shijaiya (61 students) and El-Qararah VTC's (25 students) for males respectively.
- ▶ **159** new students (112 males, 47 females) enrolled out of totally 447 who applied for the 2017-2018 scholastic year (of those applicants 351 were males and 96 were females). the originally enrolled number at beginning of scholastic year was 164 as 5 students quitted early.



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In the reporting period, 159 of the 2016-2017 scholastic year graduated late 2017 leaving 245 students receiving TVET courses till the end of December 2017. **The table (18) below shows the distribution of the students of VTC Gaza and El-Qarara VTC during the reporting period:**

#	Program	Diploma Duration (# of Years)	Graduates (2017)	Current Enrolment		Total number of existing students (December 2017)
				1st Y	2nd Y	
1	Carpentry and Furniture Making	2	43 (21+22)	25	25	50
2	Metal and Welding Works	2	30 (14+16)	17	18	35
3	Aluminum Works	1	17	19	-	19
4	HVAC	2	-	20	18	39
5	General Electricity and Motor Rewinding	2	24	31	25	56
-	Sub-total (males)		114	112	86	198
6	Secretary and English Language	1	21	24	-	24
7	Advanced Dressmaking	1	24	23	-	23
-	Sub-total (females)		45	47	-	47
-	Total		159	159	86	245

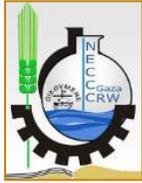
- The "last 3rd Year class" students (21 from carpentry and 14 from welding at Shijaiya VTC) were graduated early January 2017 after doing their external training and final exams. From then, NECC has been shifting to the 2-year period diploma from this 2017-2018 scholastic year and on.

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 that actually ended early 2017. The new curricula now are between trainers' hands and being delivered duly to the NECC-TVET students in the different VTCs.

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 robust, unique and suitable curricula modules in accordance with the labor market demands and requirements.

4.1 AutoCAD approaching:

In a related context on the outcome level, in terms of the curricula development, a new approach has been applying as of inserting the CAD software learning inside the TVET delivery for students in the "industrial" professions/trades of carpentry, metals and welding, aluminum, air conditioning 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-engineering background they gain.

In line with that concept, NECC has already provided a 120-hour specialized AutoCAD training in 2016, this step will be followed by establishing a full-equipped computer lab for providing this sort of training to our students in the near future.

For that endeavor, NECC applied for a proposal to GIZ aiming to establish and full-equip a computer lab at our Shijaiya VTC and it was won. Agreement of funding was signed between the two partners and currently NECC is in pace of arrangements to establish the concerned lab as of different steps including electrical networks, furniture and equipment.

4.2 Placement for external training program

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 trades they were trained in. This external training is an integral part of students' curricula that they have to finish before they graduate and get their certifications from NECC vocational centres.

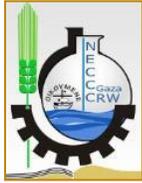
Particularly, 159 graduates from NECC different vocational training centres were placed at different workshops and work places according to their major of training as carpentry workshops, welding workshops, electricity technical workshops, fashion ateles, companies and NGOs.

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.

The external training is used to take place after the students ends their final examinations as so, NECC-TVET accomplished the final examinations for Secretarial studies and Dressmaking, Carpentry, Metal works, Aluminium students sat for exams in June and right after than did their external training in June-July 2017 while in Electricity VTC: 1st year students were examined in October 2017 and 2nd year students did the exams in November so, the external training took place accordingly in a well-structured and organized process.

The student exams were corrected and rated and the certificates were issued and awarded duly after the accreditation from the Ministry of Labour.

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



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- ▶ According to GIZ¹⁶ 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 trades at NECC-VTCs was reduced from three years to two years.
- ▶ 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 HVAC¹⁷ 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 is focusing on refrigerators while the 2nd year is focusing on heating and cooling systems especially air conditioners.

NECC is continuously 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.

4.3 Follow-up assessment (2017):

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

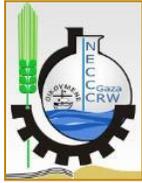
This assessment is aimed to give an oversight on the employment status of the graduates as to show whether they are working in their profession or other professions or even not working at all with percentages of each proportion.

It is very significant to conform on that this assessment is very critical and sensitive for NECC-TVET program management to run career services and opportunities to be provided in order to accelerate the graduates' 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.

¹⁶ GIZ: German Technical Cooperation Agency.

¹⁷ HVAC: Heating, Ventilation and Air Conditioning.



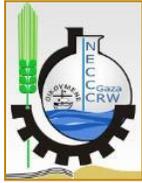
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It is worth mentioning that this evaluation will be taking place starting from February 2018 in cooperation with Act for Peace.

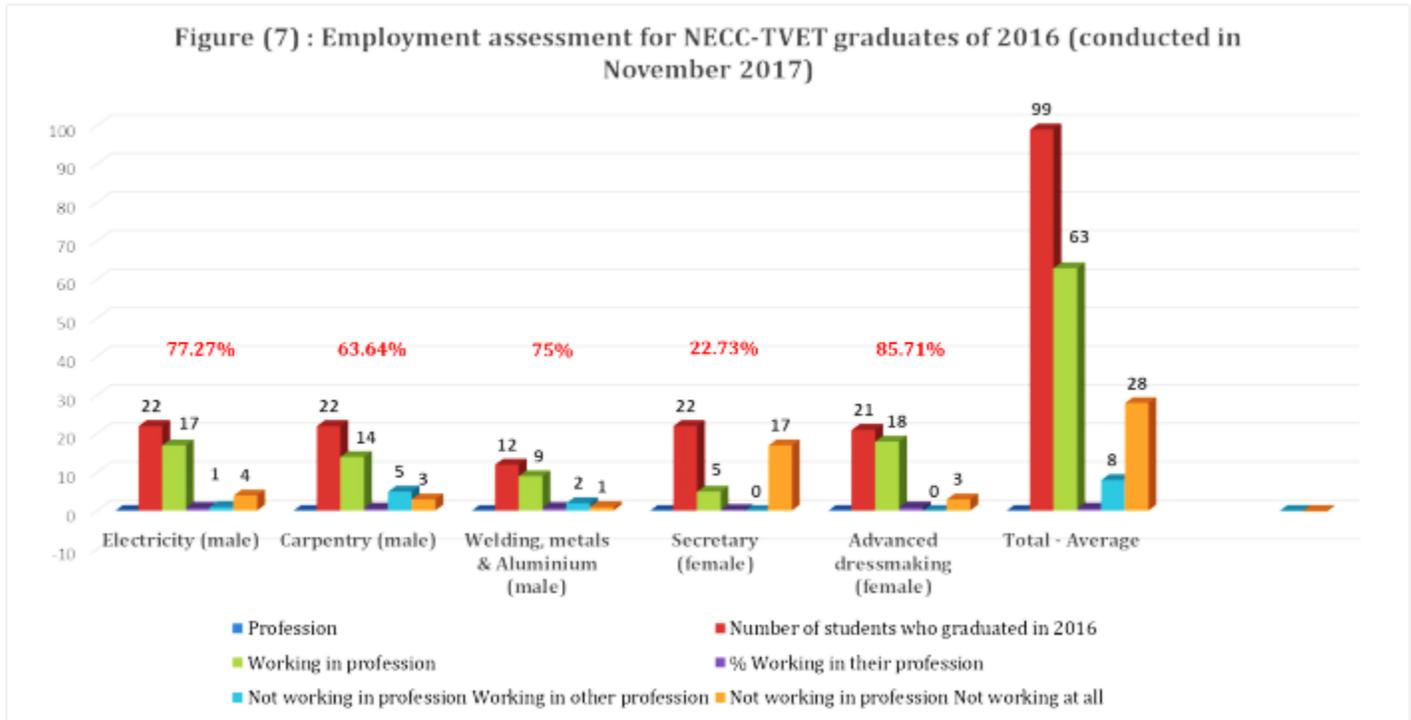
- Subsequently, NECC has recently conducted the annual employment follow-up assessment (in October 2017) for graduates of year 2016. The assessment results revealed that overall **71.7%** of all NECC-TVET graduates of the year 2016 are employed or self-employed either in their careers or other ones within one year of graduation (a total of 71 out of 99 graduates), which exceeds the target of 50% of graduates from the TVET program noting that 63.6% are working in their careers (63 out of 99). The figures below show the employment trends among the graduates. **Table (19)**

Profession	Number of students who graduated in 2016	Working in profession	% Working in their profession	Not working in profession	
				Working in other profession	Not working at all
Electricity (male)	22	17	77.27%	1	4
Carpentry (male)	22	14	63.64%	5	3
Welding, metals & Aluminum (male)	12	9	75%	2	1
Secretary (female)	22	5	22.73%	0	17
Advanced dressmaking (female)	21	18	85.71%	0	3
Total - Average	99	63	63.64%	8 (8.1%)	28 (28.3%)





**Figure (7): Employment assessment for NECC-TVET graduates of 2015
(Conducted in November 2017).**



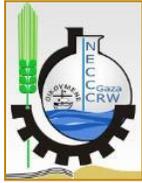
Analysis of the graph results: As the graph above indicates, the employment rates among NECC-TVET graduates is over 50% (target indicator) for the five ca one year after graduation. Furthermore, the 2017 employment assessment (most recently conducted) reveals a comparatively high employment rates (71.7%) considering the harsh economic conditions lived in Gaza.

The increase of the rate 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 (expected early 2018).

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 2016 and lasted until May 30th, 2017.



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Additionally, NECC has been involved in a co-partnered on-the-job training project run by Islamic Relief lasting for four months, the first course started from October 2016 and lasted until February 2017 while the latterly one started in September 2017 and will be lasting until January 2018.

Among the approximately 550 beneficiaries of the whole project including both university and TVET graduates, graduates of NECC diplomas comprised a significant portion as about 85 NECC ex-graduates from the last three scholastic years (2014-15-16) have been involved in this valuable placement opportunities. 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.

4.4 Curricula Development:

- NECC is comprehensively developing and upgrading its TVET training techniques and methodologies on regular basis. In that context, NECC has been involved in applying the CTA, which is standing for an approach utilizing social, personal, behavioral and technical skills and knowledge of a trainee in the process of training and response to clients and service demanders.
- During reporting period, NECC-TVET program has been involved in developing the curricula of the most recent commenced career, air conditioning and refrigeration, in cooperation and partnership with GIZ starting from early 2017 and till present. For that issue, 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 air conditioning curricula that has been especially developed and adapted for the training .
- During the provision of the curricula, feedback sessions are used to be held regularly during scholastic year time for purpose of assessment, lessons learned and curricular development.
- The implementation of the new HVAC curricula has been carried out starting with the 2016-2017 scholastic year starting from December 2016 and on for the two classes (i.e. 1st and 2nd year).

4.5 3rd TVET Week:

- For the 3rd year in raw, the TVET-Week event has taken place in sponsorship of GIZ and other main TVET donors in Gaza such as Islamic Relief and BTC¹⁸ in late March 2017, aiming to raise awareness among partners, the public community, and the media in Gaza about TVET services and new programs. The TVET-Week event highlighted the coherent and valuable approach of TVET in the Gaza Strip introducing new TVET programs including NECC programs and others that meet the needs of the labor market.

¹⁸ Belgian Technical Cooperation



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- Adhering to its slogan “TVET Now”, The 3rd TVET-Week event shed lights on the provided TVET programs and main providers of TVET in the Gaza Strip by introducing new TVET programs to the community and enhancing the community acceptance to such kind of education as well as improve its sight as a pillar for partnership and employment for youth in the Palestinian community given the tense economic circumstances and high unemployment rate.
- The 3rd TVET-Week ceremony was held at the Shalihat resorts on Gaza beach under the auspice of Minister of Labor and in partnership between the German Technical Cooperation GIZ, the Islamic Relief in Palestine and the BTC where TVET institutes included NECC, ministry of labor VTCs, and other institutions participated actively in this important ceremony.
- Each TVET provider organization has a special booth at the exhibition where it was enabled to welcome the visitors and show its services and works.
- NECC booth included works prepared by NECC-VTCs students particularly from dressmaking, electricity and aluminium where the students themselves were in the booth welcoming audience and representing their professions.
- 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.



Representatives participating in the ceremony



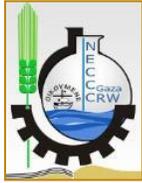
TVET Week reception



Minister of Labor opening the ceremony



NECC students participating in reception



4.6 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.

4.7 LET-Council¹⁹:

NECC-TVET Program Participated in all the meetings that were held under umbrella of LET Council.

- It is worth mentioning that NECC is a member in 2 subcommittees of the LET-Council which are TVET Capacity Building and Donor Funding. The main mission of these two committees is to build the capacity of TVET programs within the member organizations including NECC and exploring new potentials and prospects for funding utilized from the identified donors by the LET network of donors and supporting agencies.

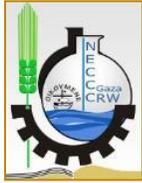
As well, the network is including donors of TVET sector in Gaza Strip such as GIZ, Islamic Relief and (BTC) and so many others.

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 regulation and registration.

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

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.

¹⁹ LET-Council: Local Employment & TVET Council.



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Meeting with LET council committee of TVET capacity building at NECC



Meeting with PFI and experts for TVET development

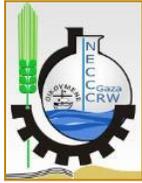
- NECC is coordinating as well with training provider institutions from the private sector such as training groups and TVET institutes in order to introduce training courses for benefit of our VTC trainees in several topics; many courses were conducted by their trainers regarding topics like “Be an Entrepreneur” at the different VTCs.



Injaz training course in entrepreneurship at secretary centre



Secretary students attending the course



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At carpentry department



At welding and metals department

4.8 Capacity building courses for TVET staff:

Under the Mennonite partnered project, NECC TVET program conducted a training course entitled "Capacity Building of TVET Staff in Topics of Entrepreneurship and Effective Communication" targeting about 17 NECC staff of TVET Program, tackling main topics of:

- Entrepreneurship; and its applications for TVET students and graduates.
- Neuro-Linguistic Programming; and its reflections in TVET service delivery as well as the communication between trainers and students.
- Body Language; and how to make use of its philosophy, concepts and practices in the scholastic life and life in general.

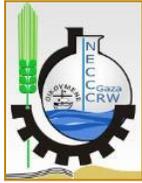
The training course took place early February 2017 and targeted all NECC-VTCs trainers and supervisors. The course was totally counted for 12 hours on three training days.



TVET staff participating in the course



Training course of "Entrepreneurship and effective communication"



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The trainer during the training course



TVET staff participation in the training course



During the training course



During the training course

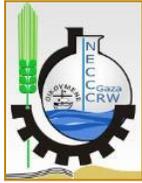
4.9 NECC & Caritas France partnered project:

The project of "Access to Employment for NECC-TVET youth graduates in Gaza Strip" which has been running in partnership with Caritas France (Secure Catholique) starting from November 2016 and lasting until May 2017; the total period of project is eight months including six months of employment for the graduates (from December 2016 to May 2017).

Targeting 50 graduates; 30 are males from the trades/careers of carpentry and furniture making, welding and metals and general electricity as of 10 per each trade as well, 20 females from those girls who graduated from VTCs²⁰ of dressmaking and secretary similarly 10 per each profession.

Aimed at alleviating the worsening economic situations in the Gaza Strip especially among Palestinian youth residing Gaza through providing groups of them with temporary job opportunities as well as integrating them into the local labour market.

²⁰ VTC: Vocational Training Center.



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50 youth beneficiaries divided into 30 males and 20 females holding certificates of NECC vocational training diploma who graduated within the last three years of 2014, 2015 and 2016 were selected as project beneficiaries.

In general, all employer organizations expressed their satisfaction on that NECC cooperated with them through this project as well, their satisfaction about the employed applicants whom they have gusted.

Included in the employment course, the project included – as one of its activities- the conducting of 5 workshops with the beneficiaries in-where experts were approached to deliver the life-skills workshops pertinent to topics such as work ethics, entrepreneurship, inclusion of people with disabilities and work accidents and practical approaches for training. All 5 workshops were conducted; 3 workshops were conducted in the first quarter of 2017 and the rest 2 in the second quarter.



Workshop entitled "work ethics"



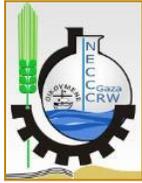
Workshop entitled "work ethics"



Entrepreneurship concepts workshop



Entrepreneurship concepts workshop



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Entrepreneurial skills workshop



Entrepreneurial skills workshop

NECC has duly finished the project in May 2017 and directly prepared for the new project which has been running in partnership and co-fund from AFD and Secure Catholique - Caritas France (SCCF). The project will take place starting from July 2017 and last for June 2020.

The project has actually started in early July 2017 including comprehensive different activities such as on-job training placements for 250 TVET graduates, introducing business management training afterwards for 150 trainees amongst, as well as starting up new projects for a selected group of 60 graduates along the three years from 2017 to 2020.

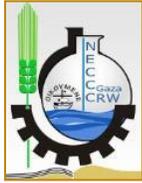
NECC has been involved in implementing the project activities, the first on-job training was run starting from mid of August lasting for mid of February 2018 (6 months) benefiting 50 beneficiaries and thus, business management training and business startup will run consequently.



Dr. Issa Tarazi, Secure Catholique representative with NECC and Minister of Labour



The Audience of Cermony



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NECC project staff and the project auditor



Dr. Issa Tarazi and CRS Representative and guests



NECC with Secure Catholique representative

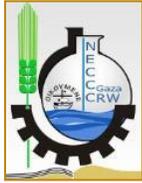


Participants from TVET donors

4.10 Training program with INJAZ Palestine:

In cooperation with “INJAZ Palestine”, many training programs were held in favour of VTC students including males and females in different topics such as “my path to professionalism”, “learn for life”, “work ethics”, “entrepreneurship” and other life skills titles where. The students experienced new approaches of their life, life skills and how to plan for future.

This training program is an integral part of the career guidance services that NECC introduces and provides to its students and graduates as well in order to professionalize them in their careers and life skills in general aimed at enabling them to easier penetrate the work cycle.



Injaz training course “my path to professionalism” for dressmaking students



Dressmaking students attending the course



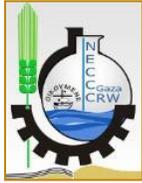
Secretary students attending Injaz course



4.11 “First-aid” training:

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

The courses took place in December 2017; 4 training days during 2 weeks for each department, and was followed by a completion ceremony where the course trainer and MoH representatives participated and honoured in the ceremony held at NECC head office in Gaza.



First aid training course for dressmaking students



Students attending first aid training course



Completion ceremony for secretary and dressmaking
Students receiving their certificates

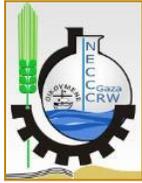


Students receiving their certificates

4.12 Construct a 2-floor building at El-Qarara VTC

By a generous donation through Pontifical Mission in Palestine (PMP) and completed by generous donation by NCA/DCA and in cooperation with Municipality of El-Qarara and an engineering consulting company, the NECC finished the implementation of project of "Capacity Building for NECC-El Qarara Vocational Training Centre / Renovating and Extending the Current Premises of the Centre" which included mainly the construction of a 2-floor building in the backyard space of El-Qarara VTC as an extension space designated for the provision of TVET training especially in solar energy.

In addition to that, the new structure will be expanding the current program being provided by allowing an increase in the number of students willing to join training at the general electricity VTC by ultimate percent of 20%.



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Approaching an engineering consulting company and gathering due approvals from the municipality, the project was started in May and finished all its activities in mid-November 2017 including demolition and removal of remnants and rubbles, the reinforced concrete works, finishing works such as plastering, tiling, painting, marbles and etc.

The new building will be put in service starting from commencing the new scholastic year at El-Qarara VTC starting from November, the ground floor will be used as a solar lab for training while the upper floor will be utilized as a training hall for the 2nd year class students.



Foundations and column necks



Ground beams



The new building was constructed



Finishing works



Interior painting works finished



External view for the constructed building



5. 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 2016-2017 to provide educational loans to needy students with zero interest in order to help them complete their university study.

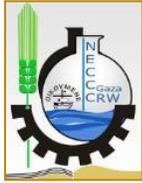
For this reporting period (Jan-December) including the academic years 2016-2017 and 2017-2018, 102 university students received applications thereof; 77 bachelors (4 in the 2nd semester of 2016-2017 and 73 in the 1st semester 2017-2018), 25 masters (4 in the 2nd semester 2016-2017 and 21 in the 1st semester 2017-2018) and one for PHD while 43 Bachelor students (3 in the 2nd semester 2016-2017 and 40 in the 1st semester 2017-2018) in addition to 12 Master's degree students (3 in the 2nd semester 2016-2017 and 9 in the 1st semester 2017-2018) and one PHD student (in the 1st semester 2017-2018) returned back their full eligible applications for loans out of them, 66 applicants have actually received loans within this given reporting period including 56 in Bachelor and 10 in Masters.

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	9	16	25	5	1	6	14	17	31
Renew loan	9	22	31	3	1	4	12	23	35
Total	18	38	56	8	2	10	26	40	66

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.



6. Job Creation:

NECC has implemented a group of job creation initiatives in partnership and cooperation with many organizations as will be detailed latterly:

6.1 NECC/Secure Catholique - Caritas France (SCCF) Partnered Project:



Hana'a Zaino was placed at "Atele Ibra W Khait" for fashion and dressmaking.
Caritas France and NECC previously visited her



Somaia Al Baraqqoni is placed at "Al-Amal Orphan Institute" to do secretary works.
She was visited early February



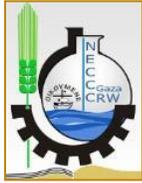
Applying for the placement



Follow-up visits by NECC

The project of "Access to Employment for NECC-TVET youth graduates in Gaza Strip" which was run in partnership with Caritas France (Secure Catholique) starting from November 2016 and lasted until May 2017; the total period of project is eight months including six months of actual employment for the selected group of graduates (from December 2016 to May 2017).

Targeting **50 graduates**; 30 are males from the trades/careers of carpentry and furniture making, welding and metals and general electricity as of 10 per each trade as well, 20 females representing those girls who graduated from VTCs of dressmaking and secretary similarly 10 per each profession.



The project aimed at alleviating the worsening economic situations in the Gaza Strip especially among Palestinian youth residing Gaza through providing groups of them with temporary job opportunities as well as integrating them into the local labour market.

50 youth beneficiaries divided into 30 males and 20 females holding certificates of NECC vocational training diploma who graduated within the last three years of 2014, 2015 and 2016 were selected as project beneficiaries.

In general, all employer organizations expressed their satisfaction on that NECC cooperated with them through this project as well, their satisfaction about the employed applicants whom they have gusted.

Table (21): The distribution of beneficiaries according to their placement:

Ministries		NGOs		Companies and private workshops		Universities and colleges		total	
Male	Females	M	F	M	F	M	F	M	F
1	3	-	11	29	4	-	2	30	20
4		11		33		2		50	

In the employment course, the project included – as one of its activities- the conducting of 5 workshops with the beneficiaries in-where experts were approached to deliver the life-skills workshops pertinent to topics such as work ethics, entrepreneurship, people with disabilities and work accidents and practical approaches of training. All 5 workshops were conducted; 3 workshops were conducted out of the 5 workshops in the 2017 first quarter and the rest 2 workshops in the second quarter.

NECC has merely finished the employment course in May and formally the whole project in June, the final report was duly prepared, submitted and finalized late September 2017.

6.2 Project of “Supporting Access to Employment for TVET Graduates in Gaza Strip 2017-2020”:

After finishing the latterly mentioned short-term project with SCCF, NECC has immediately been involved in the project of “Support Access to Employment for TVET Graduates in Gaza Strip 2017-2020” starting from July given that the project will last till end of June 2020.

The designated project has been running in partnership and co-fund from AFD and Secure Catholique Caritas France (SCCF).

The project is conjoining diversified group of activities including on-job-training for 250 TVET graduates from NECC centers, business management training for 150 graduates, grants for starting-up small businesses for selected group of trainees and other activities.

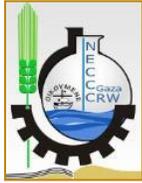


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The first cycle of on-job-training has started in July 2017 targeting 50 TVET graduates from professions of carpentry, metals and welding, aluminum, general electricity, dressmaking and secretary equally divided (10 graduates per each) where the latter selected graduates were placed in the local labor market organizations including NGOs, governmental entities, private workshops, companies, colleges and so forth.

So as aforementioned, starting from August 2017, 50 out of the 250 TVET graduates including males and females were accessed to a 6-month on-the-job training in many workshops/companies, ateles, schools, institutes, governmental ministries, NGOs and kindergartens. In particular, 50 graduates equally distributed among 5 careers (carpentry, welding and aluminum, electricity, dressmaking and secretary) as detailed below:

- *2 aluminum graduates were placed at aluminum workshops in the northern area of Gaza.*
- *8 graduates were distributed among welding and metal-work workshops out of which, 2 in the northern area and 6 in Gaza city.*
- *10 graduates were doing on job training in carpentry workshops; 3 in the northern area, 5 in the middle governorate and 2 in Gaza city.*
- *10 female graduates were distributed among employers in dressmaking; 6 with NGOs operating dressmaking workshops and the rest 4 were distributed to ateles and private workshops located in northern, middle areas and Gaza city as well.*
- *10 female graduates from secretary department we distributed to many organizations amongst; orphanage institute (2 beneficiaries), ministry of social development (1 secretary), school (1 secretary), kindergarten (1 secretary), company (1 secretary) and NGOs (4 secretaries).*



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Photos for the follow-up of graduates in their job placements.



Social worker follow-up visit



Applying for the on-job training

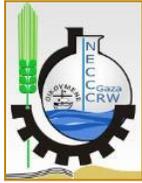


In the placement/welding and metals



In the placement/aluminum

The official opening ceremony of the project took place in November 2017 with existence of projects and partnerships manager of SCCF where she has a speech in front of the audience including minister of labor, NECC management and area committee members in addition to a variety of TVET stakeholders in Gaza Strip.



6.3 Self-Help:

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



Self-help workers



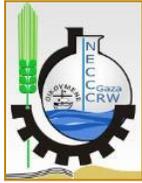
Self-help workers

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 Centers: Rafah, Shijaiya and Daraj	<ul style="list-style-type: none"> • Maintenance for beds. • Wooden desk. • Maintenance for air conditioners. • Maintenance for doors, etc. • New equipment.
2	Al-Quds university	<ul style="list-style-type: none"> • Maintenance. • Aluminum windows. • Iron door. • Window protection.
3	Shijaiya and Qarara VTC	<ul style="list-style-type: none"> • Maintenance. • Wooden cupboards. • Chairs.
4	Palestinian Red Crescent Society-Gaza Strip	<ul style="list-style-type: none"> • Kids table.
5	Palestine Mokhtars Society	<ul style="list-style-type: none"> • Cupboards.
6	Dr. Haidar Development Center	<ul style="list-style-type: none"> • Maintenance. • Library shelves.
7	Al-Bureij Rehabilitation Society	<ul style="list-style-type: none"> • Sticks.
8	Balsam Sport Club	<ul style="list-style-type: none"> • Tennis table.
9	Kindergartens	<ul style="list-style-type: none"> • Furniture toys.



7. Advocacy program

NECC participated in 3rd 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 24-27th of April 2017.

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 namely “TVET Capacity Building” and “Donor Funding”.

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

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 35. It is worth noting that there was difficulty somehow for visitor to get permits to enter Gaza through Erez crossing.

8. Overview of Major Focal Areas and Developments

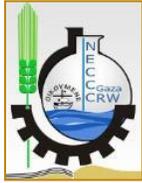
NECC successfully succeeded to achieve the main outputs and outcomes as planned during 2017 despite the deterioration of Gaza political situation at all life aspects one year after the war and long years of tight blockade.

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

As a part of DSPR, NECC developed its strategy for the coming 4 years 2017-2021. The strategy shows that promoting mothers and child health is one of the strategic goals of NECC. During the preparatory phase of the planning process, NECC conducted around 17 focus group discussion to discuss the needs of beneficiaries and the relevancy of NECC programmes. Clients’ perspectives and needs were considered in the developed plan.

Two new Manuals were finalized, 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, organizing, 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 was conducted for the key staff concerning implementation of these manuals.

Introducing preconception care as an integral part to maternal health that aim to improve the health status, and reducing behaviors, individual and environmental factors that contribute to poor maternal and child health outcomes.



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With the support of UNICEF NECC developed a new approach concerning child health of early childhood development, and early childhood intervention to detect children with developmental delays and children with disabilities.

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

Outcomes impact orientation training was conducted to NECC key staff by the team from Bread for the World to build their capacity in formulating objectives, developing indicators, monitoring and evaluation, and theory of change.

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.



As a part of DSPR, NECC developed its strategy for the coming 4 years 2017-2021 considering contextual issues and community need assessment.

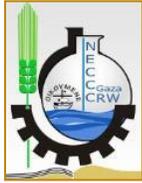
NECC-TVET program is continuously attempting to allow its VTC graduates and students to get more and more closed to the labor market as well the skills needed for those graduates to be equipped with, in order to easier get jobs.

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.

9. 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.
- Political conflict and security concerns. Current Problems in Gaza are not new “Acute on Top of Chronic.
- Deteriorated livelihood conditions of the population; emergence of health, psychosocial and poverty associated problems. NECC maintains adequate level of emergency preparedness , fostering good relationships with the local communities and other stakeholders and maintaining inclusiveness and neutrality
- Financial resources largely depend on external aid, so NECC will Contact more donors and strengthen the communication and networking and develop donor mapping.

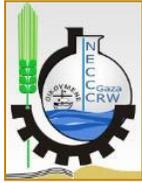


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- Shortage of essential drugs list as a result of blockade and movement restriction, NECC maintains contingency/reserve medical supplies for emergencies and judicious use of available supplies based on need, and Coordination with other international organizations to help in securing the needed resources.
- Increased number of beneficiaries at the three NECC health Clinics. This made more load on NECC administration and staff to cover all cases and to provide medications. NECC limited the number of patients seen by doctor to keep the quality of services
- Restriction in referrals.
- Difficulties in securing the needed equipment and disposables, and raw materials due to the tight closure and closed borders. Palestinians have little control over their resources and borders. NECC Coordinates with other international organizations to help in securing the needed resources
- Electricity cuts for more than 18 hours, and its impact on Social services especially health, education, Livelihood conditions, and Water –quantity and quality, and psychosocial status.
- 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

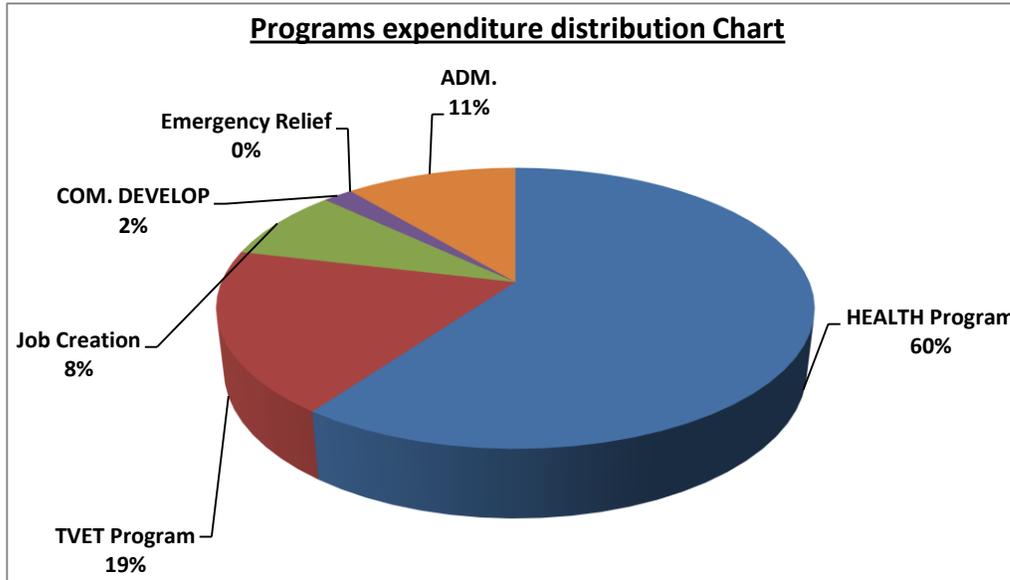
10. Cross cutting issues

- ▶ 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

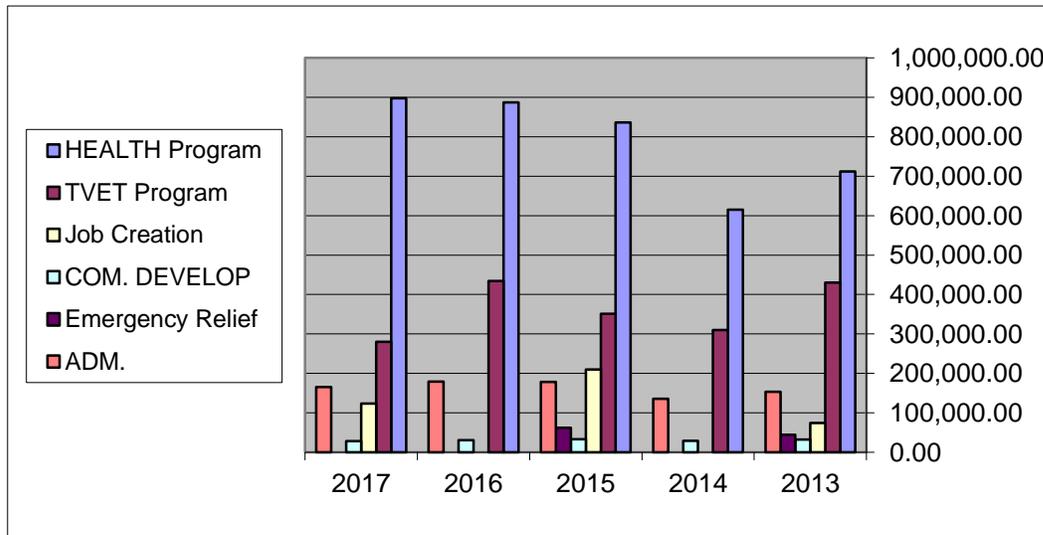


Finance

The following chart is shows NECC programs expenditures for the year ended 2017



The following chart is comparing NECC programs expenditure over the years from 2013 to 2017





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 **111** 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	Number of full-time staff	Number of part-time staff	Gender		Total
			Male	Female	
NECC employees	87	24	54	57	111
percentages	87%	22%	49%	51%	

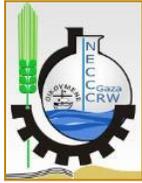
Capacity building and training:

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, **128 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 2017:

#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
1	LET Council: CVET projects launched by EU	1 NECC staff: TVET coordinator	1	GIZ/Gaza	January	GIZ/Gaza
2	Basic Life	2 NECC staff (pharmacists)	1	Jozour organization	January	Al-Mashtal hotel
3	CPWG	1 NECC staff: PSS coordinator	1	UNICEF	January	UNICEF
4	Persons with disability	26 NECC staff from all programs	1	NECC	January	NECC



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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
5	Enhance work with protection cluster	1 NECC staff: clinic supervisor	1	UN Women	January	UN Women
6	GBV	1 NECC staff: clinic supervisor	1	IMC	January	IMC
7	Pre-Conception Care	2 NECC staff: health program	1	Ministry of Health MoH	January	MoH
8	Prepare learning situations of curricula	2 NECC staff: TVET program	1	GIZ	February	Light House Restaurant
9	Consultation meeting	NECC executive director	1	UNICEF	March	UNICEF
10	Initial gender assessment/analysis methodology and tools for engagement and feedback.	1 NECC staff: health program	1	IMC	March	Al-Mathaf hotel
11	“Psychological First Aid and Referral including Mental Health Assessment and PTSD Recognition”	1 NECC staff: PSS program	1	IMC	March	Al-Salam Restaurant
12	“Psychological First Aid and Referral including Mental Health Assessment and PTSD Recognition”	PSS staff	3	IMC	April	Al-Salam Restaurant
13	“Psychological First Aid and Referral including Mental Health Assessment and PTSD Recognition”	PSS staff	3	IMC	April	Al-Salam Restaurant
14	“Psychological First Aid and Referral including Mental Health Assessment and PTSD Recognition”	PSS staff	3	IMC	May	Al-Salam Restaurant
15	Human resource management	Management staff	2	IMC	April	Roots restaurant
16	Financial Management	Finance staff	2	IMC	April	Roots restaurant



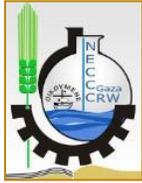
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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
17	Strategic planning	Programs coordinators	2	IMC	April	Roots restaurant
18	Logistics management	Management staff	3	IMC	April	Roots restaurant
19	Fundraising training	Programs coordinators	2	IMC	May	Roots restaurant
20	Meal System	Health staff	3	IMC	May	Roots restaurant
21	Needs assessment for TVET	TVET supervisor	1	IRADA center for TVET	March	Al-Mashtal hotel
22	Early childhood development and early detection and intervention for children with developmental delays and disabilities	Health staff	1	UNICEF	March	UNICEF
23	USG Compliance and Mission Order 21 requirements	4 NECC staff	1	IMC	March	Al-Mathaf restaurant
24	Curriculum Assessment Workshop	4 TVET staff	1	GIZ	March	Light House Restaurant
25	MHPSS meeting	Health staff	1	UNICEF	March	UNICEF
26	TOT training for care givers of young children	PSS staff	1	UNICEF	April	UNICEF
27	Gender workshop	Clinics supervisor	1	IMC	April	IMC
28	Gender training follow-up	Clinics supervisor	2	IMC	April	IMC
29	CPWG	1 NECC staff: clinics supervisor	1	UNICEF	April	UNICEF
30	Drugs usage orientation	2 NECC drugs store staff	1	IMC	April	IMC
31	Early childhood development and early detection and intervention for children with developmental delays and disabilities	3 NECC staff	5	UNICEF	April-May	UNICEF



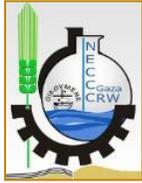
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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
32	Reproductive health protocol	1 Health staff	1	MoH	May	MoH
33	Infection Prevention and Control Quality Improvement Collaborative Approach workshop	1 Health staff	1	IMC	May	AL Mashtal hotel
34	Meeting on Overall health situation in Gaza Strip	1 Health staff	1	MOH	May	Al Rimal clinic
35	Maternal mortality	1 Health staff	1	MOH	May	Al Rimal clinic
36	CPWG meeting	1 Health staff	1	UNICEF	May	UNICEF
37	MHPSS meeting	1 Health staff	1	UNICEF	May	UNICEF
38	Curriculum Assessment Workshop	3 TVET staff	1	GIZ	May	Light House Restaurant
39	Discuss projects of graduates	TVET supervisor	1	University College of Applied Sciences (UCAS)	June	UCAS
40	Discuss mechanisms of cooperation between MoH and NGOs	1 Health staff	1	MOH	June	Al Rimal clinic
41	Meeting of national committee for health education	1 Health staff	1	MOH	June	Al-Sheikh Radwan clinic
42	1 st meeting of steering committee	1 Health staff	1	MOH	June	Al Rimal clinic
43	CPWG meeting	1 Health staff	1	UNICEF	June	UNICEF
44	Procurement Program Training	2 finance and procurement staff	2	DCA-NCA	July	Laterna restaurant
45	Orientation session about inventory management system	1 NECC staff	2	IMC	July	MercyCorps
46	"Orientation to Protection Guidelines"	Clinic supervisor	2	IMC	July	Al-Mathaf restaurant



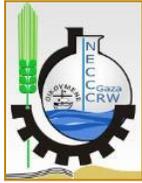
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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
47	"Orientation to Protection Guidelines"	1 PSS staff	2	IMC	July	Al-Mathaf restaurant
48	IPC collaborative approach meeting workshop	2 health staff	1	IMC	July	AL Mashtal hotel
49	Kick off workshop - MFA grant	2 programs and finance staff	1	DCA-NCA	July	Laterna restaurant
50	Fraud Awareness	1 finance staff	2	IMC	July	Al-Mathaf restaurant
51	MHPSS WG meeting	Clinic supervisor	1	UNICEF	July	UNICEF
52	Presenting success stories of maternity department at Al-Shifa hospital	2 health staff	1	MoH	July	Al-Salam Restaurant
53	CPWG WG Meeting	Clinic supervisor	1	UNICEF	July	UNICEF
54	LET Council-capacity building committee meeting	TVET Coordinator	1	LET Council	July	Federation of Industries
55	Request for application RFA	2 programs and finance staff	1	IMC	August	IMC
56	Study day	Clinic supervisor	1	MoH	August	MoH
57	PHC Health Records: Situation and Challenges	1 health staff	1	DCA-NCA	August	Laterna restaurant
58	Committee meeting: partnership between health cluster and NGOs	1 health staff	1	MoH	August	MoH
59	First Aid Training	2 PSS staff	2	IMC	August	AL Mashtal hotel
60	ICS Training	1 health staff	1	IMC	August	IMC
61	ICS Training	1 TVET staff	1	IMC	August	IMC
62	Strategic analysis and planning	1 TVET staff	1	LET Council	August	Level-up restaurant
63	Committee meeting: partnership between	1 health staff	1	MoH	August	MoH



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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
	health cluster and NGOs					
64	“Standardized Process for developing TVET Curricula” training	1 TVET staff and 1 volunteer	7	Islamic Relief	August	Origano restaurant
65	Graduation ceremony	1 PSS staff	1	Al-Erada specialized center for autism disorders	August	Palestinian Bar of Lawyers
66	Curriculum Assessment Workshop	4 TVET staff	1	GIZ	August	Light House Restaurant
67	PSS training	3 PSS staff	2	Mercy Corps	September	Al-Mathaf restaurant
68	Health Humanitarian Needs Overview (HNO)	1 health staff	1	WHO	September	Light House Restaurant
69	MHPSS WG meeting	Clinic supervisor	1	UNICEF	September	UNICEF
70	Committee meeting: partnership between health cluster and NGOs	1 health staff	1	MoH	September	MoH
71	LET Council-capacity building committee meeting	TVET Coordinator	1	LET Council	October	NECC
72	“Early childhood development and early detection and intervention for children with developmental delays and disabilities	3 health staff	1	UNICEF	October	Roots restaurant
73	International mental health day	1 PSS staff	1	UNICEF	October	MoH
74	“Communication for development”	1 health staff	2	MoH	October	Al-Salam Restaurant
75	Infection prevention and control meeting	2 health staff	1	IMC	October	Al-Mathaf restaurant
76	Emergency Preparedness and Construction Project	1 health staff	1	Handicap International	October	Beach hotel



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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
77	CHS and Anti-corruption workshop	3 staff	2	DCA	November	Laterna hotel
78	Mid-year Review Meeting	2 staff	1	UNICEF	November	UNICEF
79	Primary Health Care Workshop	1 health staff	1	PCRf	November	Al-Mathaf restaurant
80	Composite and certain wall	1 TVET staff	4	PFI	November	PFI
81	National committee for health education	1 health staff	1	MoH	November	MoH
82	a steering committee for the Evaluation process	1 health staff	1	UNICEF	November	UNICEF
83	Gender based violence	5 TVET volunteers	1	Islamic Relief	November	Islamic Relief
84	CP/MHPSS working group	1 health staff	1	UNICEF	November	UNICEF
85	“Harmonized Approached to Cash Transfers to Implementing Partners - HACT”	2 accounting staff	2	UNICEF	November	Al-Mathaf restaurant
86	Gender based violence	2 social workers	1	Islamic Relief	December	Islamic Relief
87	Rights-based health	1 health staff	1	WHO	December	WHO
88	DCA/NCA critical reflection workshop	2 health and PSS staff	2	DCA	December	Laterna hotel
89	of Handicap International and its partners Inclusive Emergency Plan	1 health staff	1	UNICEF	December	UNICEF

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.



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.

DSPPR works with Palestinian people who are vulnerable and in need for services with faithful to the principle of 'Do No Harm' and ethical/moral obligations and core humanitarian standards,

NECC has its own code of conduct, child protection policy, gender policy, Anti-fraud and anticorruption policy, NECC complies with HAP and core humanitarian standards.

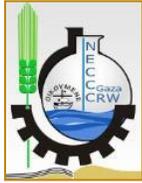
NECC works in congruency to health national and international protocols

Provision of Psychosocial Service within the Family Health Care Centers. NECC integrates psychosocial service as a core component of the Family Health Care centers. 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.

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



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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. Recently NECC developed an icon to collect the data about gender-based violence GBV

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.

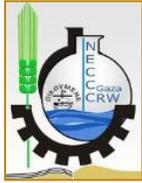
Supervision, Monitoring and Evaluation

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





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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 oversees 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 does 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.

During implementation of any project, women consulted about appointments related to follow up. Mothers' preferences are also considered and recently NECC is engaged in the HAP accreditation process. In addition, clients' feedback is systematically monitored and usually reflects positive attitudes as the satisfaction assessments reveal that over 90% of NECC clients are satisfied.

Suggestions boxes are available at NECC. Clients are encouraging to raise their issues and regularly the organization responds to their requests. In addition, appeal and compliant system is in place. As a part of the NECC monitoring, NECC organizes focus groups discussions with beneficiaries to solicit their feedback. NECC conducts regular evaluations and client's perspectives are seriously considered in these evaluations.

As a part of DSPR, NECC developed its strategy for the coming 4 years. The strategy shows that promoting child health is one of the strategic goals of NECC. During the preparatory phase of the planning process, NECC conducted around 17 focus group discussion to discuss the needs of beneficiaries and the relevancy of NECC programmes. Clients' perspectives and needs were considered in the developed plan.

Also, quarterly, the Director of NECC meets with beneficiaries and community leaders and discusses with them their needs and the relevancy of NECC to their health needs.

Partner assessment was conducted to NECC health and TVET project by DCA-NCA in 2017.

It is worse noting that a delegation from Australian Government (DFAT) conducted Monitoring and Evaluation to health and TVET Program as well as for NECC Management.

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.

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.

NECC is keen to provide services without any kind of discrimination including gender discrimination. NECC has developed gender policy and the NECC staff trained on the policy. Also, the staff signed the policy and its implementation is being monitored. Children who attended the NECC clinics are almost equally distributed in reference to gender although males constituted slightly a higher non-significant proportion (51.8% males; 48.2% females). According to the demography of the Palestinian population, for each 100 female born babies there is 107 males, however, gradually, the proportion of males decreases by age due to increased morbidities and mortalities among boys.

Also, with regard to the well-baby visits, similar proportion of male versus females were served. With regard to health education, 60% of the reached beneficiaries are females. Women are targeted in health education as they carry the burden of taking care of their children. Women are more involved in the care of children including feeding and nutrition practices. Also, healthy behaviour in the community is largely determined by women therefore women awareness is very important.

No differences were noticed in the prevalence of anaemia and malnutrition among males and females. Looking to the impact of the program like follow up visits and the recovery rates, shows that no gender differences were noticed, as noted below;

Also, most of the staff working on the projects are females and both males and females had receiving training, 51% of NECC staff is females and 49% are males.

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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.

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.



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.
- Coordination with Atfalluna society for deaf children to detect children with hearing problems and refer them.
- Coordination with ALAmal Rehabilitation center in Rafah area to screen children with disabilities to detect anemia and malnutrition of children under 5.
- Coordination with Gaza Mental health program to refer sever cases of mental health problems.
- Referring severe cases with mental disorders identified at NECC centers to MOH/Department of mental health.
- NECC TVET program is being running with the full cooperation and integration of the private sector in the whole process; NECC has signed cooperation agreements with Palestinian Federation of Industries "PFI" the Palestine Federation of Trade Union "PFTU" in order to



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support the trainees and approach the outdoor training for them within the workshops fulfilling the PFI and PFTU. During the reporting period: more than 100 external workshops and 15 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.

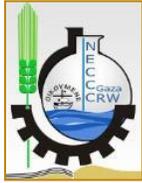
- Practically, NECC runs continuous coordination work with those strategic partners in conducting shared capacity building programs, networking and share experience meetings in fields of job creation and employability interventions and TVET weeks and exhibitions.
- NECC is coordinating as well with training provider institutions such as "Injaz Palestine" in order to conduct training courses for our VTC trainees in several topics; many courses were conducted by their trainers in favorite of our trainees in titles like "my path to professionalism" at our Shijaiya VTC and "Be Entrepreneur" at Qararah VTC.
- In a similar approach, NECC organized 2 specialized training courses targeting a group of our dressmaking students in fashion design and Electrical networks and applications for air conditioning students in cooperation with freelance trainers from the private sector.
- NECC approaches experts from outside the organization to introduce specialized training courses for its staff either in health, PSS and TVET programs.

Policies

NECC is still committed to its child protection policy, code of conduct, gender policy, anticorruption 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 a consultancy team from ACT for Peace conducted training to NECC key staff about child protection and child safe guarding. NECC intended in the next year to update its own child protection policy. NECC has suggestion boxes and complaint boxes at all its premises health and TVET.

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. During contracting with service providers, NECC encourage people to report for any problems related to child abuse , all contactors and vendors have to sign on NECC policies and keep on its commitment.

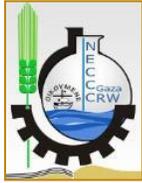




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External relations and communications

- 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 early childhood development and early childhood intervention.
- Continue partnership with DCA-NCA for the project of health, nutrition and psychosocial for vulnerable children and their caregivers.
- 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.
- NECC developed new partnership with IMC (USAID) fund for the project 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.
- Regarding the Psychosocial support program NECC in partnership with PMP started in Novembr2017 a new project of psychosocial support of Mothers and Children at NECC catchment areas.
- 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 partnership with **DCA-NCA** in terms of TVET project 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 2017-2020
- In the prospect of our partnership with Islamic Relief the NECC will be able to sustain Job Creation project in 2017-2018
- On the civil society level, NECC is securing strategic and sustained relationships with TVET providing institutes, NGOs, colleges and universities etc.
- As well, on the donor current and new partnerships level, NECC realized new partnership with Dutch Donor for running the TVET program for male VTCs. In addition to the current partnership with GIZ and further, NECC is seeking for securing this partnership and renewal for new partnered project for the period 2016-2019..
- 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



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conjoining 4 sub-committees, NECC is a member in two of them (Sub committees of TVET capacity building and donor funding).

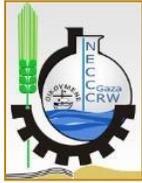
- On the other hand, NECC is running its TVET program with the full cooperation and integration of the private sector in the whole process so that NECC has signed cooperation agreements with Palestinian Federation of Industries “PFI” the Palestine Federation of Trade Union “PFTU”.
- The relationship is compassing issues of cooperation in encountering barriers that hampering the implementation of the program and accessing it into the labour market and approaching the outdoor training for NECC students within the workshops fulfilling the PFI and PFTU.
- As well, the NECC is initially considering the 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.

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,



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following NECC gender policy. Beneficiaries' preferences will also be considered and recently NECC is engaged in the HAP accreditation process and core humanitarian standards, NECC successfully has passed the required standard for the Palestinian NGO's Code of Conduct and was granted a certificate of Compliance for one year 2014-2015 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.

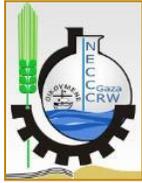


During the year 2017, three community meetings were conducted at health clinics to assess the needs of community and discuss different health issues and five community meetings conducted at TVET centers to discuss different issues related to economic empowerment, employability and entrepreneurship and address some problems related to TVET program.

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

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-adas.
- It is worth mentioned that NECC intends to conduct evaluation of health and TVET programs supported by ACT for Peace Australia which will take place in February 2018
- Strengthening the inclusiveness of people with disabilities, and more focus on early childhood development approach.
- Developing GBV approach and increase raising awareness about women rights.
- Enhancing the coordination system
- Update NECC child protection policy and child safe guarding



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- 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 networking, developing fundraising mapping and fundraising strategy
- Provide capacity building training on fund raising and networking skills is very essential for NECC key staff.
- Starting new partnerships and projects when approved.

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.

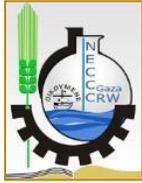
NECC is a well-established organization with a solid structure and strong foundation. Proposed services will continue as a part of the regular activities within NECC clinics and vocational training centers.

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 increases 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



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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.

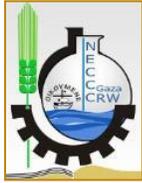
NECC developed its curricula provided for its TVET-program students designated for the enterprise and start-up business management.

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

Lessons learned

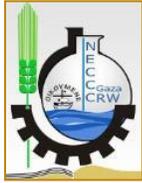
NECC has long experience in providing well baby services and accumulated rich experience in this field. NECC is eager to learn and develop its experience therefore continuously reassess its operations and programs. The main lessons learned from this project are:

- ▶ 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. So NECC intended to increase national capacity and community mobilization through current support by UNICEF to engage the community in Early childhood development approach and early childhood intervention.
- ▶ Preconception care has significant impact on mother and child health and prevention of congenital anomalies, so it should continue
- ▶ 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.



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- ▶ Well baby services are essential component of child health services. It enables the early discovery of developmental delays and triggers early interventions.
- ▶ Well baby services enable the early discovery of childhood illnesses. For example, it is valid approach in combating anaemia and malnutrition.
- ▶ Unlike screening, receiving repetitive well baby sessions and periodic screening services allows the discovery of childhood illnesses. Many children were normal when they were first screening, however, later on in subsequent sessions they were anaemic or malnourished.
- ▶ NECC can further promote well baby services and utilize it to discover other childhood illnesses such as disability, congenital anomalies and developmental delays.
- ▶ NECC is unique in providing well-baby services to children till the age of 6 years. These services can be expanded to other providers such as MOH and UNRWA.
- ▶ The utilization of comprehensive PHC clinic-based approach is effective in producing satisfactory recovery rates. It could be achieved through simple and cost-effective intervention.
- ▶ The Palestinian nutrition protocol is an appropriate guide to treat malnutrition and anaemia. The appropriate implementation of the protocol can produce good outcomes.
- ▶ 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.
- ▶ Provide capacity building training on gender-based violence GBV is important.
- ▶ Contact different donors and develop new partnerships for fund raising to avoid financial crisis.



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- ▶ 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 database is in place now under testing. When fully prepared, it should be continuously updated for any job creation intervention so that we can adopt on its ready information rather than the swift collection of information occasionally.
- ▶ The follow-up assessment for NECC graduate's employment status that has been continuously conducting is very essential to help catch up the work status and conditions of our graduates. This gives NECC-TVET program to do interventions that benefit those graduates based on full accurate and updated dataset.

Success Stories

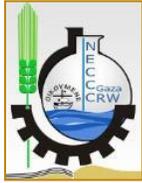
Stories from health program

Story 1

Shijaia is a neighborhood located in the eastern part of the Gaza City contiguous to the Israeli borders, makes the area more subject to invasions, incursion, destruction and military attacks along the war on the strip. Shajaia neighborhood is the largest one in the Gaza City with more than 100,000 inhabitants, 21736 HHs, living in 9273 crowded buildings (Gaza municipality records). The majority of the Shajaia population are non-refugees with refugees representing less than 25% of the total population. So, most of them don't get refugee aids or health services from UNRWA, the vast majority of families are having children or adolescents. It divided into separate northern and southern parts. The southern part of the area is called al-Turkuman. The northern part is called al-Judaia or Saja'iyya al-Akrad.

Sara is a married lady, 21 years old, double refugees, she was living in Syria and then returned back to Palestine with her husband and child, and now they live in a metal Caravan that they have got by Gaza government through aids for Syrian refugee and almost, the Caravan is water leakage, the ceiling is made of corrugated tin sheets where Sara's family live and sleep, which don't offer any protection from water leaking or rain during winter especially in the cold winters. Sara states that: "I put blankets on the floor during the rainy winter in terms of absorption of water leakage that make the inside of the house as cold and chilly as outside. Sun and light doesn't enter the house even in the daylight, as in the summer the house become very hot with no ventilation.

Sara's family is dependent on assistance from her father in law who got assistance from the Ministry of Social Affairs, 1800-NIS every three months, in addition to some aids that Sara gets from her family, this assistance which is not sufficient to meet the basic needs in terms of food, milk, and diapers for the baby. Going through difficult conditions and living poorly with a



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depriving environment consequently had affected my child's health status, who is already born low birth weight 1.6 kg as he was born preterm in 03-07-2016.

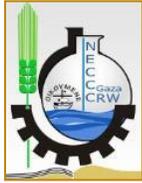
I heard about NECC Shajaia health care center from my brother's wife, I knew about the "Well-baby" program for children in addition to different health programs provided by NECC clinic. As I have already noticed that my child AbdAllah was a skinny kid, his weight at birth was 1.6 Kg, which not fit compared with children in his age as he was born before the expected date, and he has stayed around one month in the hospital, nursery department because of his weight and health stats, so after that I followed with my child in AL Basma center for physiotherapy, as the child was suffering from cerebral palsy, I have known about NECC clinic and its caring for children, I decided to bring him to NECC Shajaia clinic to register him in Well-Baby programs.

At my first visit in 20-02-2017, the staff nurse measured his length, weight, head circumference, and blood level HGB, which were (Wt:6.7, length:64cm, and head circumference 46 cm, and HB 9.5 gm.), she opened a file for my child on the computer, then she informed me that my son, had moderate malnutrition, and anemia, so having malnutrition and anemia didn't bring surprise to me, because she thinks it was due to their poor family diet.

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

As for fish, chicken and meat we get that once a month, however, it's always frozen meats, chicken or fish cause it's a lot cheaper than the fresh. The staff nurse at the time provided me with intensive health and nutritional instructions, and counseling about nutrition habits, healthy and low-cost food, also she gave me brochures about that plus explanation on its details to me, about personal hygiene, hygiene practices, and preventive measures. Staff nurse asked about the daily diet, the mother replied "I usually depend only on supplying the house of essential needs of food from aids". Her parents and her father in law are the vegetables and fruits supporter.

I received from the NECC health clinics nutritional treatment, multivitamins and iron supplementation, I was getting some aids for poor families from some charities organizations particularly that my husband unemployed and his a Syrian refugee, and he has a I had psychological problems because of that, I can't tolerate these difficult conditions, living poorly in a distressing context, which has the worst impact on my mental and psychological life, I can't bear the responsibility to cover the needs of my family, when I came to the Shajaia clinic to follow up my child in well baby program, I was complaining of headache, nervousness, loss of appetite, inability to sleep, I was suffering also due to the violent from my husband. The staff nurse noticed Sara's manifestations, she asked her about her mood and scored the PHQ-9, and GAD7 the assessment tools for mental health disorders, which showed that Sara had a mild depression and mild anxiety. She has been referred to the counselor of NECC.



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The counselor met her the first time in the center and discussed the treatment plan with her which included guidance, self-help, relaxation and breathing technique, and problem-solving approach therapy. In the beginning she was not very motivated, and her orientation to her problems was negative. As she came to the sessions, she became more motivated

The counselor said she was not feeling interested and having pleasure in her daily activities; I discussed the treatment plan which included problem solving approach therapy. In the beginning, I discussed with her the guided self-help activities the counselor said. We integrated her in mothers' group sessions, she became more motivated and worked on her problems guided by the problem-solving steps. The problem-solving steps resulted in a plan in which she will do regular physical exercise, do pleasurable activities and other activities. She also decided to think positively about her life and her family. Although she did not take any medications, her headache decreased, and her mood became better over time. She reported that she was more active and did not feel tired all the time like she used to.

In parallel with the care that she received, she also provided care for her child Abd Allah respectively. In the next visit in 22-03-2017, the body measurement of the child has improved, it becomes (Wt:7Kg, length: 67Cm, and HB:10.8gm).

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

Abd Allah has recovered and now his HB level has also improved and become 11.6gm and her weight become 10 kg. Now, and after the end of the program I much better person and care for my kid Abd Allah. I can give him better care especially with economic but nutritious food

Nowadays we still live the same hard living conditions and nothing much changed, but I feel very impressed about my health and my son health with the knowledge I have now. The courtesy relation that shown by the staff, and good communication, and respects, I do appreciate NECC clinic efforts and support, I fully satisfied with high quality of NECC health services, I can't picture Shajia area without NECC clinics, as I can't predict what will happen to our children, mothers, and families health future, without the NECC clinics around, especially within these harsh, and awful situation in which we are going through. I really hope for the sustain and development of the NECC clinics, to aid and help our people and ease their needs. During the well-baby visits the team noticed that her child has a disability and then after confirming the diagnosis, they did early child hood development assessment of child (ECD) using developmental scales, which revealed that the child has a developmental delays in cognitive,

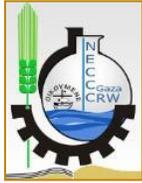


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motor, and social skills, she has been referred to disability related organizations. Also, the mother has been assessed to identify any psychosocial issues. The mother has been provided with counselling, group therapy. Her child recovered and her Psychological status has been improved, and financially assisted through another NGO.

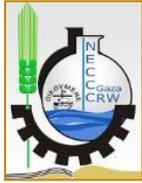
***Here's a detailed schedule about the child's follow up- visits;**

Date	Wight	Length	Blood	Notes
20/02/2017	6.7Kg	64 Cm	9.5 gm.	Suffering from malnutrition, and anemia
22/03/2017	7Kg	67Cm	10.8 gm.	Provide him iron supplement, multivitamin, vitamin A&D for anemia and malnutrition. Suffering from respiratory infection. Suitable treatments were given to the child.
27/03/2017	-	-	-	Lab tests including urine and stool analysis, the results of the tests were negative.
24/4/2017	7Kg	69 cm	-	Malnutrition 2 and iron supplementation
24/5/2017	8.4Kg	70 cm	10.8gm	Malnutrition 3, Vitamins supplement were given Complain of fever, diarrhea, and provided with Tailol 100ml, Megaprim 60ml,
9/8/2017	13.2	91	-	Vitamin treatments
11/9/2017	13	92	-	Improvement of weight and length
12/9/2017	9.3Kg	80Cm	11.6 mg	The child's health became better. She was enrolled to well-baby clinic program, and Sara was advised to take care of her Son weight, health and nutrition



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Story 2

Doa'a Ramy El Nakhal is 12 years old. She was born in 18_11_2005 and lives in Rafah. Her family is 7 members and she's the second.

The family financial is good and she's studying in 7th grade at preparatory school. She said "I love sharing activities in NECC Rafah clinic and spend my time in drawing and playing. Her hobbies are reading stories and coloring pictures.

I dream to be a lawyer in order to defend for my home and aggressive people. Also, I seek to make it true by studying law at university.

I knew about NECC psychological program and psychological support from my mother who was attending the clinic for follow up, treatment and other health services, I receive a lot of services and I like engaging in psychological support, entertainment, trip, open days ,specifically the activities which has relaxing me, performance games, imagination and drawing. It helps me to feel comfortable, enjoyable, and happy especially when I had a very strict accident which is losing my oldest sister. The Cancer killed her, so I hate that disease too much. I wish if it disappears from our life to live in peace and good health and never lose anybody again. I hope to have treatment for it in the near future to save people life.

I miss my sister too much. I always think of her, she never goes away from my memory. I feel sad to lose her. Every corner of our home, stairs, my grandparents' home, the street , school, lane, sea, and hospital so I can't remember her everywhere.

I was trying to avoid talking about her death in order to not feel sadness, depression and inability, but I can't stop thinking of her. Her photos, clothes, bed, toys and special things can't stop me. I dream in her too much and hate that disease because it stripped of my sister from me. I remember her and ran away when anybody talk about her in front of me because I don't want to cry and feel sadness again.

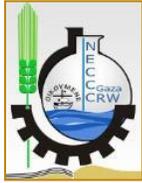


Her death effects on my level at school and on my relationship with my family and friends.

The NECC psychologist noticed, during activities classes, my sadness, daydreaming and distracting, so she talked with me about the accident and she hugged me. Several individual counseling sessions had done for me to release my apprehensiveness and tension, cultivated and educated me to deal with my condition especially consulting my mother and family, the NECC continued following till I become more comfortable.

After that, I began to feel better in every class and feel quite in my body and comfortable. All thanks to my psychologist in NECC staff and psychosocial counselor, family, teachers in school and friends for returns me to my normal life.

Now, I feel much better in my life, my thoughts, feelings, behavior, my relationship with my family and friends and sharing different activities and games.



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I love to continue in NECC with their activities and trips. I like to follow what's new in their program activities because it makes me feel happy.

I feel grateful to NECC team and psychosocial counselor for their kindness a, compassion and supporting me to overcome my problem.

Story 3

This is the story of Nakhala family which lives in Darraj area, a high densely populated area with around 80,000 inhabitant. Mohammad Haider Nakhala, 20 months old male child lives with his families composed from 2 children, the parent in addition to other members of the extended family. In total, the house accommodate 13 persons. The house contains two rooms, poorly ventilated, humid, walls are dirty with many cracks.

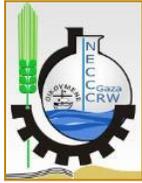
The area is known as Jolani area, one of the poorest areas in Darraj. Houses are close each to the other with no spaces between the houses. Sun rarely reaches the inside of the house. Streets are very narrow, sewage system is not effective with frequent overflow. The entire area is not clean with collections of garbage everywhere. In addition water supply and electricity supply are irregular which adds to their vulnerability. The house at which Nakhala family lives contains two rooms and small kitchen. The house also contains the basic furniture but these are in good shape including TV, refrigerator, and washing machine. Simple furniture is also available at the household.

The father of the child is 24 years old, holding a diploma in secretary. He is unemployed and never worked in his career. Occasionally he works in carrying construction stuff and has no regular source of income. Because he is poor, he tends not to interact with people and to isolate himself. He only visits his close family member and his sister. He thinks that socialization costs money, he can't afford that.

The mother (Mona) has completed her secondary education and then married when she was around 17 years old. She got high grade in secondary school (80%) but her father refused to allow for her to join the university. Her father thinks that girls ultimately should marry and that is the fate for them therefore education is worthless for them. The mother married in 2009 immediately after the war, she wasn't happy as two of their relatives were killed in that war, so the wedding party was simple-low profile wedding.

The mother continued, because of poverty I don't participate in social events and I isolate myself. She said I am not able to secure food for my family, therefore socialization is not a priority. The mother added, sometimes for several weeks I stay in my parent house in order to get feed my children-my husband is unable to secure food for us.

Because of the stress, the mother developed psychosocial problems. This adds further to her isolation and vulnerability. She said my husband and family are supportive to me and they try to help me but my situation was bad. I approached the NECC counsellors who tried to help me



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through debriefing sessions and psychological support. Then, they referred me to the Gaza community mental health and I am receiving now medication which helps me. My condition is better now than before, but I am concerned of visiting people and I feel embarrassed from even visiting my family.

The mother (Mona) knew about the NECC from her mother. Her mum used to seek NECC health services for more than 20 years. When her children was young, she used to bring them to NECC to receive services and now she advises her children who became fathers and mothers to seek services at the organization. Mona visited NECC when she was pregnant and continued after that.

Late in 2016, Mona visited Darraj centre and opened a file for her family. The team at the well-baby clinic assessed the anthropometric measurements of the child (Mohammad). The measurement shows that the child suffers from moderate wasting and moderate underweight which means he has been exposed to acute nutritional deficiencies or illnesses. Full investigation were conducted the child to exclude any other medical conditions. The mother were given advices about breast feeding as the child was 5 months of age. During that period, the counsellors at NECC also provided the mother with psychosocial sessions.

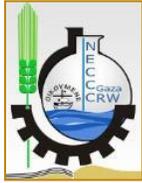
In Jan 2017, the team discovered that the child is also anaemic as his haemoglobin was 9.4 gm. Complete investigations were performed to identify any associated illnesses. The following were given to the child

- Health education, awareness and brochures about anaemia, malnutrition, child nutrition and supplementation.
- Appropriate breast feeding practices.
- Feeding practices.
- Nutritious food.
- Iron supplementations.
- Multivitamins.
- Plumpy supplement-provided by UNICEF as nutritional supplementation.

In February 2017, the mother visited the clinic according to the schedule and the examination reveals that child haemoglobin level is 11, which is normal. However, still underweight and wasting didn't improve.

In addition to the provided health education sessions, the team organized individual counselling session to Mona which included 24 diet recall. The 24 diet recall was as follow:

Morning	Midday	Evening
8 am Milk with cookies	1 pm plumpy nut	9pm Homos
9,30 am iron supplementation	2 pm rice and potato-without meat	9pm Tea with food
11 am eggs	Tea after lunch	9,30 Iron supplementation with milk (in the bottle)



The discussion with the mother shows that there are inappropriate nutritional habits as follows

- Giving tea with food
- Giving tea with milk
- Timing of administering iron was inappropriate

The mother were given concentrated instructions about these issues. The medication were also continued with shifting the iron does from the therapeutic does to the prophylactic does which is provided to replenish the iron storage in the body.

The follow up visits continued as recommended, once monthly. In April 2017, the NECC measure the anthropometric readings of the child and found that the wasting has improved but still underweight continued. In May 2017, all the abnormal readings were fixed and the child return to normal growth standard both in anaemia and malnutrition.

The mother has been given further advices about how to keep the child healthy through appropriate follow up, appropriate eating practices and providing the child with nutritious diets. The mother is very thankful to NECC for providing well-baby services.

Story 4

This the story of lady Fidaa Sukkar who was born in 1998, she finished her secondary school and she has got married for one year to Kamal Sukker, who is 20 years old, Kamal is unemployed and does not have any solid financial source except a little amount that comes from his family.

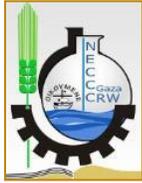
Fidaa lives with her husband's family in one house, where Fidaa and her husband along with husband's mother, father, sisters, and brothers live all together in one house at Al shijaia area. The house made of concrete, is composed of two rooms, kitchen, bathroom and living room.

Fidaa knew about the NECC health care center when she went there, through her visit to the clinic with her mother, who attended the general clinic seeking medical treatment, also she noticed the declaration in the clinic about preconception care, while she was listening to health education session entitled the importance of preconception-care for women.

Fidaa found herself in the program's target group and enrolled in the program as she had never has a pregnancy and was married a year ago.

On 03/04/2017 it was the first visit to Fidaa to NECC clinic, the staff nurse opened the file for her, took her family, medical, reproductive and life style history, in addition to screening tests included weight, height, blood pressure, Random blood sugar and blood test for Hb level as well as breast examination.

The staff nurse found that Fidaa didn't have any reproductive, or hereditary diseases, as her history is free from any diseases, and also wasn't exposed to abortion before. Her measures were as below:



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First Visit 3/4/2017	
Weight	65Kg
Height	161 Cm
HB	9.5 mg/dl
Blood Pressure	100/60
Blood sugar	85 mg/dl

Fidaa is consulted by gynecologist doctor in NECC clinic for physical examination .thus from the screening tests, Fidaa is clearly suffered from anemia.

She received Ferregol tablet and Folic acid supplement, and the staff nurse at this time provided her with intensive health instruction, and counseling about nutrition routines, healthy and low-cost food, also she presented brochures about that, plus explanation on its details to her, about personal hygiene, hygiene practices, and preventive measures. Staff nurse asked about the daily diet. Fidaa replied that she usually depend only on supplying the house of essential needs of food from her brother in low. Her mother is also the vegetables and fruits supporter and once a week meat. The next visit was on 20/04/2017. Fidaa was followed up for some investigation, like examination of Random blood sugar which was 90mg/dl, Bp 100/60, menstrual period and its regularity, thus all investigations were normal , the staff nurse focused more on health and nutritional education for Fidaa, and gave her next appointment date,

On the third visits on 25/05/2017:

All investigation were carried out for Fidaa, her HB level was 11.2gm/dl, the staff nurse emphasized on advice and guidance for Fidaa to take folic acid and to be committed to health instructions as her HB level become in normal range.

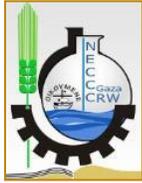
On the next visit, 01/06/2017:

Fidaa attended to the clinic, complained of absence of menstrual cycle, the investigation and lab tests were provided for her including pregnancy test, it was a surprising result revealed that Fidaa is pregnant, and she enrolled in NECC antenatal care program to continue her follow up. She was given education on care and nutrition during pregnancy. She also received suitable medical care and health services. Fidaa and her husband thanked the NECC clinic for their special follow-up and care and priceless advice.

Fidaa felt very pleased about the knowledge she gained, the courtesy relation that shown by the staff, and good communication, and respects, "I do appreciate NECC clinic efforts and support, I fully satisfied with high quality of NECC health services", Fidaa said. She wished that she would able to live in her own house with her husband and to get her new baby safely.

Finally, the lady said that she is thankful for the NECC Clinic services, saving their lives, and attending visits in appropriate times. Thanks God for their guidance and advice.

Note: the lady refused to share her photo.



Success Story 5

This is the story of a child called “Mahmoud Saleh Al Jadba”, aged 18 months, born on July 15th 2016, belongs to a family composed of 5 members. The child lives with his parents and two other older brothers.

The family lives in an extended family that hosts 15 members in addition to Mahmoud’s parents, brothers and sisters. The house is very narrow, overcrowded, not adequately ventilated and not healthy. The 5 members of Mahmoud’s family live in one room and they share the kitchen and the toilet with the other members of the extended family. The walls are rotten, the sun doesn’t go through the house and it is very humid. The house is located in very crowded areas, with narrow streets, lack of sewage, inadequate water supply which the family receives 12 a week only also the wastes and rubbish fill the place. Like other houses in the area, the power supply is intermittent and usually available 4 hours a day only. At night, the family lives in dark which is not safe as well as severely depressing.



The father has completed his secondary school but wasn’t able to join the university because his family can’t afford it and he has been forced to join labour force while he was still a child. Currently, he works as a peddler with no fixed salary. He is the only breadwinner of the family and he spends his income on the entire family composed of 20 members. Because the drugs for chronic diseases are not available at the Ministry of Health clinics, he buys the medications needed for his sick parents from the little earning he secures. The mother of Mahmoud manages



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the livelihood of the house according to what is available. The family lives in a terrible conditions, but still didn't lose hope that this will change one day as she said.

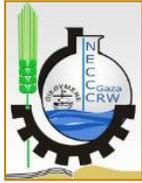
The mother situation wasn't that different, she has been married at the age of 17 years and she dropped out from her school. She said because of poverty she can't participate in social events and she doesn't visit other people. Her mother (the grandmother of Mahmoud) supports her through providing some food and money from the cash assistance she receives from the Ministry of Social Affairs. Every three months the MOSA gives them food ration and little cash. Because they don't have resources, Mahmoud parents avoid people and tend to isolate themselves.

The mother of Mahmoud knew about the NECC centre through her mother in law who used to visit Darraj centre for more than 20 years. She said "all the members of the extended family used to visit the centre for receiving well baby services" and other services. She believes that NECC provides good quality health care in a respectful manner. She added, also, they provide medications to children which are lacking at MOH clinics. He continued saying, there is no MOH clinic in our area and NECC provides comprehensive services and awareness to people. Her sisters in law advised her to follow only at that the NECC centre because the quality of services are good at the centre and is much better than the other places.



On December 11th 2014, the mother registered at the NECC and started to follow up at the centre and then she became pregnancy. She received all the care she needed during her pregnancy from the clinic. In July 2016, she gave birth of a twins including Mahmoud. The family approached the NECC clinic whenever it faces health issue.

In July 2017, during a well-baby visit, Mohammed found to be suffering from moderate wasting, moderate underweight and mild anaemia. Then, the NECC team assured the mother and the child has been enrolled in the malnutrition management program. During the treatment programme the mother were given health education, individual counselling, dietary 24 hours recall analysis, psychosocial support in addition to the medications, checks up and health brochures. The child has been also given other medications to treat infections like antibiotics, anti-worms and antipyretics in addition to the lab investigations. The mother continued the follow up visits as recommended.



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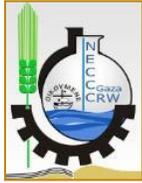
The 24 hour diet analysis conducted for the mother indicated that she has bad habits including drinking tea with food, Yogurt with Rice, giving the child soft drinks like Coca Cola, giving iron together with milk. The mother has been given instructions about meals and what to feed her children.

After series of visits, in October 2017, the child condition has improved and his haemoglobin reached 11.10 gram, so he is not anymore anaemic. Also, he recovered from malnutrition. After his recovery the team continued with prophylactic measures to replenish the body stores of iron.

Date	UW	HB
17/08/2017	-1.59	10
08/09/2017	0	0
19/09/2017	-1.49	0
19/10/2017	-0.96	11.9
16/11/2017	-1.23	0

Dates of visits made by Mahmouds caregivers

- July 20th 2017
- August 4th 2017



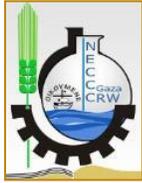
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- August 17th 2017
- September 8th 2017
- September 19th 2017
- October 19th 2017
- November 16th 2017
- Januray 16th 2018

Medications provided to Mahmoud

- Ferrolet 6 doses
- Paracetamol
- Parafly
- Megastatin
- Megaderm
- Tailol
- Ventocare
- Amoxicare
- Multivitamins
- Cefacare

Mahmoud quickly recovered from malnutrition and anemia which has negative consequences on health. The mother and all the family members are thankful to the NECC and the donors for the support and care they provide and they need NECC to continue supporting them.



Stories from TVETprogram

Story 1

Mohammed Nasser Al-Abadla, 23 years old graduate from Qarara VTC.

I was graduated from El-Qarara VTC in October 2017, I am now 23 years aged and live with a family consisted of 7 persons in our owned house in village of El-Qarara in Khanyounis area to the south of Gaza Strip.

My father is a governmental employee, and I have two male brothers; I'm the older amongst, and the other two younger are at schools, the older brother is in working-age now and working in police.

Actually, I enrolled El-Qarara VTC for a main strive of learning the trade/profession of general electricity as I like this profession since I was young.

During the 2-year training period in El-Qarara center, I learned a lot about house networks and supplies, control systems as well as motors and transformers rewinding and solar applications.

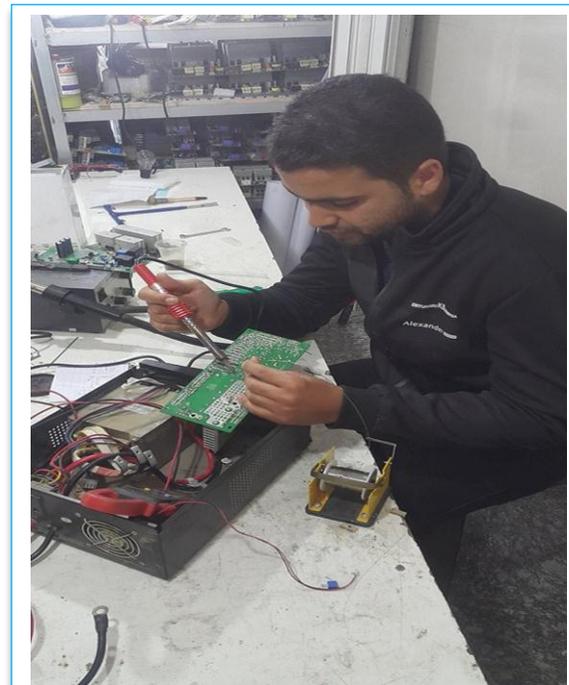
My instructors and trainers were very helpful and supportive, they did not hesitate to answer all my questions and inquiries in the field of electricity work.

Really, this 2-year training program was very useful and full of technical and professional knowledge as well as in terms of the behavior and attitudes perceptions with which I learned a lot in dealing with peers, clients and relations in general.

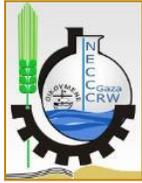
Currently, I was so lucky to gain a short-term job under a partnership project between NECC and the Caritas France; I have been selected and placed at Alshrooq company to do this on-job training in Khanyounis.

At my placement, I do a lot of things such as household networks, electric pillars and electric networks in general for many clients and I learn much every day and enjoy new experiences.

Really, I am very glad to work in such a career and I hope in the future to build my life through work and to assist my brothers and the family as a whole in securing its basic needs and live with my beloved persons in independence and dignity.



Mohammed is currently working at Alshoroq Company as a beneficiary of the current Job-Creation project



Story 2

Shorouq Imad Abu Ramadan, 23 years old graduate from Secretary VTC.

I've Born in 1995, I studied in public schools, graduated from high school in 2013 and then joined Al-Azhar University Department of Commerce Accounting specialization.

When I reached the third year of my university studies I thought to join the Near East Council of Churches after I read about it and its many advantages as the strength of education and concentration on the practical side, which qualifies graduates to join the labor market directly.

I've succeeded to join NECC as a student in the secretarial center, and at the same time, I continued my university study without going to the university but I only was going there for exams because attendance in NECC is required and a must.

It was a strong scholastic year in terms of scientific information and the concentration on practical side which gives the student the power to join the labor market.



One of the wonderful things at the Near East Council of Churches is the training system and the supervision of the supervisor during the training,

After completing final exams, I was sent to The Palestinian Telecommunications Company to have a external on-job training there for a month and a half, and then I've got a temporary job placement provided through the NECC at Fares Al Arab Foundation with an encouraging salary for about four months. This chance contributed to increase my own confidence and to have more ambition and boldness to engage in the labor market.

In the meantime, I had completed my undergraduate studies and had participated in a large number of voluntary work with institutions as institutions for people with special needs through the summer camps. All these experiences enabled me to apply for a job at Wataniya Mobile Company and I was interviewed and was accepted on the basis of the NECC certificate, which has strong advantages and reputation that enabled me to gain this position.

Thanks for all Educational staff at NECC and to the administrative staff who made every effort to provide us with the best and thanks to all who contribute to the opening of such training centers because of their great impact to qualify students to help them engage easily in the labor market.



Story 3

Lina Omar Hertani, 25 years old graduate from Dressmaking VTC.

I am Lina Hertani, 25 years old, have a bachelor degree in biology but unfortunately, I didn't find a job in my discipline so I decided to turn to vocational education.

Since I was young, I have a talent and interest in sewing and fashion, so I searched for an institute gives training in this specialty and I found that NECC is the best in both theoretical and practical sides especially in patron design and dressmaking in addition to their recognized certificate from ministry of labor.

I have been trained in dressmaking VTC at NECC for one-year intensive course and graduated with an accumulative average of 98.8% so my certificate assisted me to join labor market so I worked in factories, atele etc.

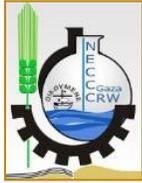
After my graduation late 2016, I raised my income and assisted my family in its basic needs.

I participated the competition of "Tasmimi" for fasion design which is led by "Premier Urgence Aid" and passed to the last stage among 8 fashion designers.

Then I was trained in management, entrepreneurship, e-marketing, business plan, feasibility study, advanced patron and computerized fashion design.

Then we were short listed to 4 designers and got funded with a project, we call it "Dar Organza for fashions", it was the first in its class and we got funded for our second branch by Islamic Relief.

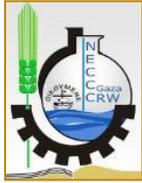




11. Photo Gallery

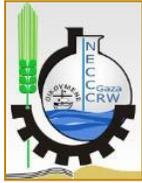
Health Photos





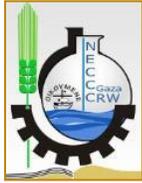
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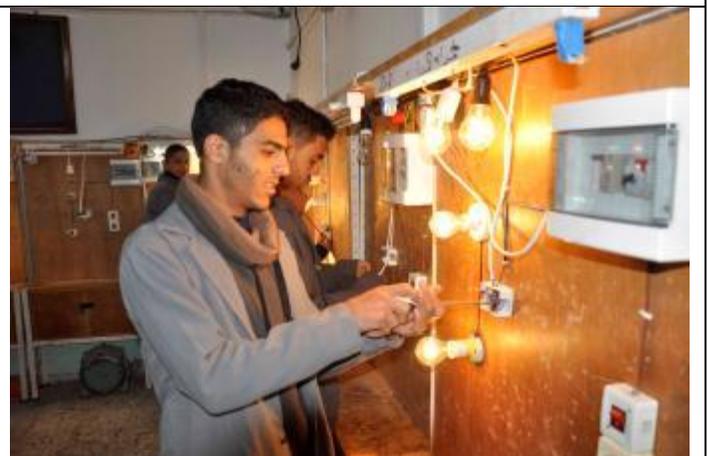


TVET Photos





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12. NECC Logical Frame Work:

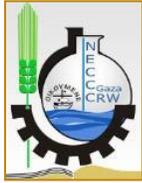
Health Program

Intervention logic	Indicators	Achieved
<p>Overall Goal Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children. Impact: Health status of Palestinian mothers and children improved through the provision of quality primary health care services.</p>	5% reduction neonatal mortality rates In targeted areas	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
	5% reduction In maternal mortality rate in targeted areas	. 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.
	50% of served population received appropriate care and their health status improved	More than 70% of children diagnosed as anaemic at the well-baby services recovered and returned to normal within 90 days of their involvement in the treatment program No maternal mortality among all pregnant women who follow up during their pregnancy in our clinics and gave birth during this year. Also 86% of pregnant mothers (passed 6 weeks after delivery without complication
	20% reduction in the prevalence of anaemia and malnutrition among the served population	It is worth mentioned that the prevalence of anaemia is still high in all areas, just minimal reduction of anaemia in Daraj area. The prevalence of anaemia was ranged from 18.6% in Shajaia to 28.2% in Darraj (in Rafah, 17.2%) in last year anaemia : Shijaia: 21.8% (Baseline: 18.6%) Darraj: 21.23 % (Baseline: 28.2%) Rafah: 20.8% (Baseline: 17.2%) For malnutrition there is a minimal reduce in prevalence as a follow Shijaia: 12.4% (Baseline: 14.3%) Darraj: 10.78 % (Baseline: 10.3%) Rafah: 11.68 % (Baseline: 12%) The reported prevalence rates are similar to the last year figures with more higher in Daraj, and Shajaia areas .it seems that malnutrition correlates positively with bad



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		socioeconomic condition
	90% of pregnant women received quality antenatal care services	97-98 % of pregnant women received quality antenatal services
	70% of women received standardized postnatal care	75.5% 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	74.9% 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	More than 70% of children diagnosed as anaemic at the well-baby services recovered and returned to normal within 90 days of their involvement in the treatment program. Others improved (5%) but didn't return to normal within the provided time frame. The target of the project to achieve 50% recovery or improvement rates has been far achieved.
	50% of malnourished children timely recovered	87% of wasted children recovered and returned to normal within 120 days of their involvement in the project. 66.8% of children diagnosed as underweighted children are recovered and returned to normal within 120 days of their involvement in the treatment program. Others improved (13%) but didn't return to normal within the provided time frame. 54% of children with stunting recovered and returned to normal within the recommended 120 days; 8% improved but didn't recover yet.
Specific Objectives/ Outcome	Indicators	Achieved
1.1 Provide adequate primary health care services in the poor and overcrowded localities according to priorities/ Women, Children and Youth in the poor and overcrowded localities enjoy improved health conditions	At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	99.6 % 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.	75.5% of women in targeted locality received timely quality post natal care at least 3 times.
	20-30% improvement in the knowledge level based on pre test post test (nutrition, danger sign for mother and baby during ANC, NC, PNC.	achieved
1.2 The public and	At least 20% reduction of clients	14.2% reduction in parasitic infections



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environmental health in the targeted areas is promoted and enhanced	presented with diseases resulted from bad sanitation, and in appropriate practice (diarrhea, parasites, and skin diseases).	Respiratory system diseases are increased by 5%. This gives clear evidence about the effectiveness of the health education provided at NECC. A noticeable decrease in the prevalence of infectious skin diseases from by 30%
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%.	It is worth mentioned that the prevalence of anaemia is still high in all areas 76.4% . NECC intensified the efforts, focus more on health education, awareness sessions and counselling activities. Minimal reduction of anemia among registered pregnant women
1.4 Achieve high standard of quality in the services provided by NECCCRW's health centers.	60% of health care providers practice appropriate practices	421 checklists were filled and 97. 5% 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 85% 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	The SDQ pretest shows 35% of children have some psychosocial problems. At the end of the group sessions improved. In some psychological problems for example decrease number of children who suffered from movement problems from 7.9.3% to 5.3% which revealed significant improvement by 22% reduction in emotional problems
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	237 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	11 persons with disabilities received wooden and metal crutches
Expected results/outputs	Indicators	Achievement
1.1.1 Pregnant women	1,200 new pregnant women registered for ANC annually	2155 new pregnant women registered for ANC annually



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received adequate primary and procreation health care	7000 antenatal care visits made annually	18725 visits made annually
	1,800 pregnant women received follow up visits, newly registered and on- going	3092 pregnant women received follow up visits
	10,000 lab tests for pregnant made women.	31191 lab tests for pregnant made women
	4500 mothers received health education activities	12922 mothers received health education activities
1.1.2 Deliveries received appropriate postnatal care services	1600 postnatal care visits conducted annually	4719 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	12,530 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	34284 well-baby follow up visits were performed
	7,000 sick children up to 6 years old received medical examination and treatment	7991 sick children have been provided with medical examination and needed medications and supplementation
	150 demonstrations presented for mothers to feed their children	122 food demonstrations disseminated to 3989 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	634 awareness sessions conducted for 8,586 mothers
	At least 10,000 calls, home visits and sms done to ensure follow up of children at well baby program	The total 40815 SMS were sent while the number was 34,418 in 2016. 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.	1375 women received family planning and health awareness
	500 breast exams carried for women annually and 100 women referred for mammogram	Only 10 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	7641 women, children and adults in targeted areas receive dental care
	1,200 pregnant women receive routine dental checkup for the first time pregnancy.	2062 pregnant receive routine dental check up



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	700 children receive tooth checkup during well baby clinic.	1724 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	11084 cases examined, tested, and received treatment including dermatology cases.
1.2.1 Inhabitants received consultative, awareness and creational health services.	1500 beneficiaries were annually visited at their homes	3903 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 45 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 1557 children. Children who are found anaemic, and or malnourished 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	2446 children received psychosocial support
	2,000 women participated in psychosocial support	4870 women participated in psychosocial support
1.5.2 Women participating in activities and training to support their livelihood	200 women attending afternoon activities received psychosocial support	279 women attending afternoon activities received psychosocial support
	Percentage of women trained get income after one year	Still not developed
	40 women attending community	45 women attending community workers training course



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	workers training course received psychosocial support	received psychosocial support
1.5.3 Appropriate psychosocial services are provided to male students and parents of VTC.	220 male student and 40 parents received psychosocial support	201 male student students and 98 Parents received PSS sessions.
1.5.4 Raise and improve the capacity of professionals working in programs of psychosocial support.	8 team members, those 8 participate in capacity building programs.	Achieved
	8 NECC staff received capacity building on professionals working in programs of psychosocial support	Achieved
1.6 Cooperation mechanism to increase capabilities are adopted and followed with relevant parties.	20 participants from NECC staff participates in relevant workshops and trainings	31 of NECC health and PSS staff participated in relevant workshops , training and meetings
	At least 2 visits and meetings with health partners are conducted monthly by the supervisors of the clinics	Achieved
	20 NECC staff participate in external activities outside NECC	Achieved

TVET program

Overall Goal	Indicators	Achievements
2. Provide professional skills training and access to education to 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. 71.7% of graduates and supported youth are employed or self-employed within one year of graduation and service
Specific Objectives/ Outcome	Indicators	Achievements



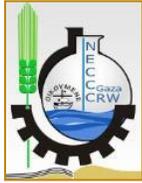
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2.1 Provide high quality vocational training in a variety of designed skills and professions to target groups in accordance with the requirements of the society and market. / female and male youth have gained skills and professions that are relevant to the market and society	At least 95 graduates accomplished their vocational training and graduated annually in 5 fields, 38% of which are females.	159 graduates out of 169 (originally enrolled) students accomplished their vocational training and graduated in 2017 in the 7 fields, 28.3% of which are females
	At least 90% of students enrolled in training have graduated	94.1% 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 2017 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)	159 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	71.7% 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	83 new students joined the vocational training courses in carpentry/furniture making, welding, Aluminum work and HVAC
	A total of 110 students new and	125 students new and old receive training in



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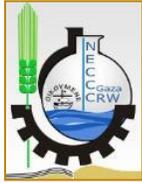
	old receive training in carpentry/furniture making, welding and Aluminum work annually	carpentry/furniture making, welding, Aluminum work and HVAC
2.1.2 Male youth received Vocational training in general electrical skills and motor and transformer rewinding	24 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding annually. A total of 48 students new and old receive training in electricity skills	31 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding during 2016. 56 students new and old receive training in electricity skills
2.1.3 Female youth received Vocational training in secretarial and office work	20 new female youth joined the vocational training in secretarial and office work A total of 20 students receive training in secretary study	27 new female youth joined the vocational training in secretarial and office work 24 students receive training in secretary study
2.1.4 Female youth received Vocational training in advanced sewing	15 new female youth joined the vocational training in advanced sewing A total of 15 students receive training in Advanced sewing	24 new female youth joined the vocational training in advanced sewing 23 students receive training in Advanced dressmaking
2.2.1 Advanced vocational training for NECC staff is provided	15 NECC staff received capacity building on vocational training disaggregated by type, location of training and duration	18 NECC staff received capacity building on vocational training
2.2.2 Linkages with Alumni and market enhanced and feedback integrated into training programs	Number of coordination meetings with domestic market. (private sector) Number of graduates who got employment after one-year of graduation.	More than 10 coordination meetings with domestic market and relevant organization were held 71 out of 99 of graduates (2016) who got employment after one-year of graduation
2.3.1 Educational loans to students to complete their study at Palestinian universities were provided	At least 60 educational loans provided to students to complete their study at Palestinian universities	66 educational loans provided to students to complete their study at university for the year 2016
2.4.1 Follow-up graduates; one year of graduation is conducted.	Annual Follow-Up is conducted At least 70% of graduates were followed/contacted after one-year of graduation.	Annual follow-up was conducted 100% of graduates were followed-up after one year of their graduation
2.4.3 A mechanism to connect students with labour market is established	At least 50% of those connected through NECC joined the labour market through the link after one- year of graduation from vocational training	71.7% of graduates and supported youth are employed or self-employed within one year of graduation and service



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Emergency relief program

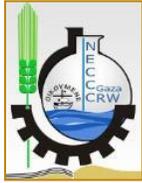
Overall	Indicators	Achievements
Provide emergency assistance to alleviate the impact of emergency humanitarian situations when required./ Impact of emergency situation has been alleviated through the provision of humanitarian assistance	Targeted Palestinians and communities are able to attain cash for 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).	Job creation: 100 TVET graduates from NECC VTCs (58 males and 42 females) got job creation opportunities:
Specific Objectives/Outcome	Indicators	
3.1 Enhance NECC's ability to mitigate the effects of, and respond to emergencies	NECC have scenario analysis, plans and possible resources, updated quarterly 70% of applied appeals are granted (ACT)	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 staff, and relevant publications including quarterly and annual narrative and financial updated reports. We applied for Emergency appeals to Act Alliance, for the year 2017-2018. 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	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 in ACT Forum meetings.	All ACT form meetings attended.	All of the monthly ACT forum meetings were attended.
3.2.1 Needy households were assisted through cash assistance	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.	90 jobs created for unemployed of 3,500 working days	100 jobs created for unemployed graduates of 3600 working days.



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Advocacy program

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



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Involve communities in planning, implementation and evaluation of health initiatives	2 initiatives implemented with local communities	5 initiatives: TVET week, pre-conception care, disability training, gender-based training, LET Council initiatives.
	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.	10 visits paid by relevant internationals 4 Relevant publications released	41 visits paid by relevant internationals At least 4 relevant publications released
Coordination with human rights organizations	10 coordination meetings attended with the relevant organizations	At least 10 coordination meetings with relevant organization to advocacy were attended

Annex 1:

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

Annex 2:



U.N.R.W.A

Summary of Total Registered Camp Population

As of 31 December, 2017

GAZA

Location		OFFICIAL REGISTERED	OFFICIAL REGISTERED	OFFICIAL REGISTERED
Area	Center	Families	Persons	Infants
DEIR EL-BALAH	Deir El Balah Camp	5,743	25,054	500
	Maghazi Camp	6,766	30,711	647
Area Total		12,509	55,765	1,147
JAB ALIA	Jabalia Camp	25,569	115,758	1,772
Area Total		25,569	115,758	1,772
KHAN YUNIS	Khan Yunis Camp	19,509	85,956	1,856
Area Total		19,509	85,956	1,856
HUSEIRAT	Bureij Camp	9,215	42,294	915
	Huseirat Camp	16,771	78,901	1,556
Area Total		25,986	121,195	2,471
RAFAH	Rafah Camp	26,456	122,690	2,574
Area Total		26,456	122,690	2,574
RIMAL	Beach Camp	19,538	84,368	1,365
Area Total		19,538	84,368	1,365
Field Total		129,567	585,732	11,185

The total registered population of Palestine refugees in Gaza as of 31/12/2017 is 1,515,649 persons (this include non-refugee wives and others), while the total of pure refugee population is 1,386,455 persons

Middle East Council Of Churches Committee For Refugee Work

DSPR/NECC

Mediterranean
Sea

GAZA STRIP

