



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

Department of Services to Palestinian
Refugees DSPR/Gaza Area

ANNUAL REPORT
2018



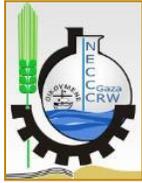


Near East Council of Churches Committee for Refugee Work (NECCCRW)
▶ **Annual Report 2018**

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

(Philippians 1:4-6)





Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 order to maximize resources and improve the type of care provided.

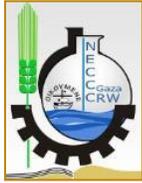
This document is the NECC Annual report, a joint coordinated and elaborated work organized by NECC-Gaza staff in full cooperation between all centers and departments.

The purpose of this report is to give comprehensive information on NECC programs implementation during the year 2018 (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

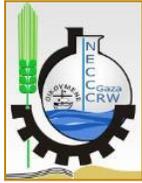
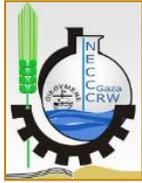


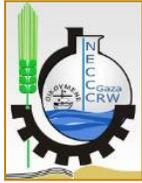
Table of Contents:

Preface	3
Acknowledgement	4
Table of Contents:	5
List of graphs/tables:.....	8
List of figures:	8
List of abbreviations:	9
Gaza Area Committee	10
Foreword	11
Report Overview.....	16
Executive Summary	16
Introduction:.....	17
NECC Organization Background:	17
1. Overview on NECC Programs and Services:.....	20
Context description (socio-political, health, economic and, environmental) - change from last year:.....	22
Highlights on progress achievements:.....	26
1.1 Health Program:	28
1.1.1 Preconception care	29
1.1.2 Ante Natal Care (ANC).....	31
1.1.3 Post Natal Care (PNC)	33
1.1.4 Family Planning Services (FP)	36
1.1.5 Well Baby Program (WB)	38
1.1.6 Dental Clinic	44
1.1.7 Mobile dental clinic:.....	45
1.1.8 General Clinic/Medical examination	46
1.1.9 Health Education.....	47
1.1.10 Home Visits.....	50
1.1.11 Referral System	51
1.1.12 Laboratory Services	51



Near East Council of Churches Committee for Refugee Work (NECCCRW)
▶ Annual Report 2018

1.1.13	<i>Pharmacy Services</i>	52
1.2	Psychosocial Support Program (PSS)	55
1.2.1	<i>NECC ongoing psychosocial support program</i>	55
1.2.2	<i>PSS Preventive Services</i>	57
1.2.3	<i>Counselling Services</i>	58
1.2.4	<i>Monitoring and outcome assessment</i>	58
1.3	TVET Program:	63
1.3.1	<i>AutoCAD approaching:</i>	66
1.3.2	<i>Placement for external training program</i>	67
1.3.3	<i>Follow-up assessment (2018):</i>	67
1.3.4	<i>TVET Management Information System:</i>	70
1.3.5	<i>Curricula Development:</i>	70
1.3.6	<i>4th TVET Week:</i>	71
1.3.7	<i>Relations and Networking:</i>	72
1.3.8	<i>LET-Council:</i>	72
1.3.9	<i>Capacity building courses for TVET staff:</i>	73
1.3.10	<i>NECC, Caritas France and AFD co-partnered project:</i>	74
1.3.11	<i>Adding a Solar Lab at El-Qarara VTC</i>	83
1.3.12	<i>Adding a new computer lab at Shijaia VTC:</i>	85
1.4	Educational Loans Program:	85
1.5	Job Creation:	86
	<i>Project of "Supporting Access to Employment for TVET Graduates in Gaza Strip 2017-2020":</i>	87
	<i>Employment partnerships with different organizations:</i>	88
1.6	Self -Help:	88
1.7	Youth activities and Societies:	89
1.8	Advocacy program:	89
2.	Overview of Major Focal Areas and Developments	90
3.	Current problems and constraints	92
4.	Cross cutting issues	94
4.1	Finance	95
4.2	Human Resources:	96



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

4.3	Capacity building and training:	96
4.4	Quality of services	100
4.5	Supervision, Monitoring and Evaluation	102
4.6	Gender	103
4.7	Disability	105
4.8	Environment	106
4.9	Coordination	107
4.10	Policies	109
4.11	External relations and communications	110
4.12	Community involvement	112
4.13	Future plan:	113
4.14	Sustainability	114
4.15	Lessons learned	115
6.	Success Stories	117
7.	Photo Gallery	129



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

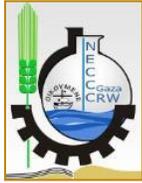
▶ Annual Report 2018

List of graphs/tables:

<i>Table number</i>	<i>Table title</i>	<i>Page No.</i>
Table 1	Main achievements	27
Table 2	Distribution of total number of beneficiaries at NECC PHC centers disaggregated by gender and age	29
Table 3	Number of acceptors benefitted from FP	36
Table 4	Distribution of acceptors of contraceptives disaggregated per locality and year of reporting	36
Table 5	Distribution of Acceptors by Type of Contraceptive in NECC Family Planning clinics by locality	37
Table 6	The percentage of malnutrition and Anemia among the attended Well Baby Visits	41
Table 7	Total quantities of supplements provided to children less than 5 years during 2018	42
Table 8	Yearly distribution of the dental activities	44
Table 9	Distribution of NECC Dental Clinic by Type of Activity & locality	45
Table 10	Distribution of all clients who were examined by doctors by category and center	46
Table 11	Number of sessions disaggregated by type of health education	49
Table 12	Distribution of home visits conducted through 2018	50
Table 13	Referral sites during 2018	51
Table 14	Distribution of lab tests	52
Table 15	The main interventions in terms of preventive services	57
Table 16	Counseling services include	58
Table 17	The main psychosocial support program achievements	59
Table 18	Distribution of the students of VTC Gaza and El-Qarara VTC	64
Table 19	Employment of TVET graduates	68
Table 20	Number of loans dispensed	86
Table 21	Number of loans dispensed during 1 st semester	86
Table 22	Number of loans dispensed during 2018	86
Table 23	Distribution of the Job-Creation Project	87
Table 24	Distribution of the Job-Creation Project	88
Table 25	Youth activities	89
Table 26	Human resources	96
Table 27	Capacity building workshops	96

List of figures:

<i>Figure number</i>	<i>Figure title</i>	<i>Page No.</i>
Figure 1	The comparison of number of beneficiaries as cases among the previous three years	29
Figure 2	Number of PNC sessions/visits	35
Figure 3	Number of acceptors benefitted from FP	37
Figure 4	Number of cases at dental clinics per year	38
Figure 5	No. of Prescriptions dispensed	54
Figure 6	The main psychosocial support program achievements	62
Figure 7	Employability assessment among NECC-TVET graduates of 2017	69



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

List of abbreviations:

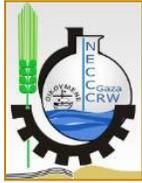
<i>AEI</i>	<i>Ard El Insan Organization</i>
<i>ACT</i>	<i>Action of Churches Together</i>
<i>ANC</i>	<i>Antenatal Care</i>
<i>CBO</i>	<i>Community Based Organization</i>
<i>CPWG</i>	<i>Child Protection Working Group</i>
<i>DSPR</i>	<i>Department of Services for Palestinian Refugees</i>
<i>EU</i>	<i>European 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>



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Gaza Area Committee

Middle East Council of Churches Committee for Refugee Work Gaza Area		مجلس كنائس الشرق الأوسط دائرة خدمة اللاجئين الفلسطينيين منطقة غزة	
<u>Department of Service to Palestine Refugees</u>			
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	



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Foreword

Gaza is a narrow strip of land situated between Israel, Egypt, and the Mediterranean Sea. Although Gaza is part of what is religiously perceived as a blessed, holy land of peace, on reality, it is a cursed place, that hasn't enjoyed peace and has seen protracted conflict for decades. 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.

This has been further complicated by Donald Trump's decision in December 2017 to recognise 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 decisions, 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 and Palestinian Authority budget. Unless being compensated through other sources, social services will be severely affected including health, sanitation and education.

On 30 March 2018 Palestinians launched a series of protests at the Gaza Strip, near the Gaza-Israel border called the Great March of Return. The protests demanded that Palestinian refugees and their descendants be allowed to return to the land they were displaced from in 1948. Till the end of the year 2018 around 25,000 persons were injured and 250 persons were killed. The massive number of casualties put severe constrains on the already over stretched health care system.

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 5,500 people per square kilometer.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 2050 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. Inability to find work affected around 50% of Gaza's inhabitants in 2018, with being even more concentrated among registered refugees, the youth (60%) and women (70%).

Nearly half of Gaza's inhabitants subsist below the poverty line and a similar proportion of Gaza's households experienced food insecurity in 2018 and – because 97% of municipal water wells in Gaza produce water that does not meet World Health Organization (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 liters 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 Program helps the most impoverished Palestinians – about 75,000 households in Gaza in addition to the 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).



Near East Council of Churches Committee for Refugee Work (NECCRW) ▶ Annual Report 2018

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 jeopardized 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 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 diarrhea, meningitis, hepatitis, parasitic infestation are constantly increasing. Also, anemia, 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 24,085 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 7776), health education activities (benefiting more than 49908).



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 continuing providing 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 2018, we conducted screening to all children living in Al Shokka area in Rafah (2103 children), a highly vulnerable area that is not typically served by NECC. Moreover, in partnership with the UNICEF, Early Childhood Development (ECD) program has been introduced in 2017, continue to operate in 2018 and served around 528 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 2018 has witnessed establishing a large employment multi-year project which connects training with employment. In the year 2018, 404 trainees were enrolled in the NECC vocational training program. Moreover, 150 trainees completed their training and graduated from the TEVT program in the year 2018.

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 program in solidarity with our people.



Near East Council of Churches Committee for Refugee Work (NECCCRW)
▶ Annual Report 2018

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

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

"The effect of JUSTICE will be PEACE,

And the result of

RIGHTEOUSNESS, SECURITY AND TRUST Forever"

"Isaiah 32:17"

Dr. Issa Tarazi
Executive Director

March 2019



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 2018 outlining different indicators of NECC service delivery during the determined reporting period crossing all NECC programs and centers.

With regards to health program, the 2018 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).

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 2018, elective surgeries are being delayed to reserve energy for emergency cases,

The health system in Gaza is operating under severe pressure due to the effects of the occupation, blockade, rapid population growth, and lack of adequate financial resources and shortages in basic supplies. (OCHA,2018).



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

This situation compounds the widespread prevalence of poverty, that increasing people's reliance on humanitarian aid with more than 80% of the population dependent on some form of assistance. (Humanitarian situation report, September 2018).

The huge number of fatalities and injuries from Great March of return puts further constraints on the health care system which is already facing a lot of challenges before these protests such as shortage of drugs and supplies, inadequate staffing, lack of specialized personnel, lack of fuel needed for hospitals' generators, and many others.

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 has been focusing then on the provision of humanitarian aid and contributing to an overall improvement in living conditions and to poverty alleviation. Sectoral emphasis has been focused on various sectors particularly Health, Education, Vocational Training, Relief work where social casework support is offered to needy families in the form of cash or other assistance, Community Development and Advocacy. In addition, some more rehabilitative distributions are conducted, providing medical aids (prosthetic devices, wheel chairs, etc.).

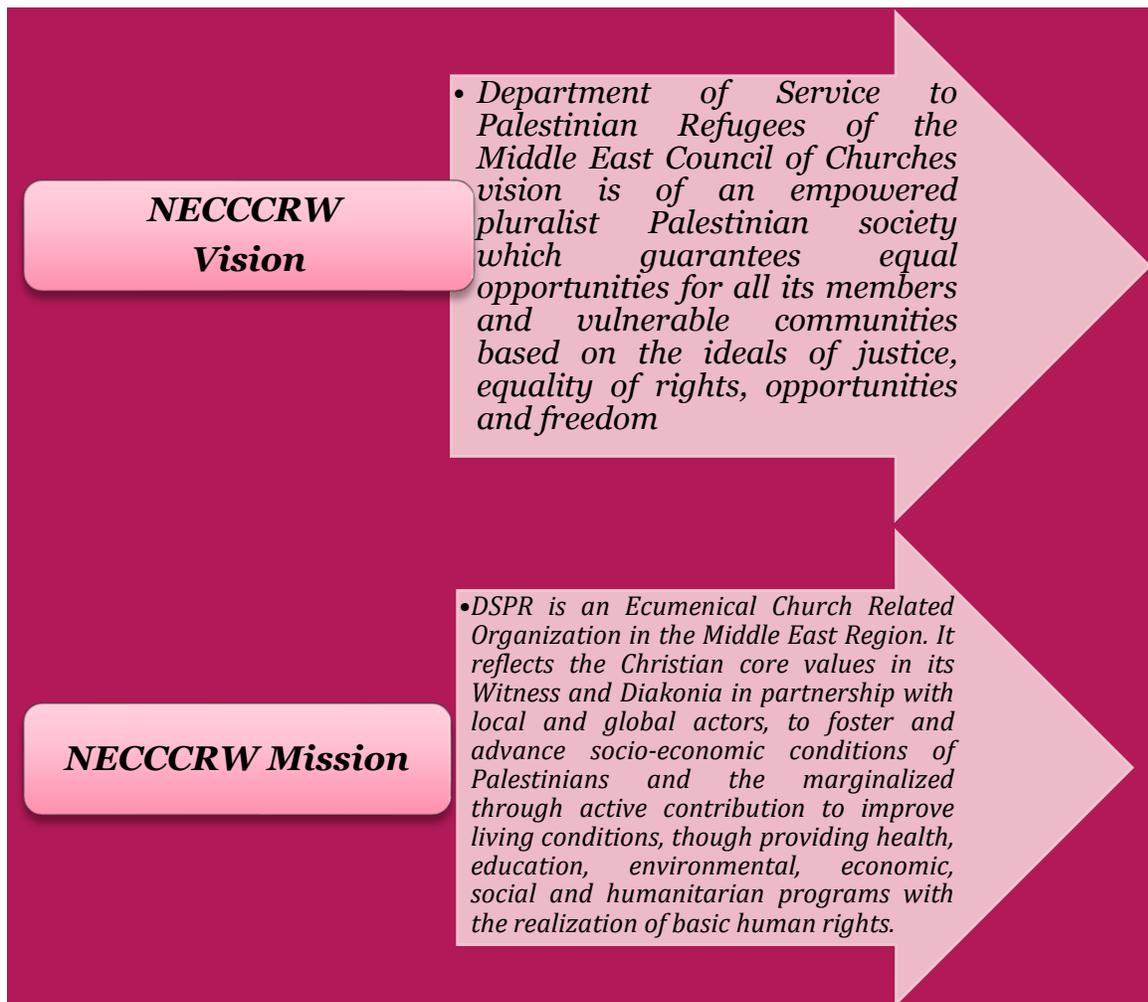


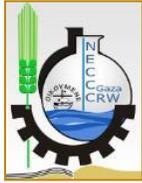
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The needs and problems of Palestinians in the different geographical areas where DSPR operates vary considerably.

NECC is an independent non-governmental organization. It is governed by Gaza Area Committee, which is composed of 12 members of both gender and is appointed by head of churches from their respective families forming the four members of the Middle East Council of Churches on equal church family representation.

It is the supreme organ of the NECC, which meets bimonthly to ensure effective operational performance, legal and regularly compliance, and implementation of long-term strategic plan. Management is directly responsible to the Executive Director for all administrative matters, including finance, supervised by the governing board.



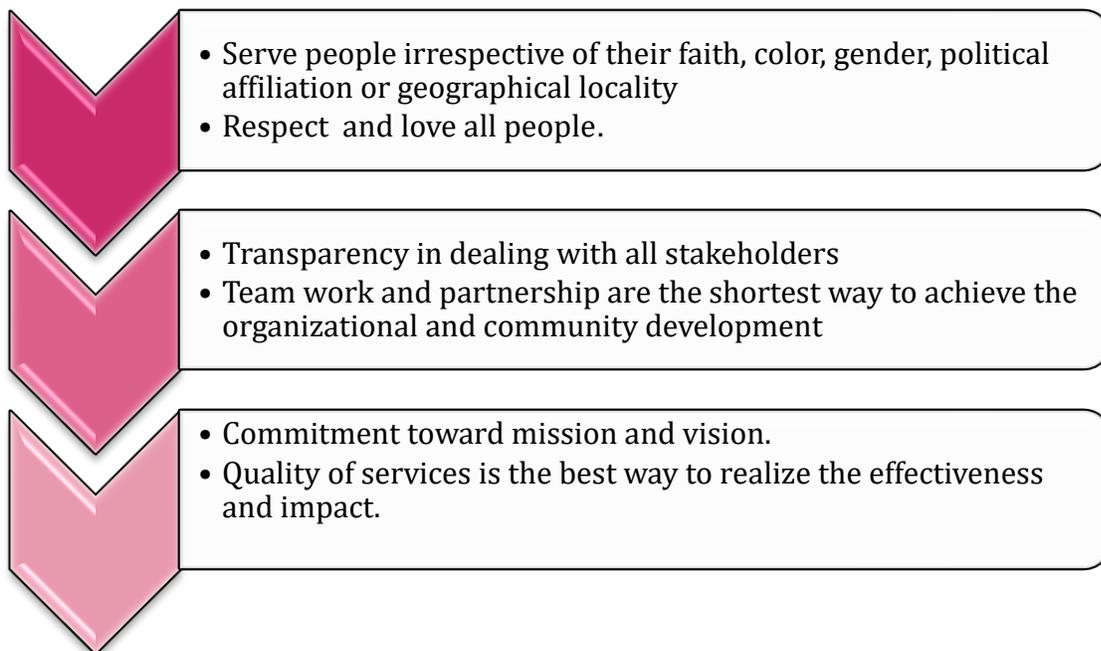


Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

NECC-CRW 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 centers in the Gaza Strip. These three centers are located in El Daraj, Shajaia, and Rafah. The three family health centers 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 anemic children, and dental services. Additionally, the NECC health program offers laboratory testing and medication.

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

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-Qarara Village south the Gaza Strip. Male Vocational Training Centre of Carpentry and Furniture Making/Metal works and welding is located in Shajaia province in Gaza City, while the other centre of Electricity and Motor Rewinding is located in the village of El-Qarara, 25 KMs South of Gaza City.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

While 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 aluminum 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.

❖ **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.

❖ **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.

❖ **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).



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

❖ **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.

❖ **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:

The year 2018 didn't witness major changes in the local and international contexts. UN officials stated that recently the context in Gaza 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.

A protracted protection crisis continues. At least 2 million Palestinians experience, or are at risk of, conflict and violence, displacement and denial of access to livelihoods, among other threats. The most vulnerable Palestinians are currently denied or restricted in their access to essential services such as water and health care. A recurrent cycle of shocks, natural and manmade, has eroded the resilience of vulnerable households to cope with the prolonged nature of the humanitarian crisis. (**Humanitarian Needs Overview, 2018**)

Gazan's population continued living in a very difficult conditions with restriction on travel, limited job opportunities, unemployment and siege. Despite the several cycles of negotiations, the unity government formed in April 2014, still didn't end the division and still People from Gaza experience more and more deprivation and harsh conditions.



Near East Council of Churches Committee for Refugee Work (NECCRW) ▶ Annual Report 2018

the decision that has been taken by the PA to reduce the basic salaries of the PA employees paid by Ramallah by 30% and to suspending all allowances, in addition to further deduct the salaries of employees by 50% which continues till now.

This negatively affects not only the provision of basic services but also greatly damaged the local economy in Gaza as mostly those employees are hardly meeting their livelihood needs with full salaries. The effect of this measure on people life will be more visible at the long run, however, already signs of economic collapse is already apparent.

The provision of basic services in Gaza remains a key humanitarian concern, as families struggle to get by with one of the highest unemployment rates in the world. Gaza suffers from one of the highest unemployment rates worldwide. In the first quarter of 2018, the average unemployment rate stood at 49.1 per cent, according to the [Palestinian Central Bureau of Statistics](#). In light of this unemployment rate, the outlook for Gaza's youth is bleak.

It is expected that the proportion of people suffering from malnutrition will increase due to economic collapse. Also, the PA took a decision to retire thousands of employees including those working on health sector.

This situation compounds the widespread prevalence of poverty, that increasing people's reliance on humanitarian aid with more than 80% of the population dependent on some form of assistance. (Humanitarian situation report, September 2018).

At the heart of this deterioration is a further exacerbation of Gaza's longstanding electricity crisis. Longer blackout periods have caused hospitals to postpone elective surgeries, discharging patients prematurely, and reducing cleaning and sterilizing of medical facilities.

Humanitarian Needs Overview 2018 reports that in Gaza strip there are 1.46 million people in need for Water and Sanitation for Health (WASH). In terms of Nutrition, it is reported that 40 000 children are suffering from micronutrient deficiencies in Gaza.

In Gaza, the only natural source of water is the coastal aquifer, and the population currently extracts almost three times the aquifer's sustainable annual recharge, which has caused water levels to significantly drop and the intrusion of saline water. Water supply through piped network reaches most homes for just a few hours every 3-5 days, and desalination plants are functioning at only 15 per cent of their full capacity.

Around 110 million liters of untreated sewage are being discharged into the Mediterranean every day, while wastewater pumping stations are at constant risk of overflow, posing environmental health risks to all inhabitants in Gaza, but most particularly to children for whom the beach is their only playground.

As a result, the economic, environmental and psychosocial status of people further deteriorated which results in exposure of people to further health risks including the spread of communicable diseases, increased food insecurity, nutritional related disorders, wide spread of psychosocial



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

issues and spread of sanitary related conditions which increased the burden on NECC clinics and increased demand at our facilities because other facilities (especially MOH) were affected by the siege or directly targeted during the war.

Also, the economic pressure on families has decreased their ability to contribute to medical fees. Also, NECC has increased the number of patients seen every day and implemented new psychosocial and health projects. Also, NECC introduced dermatology services as a response to increasing trends of sanitary related diseases such as dermatitis and rash.

Additionally, the risk of escalation in military confrontations with Israel remains high. Since 30 March 2018, the Gaza Strip has witnessed a significant increase in Palestinian casualties in the context of mass demonstrations around the “Great March of Return” taking place along Israel’s fence with Gaza. From 30 March until 31st December, 255 people have been killed. and a total of 26,405 people injured.

12,333 were treated and discharged from the Trauma Stabilization Points (TSPs) and the remaining 14,072 casualties were transferred to MoH and NGOs. 6,239 people had live ammunition gunshot wounds, of which 5,429 (87%) presented limb gunshot wounds

In November 2018, the Central Drug Store of the MoH in Gaza reported 39% of essential drugs at less than one month’s supply, with 57% of essential primary healthcare drugs at zero stock. (WHO,2018).

According to the OCHA report 2018, 4,250 children were injured, constituting 20% of total injuries and 1,952 women.

Despite significant assistance provided, Gaza’s health sector is struggling to cope with the very high number of casualties. Due to years of closure, the internal divide and a chronic energy crisis, leaving essential services in Gaza barely able to function. There is an urgent need to provide support to the population of Gaza to avoid a further degradation in essential life-saving and basic services.

The health system in Gaza is operating under severe pressure due to the effects of the occupation, blockade, rapid population growth, and lack of adequate financial resources and shortages in basic supplies. (OCHA,2018). Health in Gaza compounded burden of poverty related diseases like malnutrition, infectious diseases, in addition to stress related diseases like chronic diseases and mental illnesses.

According to a new study by the United Nations Relief and Works Agency, UNRWA, infant mortality, which in most parts of the world is in decreasing, has not declined for the last decade in Gaza.

The study found that the infant mortality rate among Palestine refugees in Gaza was 22.7 per 1000 live births. This is within the same range of the previously reported rate of 22.4 per 1000 live births in 2015 and 20.2 per 1000 live births from the study conducted in 2006.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

URL source: <https://www.unrwa.org/newsroom/press-releases/infant-mortality-gaza-no-longer-decline-%E2%80%99Calarming-trend%E2%80%9D-according-new>

Because of the chronicity of the situation, people coping approaches have been exhausted with the ongoing conflict everywhere in the Middle East, there is donor's shift to other areas like Syria, Libya and refugees in Lebanon and Jordan. This has affected the ability of many NGOs to serve beneficiaries. Also, UNRWA faces shortage of resources which affects their programmes targeting refugees.

Despite the reduction in the total fertility per woman, the current population of the Gaza Strip exceeds 2 million (around 58,000 deliveries in 2018) which further complicated the already complicated context. A recent population analysis study done by UNFPA shows that in 2050, the Gaza Strip population will be around 4.8 million.

This implies taking serious measures to respond to the increase in the population size such as expanding services, deploying more resources and responding to the consequences of the change in demographic structure such as higher population density, over crowdedness, higher unemployment, more psychosocial stress and increasing urbanization related diseases.

NECC is currently carefully studying the findings of this important study and its implications on NECC programs.

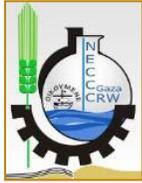
The ongoing siege imposed on the Gaza Strip since June 2006 is still contributing to the deterioration of health status and negatively affecting the provision of health services. The protracted conflict has triggered acute levels of psychosocial distress, especially among children and adolescents which also affects the nutritional status of these vulnerable categories.

Although there is no official statistics, there is a noticeable increase in suicidal cases-a phenomenon that is new to the Palestinian culture. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has repeatedly described the situation as a chronic emergency and a protracted human dignity crisis.

NECC is expanding and enriching its psychosocial services to cope with the increasing demand. Currently, NECC is engaged in new initiatives to support PSS services in partnership with TDH to support the needy children.

The collapse of Gaza economy led to the fact that around 80% of families in Gaza currently depend on humanitarian aid, a total of 50% of the labour force in the GS are out of work during the year 2017 which has increased in 2018 to reach 60% among the youth. With an increasing rate, deep poverty fluctuates and ranging from 20-32% while the poverty rate is being zoomed up to around 80% as reported in some studies. This also has increased vulnerability and demand for the NECC services.

Also, this confounder has affected the recovery rate of children and placed a high burden on NECC to counter the effect of these problems on the health condition of children.



Highlights on progress achievements:

The report summarizes the activities of Near East Council of churches during the year 2018.

*Regarding Access to Primary Health Care and Medication, the number of newly registered families during this reporting period has reached **2116** families, while the number of the total families benefitted from NECC PHC clinics during this period was **11,522** beneficiaries 60% of them are females.*

*916 new women were registered at preconception care and received appropriate preconception care while 1293 women attended preconception for follow up, and for pregnant women the number of new registered pregnant was **1655** distributed as following: 811 in Shijaia, 586 in Darraj and 258 in Rafah with total of **2589** pregnant women who were already registered and followed up during the reporting period. Furthermore, the number of deliveries reported in our catchments areas during this reporting period was **1430** deliveries. **74.7%** of the delivered women received quality postnatal care three times after delivery. In terms of family planning, the number of women who received family planning services during this reporting period was **1265** women: 505 at Shijaia, 642 at Darraj and 118 cases in Rafah (target 1000 women per year).*

*Additionally, the number of newly registered children in this reporting period has reached **4350** Shajaia received the highest number of new children at the well-baby service delivery points (1792) followed by Darraj (1257) and Rafah (1301), this is also could reflect an increased demand for the services. The total number of children attending the well-baby clinic has increased and reached **13138** children attended the well-baby services and have been screened in accordance with the national well baby protocols (Annual target 12,000).*

Similar to the past year, Shajaia Clinic ranked first in term of the number of children seen at the well-baby services (5693). This could be attribute to the large size of the population in that catchment area in comparison to others.

*The number of patients above 6 years old as cases examined by doctors has been **6405** while **8944** children under 6 years were examined by doctors and received treatment as well as 198 injured patients from Great March of return received treatment.*

*The number of cases examined by dentists and received dental care services had reached **7063** distributed as Shijaia 2824; Darraj 2248 and Rafah 1991. The total laboratory tests that were performed inside the three family care centers during this reporting period have reached **22,789** provided to all categories, the number of health education sessions at this reporting period was **1768** sessions for **49,908** participants.*

*With regards to the **Technical Vocational and Educational Training (TVET) program**, during the reporting period, a total of 254 enrolled trainees including male and female, continued to receive high quality vocational training skills in the designated fields of carpentry/furniture making, welding and metals work, aluminum work, refrigeration and air conditioning, general electricity and motor rewinding, secretarial studies and advanced dressmaking. Where about **20.1%** out of those trainees are females and the rest of **79.9%** are almost males.*



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

▶ Annual Report 2018

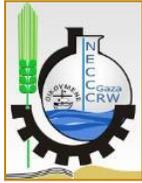
Some major changes have been realized into the TVET provision at NECC s chemed as reducing periods of study for some professions from three to two years in addition to the launching of the profession of refrigeration and air conditioning.

Regarding **psychosocial support program**; **2584 school** children attended the three family care centers and kindergartens children located in the three served areas received PSS activities either, group sessions or counseling or recreational activities while **5192** mothers and women received PSS either group sessions, individual counseling, group counseling or consultation. Additionally, **404** TVET students received PSS.

Summary of key findings in reference to log frame

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.**

Annual Indicator	Annual Achieved	% of achievement
At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	99.1%	Achieved
At least 70% of women in targeted locality received timely quality post-natal care at least twice.	74.7%	Achieved
1,200 new pregnant women registered for ANC annually	1655	Achieved
7000 antenatal care visits made annually	14,058	Achieved
1,800 pregnant women received follow up visits, newly registered and on-going	2589	Achieved
1600 postnatal care visits conducted annually	3835	Achieved
12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric measurements	13138	Achieved
25,000 well baby visits were conducted annually	35739	Achieved
7,000 sick children up to 6 years old received medical examination and treatment	8944	Achieved
1000 partners received reproductive health services and awareness	1265	Achieved
Over 4,000 women, children and adults in targeted areas receive dental care annually	7063	Achieved
Over 4,000 patients examined, tested and received treatment	6405	Achieved
2000 children received psychosocial support	2584	Achieved
3000 mothers/women participated in psychosocial support activities	5192	Achieved



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

▶ Annual Report 2018

Annual Indicator	Annual Achieved	% of achievement
A total of 117 students receive training in carpentry/furniture making, welding and metals, Aluminum work and refrigeration and air conditioning annually	135	Achieved
A total of 48 students new and old receive training in electricity skills	66	Achieved
A total of 20 students receive training in secretary study	27	Achieved
A total of 15 students receive training in Advanced dressmaking	24	Achieved
At least 60 educational loans provided to students to complete their study at Palestinian universities	87	Achieved
1 to 2 policy/advocacy issues resulted in improving justices and economic status	2	Achieved
4 initiatives implemented with local communities	4	Achieved
10 visits paid by relevant internationals	35	Achieved

1.1 Health Program:

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

The NECC's health program offers a comprehensive package of health services, with a particular focus on primary health care services. The bundle of the provided services 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.

The overall objective of the NECC 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 11522 families in the three marginalized areas.

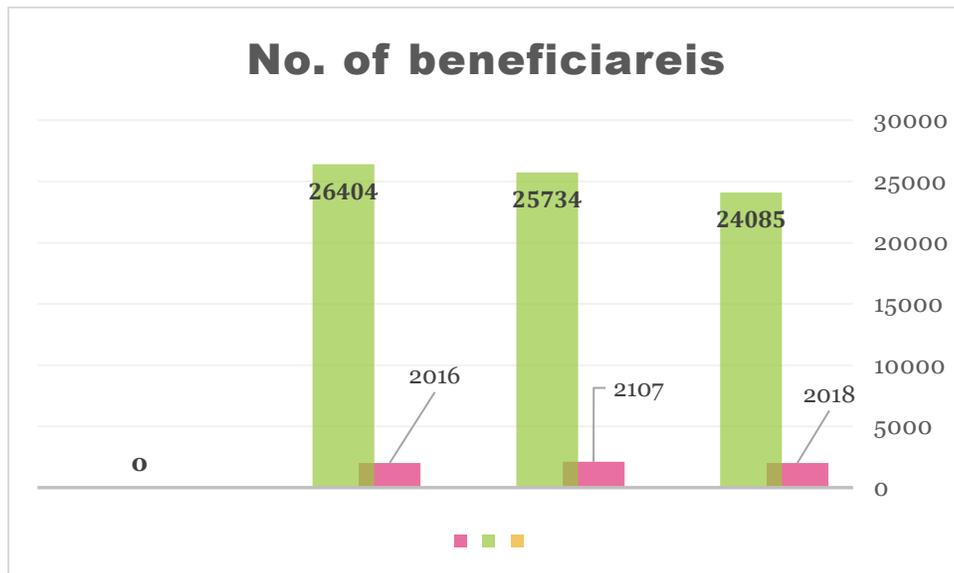


Near East Council of Churches Committee for Refugee Work (NECCCRW)
▶ Annual Report 2018

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

By age	More 18 years		Less 18 years		Total
	M	F	M	F	
No of beneficiaries	1077	6048	8620	8340	24,085
Total	7,125		16,960		
%	29.5%		70.5%		

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.

1.1.1 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 (counselling and Folic Acid supplementation), and to promote appropriate nutritional status of pregnant women through appropriate counselling, supplementation and follow up.

Mothers' knowledge about pregnancy its antecedents and consequences are 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.

Preconception care services became an integral component of NECC health program and services and were operational and fully implemented at NECC clinics. The preconception care program is now part of the maternal health care and fully integrated within the NECC primary health care system

- During this reporting period 916 new women were registered at preconception care and received appropriate preconception care while 1293 women attended preconception for follow up, (anticipated target is 1000).
- 4323 preconceptions follow up visits were performed, this year, the number of preconceptions follow up visits is higher than the number of follow up visits during the last year (last year figure was 3108) that revealed how much the women get benefit from this project and they are in need for this service, among those who followed at preconception care, 290 women were newly married, 595 women have had children before, 270 had abortion before, and 154 women were followed previously at NECC family planning program.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

- 1204 women attended preconception care received folic acid supplementation, among those who screened, 1148 women found anemic and received appropriate treatment, one case found diabetic, with total of cases who have more than a health problem were 272 women. and, with total of cases who have more than health problem were 776 women, and 107 women were classified as high risk.
- 6634 women 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, psychosocial support sessions about stress management, gender-based violence
- Through this project 28 of health staff received two days training on preconception care, and gender-based violence, and women rights. Screening for domestic violence was integrated into the maternal and child health services. Women attending preconception, antenatal, post-natal and family planning services are screened counselled and are provided with the necessary support and help.

1.1.2 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.

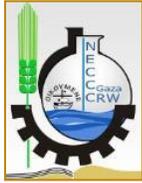
No. of women with high risk pregnancy during 2018 at NECC clinics was **113** cases (6.8 % of all new pregnant women)

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, counselling, screening, and promoting the well-being of the mother and fetus. ANC is effective when sought early, and when followed with quality care that continues until delivery.

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





Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

(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.

-the first trimester according to national protocol, that's mean 93% received the ANC in the first trimester.

The newly registered pregnant women were **1655** distributed as following: **811** in Shijaia, **586** in Darraj and **258** in Rafah

2589, pregnant women who were already registered and followed up during the reporting period. Among the new pregnant women in 2018, **445** were primigravida.

The total antenatal care visits have been reached **14,058** ANC visits, as the pregnant woman should follow up monthly during her pregnancy. Accordingly, **99.1%** 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, 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 year the total number of those pregnant examined and found anaemic and enrolled in treatment programs was 1438 women out of 1926 women which means that 74.6% of pregnant women were having anaemia.

1165 pregnant women have received folic acid through the first three months of pregnancy.

2322 sick pregnant examined by the doctor and received appropriate treatment, during this reporting period, there was no maternal mortality registered.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 2018, 2349 pregnant have got ultrasound services three times during pregnancy

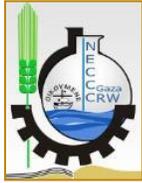
1.1.3 Post Natal Care (PNC)

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 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 74.7%. 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 2018 continue the promoting of PNC project with support from UNICEF, NECC signed an agreement with UNICEF starting in 25th March 2018 and ending in 25th November 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 March with higher coverage including Shijaia, Darraj and Rafah areas.

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.

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.

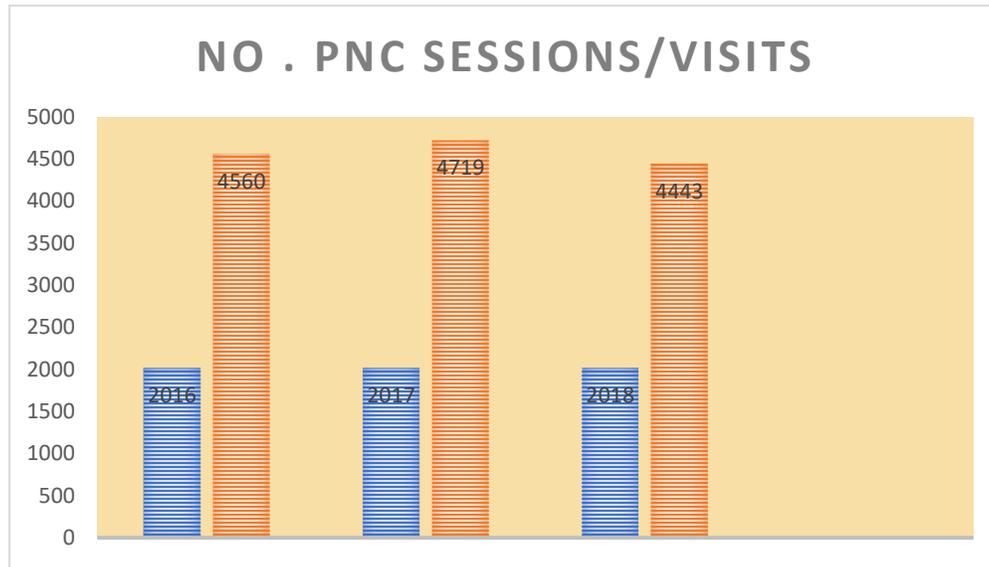
Regarding the post-natal visits, the total number of deliveries during 2018 in the three localities who were registered in ANC was **1430**.

NECC achieved 4443 PNC sessions/visits in three served localities. (It was 4719 in 2017 and 4560 in 2016.). The total number of PNC sessions/visits were 3523 at home and 920 at the health center.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 1430 (planned: 1000) and to provide high quality of PNC package of services either to mothers or newborns.

74.7% of women in targeted localities received timely quality postnatal care three times after delivery, and **83.5%** of women passed postpartum period safely without complications while 7.2% of children during 6 weeks of their born had specific medical conditions and received appropriate treatment and recovered.

Also, one of the main objectives to enhance the exclusive breastfeeding, the percentage of children who are exclusively breastfed during the 6 weeks after delivery was **89.1%**. 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 765 mothers were screened by Edinburgh scale during the postpartum period, distributed as following: 388 in Shijaia, 278 mothers in Daraj and 99 in Rafah, among them 37 were abnormal that's mean 5% 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,



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

▶ Annual Report 2018

Additionally NECC still used an android program for home visits/outreach activities especially postnatal care for accurate date and saving information.

1.1.4 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 Shajaia 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 2018, the number of new acceptors was **284** (391 in 2017, 405 in 2016, 319 in 2015). Beneficiaries of Family Planning and visits disaggregated per area are shown in **table (3) below**.

Area	No of beneficiaries	FP Visits
Shijaia	505	1374
Darraj	642	2186
Rafah	118	282
Total	1265	3842

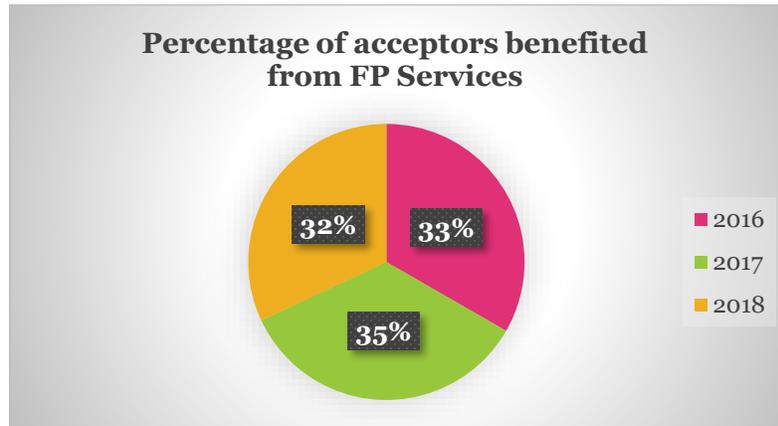
Table (4) below shows the distribution of acceptors of contraceptives disaggregated per locality and year of reporting:

Center area	2016	2017	2018
Shijaia	536	557	505
Darraj	638	659	642
Rafah	145	159	118
Total	1319	1375	1265



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

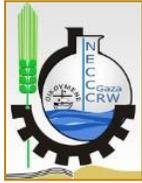
It was noticed an increase in percentage of beneficiaries from FP services among the last three years as in the following **figure (3)**:



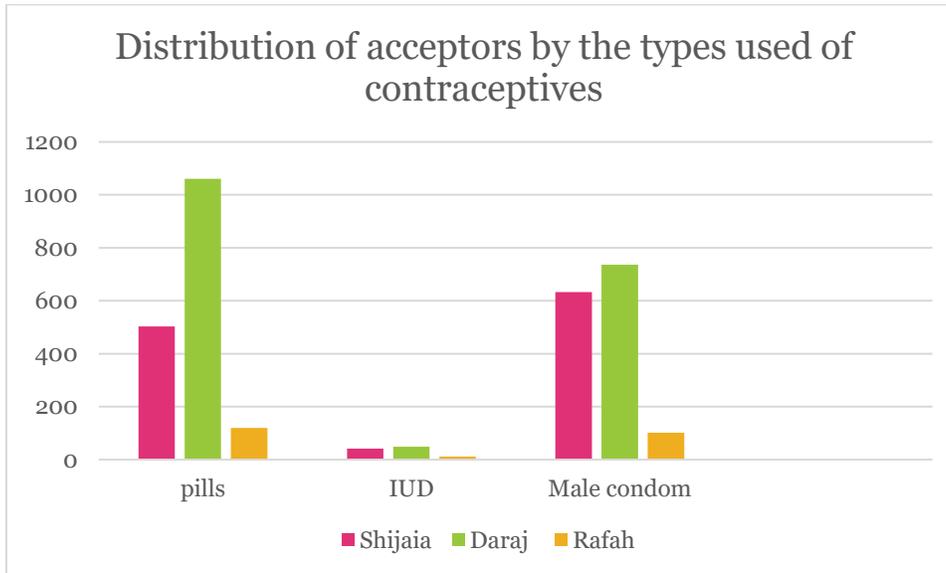
The **table (5)** showed the distribution of Acceptors by Type of Contraceptive in NECC Family Planning clinics by locality:

Center	Pills	IUD	Male condom
Shijaia	503	42	633
Darraj	1061	49	736
Rafah	120	11	102

The most used tool was the pills in the three localities with male condoms ranked second and IUD third one. The figure (4) below illustrated the distribution of family planning acceptors by the type used of contraceptives.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018



However, NECC had faced a problem during 2017 and it continued to 2018 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 pills that didn't provide by MOH from the local market even this was not planned.

1.1.5 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 correlating with age, were younger children are being visited more frequently. At well-baby visits, children anthropometric measurement, weight and height are measured and also their haemoglobin level is being assessed. The general condition of children is also assessed. Children showing delay in growth and development in reference to the standard growth milestones are recognized and enrolled in treatment programs. Health education is also provided and the mother and they receive instructions about the subsequent follow up visits. Mothers who don't adhere to the follow up program are contacted and encouraged to follow up regularly.



The aim of well- baby program is to contribute to the promotion of child health through early detection of abnormalities in growth and development particularly in nutritional parameters,



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 are implemented properly according to the work plan. In 2018, NECC clinics has achieved the following;

- Screening 13138 (last year number is 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 higher than the number of children screened during the last year (last year figure was 12530) and higher than the anticipated target by 30% 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 (5693), followed by Darraj (4369) and Rafah (3076).



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

It is noticed that the number of children screened in Darraj and Rafah is increasing in the past three years (2016, 2017 and 2018).

- In total, 35739 well-baby follow-up visits were performed which is much higher than the anticipated target of providing 20,000 well-baby sessions by 79% (the number in 2017 was 34284, in 2016 it was 29,152).

In comparison to the previous reporting year, the number of well-baby visits performed this reporting year is higher by more than 1500 visits. During this reporting period, 4350 (last year number is 3970) new children were assessed at the well-baby service delivery points.

The increase level this year in reference to the past year reached around 10%. Shajaia received the highest number of new children at the well-baby service delivery points (1792) followed by Darraj (1257) and Rafah (1301). The three clinics reported an increase in the number of newly registered children.

- The total number of those examined and found abnormal and enrolled in treatment programs is 1942 while it was 1557 in 2017. This reflects an increase by 25% possibly due to the higher number of screened children and the deterioration of economic situation in Gaza which results in nutritional problems among children.

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.

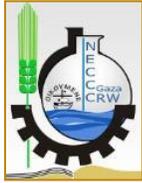
However, malnutrition is not only a medical disorder rather it is largely affected by contextual and cultural factors, therefore it fluctuates according to the change in the context.

- The percentage of malnutrition among the attendants of the well-baby visits was 13.8% in Shajaia area while it was 9.5% in Darraj area; the prevalence in Rafah was 12.5%.
- The reported prevalence rates are slightly higher than the last year figures in two areas (Shajaia and Rafah), although it remains the highest in Shajaia, possibly because the residents of the other areas contain higher proportions of refugees who are financially 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 similar to the reported figures in the previous reporting year as it ranged from 21.1% in Shajaia to 22.7% in Darraj and in Rafah it was 20.6%. The figures reported two years ago were generally lower 18.6% in Shajaia and 17.2% in Rafah.

- With regard to SMS, in total, 64112 SMS were sent to beneficiaries during the year 2018. 47527 SMS messages were sent routinely to clients, in 2017, 30,105 SMS were sent, in



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

▶ Annual Report 2018

2016 the 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.

This reflects an increasing trend in sending SMS messages to clients. In addition, 16585 SMS were sent to bring back defaulters, last year the number was 10,710, in 2016, it was 9235, in 2015 the number of SMS was 6537 while the number in 2014, was 4382 SMS. The use of SMS has contributed to the reduction of the number of defaulters. The increase in the number of SMS messages could be attributed to the increase in the number of served children.

- More laboratory tests were conducted during this reporting period 18660 than the previous reporting years as in 2017, it was 16505, 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 more than doubled.

As with the previous years, this reporting year (2018), the most frequently conducted test is haemoglobin level (15107) and stool analysis (1834) followed by urine analysis (1233) and complete Blood count (486).

- In total, 6100 children have been provided with the needed medications, supplementation and received (20365) bottles of medications. The highest number of children was seen at Shajaia clinic (1757) and the highest number of dispensed medications (6400) were at the same clinic also.

In addition to those who joined a treatment program inside NECC premises, 112 were referred to other facilities for more advanced management at hospitals or diagnostic centres.

- The vast majority of the referred children were referred to MOH hospitals and for the Thalassemia centre to undergo further advanced investigations.

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

Year	Anemia				Malnutrition			
	2015	2016	2017	2018	2015	2016	2017	2018
Shijaia	18.27	18.6	21.4	21.1	14.78	14.3	12.4	13.8
Darraj	31.74	28.2	21.2	22.7	9.8	10.3	10.8	9.5
Rafah	20.93	17.2	20.8	20.6	15.08	12	11.6	12.5

- More than 78% of children diagnosed as anaemic at the well-baby services and enrolled in treatment program, has recovered and returned to normal within 90 to 120 days of their enrolment. Others improved, 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.
- 91% of the wasted children recovered and returned to normal within 90 to 120 days of their enrolment in the project.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

- 77% of children diagnosed with underweight are recovered and returned to normal within 90-120 days of their involvement in the treatment program. Others improved but didn't return to normal within the provided time frame.
- 80% of children with stunting recovered and returned to normal within the recommended 90-120 days; the others are either improved but didn't recover yet, stayed the same and very small percentage were deteriorated

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 **Embrace the Middle East**.

Table (7): Total quantities of supplements provided to children less than 5 years during 2018:

Grand Total	
Iron	11928
Vitamin A&D	942
Folic Acid Tab	2760

Nutrition screening activities

It's worth mentioning that NECC implemented outreach nutritional screening activities through a project titled "WASH and Nutrition Humanitarian Response in Gaza Strip" "the project included outreach nutritional screening of children under 5 in new area in south Gaza, Al Shokah area, this project supported by DCA-NCA, and it aimed at preventing a further increase in the percentage of malnourished and anemic children below 5 years.

Since the project implementation depend on the community-based approach and invests in the human capital by capacity building and awareness raising, it contributes to improve community resilience, from the start of the project on 25th June 2018 till 25th December 2018, the health community workers reached during the screening activities 1231 HHs which were having children under 5 years, and we screened/examined all the children (**2103**) of these HHs (males and females).



The vast majority of them were non-refugees, large size families (median 6 members), mean HH income was 208 ILS (median zero) and 10% of them receive financial assistance. The prevalence of anaemia was very high, the highest ever reported in areas served by NECC (38.5%) and the prevalence of moderate and severe malnutrition is also high (15.5%).



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

The most prominent form of malnutrition was stunting reflecting chronic exposure to nutritional deficiencies (12.5%), followed by underweight which reflects exposure to nutritional deficiencies at the intermediate period (6%) and lastly wasting which reflects acute and short-term exposure to malnutrition (3%). In total, 717 children were found anaemic (38.5%) and enrolled in treatment. among them, 72% suffer from mid anaemia and 28% from moderate anaemia.

326 children were found severely or moderately malnourished (15.5%) and enrolled in the program, among them, 80% were moderate and 20% were severely malnourished mainly in the form of stunting (12.4%), then underweight (6%), and wasting (3%), 169 were anaemic and malnourished at the same time.

In total, 874 were found anaemic and or malnourished who require treatment therefore enrolled in the program (434 males and 440 females).

Anaemic and malnourished children had received treatment at the mini-clinic operating in Shokka area. As detailed later in this report, the vast majority of anaemic and malnourished children were timely recovered within the recommended period by according to the MOH nutrition protocol.

1294 bottles of irons dispensed on the field (HHs) and 2478 dispensed at the clinic

More than 95% of children who stayed two months are more in the program had recovered from anaemia and returned to normal Hg level

More than 80% of children with underweight who stayed 4 months under treatment had recovered and returned to normal.

More than 85% of children with stunting who stayed 4 months under treatment had recovered and returned to normal

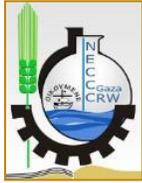
More than 95% of children with wasting who stayed 4 months under treatment had recovered and returned to normal.

During the household visits, 3051 persons received health education in the field in addition to 3010 caregivers who received health education at the mini-clinic (2688 females and 322 males).

Development of Early childhood development (ECD) approach

EDUS with UNICEF BiH, supported by the **(Bosnia and Herzegovina)** 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.





Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 harmonized “whole child” assessments and interventions in ECD and ECI particularly focusing on most vulnerable families with young children with developmental delays and disabilities Near East Council of Churches Gaza (NECC) adopted this strategy with the support from UNICEF.

As NECC developed ECD corner in the clinic, to detect children with developmental delays and disabilities. During this reporting period, **528** of children were screened according to standardized assessment tools, 485 of children screened were found normal and **39** children had developmental delays including cognitive, emotional, social, and communication delays, and 4 children with disabilities including physical disability, cerebral palsy, down syndrome, partial blindness.

Thus, this approach is very important because Palestine endorsed the National ECD and ECI Strategy 2017-2022 and one of the key priorities is introduction of the early detection of children with developmental delays and disability and intervention services.

1.1.6 *Dental Clinic*

All clinics of NECC Gaza are equipped with fixed dental units that provide routine dental services – such as check-up, filling, extraction, scaling 4 days a week. During 2018, **7063 patients** (target 4000) were examined by a dentist at the clinics distributed as following: **2824** in Shijaia, **2248** in Darraj **and 1991** in Rafah.

also **1762** children were screened during well baby program (target 700 child per year), **3364** 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	2018
No. of patients examined by dentist and received dental services	7227	8725	7641	7063
No. of children screened on well baby days	1740	2061	1724	1762
No. of pregnant women screened	1946	1996	2062	3364



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

It's worth mentioned that most of the dental services are provided for free for children and pregnant, just the adult client has to pay nominal fees.

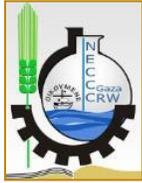
Table (9): Distribution of NECC Dental Clinic services by Type of Activity & locality

	Shajaia		Daraj		Rafah		Total	
Type of service provided	Male	Female	Male	Female	Male	Female	Male	Female
Follow up	192	536	111	412	98	262	401	1210
Treatment	388	643	537	954	336	537	1261	2134
Extraction	70	66	140	153	56	88	266	307
Amalgam fillings	133	389	129	405	71	181	333	975
Composite fillings	2	10	2	17	5	17	9	44
Scaling	25	83	26	94	15	42	66	219
Total	810	1727	945	2035	581	1127	2336	4889

1.1.7 Mobile dental clinic:

NECC conducted dental examination and screening for 2 days through NECC mobile dental clinic one-day was for 100 kindergarten children under 5 and that was in coordination with social Aid Charity, and other day was for 35 diabetic children in coordination with Haifa association for children with diabetes, we provided health education and awareness for children and distributed tooth brushes to all children screened, and advise them about oral hygiene.





Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

1.1.8 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 **6405 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 2018 the table mention number of visits not cases, it means that the patient may receive the service more than once during the year).

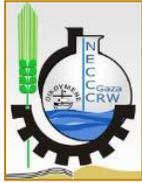


Table (10): Distribution of all clients who were examined by doctors by category and center:

Target group	Shijaia	Darraj	Rafah	Total
Less than 6years old	18,339	13,902	10151	42392
Pregnant women	3,633	2237	1006	6876
Above 6 years old	1822	1541	1402	4765
Dermatology clinic	872	324	527	1723
Total	24666	18004	13086	55,756

It is obvious that above mentioned table illustrates high increase in number of beneficiaries less than 6 years compared to previous years, which is correlated to several factors: high demand and needs acute shortage of medication at MOH facilities and to provision of a new health service at NECC centers; in the same time there is decrease in dermatological clients, and this related to suspended the dermatology clinic as the case load of patients increases particularly after massive demonstrations on the fence , Great March of return .

Since 30 March 2018, the Gaza Strip has witnessed a significant increase in Palestinian casualties in the context of mass demonstrations around the “Great March of Return” taking place along Israel’s fence with Gaza. From 30 March until 31st December, 255 people have been killed. and a total of 26,405 people injured. 12,333 were treated and discharged from the Trauma Stabilization Points (TSPs) and the remaining 14,072 casualties were transferred to MoH and NGOs. 6,239 people had live ammunition gunshot wounds, of which 5,429 (87%) presented limb gunshot wounds.



Near East Council of Churches Committee for Refugee Work (NECCRW) ▶ Annual Report 2018

In November 2018, the Central Drug Store of the MoH in Gaza reported 39% of essential drugs at less than one month's supply, with 57% of essential primary healthcare drugs at zero stock. (WHO,2018)

These developments have triggered further deterioration in the humanitarian situation, impacting the availability of essential services and eroding the livelihoods of Gaza's two million residents during a time when poverty was reported to be on the rise (UNOCHAⁱ.)

The huge number of fatalities and injuries from Great March of Return puts further constraints on the health care system and on the community, which are already too much overwhelmed with problems such as shortage of drugs and supplies, inadequate staffing, lack of specialized personnel, lack of fuel needed for hospitals' generators, and many others.



NECC planned interventions:

In June 2018, NECC has launched a humanitarian appeal to help the Gaza population especially those who were injured, children and families affected through

- Providing medical services and medications
- Provide Psychosocial Support to women and children
- Provide basic needs / cash for work opportunities

NECC to date work on the ground:

Since 23 May, the health staff

- Have conducted 279 home visits through its clinics in Shajaia, Al Daraj, Rafah.
- Delivered **medical** packages to 837 clients who affected from the Great March.

Provided medical services treatment through NECC health clinics to **837 injured** persons.

Provided cash relief to 100 needy families who were affected from Great March.

1.1.9 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 year: NECC continued to intensify its efforts in health education and in increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment, etc... The total number of health education activities provided to all categories was **1768 sessions for 49,908 participants**; they received group sessions, demonstrations, counseling, awareness games...

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

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

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

In total, 419 questionnaires were collected and the analysis reveals high degree of satisfaction about the well-baby services. 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.

A new monitoring tool called balanced scorecard has been developed during 2018 which includes several technical, managerial, financial and community related indicators including client satisfaction, counselling, waiting time, and so on.



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

▶ Annual Report 2018

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:

- 20668 caregivers had received health education sessions, received health education materials and practice healthy nutrition and hygienic behaviours, hygiene and sanitary measures. As verified through the pre-test post-test measurements, change in the level of knowledge about malnutrition, anaemia, appropriate nutritional practices among the attendants of the health education session. Also, the change in the epidemiology and disease pattern such as infections.
- Tailored sessions were provided to meet the individual needs of beneficiaries and provided in a diverse way. Lectures, group discussion, individual counselling where we used to provide the health education. In total, 772 focused health education sessions were provided to the mothers in the form of lectures. Also, 167 counselling sessions were provided to specific cases which required individual sessions.
- Pamphlets and educational materials were also disseminated to beneficiaries and explained to them. In addition, the effect of health education was assessed through pre-test post-test and also through studying the epidemiological diseases' pattern in the area. In total, 301 pre -post questionnaires were completed with the recipients of health education and results showed significant improvement in the level of knowledge of the beneficiaries.

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

- Respiratory system diseases are dropped **from 7.2% to 5.4%** among patients. This gives clear evidence about the effectiveness of the health education provided at NECC.
- 11% reduction in parasitic infections
- A noticeable decrease in the prevalence of infectious skin diseases by 38%

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

Item	Shijaia	Darraaj	Rafah
Demonstration	80	56	26
Health education	622	237	345
Counseling	33	46	92
Awareness Activities	88	109	46
Total	823	402	509



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

▶ Annual Report 2018

1.1.10 Home Visits

Home visits are a part of health services provided by NECC to the community either for PNC, bringing defaulters and special cases. During 2018 approximately 3907 home visits (3903 in 2017, 3840 in 2016) were conducted by NECC to beneficiaries inside their houses.

Table (12): Distribution of home visits conducted through 2018

Type of home visit	Shajaia	Darraaj	Rafah	Total
Deliveries (PNC) home visits	1392	1073	675	3140
Expected deliveries	169	12	74	255
Defaulters	162	25	11	198
Abortion cases	27	5	2	34
High risk pregnancy	1	0	0	1
Home visits for people affected from Great march of return	133	73	73	279
Total Number of visits	1884	1188	835	3907

Community Workers Training Courses

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



Community training is provided at three served communities; Darraj, Shijaia and Rafah to up to 40 female trainees per year divided into two groups. Each group receives training for 4 months, 3 days per week, 4 hours per training day. The lectures are about health, social and psychosocial issues. Also, they are trained about how to give a session for a group of women even about health, social or psychosocial issues. A First aid course also provided to the students with cooperation of MOH trainers. Most trainers are from NECC staff and other relevant NGO's as ATFALUNA, PCHR, etc., the number of females participated in these courses was 47 females' students.



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

▶ Annual Report 2018

1.1.11 Referral System

One of the success factors for NECC health program was the coordination and the integration with the relevant health providers such as the MOH hospitals, Thalassemia association and AEI which provided back up referral sites. NECC referred 238 cases to relevant sites as needed during this year.

Table (13): Referral sites during 2018

Referral system	Shijaia	Darraj	Rafah	Total
Thalassemia center	22	6	6	34
MOH or other hospitals	126	63	11	200
MOH clinics or other related clinics	3	1	-	4
Total	151	70	17	238

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.

1.1.12 Laboratory Services

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

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

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



Achieved in this reporting period:

The number of laboratory tests performed in the year 2018 have reached *the total laboratory tests that were performed inside the three family care centers during this reporting period have reached 22,789* distributed as Shijaia **11201**; Darraj **8943** and Rafah **2645**. 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.



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▶ Annual Report 2018

Table (14): Distribution of lab tests

Type of Lab Tests	Shijaia	Darraaj	Rafah	Total
Blood tests	5169	4168	914	10251
Urine	4780	3730	1219	9729
Stool	973	878	465	2316
Pregnancy Test (Urine Sample)	279	167	47	493
Total	11201	8943	2645	22789

Accuracy of tests:

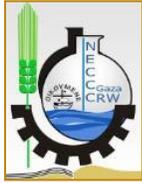
Quality control is extremely important in ensuring the large number and range of testing carried out lead to appropriate follow up. The most important aspects done in NECC in internal quality control monitoring are:

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

1.1.13 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 connects the three pharmacies with the main office and the main store for more monitoring and supervision, regular meetings also conducted by the health programs coordinator with the pharmacist assistants, the pharmacist responsible of the medical store and the doctors.

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

NECC purchased medication during 2018 through support from UPA.

UPA thankfully agreed to support NECC in terms of purchasing medication for the year 2018.

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

During 2018 the number of prescriptions dispensed to patients reached 59,484 in the three localities (last year 2017 figure was 65,976 prescriptions).

Some items were thankfully donated in kind by ANERA during 2018 and some items from MOH (Iron supplements and Vitamin A&D Adol for children,

In addition to nutritional supplements that donated thankfully by



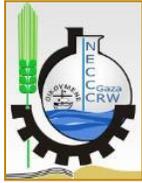
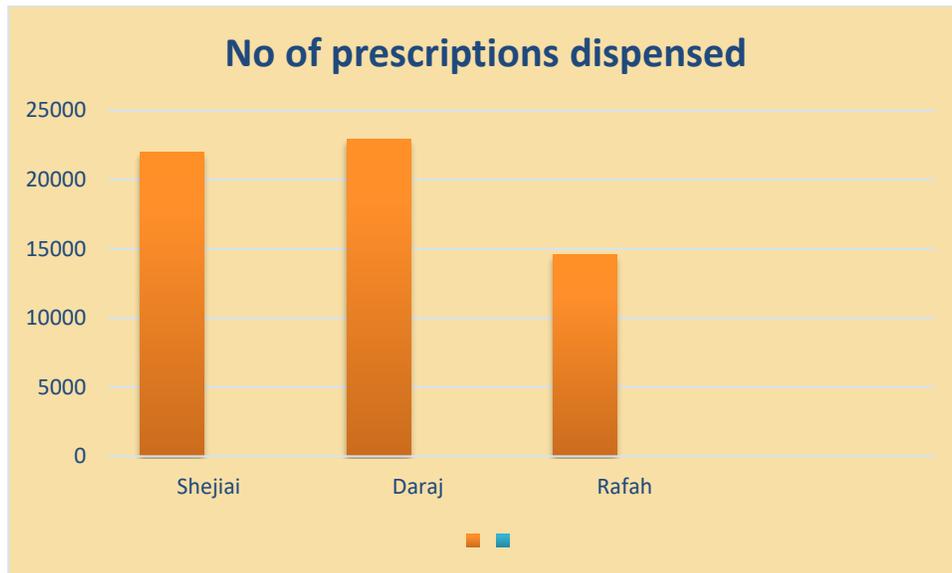


Figure (5) No. of Prescriptions dispensed



During this reporting period, 57,227 SMS were sent to clients which were effective and well-perceived by them in addition to 17,973 SMS that were sent to bring back defaulters (in total 75,200). The use of SMS has contributed to the reduction of the number of defaulters.



1.2 Psychosocial Support Program (PSS)

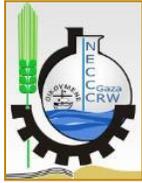
Strategic objective 3: To promote the psychosocial status of the served community particularly women and children.

1.2.1 NECC ongoing psychosocial support program

As a part of NECC responsiveness to the community needs, immediately after the Israeli Operation Cast Lead on Gaza, in 2009 NECC has introduced the psychosocial support services into its health and vocational training programs. The program aims to alleviate the suffering of the Palestinian population including children, women, VTC's students and the NECC staff themselves. The NECC psychosocial support program provides individual counselling, group counselling, psych education sessions, consultations. The higher-level change achieved through the integration of psychosocial support program into primary health program, screening and detecting all 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, Gaza has endured multiple losses – what are called multi-traumatic losses. Accordingly, there is a widespread sense of hopelessness and powerlessness. The long-term, continuous stress experienced by many Gazans has resulted in a growing plethora of psychological difficulties. To respond, NECC developed the psychosocial support program through the integration of mental health into primary health care and additional indicators for adherence to child protection policies and code of conduct were used, as well as indicators relevant to national and local priorities. NECC health staff screened and identified patients with mental health problems who are attending the health centres, in order to provide them with needed support and services, and to refer the severe cases to relevant external organizations. The overall objective of the program is to promote the psychosocial status of the served community particularly women and children.



The program focuses on the Palestinian families attending the health centers, vocational training centers, secretarial center, advanced dressmaking center and NECC staff in cooperation and coordination with relevant organizations. through psychosocial support program, NECC provides structured group sessions for school and kindergarten children, individual counselling, group counselling for women, family counselling, psychoeducation, stress management, detection of mental health problems in primary health care patients managed by health staff.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Giving fact that increase the number of children with psychosocial problems, lead to increase in demand for psychosocial services; the continued occupation and political instability constitute a major source of anxiety for young people.

Children in Gaza are growing up in a society permeated by restrictions and related violence which leave them with a deep sense of insecurity for their future. Palestinian children older than ten years old living in Gaza have now witnessed three conflicts in their short lives. and children aged 11 or less have only known life in Gaza under closure, resulting in an increase of the number of children displaying high level of stress related symptoms and, requiring additional family and community-based support. Child protection Rapid need assessment has been carried out by child protection working group in Gaza in 2018. the assessment aims to explore and understand the protection needs of children in light of evolving situation in Gaza Strip. The study findings the physical violence is common in Gaza strip , the assessment (2018) found significant patters including 96%of responders identifying psychosocial distress in children as one of the main child protection concerns in Gaza , the main distress manifestations include children being more aggressive, bed wetting , unusual crying and screaming , violence against younger children , unwilling to go to school , disrespectful behavior in the family , having night mares , and not being able to sleep , sadness and avoiding others.

The ongoing siege imposed on the Gaza Strip since June 2006 is still contributing to the deterioration of health status and negatively affecting the provision of health services. The protracted conflict has triggered acute levels of psychosocial distress, especially among children and adolescents which also affects the nutritional status of these vulnerable categories. Although there is no official statistics, there is a noticeable increase in suicidal cases-a phenomenon that is new to the Palestinian culture. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has repeatedly described the situation as a chronic emergency and a protracted human dignity crisis. NECC is expanding and enriching its psychosocial services to cope with the increasing demand

It's worth mentioning that NECC signed through the year 2018 an agreement in partnership with Terre des homme (TDH) for the project titled "Meeting the protection needs of vulnerable children in the Gaza Strip through child protection case management system "this project targeted children, and women who mainly affected by the recent situation including injured children through the protests of Great March of return, women who exposed to violence, children affect by arm conflict and awareness campaigns were conducted on GBV supported by TDH .

Recreational Activities

Also, through this reporting period, we conducted recreational activities to children and mothers as well as to TVET students and NECC staff, this was supported by Pontifical mission for the project titled "psychosocial support and protection for children and their mothers".

Through the support by pontifical mission, 8 open fun days were conducted for 1021 KG children from NECC catchment areas Shajaia, Darraj, and Rafah. Through the open fun days, there was Entertainment, puppet show, clowns, and some recreational and fun activities, at the end of every open day, toys and gifts were distributed to the children.



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

▶ Annual Report 2018

Moreover 12 recreational trips were conducted for 1046 school children and 513 of their mothers

Recreational trip was conducted for 50 females secretarial and dress making centers students and their instructors, and also for 213 males' students of carpentry, welding, metal, aluminum, and electricity departments and their instructors. Recreational trip also conducted for 100 clinics staff as well.

Incorporating child protection policy within our programs enabled NECC to take in consideration the preventative measures in selecting the appropriate place for the implementation of psychosocial activities being safe and healthy, signing a mutual agreement with the children parents to involve their children in open fun days and recreational trips.

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.

1.2.2 PSS 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 refine, children concrete skills and provide an opportunity to retreat them.

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

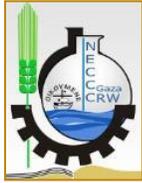
NECC offers preventive and curative health services to sustain and promote the health of Palestinians in the three served areas of Shijaia, Daraj and Rafah\Kherbet Al Adas.

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

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

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

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



1.2.3 Counselling Services

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

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

Table (16): Counseling services include:

Service	Details
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>

1.2.4 Monitoring and outcome assessment

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

- ▶ *For common mental disorders: the counselors and PHC team were utilized the guidelines for identification and management of mental health problems. These include standard quantitative*



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

▶ Annual Report 2018

and qualitative tools for diagnosis and monitoring. Outcome assessment is built in the program as well as reporting procedure.

- ▶ *Child mental health: counselors were trained on the application of behavior assessment tools and child mental health questionnaires (SDQ, CRIES) which give baseline and monitoring for change.*
- ▶ *Women mental health: The PHQ9, GAD7, PCL and the stress meter are used to assess women mental health in the antenatal care. Postnatal assessment during postnatal visits depends on guidelines assessment and the utilization of the EPDS scale. Women found to have risk for mental health problems are assessed by the doctor and followed up in the center by the nurse and counselor.*

Monitoring system for psychosocial program:

- ▶ *The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ¹) for children and parents, (PHQ²) and (GAD7³) for PHC screened cases, (CRIES-8⁴) for PTSD children cases and (PCL) for PTSD⁵ adults (Edinburgh scale) for post-natal depression cases.*
- ▶ *NECC staff 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 2018	Number of individuals reached 2017	Number of individuals reached 2016	Number of individuals reached 2015
<i>School children (6-15) years targeted through attending clinics for problem solving approach</i>	1049 children	1001 children	960 children	786 children
<i>Kindergarten children serve through cognitive behavioral therapy</i>	1028 children	955 children	1055 children	1365 children

¹SDQ: strength and development questionnaire.

²PHQ: patient health questionnaire.

³GAD: Generalized anxiety disorder.

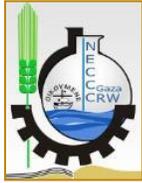
⁴CRIES-8: Children impact of Event scale.

⁵PTSD: Post traumatic stress disorders.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Activities and target groups	Number of individuals reached 2018	Number of individuals reached 2017	Number of individuals reached 2016	Number of individuals reached 2015
<i>Individual counselling for school children</i>	76 children	59 children	65 children	65 children
<i>Individual counselling for women /mothers</i>	194 women/mothers	279 women/mothers	197 women/mothers	171 women/mother
<i>Family counselling for mothers with children suffer from psychological disorders</i>	174 mothers and teachers	203 mothers	162 mothers	75 mothers
<i>Psycho education sessions for PHC beneficiaries</i>	198 sessions for 4273 women /mothers	173 sessions for 4680 women/mothers	151 sessions for 3706 women/mothers	171 sessions for 3956 women/mothers
<i>General psychosocial consultations</i>	811	794	669	576
<i>Group counselling for mothers and or/women with similar psychological problems</i>	94 mothers/women	104 mothers /women	93 mothers/women	96 mothers /women
<i>Home visits</i>	226 home visits	117 home visits	126 home visits	101 home visits
Screening and detection of mental health problem in PHC patients		94 mild cases from PHC who were screened and detected, they received guided self-help by nurses/midwives. 765 Edinburgh scale filled for postnatal cases to detect postnatal depression, 37 were discovered complained of depression in post-partum period that's mean 5% were suffered from depression during the postpartum period.		



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018



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 (SDQ⁶) for children and parents, (PHQ⁷) and (GAD⁸) for PHC screened cases, (CRIES-8⁹) for PTSD children cases and (PCL) for PTSD¹⁰ adults (Edinburgh scale) for post-natal depression cases.*
- *NECC staff screened and detected PHC patients with mental health problems and referred the severe cases to relevant organizations.*
- *NECC has developed database and indicators for psychosocial support program, to get accurate statistics and to save information.*

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

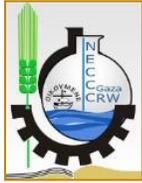
⁶ SDQ: strength and development questionnaire

⁷ PHQ: patient health questionnaire

⁸ GAD: Generalized anxiety disorder

⁹ CRIES-8: Children impact of Event scale

¹⁰ PTSD: Post traumatic stress disorders

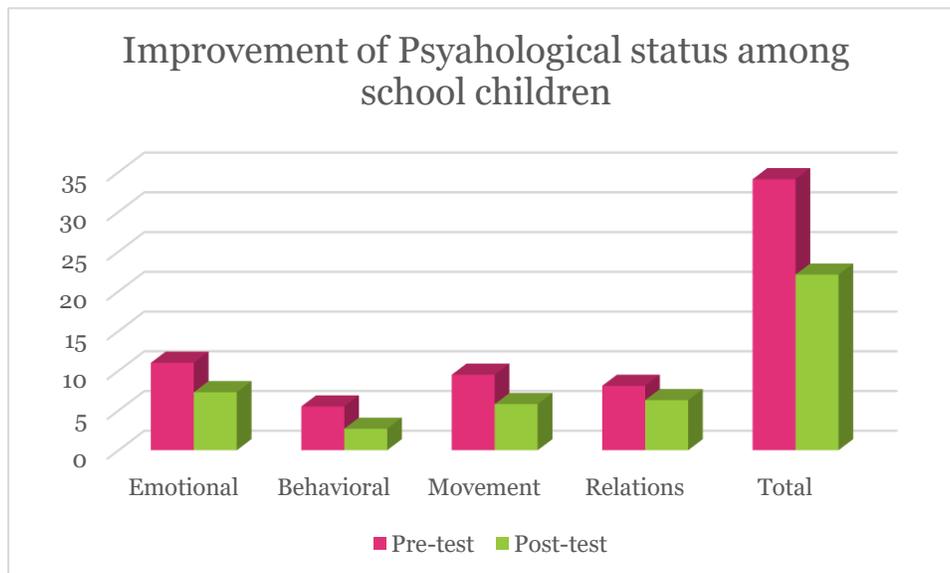


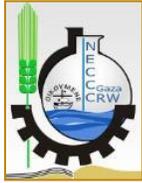
Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

The SDQ pretest and posttest of children having some psychosocial problems using SDQ assessment tool, the results showed a significant improvement of children with psychosocial problems by 35.3% in total.

In some psychological problems for example decrease number of children who suffered from behavioral problems from 5.5% to 2.7% which revealed significant improvement by 50% reduction in behavioral problems. See figure (6) below.

Figure (6): *The main psychosocial support program achievements*





1.3 TVET Program:

Strategic Objective 2: Refugees and vulnerable communities can sustain themselves economically.

The overarching aim of TVET program is 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 68%).

Thus, in direct response to the community needs and labor market demand and as part of its strategic plan (objective # 2), 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 taking into consideration requirements of the local labor market.

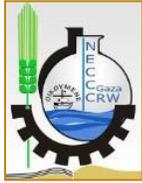
With regards to TVET Program, NECC runs four vocational training centers offering seven vocations/trades: two centers for male students (providing five vocational diplomas) and two for female students (providing two diplomas), particularly:

- **The Gaza Vocational Training Centre (Gaza City VTC - Shajaia)** 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) aluminum works (one-year diploma) or (IV) refrigeration and air conditioning (for two years).
- **The Vocational Training Centre at El-Qarara** (Khan Younis, south of the Gaza Strip) provides a two-year diploma in general electrician skills and motor and transformer rewinding and solar energy that is offered to young men aged 16-23 who finished their tenth grade at schools.
- **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).
- **The Advanced Dress Making Centre** offers a one-year diploma in dressmaking provided to young women.

It is well-known that the current scholastic year of 2017-2018 has started early September 2017 and was ended up in August 2018 followed by 6-week period of external training during which the NECC-TVET students are sent to local workshops and employers according to the trades/careers they were trained in.

During the reporting period (January – December 2018), 404 students (308 males and 96 female students) received training through NECC vocational training centers. The total figure of 404 youth is disaggregated as following:

150 students were graduated (105 males, 45 females) from the program late 2018.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

86 first-year male trainees continued and upgraded at Gaza Shajaia (55 students) and El-Qarara VTC's (31 students) for males respectively.

168 new students (117 males, 51 females) enrolled out of totally 411 who applied for the 2018-2019 scholastic year (of those applicants 325 were males and 86 were females). The originally enrolled number at beginning of scholastic year was 169 as 1 student quitted early from the secretary program.

In the year 2018, 150 students of the 2017-2018 scholastic year graduated late 2018 leaving 254 students receiving TVET courses till the end of December 2018 divided into 1st and 2nd class.

The **table (18)** below shows the distribution of the students of Gaza VTCs and El-Qarara VTC during the reporting period (January to December 2018):

#	Program	Diploma Duration	Graduates (2018)	Current Enrolment		Total number of existing students (December 2018)
				1 st Y	2 nd Y	
1	Carpentry and Furniture Making	2	25	25	20	45
2	Metal and Welding Works	2	18	17	15	32
3	Aluminum Works	1	19	18	-	18
4	HVAC	2	18	22	20	42
5	General Electricity and Motor Rewinding	2	25	35	31	66
-	Sub-total (males)		105	117	86	203
6	Secretary and English Language	1	24	27	-	27
7	Advanced Dressmaking	1	21	24	-	24
-	Sub-total (females)		45	51	-	51
-	Total		150	168	86	254

For the 2018 graduates, 150 graduates were graduated as mentioned before; 107 of them were graduated in July 2018 from careers of carpentry, welding and metals, aluminum, dressmaking and secretary whereas 25 graduated in October 2018 from department of electricity while 18 air-conditioning ex-students graduated in December 2018.

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



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

According to GIZ¹¹ and Ministry of Labor 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 Aluminum department was separated from welding and metals so, Aluminum works became a separate profession with a one-year training program.

Starting from December 2016 a new vocational training diploma in HVAC¹² 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.

Regarding the curricula, NECC has finished the curricula development process including the seven offered vocations/careers 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.

In the TVET provision pathway, at the end of the year there was 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 these courses.

This is considered 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.

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.

NECC was involved in an evaluation aiming at, as a part of its scope, to assess equity, effectiveness and impact of the TVET program on lives of youth graduates of NECC vocational training centers.

The evaluation was launched in February and finished in April 2018, the results were properly presented and analyzed.

The results revealed that NECC is exerting huge efforts in terms of increasing employability among TVET graduates through offering integrated package of after-graduation services including career counseling, job search training, on-job training initiatives and most importantly and recently

¹¹ GIZ: German Technical Cooperation Agency.

¹² HVAC: Heating, Ventilation and Air Conditioning.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

providing access to entrepreneurship through small-business establishment for a group of start-ups in cooperation with partner organizations such as Caritas France and Qatar Charity.

Additionally, NECC was involved in a co-partnered on-the-job training project led by Islamic Relief lasting for four months starting from October 2017 and lasted until February 2018. 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.

NECC is continuously striving to link graduates with the labor market. In that endeavor, 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.

1.3.1 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" vocations/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 was followed by establishing a full-equipped computer lab for providing this sort of training to the vocational students.

As well, NECC has already applied for a proposal to GIZ through their EU funded program in 2017 aiming at the provision of a full-equipped computer lab at Shijaia VTC; the proposal was approved by GIZ. NECC has finished all preparations and installments of setting-up the computer lab early 2018. Now, it is ready to be used for AutoCAD training and computer literacy in general.

The new computer lab was put in-service starting for the next scholastic year (2018-2019) starting from September 2018.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

1.3.2 Placement for external training program

In cooperation with Palestinian Federation of Industries (PFI) and the private sector entities, the NECC trainees who were about to graduate late 2018 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 centers.

Particularly, 150 ex-students/graduates from NECC different vocational training centers 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 to do their external training.

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 end their final examinations. as so, NECC-TVET accomplished the final examinations for Secretarial studies and Dressmaking, Carpentry, Metal works, Aluminum where the ex-students sat for exams in June and after that did their external training in the period June-July 2017.

While in Electricity VTC: the 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 timely organized process.

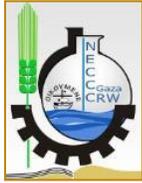
The student exams were corrected and rated and the certificates were issued and awarded duly after the accreditation from the Ministry of Labor.

1.3.3 Follow-up assessment (2018):

NECC is used to conduct a follow-up assessment regularly on annual basis for its graduates from all vocational training centers 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 assert 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 labor market in spot of the funds available with NECC.



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

▶ Annual Report 2018

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.

It is worth mentioning that this evaluation took place in the period from February to April 2018 in cooperation with Act for Peace and MIMAT evaluation experts.

The evaluation revealed among other things that, NECC is exerting strong efforts in the field of youth employment and introducing TVET as a solution for high unemployment rate among Palestinian youth which is hitting 68% so far.

Subsequently, NECC has recently conducted the annual employment follow-up assessment (in November 2018) for graduates of year 2017. The assessment results revealed that overall 75% of all NECC-TVET graduates of the year 2017 are employed or self-employed either in their careers or other ones within one year of graduation (a total of 120 out of 160 graduates), which exceeds the target of 50% of graduates from the TVET program given that 93 are working in jobs related to their gained diplomas (presenting 58.13%) while 27 graduates are working in not-relevant jobs (16.87%).

The figures below show the employment trends among the graduates **(Table 19)**.

Profession/career	Number of 2017 graduates	Working in career	% Working in their career	Not working in career	
				Working in other careers	Not working at all
Electricity (male)	24	15	63%	4	5
Carpentry (male)	43	27	63%	9	7
Welding and metals (male)	31	16	51.6%	8	7
Aluminum (male)	17	9	53%	4	4
Secretary (female)	21	5	23.8%	1	15
Advanced dressmaking (female)	24	21	87.5%	1	2
Total - Average	160	93	58.12%	27 (16.9%)	40 (25%)

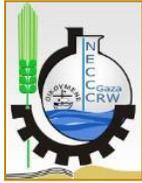
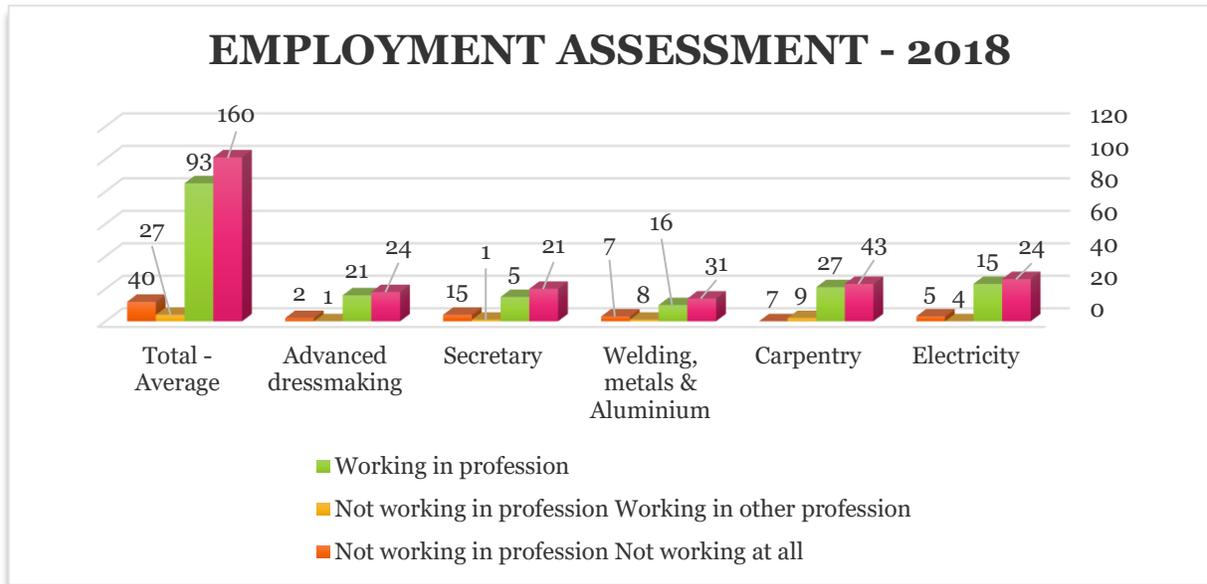


Figure (7): Employment Assessment 2018.



Analysis of the 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 2018 employment assessment (most recently conducted) reveals a comparatively high employment rates (75%) 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. NECC is planning to approach new techniques for doing this longer-term tracking in the soon future starting from early 2018.

In line with that, NECC commenced an on-the-job training project in partnership with Caritas France targeting 150 NECC ex-graduates from the last three years (2014-16) including an equal number 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 July 1st 2017 and will last till June 2020.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Additionally, NECC has been involved in a co-partnered job creation 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 lasted 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.

1.3.4 TVET Management Information System:

It is of high importance mentioning that NECC-TVET program has developed a designated information management computerized system through approaching an external expert for designing and developing this program in full cooperation and consulting with the TVET vocational trainers and supervisors. The program is being tested currently and will be put in service once fully customized.

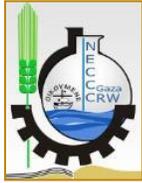
The new MIS included all needed information for both the enrolled students and graduates of all vocational careers which in its role, will help in designing and planning for the new interventions as well as in the selection of candidates to benefit from our initiatives especially on-job training and other services.

1.3.5 Curricula Development:

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.

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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 from the 2016-2017 scholastic year launching from December 2016 and on for the two classes (i.e. 1st and 2nd year).

Currently, the training curricula of refrigeration and air conditioning is being developed in cooperation between NECC trainers and GIZ experts and consultants on the basis of the CTA approach similarly as the other already developed professions/trades.

As well, NECC has been involved in updating the curricula of solar energy for its El-Qarara VTC in cooperation with similar institutions and TVET providers by the lead from GIZ and Islamic Relief.

1.3.6 4th TVET Week:

For the 4th year in row, this event has taken place in sponsorship of GIZ and other main TVET organizers and partners in Gaza in April 2018, aiming to raise awareness among partners, the public, and the media in Gaza about new TVET services and programs. The TVET-Week event highlighted the coherent and valuable approach of TVET in the Gaza Strip introducing new TVET programs that meet the need of the labor market including NECC programs.

Adhering to its slogan “TVET Now”, The 4th TVET-Week event highlighted the coherent and valuable approach of TVET in the Gaza Strip by introducing new TVET programs to the community and enhancing the community acceptance to such kind of education and improve its image as a pillar for partnership and employment for youth in the Palestinian community given the tense economic circumstances.

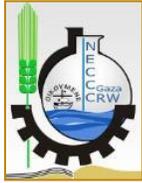
The 4th TVET-Week ceremony was held at the Shalihat resorts on Gaza beach under the auspice of Minister of Labor and in partnership between the German Technical Cooperation GIZ, the Islamic Relief in Palestine and the Belgian Technical cooperation BTC where TVET institutes included NECC, ministry of labor VTCs, and other institutions participated in this important ceremony.



NECC booth at 4th TVET week



Participants from VTC students



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018



NECC products at the ceremony



NECC students participating in the booth

1.3.7 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 Labor considering that it is the governmental party that gives the due certifications for our vocational diplomas.

1.3.8 LET-Council¹³:

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 two 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

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.

¹³ LET-Council: Local Employment & TVET Council.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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.

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.

1.3.9 Capacity building courses for TVET staff:

Many training courses were held in favor of TVET staff in many managerial, technical and interpersonal and life skills topics.

A training course was conducted targeting 17 vocational trainers and TVET staff members from NECC centers. The topics included proposal writing and other topics. It was held in February 2018 during 3 days (12 training hours in total).

Additionally, TOT training course was delivered to the vocational trainers and social workers in the topic of project management. The training targeted 17 staff members and took place in 18-19 August 2018.

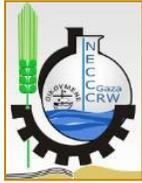
In addition, a training course in Change Oriented Approach (COA) was introduced to the aforementioned group of staff aimed to introduce the new approach (COA) adopted by NECC in the NECC-Caritas France-AFD partnered project “Supporting Access to Employment for TVET Graduates in Gaza Strip 2017-2020”.



TVET staff participating in the course



Training course of "Project Management"



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The trainer during the training course



TVET staff participation in the training course



During the training course



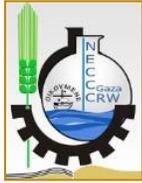
During the training course

1.3.10 NECC, Caritas France and AFD co-partnered project:

The co-partnered and co-funded project of “Support Access to Employment for the TVET Graduates in Gaza Strip 2017-2020” has actually started in early July 2017 and will be lasting till June 2020.

The project is mainly aiming at professionalizing and developing skills of TVET graduates through on-job training placements and support towards employment, developing entrepreneurial capacity through business training and start-up as well as promoting multi-actors and partner organizations consultation on youth employability through regular coordination and reflection workshops.

During 2018, many activities were implemented including providing access for on-job training placements for 150 TVET graduates of NECC vocational centers divided into 3 courses.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

On-job training:

The first on-job training was run starting from mid of August 2017 lasted till mid of February 2018 (6 months) benefiting 50 beneficiaries, similarly, 2nd cycle took place in the period March – August 2018 while the 3rd cycle was started in early October and will be lasting till March 2019.

Target beneficiaries including graduates of NECC vocational training centers from careers of carpentry, welding, aluminum and electricity for males and dressmaking and secretary for females who graduated in years 2014, 2015 and 2016.



A visit to a secretary on-job trainee at ministry of social development MOSD



Follow-up visit from the partner organization Caritas France



A visit to a dressmaking on-job trainee



A visit to a dressmaking on-job trainee

In addition, specialized training in business creation and management was run after vocational on-job trainees finished their placement course in the different organizations of labor market.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

During the business training, the trainees were asked to provide business models for their small business projects, pass presentation jury and afterwards, the selected laureate models were given the opportunity to receive in-kind grant and place rental to start-up their small project.

Reflection workshops:

Reflection workshops are considered the very significant added value through the project as it represents the clear and effective consultation of pluri-actors of the project.

A first reflection workshop was conducted in early October 2017 gathering different stakeholders operating in the TVET and sector of youth employment in the Gaza Strip. The participants were representing many organizations including GIZ, Ministry of Labor, Federation of Industries in addition to workshops from the private sector.

Many workshops/firms from the private sector were involved such as carpentry (Jiryis workshop), metals and welding (Hasanat), electricity and solar energy such as Abdel-Wahid company and others.

In addition to Ateles and fashion workshops such as Ateles Al-Anaqa where the owner has actively participated in the workshop.

The workshop discussed issues related to youth employment and the barriers encountering the involvement of TVET youth graduates in the local labor market in the Strip considering the harsh economic circumstances prevailing in the strip and the very high unemployment rates occur.

In the second workshop that took place in February, where the participants were from ministry of labor, GIZ, BTC, Islamic Relief, UNRWA and local workshops from the private sector, provided a window to discuss the initiatives undertaken by other providers such as Mercy Corps and Islamic Relief where many of the job-creation initiatives run by those organizations were assessed such as “go entrepreneur”, “path to professionalism” and “Mubadiroon” which was run by the business incubator of the Islamic University of Gaza.

Results and findings were gathered and recommendations were raised and recorded in order to overcome drawbacks and introduce successful job-creation initiatives.

A new reflection workshop was conducted early July gathering representatives from different organization operating in the TVET and employment sector. The workshop was implemented in 2nd July joining different stakeholders in Gaza Strip such as NECC project staff including project coordinator, VTC supervisors, trainers, senior social worker, employers and business owners, Islamic Relief, GIZ, UNRWA, Palestinian Federation of Industries (PFI), University College of Applied Sciences (UCAS), IRADA project for people with disability and a sample of the project beneficiaries (2 from each career such as carpentry, welding, etc.) and others.

This conducted reflection workshop which was designated to evaluate the on-job training courses and initiatives carried out by the different partners; implementation and impact. The recommendations were raised in the reflection workshop and registered.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018



Different partners participated in reflection workshop



Group work during the workshop



Job search training:

job search training was conducted in 29 and 30 May 2018 in favor of 50 beneficiaries including 30 males (i.e. welding, carpentry and electricity) and 20 females (i.e. dressmaking and secretary) who finished their on-job training in mid-February 2018.

This job search counseling was 2-day training activity; the first day was for group counseling while the next day was devoted for individual coaching.

First, the graduates were invited to an individual competency assessment where a list of questions was prepared and beneficiaries answered the questions independently.

Afterwards, the agenda included topics of how to write a cover letter and CV and how to proceed in an interview as well as how to apply for a job benefiting from the different techniques that were introduced in the training such as searching in person, follow up the job ads in newspapers and job websites such as www.jobs.ps and using OSS outlet annexed to ministry of labor.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

It was practiced in the training, how to approach an employer, how to make a successful interview, how to write a professional CV and other fruitful topics.

Similarly, another job search coaching was held in early December 2018 for the graduates who finished their on-job training course late August.



Business creation and management training:

Commencement of training sessions on small business management and development was started from 10th February 2018 for the first group and on.

Within the project, 150 graduates should be trained divided into 3 batches, 50 beneficiaries per each.

Each batch of 50 participants is divided into 4 sequent training groups.

The 4 groups of batch one was trained in the period February to July 2018, consequently, the groups of batch two started their training from September and will be finished in late January while the 50 graduates of batch three will be trained in the period February to April 2019.

Every training session included diagnosis phase (2 days) and the main phase (10 days); the diagnosis phase including the assessment of trainees, competences and motivation to business, pre-assessing their qualification and background to marketing, management and other business aspects.

Whilst, the second phase was devoted for developing and setting up a full-comprehensive business plan including technical side; project products, who to manage, market assessment, competitors, targeting and segmentation, customer study, entrepreneurial skills, financial assessment and etc. In this phase, each trainee was personally supposed to do market research and to provide a research on main providers, competitors, market share and etc.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

A special training material was developed by the external small business consultants including many basic topics such as conceptualizing small business, entrepreneurship and its characteristics, its goals, how to generate a project idea, CANVAS business model, analyzing internal and external environment (SWOT analysis), factors to success and failure of projects, production and functioning the project, marketing (i.e. marketing mix, competitors, market share etc.), positioning, communication and interpersonal skills.

A business plan model was developed and devoted for the project as each participant is invited to develop his/her business plan as to be ready at the end of training to present it at the selection jury afterwards.

Counseling and coaching on the business plan provided by each trainee was run during the training period according to a well-scheduled plan by two experienced external small-business consultants.

During 2018, 75 graduates were trained on business creation and development with the project.



business management training



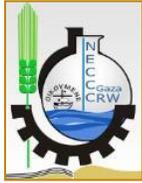
Outdoor training activities



Activities of business management training



Selection jury of laureate small projects



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An entrepreneur person with disability presenting his experience



An entrepreneur person with disability presenting his experience



End of training ceremony



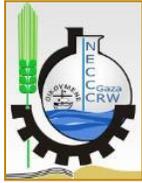
End of training ceremony



End of training ceremony



End of training ceremony



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Delivering vocational small business projects:



Dr. Issa Tarazi signs contract of small project delivery with electrician graduate



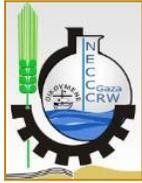
Dr. Issa Tarazi signs contract of small project delivery with dressmaking graduate



Dr. Issa Tarazi signs contract of small project delivery with a group of laureate project winners



Delivery of equipment for laureate project winners (dressmaking graduate)



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018



A visit to a dressmaking business start-up by NECC and respected partner (dressmaking project)



A visit to a dressmaking business start-up by NECC and respected partner (carpentry project)

Training program with INJAZ Palestine:

In cooperation with “INJAZ Palestine”, many training programs were held in 2018 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.

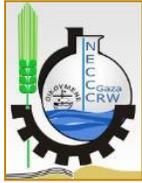
the training program of “my path to professionalism” was held during January and lasted for 7 lectures through February 2018 targeting the female students of secretary and dressmaking departments.

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

“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 January (for dressmaking) and February 2018 (for secretary) targeting 47 participants in total; 4 training days during 2 weeks for each group and was followed by a completion ceremony where the course trainer and MoH representatives participated and honored in the ceremony.



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First aid training course for dressmaking students



Students attending first aid training course



Completion ceremony for secretary and dressmaking
Students receiving their certificates



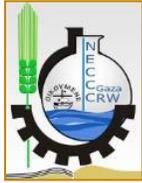
Students receiving their certificates

1.3.11 Adding a Solar Lab at El-Qarara VTC

NECC has added recently in late 2018 a new solar energy lab at the vocational training center of Qarara, south Gaza Strip. The lab was added in cooperation with GIZ as NECC has applied for the EU call for proposal late 2016 and won the project thanks to EU and GIZ.

The new lab is full-equipped and considered the only and most advanced lab offering the training in this sort of vocational training in a very demandable and growing sector in Gaza taking into consideration the problem of electricity outages for more than 12 hours a day in the besieged strip.

The lab offers the raining in solar energy applications for the target group of trainees who are almost Palestinian youth who are suffering from high unemployment rate.



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Preceding that and by a generous donation through Pontifical Mission in Palestine (PMP) and completed by generous donation from 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".

The project 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.

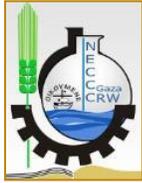
In addition to that, the new structure has actually expanded the current program provided by allowing an increase in the number of students willing to join training at the general electricity VTC by ultimate percent of 20%.



Full-equipped solar lab



Advanced solar lab at Qarara VTC



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1.3.12 Adding a new computer lab at Shijaiya VTC:

In partnership with GIZ through the European Union program for supporting TVET in Gaza, NECC has already applied for a call for proposal early 2017 and succeeded to win a project for establishing a full-equipped computer lab at Shijaiya VTC.

The advanced lab was completely illustrated in early 2018 including 28 computer devices. It is worth mentioning that NECC has already provided a TOT course in AutoCAD engineering software for benefit of its vocational trainers.

The new computer lab will be utilized for approaching the engineering software for the students of carpentry, welding and metals, aluminum, general electricity and likely dressmaking department in order to inspire them in design and innovation.

As well, the new lab will be contributing to promote computer and IT literacy among students who are originally were illiterate and dropped out from schools.

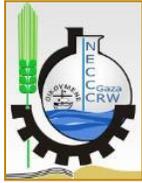


1.4 Educational Loans Program:

Youth and household bread-winners lack proper and adequate job opportunities to support their families and afford education expenses due to the economic situation in Gaza. The students want to improve their knowledge but they cannot afford for the educational expense, they need to find financial aid. Thus, NECC continued the implementation of this program for the academic year 2017-2018 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 2018) including the academic years 2017-2018 and 2018-2019, 159 university students received applications thereof; 113 bachelors (4 in the 2nd semester of 2016-2017 and 73 in the 1st semester 2017-2018), 43 masters (9 in the 2nd semester 2017-2018 and 34 in the 1st semester 2018-2019), and 3 in PHD.

Whereas 58 Bachelor students (2 in the 2nd semester 2017-2018 and 56 in the 1st semester 2018-2019) in addition to 21 Master's degree students (6 in the 2nd semester 2017-2018 and 15 in the 1st semester 2018-2019) and two PHD students (in the 2nd semester 2017-2018) returned back their full eligible applications for loans out of them, 82 applicants have actually received loans within this given reporting period including 66 in Bachelor, 14 in Masters and 2 in PHD.



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

▶ Annual Report 2018

Table (20): Numbers of loans dispensed (semester 2 (2017-2018 scholastic year)).

Scholastic year	Received applications			Total	Returned back applications			Total
	BA	Master	PHD		BA	Master	PHD	
2017/2018	2	9	3	14	2	6	2	10

Table (21): Numbers of loans dispensed (semester 1 (2018-2019 scholastic year)).

Scholastic year	Received applications			Total	Returned back applications			Total
	BA	Master	PHD		BA	Master	PHD	
2018/2019	111	34	-	145	56	15	-	71

See table (22): Numbers of loans dispensed in 2018.

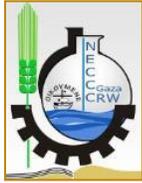
Status	Bachelor			Masters			PHD			Total		
	F	M	Total	F	M	Total	F	M	Total	F	M	Total
New loan	20	10	30	7	7	14	-	2	2	27	19	46
Renew loan	26	10	36	-	-	-	-	-	-	26	10	36
Total	46	20	66	7	7	14	-	2	2	53	29	82

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.

1.5 Job Creation:

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



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

▶ Annual Report 2018

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

NECC has been involved in the project of “Support Access to Employment for TVET Graduates in Gaza Strip 2017-2020” starting from July 2017 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 a total number for 250 TVET graduates from NECC centers divided into 5 cycles (50 beneficiaries per each), business management training for 150 graduates, grants for starting-up small businesses for selected group of trainees and other activities.

The first cycle of on-job-training has started in mid-August 2017 targeting 50 TVET graduates from five careers of carpentry, metals and welding and aluminum, general electricity, dressmaking and secretary equally divided (10 graduates per each career) where the selected graduates were placed in the local labor market organizations including NGOs, governmental entities, private workshops, companies, colleges, schools, kindergartens, Ateles and so forth. The course lasted for 6 months till mid-February 2018.

Similarly, the second cycle of on-job training was started on March 1st and lasted until August 31st, 2018 benefiting additional 50 TVET graduates while the 3rd cycle has started on October 1st, 2018 and will be lasting till March 31st, 2019.

During the reporting period (2018), a total number of 150 TVET graduates were offered the access for 6-month on-job training placement out of 250 beneficiaries who are presenting the total number of graduates to be benefiting through the whole project in addition to that 20 beneficiaries were benefiting from access to in-kind grants and established their vocational small businesses.

The following **table (23)** illustrates the disaggregation of beneficiaries by gender and geographical distribution.

Area	No of graduates	males	females
North Gaza	31	23	8
Middle Gaza	21	13	8
South Gaza	20	18	2
Gaza	78	36	42
Total	150	90	60



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

The below **table (24)** illustrates distribution of beneficiaries per employer organizations.

Governmental org.		NGOS		Private workshops and companies		Total	
Male	Female	M	F	M	F	M	F
1	2	1	27	88	31	90	60
3 (2%)		28 (18.7%)		119 (79.3%)		150	

Employment partnerships with different organizations:

NECC continued its partnership with different TVET and employment-support organizations such as Islamic Relief (IR Palestine) and Palestinian Fund for Employment and Social Protection (PFESP).

Through this partnership, NECC was enabled to offer access to employment for a group of TVET graduates whom were selected according to designated selection criteria to carry out internship placement courses different hosting organizations including NECC premises itself.

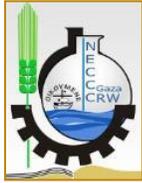
Furthermore, NECC has realized new partnerships with organizations operating in promoting youth employability through promoting small enterprise initiation especially for disadvantaged women in Gaza Strip.

Particularly, NECC carried out this partnership with Qatar Charity in order to help a group of graduated women from its dressmaking department to upgrade their skills and offer them sewing machines essentially required to run their own small businesses.

In that endeavor, NECC succeeded to offer this opportunity for 28 female dressmaking graduates in the year 2018 and the partnership is still promising to involve more beneficiaries in the near future.

1.6 Self -Help:

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



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Self-help workers



Self-help workers

1.7 Youth activities and Societies:

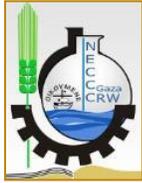
During this reporting period, NECC continued its support to 2 local organizations and churches in addition to the NECC three primary health care centers, TVET centers and administration office to facilitate their mission in the form of subsidies made towards various items of furniture or metal work produced by trainees at our vocational training center.

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

#	Name of society	Provided support
1	Elder People Society	<ul style="list-style-type: none"> • 2 dining desks • Chairs • Coffee table • Cupboards
2	Arab Orthodox Center	<ul style="list-style-type: none"> • Maintenance • Furniture
3	Shijaiya and Qarara VTC	<ul style="list-style-type: none"> • Maintenance • Wooden cupboards • Chairs
4	NECC Clinics	<ul style="list-style-type: none"> • Doors • Windows • Maintenance • Furniture

1.8 Advocacy program:

In terms of advocacy efforts, NECC participated in 4th 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 16-19th of April 2018.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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.

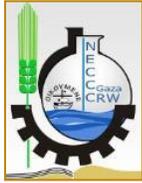
2. Overview of Major Focal Areas and Developments

NECC successfully succeeded to achieve the main outputs and outcomes as planned during 2018 despite the deterioration of Gaza political situation at all life aspects after the wars and long years of tight blockade.

It is worth mentioning that an evaluation of NECC health, PSS and TVET components were carried out in Feb-April 2018 by an external evaluation team, the evaluation process was supported by Act for Peace.

The evaluation came up with some recommendations which were concluded and considered in the management response plan including some interventions notably such as:

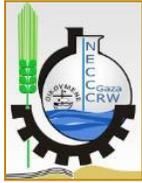
- To continue existing efforts to mainstream gender and to further strengthen this approach so that NECC reviews its strategic plan, as well as further strengthen its Gender Policy, and improve, at all levels, the sensitivity and funds allocated toward gender approaches and disability inclusion.
- AFP and NECC may continue allocating specific budget for training and capacity building of the staff in inclusivity, gender approaches, M&E, rights-based approach, accountability, safeguarding, among others.
- For future TVET projects, NECC could maintain and increase the monitoring tools and support provided during the process of job seeking and business' set / follow up, including entrepreneurship training and promotion since it is an aspect highly appreciated by graduates.
- In order to increase the impact of the health and psychosocial programme at the community level, the programme may target different audiences in the education and



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

awareness activities, identifying the most relevant and the ones with more agency. E.g. ensuring active participation of community leaders in campaigns, promoting active leadership of adolescents in the awareness activities, designing specific activities in coordination with other organisations to target PwD, replicating the successful experiences of providing prizes to mothers who have contributed to the rapid recovery of their children but targeting the most committed fathers, etc.

- In order to improve the accountability, communication and coordination with stakeholders, clear protocols on communication and information sharing need to be established under a new external relations and communication strategy.
- In order to ensure the full participation of right holders in the need's assessment processes, NECC may consider conducting more participatory sessions in the communities to assist them to identify and prioritise their own needs. E.g. through regular workshops, public meetings, group dynamics focused on identification, planning and design; forums; surveys; rapid assessments, etc.
 - Updated child protection policy, and main streamed of child protection policy for all NECC staff new and old staff.
 - As a part of DSPR, NECC developed its strategy for the coming 3 years. The strategy shows that promoting child health is one of the strategic goals of NECC. Clients' perspectives and needs were considered in the developed plan.
 - NECC is engaged in new initiatives to support psychosocial support services in partnership with the TDH to support the needy children through a project of Meeting the protection needs of vulnerable children in the Gaza Strip through child protection case management system "this project targeted children, and women who mainly affected by the recent situation including injured children through the protests of Great March of return, women who exposed to violence, children affect by arm conflict.
 - With support of UNICEF, NECC succeeded to promote the PNC services in both Shijaia, Darraj and Rafah areas, in addition to management of acute moderate and severe malnutrition.
 - Community mobilization on ECD, and ECI approach in terms of early detection of children with developmental delays and disabilities, and early intervention was conducted in support with UNICEF.
 - Launching a new Wash and Nutrition project in a new geographic area in south area of Gaza Strip at Shokah area, and this project was supported by DCA-NCA, as this project achieved more than what was anticipated from the project results. This programme takes a holistic integrated approach focusing on WASH and nutrition.



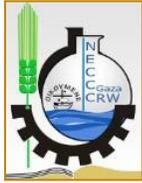
Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Such programs are useful for tackling complex multi-dimensional problems such as malnutrition much more than horizontal programs.

- Capacity building on complain mechanism, theory of change with DCA-NCA.
- NECC conducted training on GVB and referral pathways for health and TVET staff, in addition to that, NECC conducted GBV awareness campaign in partnership with TDH targeted 2202 women and 145 men to raise awareness in this regard.
- NECC developed and uploaded of balanced score card indicators to be included in NECC management information system.
- Recently NECC adjusted its premises to include ramps, in all health facilities. NECC needs to strengthen coordination with other facilities to deals with different disabilities, and its worth mentioning that all health staff received training on disability inclusion and language signs.
- NECC-TVET program is continuously attempting to allow its VTC graduates and students to get more and more closed to the labour market as well the skills needed for those graduates to be equipped with, in order to easier get jobs.
- New career profession was launched for male TVET students in Solar system and computer lab.

3. Current problems and constraints

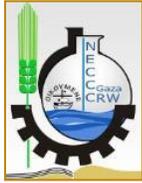
- The collapse of Gaza economy led to the fact that around 80% of families in Gaza currently depend on humanitarian aid, a total of 50% of the labour force in the GS are out of work during the year 2017 which has increased in 2018 to reach 60% among the youth. With an increasing rate, deep poverty fluctuates and ranging from 20-32% while the poverty rate is being zoomed up to around 80% as reported in some studies. This also has increased vulnerability and demand for the NECC services. Also, this confounder has affected the recovery rate of children and placed a high burden on NECC to counter the effect of these problems on the health condition of children.
- The ongoing siege imposed on the Gaza Strip since June 2006 is still contributing to the deterioration of health status and negatively affecting the provision of health services. The protracted conflict has triggered acute levels of psychosocial distress, especially among children and adolescents which also affects the nutritional status of these vulnerable categories. Although there is no official statistics, there is a noticeable increase in suicidal cases-a phenomenon that is new to the Palestinian culture. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has repeatedly described the situation as a chronic



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

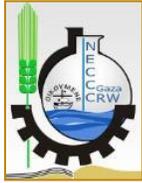
emergency and a protracted human dignity crisis. NECC is expanding and enriching its psychosocial services to cope with the increasing demand. Currently, NECC is engaged in new initiatives to support PSS services in partnership with the TDH to support the needy children

- Malnutrition is not only a medical disorder; rather, it is a multi-factorial issue that has political, social and contextual dimensions. The reasons for such deteriorated nutritional status in Gaza are mainly attributed to poverty resulting from the occupation policies, poor socioeconomic situation as a result of the blockade, limited access to food, deterioration of sanitary and environmental conditions and many others. With the further anticipated deterioration in the livelihood conditions, the level of malnutrition most likely will significantly increase. NECC responding by establishing new partnership with other organisations like IMC/USAID.
- Difficulties in securing the needed equipment's and disposables. NECC waited long time until receiving any order due the tight restrictions on the entrance of goods, materials, supplies...to Gaza.
- The unavailability of the raw materials in the local market that was greatly affected by the tight closure even the available commodities are purchased with double prices. NECC has good strategy in maintaining stock of materials to be used, however NECC faced a real challenge to get funds for that.
- Due to frequent power cuts, NECC consumption of fuel needed for electricity generators was constantly increasing and still. The availability of fuel in the local market and its high prices remain a challenge. However, NECC maintained adequate strategic stock of fuel even this was not anticipated.
- Frequent electricity cuts that exceed 18 hrs per day especially in winter storms and cold weather affected negatively all Gaza people life including the provision of health services. As the electric generators at NECC health centers capacity didn't meet the needed electricity for the centers.
- Shortage of essential drugs list lists at MOH, lead to increase burden on other health institutions, 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.
- Financial deficit, and donor shift leads to deficit at NECC budget
- NECC faced some problems in procurement of some materials such as wood of certain thickness as well as some equipment needed for electricity training motors.



4. Cross cutting issues

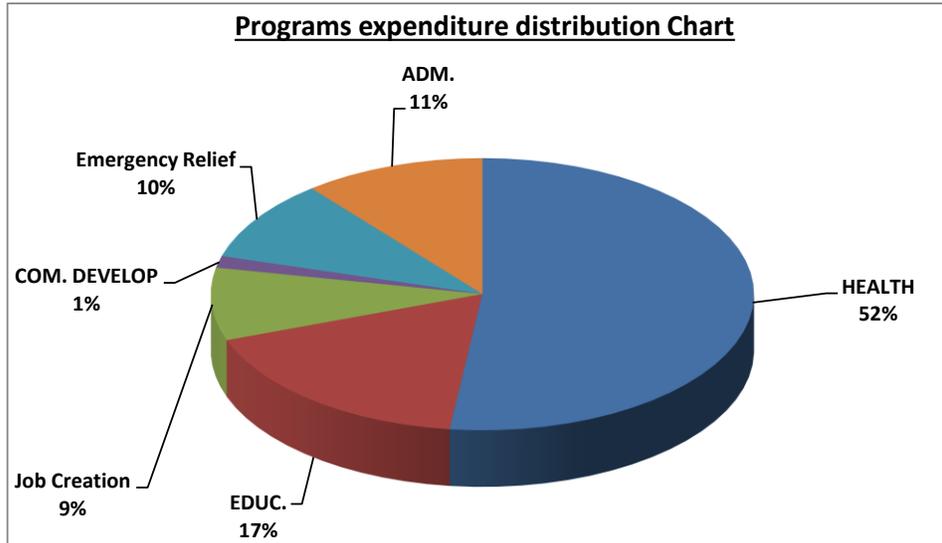
- ▶ Finance
- ▶ Projects and donors
- ▶ Human Resources HRM (**adequacy, distribution, morale, shortages**)
- ▶ Training
- ▶ Quality of services
- ▶ Supervision Monitoring and evaluation
- ▶ Gender
- ▶ Environment
- ▶ Coordination
- ▶ Policies
- ▶ External relations and communication
- ▶ Community relation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



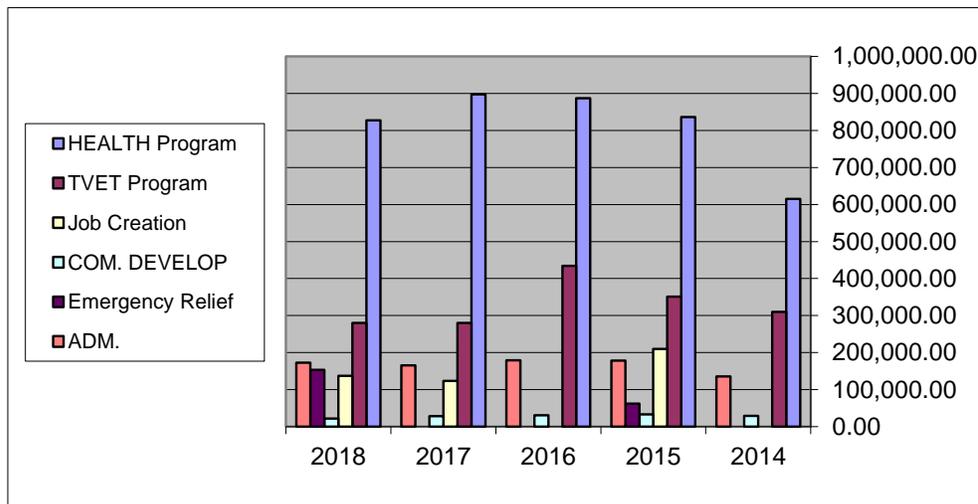
Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

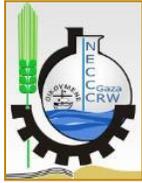
4.1 Finance

The following chart is shows NECC programs expenditures for the year ended 2018



The following chart is comparing NECC programs expenditure over the years from 2014 to 2018





Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

4.2 Human Resources:

The breakdown of human resources by category is illustrated below in the table (26). The total NECC Staff during the reporting period is approximately **145** 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 (26).

NECC Programs staff	Number of full-time staffs	Number of part-time staffs	Volunteers	Gender		Total
				Male	Female	
NECC employees	87	24	34	54	57	145
percentages	60%	16.6%	23.4%	49%	51%	

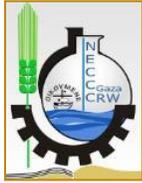
4.3 Capacity building and training:

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, **102 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 (27): Main trainings and workshops attended by NECC for capacity building from 1st January to 31st December 2016:

#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
1	Postnatal home visits	3 NECC health staff	2	UNICEF/MOH	January	Laroza hotel
3	CPWG	1 NECC staff: health field coordinator	1	UNICEF	January	UNICEF
4	Discussion session with IMC	2 NECC staff from programs	1	IMC	February	IMC office
5	updating Solar Energy Curricula	1 NECC staff: TVET supervisor	1	GIZ	February	GIZ
7	Evaluation of postnatal care project	2 NECC staff: health program	1	UNICEF	March	MoH clinic in KhanYounis



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

▶ Annual Report 2018

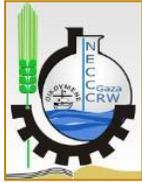
8	ECD training	3NECC staff: Health program	3	UNICEF	March	AL Mashtal hotel
9	MOH meeting in terms of family planning services provided	2 NECC Health staff	1	MOH	March	Al Rimal clinic
10	Preparation for world health day	1 NECC Health staff	1	MOH	April	MOH clinic
11	Lobbying and advocacy	1 NECC TVET staff	2	Islamic Relief	April	Al-Salam restaurant
12	Meeting of CP/MHPSS WGs	1 NECC Health staff	1	UNICEF	April	UNICEF
13	WASH-Nutrition project _ Kick off meeting	3 NECC staff: health consultant, health coordinator and chief accountant	1	DCA	April	MAAN Development center
14	Record in the accounting system	3 NECC staff: health coordinator, pharmacist and chief accountant	1	IMC	April	IMC
15	Nutrition Working Group (NWG) meeting	1 NECC Health staff	1	UNICEF	April	UNICEF
16	Joint meeting of CP/MHPSS WG	1 NECC Health staff	1	UNICEF	May	UNICEF
17	Nutrition working group meeting	1 NECC Health staff	1	UNICEF	May	UNICEF
18	Steering committee meeting for the PNHV evaluation	1 NECC Health staff	1	UNICEF	May	School of Public Health- Al Quds University
19	Developing manual for women with disability	1 NECC Health staff	1	AYSHA	June	AYSHA
20	Finance and procurement kick off for Wash - Nutrition Project	3 NECC staff: health coordinator, chief accountant and director assistant	2	DCA	June	DCA
21	to HACT and M&E training section	2 NECC staff: health coordinator and chief accountant	2	UNICEF	June	UNICEF
22	Technical training in solar systems	1 NECC TVET staff	1	Islamic Relief	June	Deir el Balah training center, MOL
23	Training of GBV	50 NECC health and TVET staff	2	ACT for Peace	June	Computer Land company



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

▶ Annual Report 2018

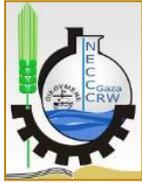
24	Breast Examination	2 NECC health staff	1	Aid and hope program for cancer patient care	June	Ahli Arab Hospital
25	Graphic design training	1 NECC IT staff	70 hours (14 days)	Islamic Relief	June and July	Light house restaurant
26	Training in GBV	Health and TVET staff	2	ACT for Peace	June	Light house restaurant
27	Breast Examination	2 health staff	1	Aid and hope program for cancer patient care	July	Ahli Arab Hospital
28	Curriculum Development workshop	6 TVET staff	1	GIZ	July	Al-Salam restaurant
29	Communication for Development C4D	1 health staff	1	MOH	July	MOH clinic
30	Humanitarian standards of quality and accountability	1 health staff	1	PNGO	July	PNGO
31	Curriculum Development workshop	2 TVET staff (HVAC)	1	GIZ	July	Al-Salam restaurant
32	Curriculum Development workshop	2 TVET staff (Carpentry)	1	GIZ	July	Al-Salam restaurant
33	New PSS project	1 PSS staff	1	Terre Homme	July	Terre Homme
34	CP/MHPSS	Health coordinator	1	UNICEF	July	UNICEF
35	Solar Energy System	15 TVET staff and private sector	6	NECC	August	Islamic University
36	Project Management	17 TVET staff	4	NECC	August	NECC
37	the (Humanitarian Charter and Minimum Standards in Humanitarian Response "SPHERE")	1 health staff	1	PNGO	August	Gloria restaurant
38	Humanitarian Needs Overview 2019 Workshop	1 health staff	1	WHO	August	Roots hotel
39	Meeting Main Finding about Wash Nutrition Project	Health coordinator	1	DCA	August	MA'AN center



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

▶ Annual Report 2018

40	Nutrition Assessment (initial findings)	Health coordinator	1	DCA	August	Ahli Arab Hospital
41	CP/MHPSS Working Group	Health coordinator	1	UNICEF	September	UNDP
42	C4D	2 health staff	1	MOH	September	Al-Salam restaurant
43	ECD Training of Gaza ECD working group	4 health staff	1	UNICEF	September	UNICEF
44	OPS Clinics	2 health staff	3	WHO	September	WHO
45	the nutrition work group meeting	Health coordinator	1	UNICEF	September	UNICEF
46	ECD training for Gaza ECD working group	4 health staff	2	UNICEF	September	Light house restaurant
47	Gender with Age Marker	1 health staff	1	UNICEF	September	UNICEF
48	Child Protection Working Group Meeting	1 health staff	1	UNICEF	October	UNICEF
49	Medial Workshop	2 IT specialists	2	DCA	October	DCA
50	CTP training	Health coordinator Chief accountant	3	DCA	October	Laterna restaurant
51	Prevention against Sexual Exploitation and Abuse (PSEA) workshop	1 health staff	1	UNICEF	November	UNICEF
52	Infant Child and Youth Nutrition	1 health staff	1	UNICEF and Save the Children	November	Level Up
53	DCA/NCA emergency preparedness plan (EPP)	1 health staff	1	DCA	November	Laterna restaurant
54	M & E meeting	Health coordinator	1	UNICEF	November	UNICEF
55	Gaza Health Cluster meeting	1 health staff	1	WHO	November	WHO office
56	PSEA Training Safeguarding and Child Abuse	1 PSS staff	1	UNICEF	November	Roots restaurant
57	Media Workshop	1 IT specialist	1	DCA	November	MA'AN center



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

58	DCA/NCA TOC reflection and JCP mid-term review workshop	Health coordinator and consultant	2	DCA	November	Light house restaurant
59	Monitoring for Outcome Reporting Training	1 health staff	1	DCA	November	DCA
60	ECD Training	2 PSS staff	5	UNICEF	November	Light house
61	16-day campaign for combatting violence against women	1 health staff	1	MOH	December	Al-Salam restaurant
62	Monitoring of common diseases and prevalence	Health coordinator	1	MOH	December	Level Up
63	The Launch of HRP 2019	1 health staff	1	WHO	December	Al-Mashtal hotel
64	The Health Cluster Emergency Preparedness meeting	1 health staff	1	WHO	December	WHO Office

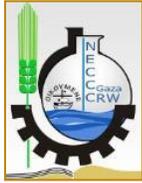
It is worth noting that NECC staff used to attend all monthly meetings of Health Nutrition sector, MHPSS, Child Protection Clusters, Family Planning Committee as well as TVET Partner Meetings.

4.4 Quality of services

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

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

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



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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 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.

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

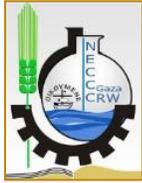
Offering Systematic Well-Organized Postnatal Care: NECC health program is the most successful and among the few systematic, well organized postnatal care services in the Gaza Strip. The NECC postnatal program involves conducting home visits to all newly delivered women, mostly in the first six days after delivery.

Contrary to the NECC postnatal program, UNRWA and MoH postnatal programs involve visiting only defaulters and high-risk pregnancy cases. Also, the MoH postnatal program is not a sustainable program, it is a project funded by UNICEF with particular emphasis on child health rather than women's health.

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

Conducting Systematic Follow up for Beneficiaries: NECC is the only health provider that implements systematic follow up for their beneficiaries. For instance, NECC refers severe cases of anemia and malnutrition to MoH and other local organizations.

NECC conducts systematic follow up of referred cases through home 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

NECC strategic frame focuses on mother and child health. This enabled NECC to provide quality health and psychosocial services which is vital preventive strategy.

NECC strategic goals focus on promoting mother and child health. For instance, objective number one in the DSPR strategy document (2017-2021) “Palestinians, Palestinian refugees and displaced groups can live healthy lives”, incorporates the well-baby services.

Also, supporting child health is online with the SDG aiming to reduce child mortality rates. In addition, the national health strategy 2014 -2018 prioritize child health and flags the importance of promoting child health and well-baby services which enabled NECC to implement activities on line with its strategic frame work and the provided support covered essential components such as employees' salaries, drugs, screening activities.

Currently, NECC monitors client satisfaction and beneficiaries' feedback is regularly solicited. In total, 419 questionnaires were collected and the analysis reveals high degree of satisfaction about health and psychosocial services. 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.

A new monitoring tool called balanced scorecard has been developed during 2018 which includes several technical, managerial, financial and community related indicators including client satisfaction, counselling, waiting time, and so on. The tool is now being field tested and is expected to be finalized soon.

4.5 Supervision, Monitoring and Evaluation

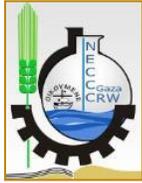
Monitoring and evaluation are very important to follow implementation and outputs systematically, measure the effectiveness, and identify the most valuable and efficient use of resources.

The NECC enjoys a very committed, dedicated and effective management; each center 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, tracking indicators, effective reporting system,



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

supervisory visits, staff meetings on a regular basis, beneficiaries and client's perspectives through questionnaires and checklists.

NECC program 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 program's 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.

It is worth mentioning that an evaluation of NECC health, PSS and TVET components were carried out in Feb-April 2018 by an external evaluation team, the evaluation process was supported by Act for Peace, and this evaluation came up with some recommendations which were concluded and considered in the management response plan including some interventions.

An external evaluation was conducted for NECC project with UNICEF of postnatal care home visits in Shajaia, Darraj and Rafah; the evaluation final report was submitted and revealed the priority of such program and the need to continue and expand the coverage areas.

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.

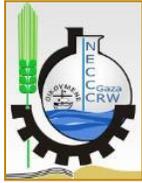
The whole educational process is being continuously assessed; evaluation forms are being used to evaluate trainers, curricula, tools and equipment, physical environment including safety measures and etc.

4.6 Gender

NECC is keen to provide services without any kind of discrimination including gender discrimination. NECC has developed gender policy and the organization staff has been trained on the policy. Also, the staff signed the policy and its implementation is being monitored).

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 year's members have endeavored to promote gender sensitive approaches to development and humanitarian assistance.

NECC 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Also, the staff signed on 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.

NECC developed gender-based violence questionnaire in its management information system to detect any violence against women, we conducted screening to 317 women, of them 180 were exposed to violence either it was physical violence, or psychological violence, and or negligence and deprivation, and also NECC conducted training on GVB and referral pathways for health and TVET staff, in addition to that, NECC conducted GBV awareness campaign in partnership with TDH targeted 2202 women and 145 men to raise awareness in this regards.

Moreover, regular participation through health and protection clusters in UNICEF in terms of GBV.

61.2% of beneficiaries who benefited from NECC health services are females. Also, with regard to the well-baby visits, similar proportion of male versus females were served. With regard to health education.

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. 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.

The project staff was balanced in terms of gender. Beneficiaries were almost equally distributed between males and females. Also, the project outcomes were observed from gender perspectives and no disparities were

Furthermore, NECC is providing the vocational and educational training for both males and females in different trades and vocations considering NECC capacity and capabilities, applicants interest and community norms and customs.

In particular, NECC provides this vocational training service for men in five careers of carpentry, welding, aluminium, general electricity and air conditioning while providing the VT service for women in two careers of advanced dressmaking and secretary and office management.

NECC attempts continuously to adhere to the community needs of introducing new careers for youth and so, providing new ideas and proposals to contribute to add new trades especially those introduced for female students as long as financial and technical capacity allows.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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.

4.7 Disability

According to the PCBS, the only accredited body to give statistics, the prevalence of disability in Palestine is around 2.5% in 2011, 2012; 1.5% among children. This is based on the narrow definition of disability. In 2017 census, PCBS changed the definition of disability and used the wide definition, therefore it increased to around **7%**. This is not due to a real increase in the prevalence rather a change in the definition. Palestinian are young population, nearly half under the age of 15 years, the vast majority are children and youth, only 2.7% are older than 65 years.

Children with disabilities (CWDs) are one of the most marginalized and excluded groups of children. In the larger community, they are often defined and judged by what they lack, rather than what they have, they experience widespread violations of their rights that result not from the intrinsic nature of disability but from limited access to supportive services and social exclusion (UNICEF, 2013a). NECC's IT programmer added a disability icon to the Family file for each new family file or child file. During this reporting period **3** person with disability were identified to have a disability attended NECC health centres to receive health care the most common disabilities among cases was hearing, physical and mental disability.

It is worth mentioning that through the great march of return we provide treatment to 352 people with disabilities among them 247 males more than 18 years, and 98 males less than 18 years, and 7 females more than 18 years.

ATFALUNA Centre for deaf and dumb children conducted screening to **259** children (137 males & 122 females) in NECC health centres to detect hearing disability, and there was 43 of the children who referred to special doctor, and two children referred to ATFALUNA centre for deaf children

Additionally, NECC introduced early childhood development and early childhood intervention (ECD and ECI) in Shijaia clinic to detect children with developmental delays and children with disability. This approach adopted through the partnership with UNICEF, and recently new national strategy developed for this approach in participation with MOH, MOE and UNICEF. Through this program, **528** children were assessed for ECD among them **485** were normal and **39** children had developmental delays including cognitive, emotional, social, and communication delays, and 4 children with disabilities including physical disability, cerebral palsy, down syndrome, partial blindness.

NECC is not a specialized organization for disability and the persons with disabilities attended NECC for primary health care, NECC offered for them all the needed health care with no discrimination, the physician examined them and if they needed referral to relevant organization,



Near East Council of Churches Committee for Refugee Work (NECCRW) ▶ Annual Report 2018

the physician may advise them to be referred. All staff are trained about detecting disabilities and disability inclusion.

Recently NECC adjusted its premises to include ramps, in all health facilities. NECC needs to strengthen coordination with other facilities to deal with different disabilities, and it is worth mentioning that all health staff received training on disability inclusion and language signs.

4.8 Environment

Adequate sanitation, together with good hygiene and safe, reliable, affordable, and easily accessible water supply, are essential for good health. Widely, it is believed that improving water resources can improve health and reduce attributed death as well. In the Gaza Strip, water quality is affected by many different issues including soil/water interaction in the unsaturated zone due to recharge and return flows, mobilization of deep brines, sea water intrusion.

In the absence of other significant water resources in the Gaza Strip, the aquifer is considered the main water supply source for all kind of human usage, which is currently facing a serious challenge in terms of quantity and quality. The available water quantities for the population in the Gaza Strip are inadequate due to the over-exploitation of the natural aquifer, and the water quality falls below the accepted international guidelines for potable water, which poses a risk on the public health of about more than 1.8 million people living in the Gaza Strip.

Source: BASELINE STUDY ON WATER QUALITY & PUBLIC HEALTH MARCH, 2016

Environmental and political factors such as closures, incursions and the destruction of the infrastructure could explain the high incidence of infectious diseases and diarrhea. Contextual and environmental factors—such as disruption of the water infrastructure, poor quality of water, electricity cuts, lack of tools play key roles in the increasing the incidence of infectious diseases such as diarrhea.

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. Water supply through piped network reaches most homes for just a few hours every 3-5 days, and desalination plants are functioning at only 15 per cent of their full capacity.

Around 110 million liters of untreated sewage are being discharged into the Mediterranean every day, while wastewater pumping stations are at constant risk of overflow, posing environmental health risks to all inhabitants in Gaza, but most particularly to children for whom the beach is their only playground (Source: Palestinian Bureau of Statistics, Youth Survey 2015: Key Findings, Palestine, 2016).

NECC have a specific and safe protocol for disposal of the hazardous waste without affecting the environment in cooperation with the MOH.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

The project implementation is environmentally friendly and no environmental hazards were associated with the project operation. Waste management were done according to the safe standards of the MOH and incoordination with municipalities

NECC agreed with MoH on the process of handling NECC disposables in coordination with the Gaza Municipality regularly to collect and treat 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.

ECC's-VTCs adopts 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 recyclable (by external recyclers).

NECC implements the national infection prevention and control protocols of the MoH that includes a component about effective waste management. Also, we have checklist to ensure the proper use of the infection prevention and control protocols by the staff.

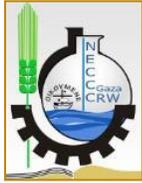
Health education sessions are conducted through the clinics with emphasis on general health and hygiene awareness principles and distributed brochures in this regards, pollution, environmental hazards, Also, printed Information, Education; Communication materials are available to support these messages and are distributed to the mothers/women who attend the three clinics.

Moreover, NECC conducted community enlightenment and advanced courses for adult women. It is worth adding that NECC had used a management information system at all health centers since 2009 till now and the same for administration office that reduce the use of paper which also is considered as part of concerning environmental issues.

4.9 Coordination

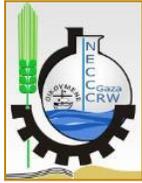
Coordination with other organizations depends on the nature of the activity undertaken. In NECC, ongoing coordination and cooperation with UNRWA, the Ministry of Health, Ministry of Labor, UNICEF, Private sector, NGO's and CBO's is part of our work and its implementation.

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



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

- 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 program's operations.
- Coordination with WHO in terms of attending Health nutrition cluster regular meetings held monthly to share updates, experiences and knowledge.
- MOH provides advanced diagnostic and therapeutic interventions even hospitalization to complicated cases referred from NECC health centers.
- Coordination with the local and international organizations takes place as much as possible to obtain drugs, humanitarian assistance and other assistive modalities. For example NECC contacted ANERA for in kind donation of medication.
- Coordination with preschools and CBOs to provide outreach health education activities and PSS activities at these organizations.
- Coordination with the Thalassemia Society to do hemoglobin electrophoresis for cases that didn't show improvement in hemoglobin level.
- Coordination with nutrition sectorial committee organized by UNICEF.
- Referring severe cases with mental disorders identified at NECC centers to MOH/Department of mental health.
- NECC TVET program is being running with the full cooperation and integration of the private sector in the whole process; NECC has signed cooperation agreements with Palestinian Federation of Industries "PFI" the Palestine Federation of Trade Union "PFTU" in order to support the trainees and approach the outdoor training for them within the workshops fulfilling the PFI and PFTU. During the reporting period: 80 external workshops and 5 local institutions in Gaza from private sectors received trainees from NECC as a part of the practical training of TVET program or benefitted from NECC VTC's.
- Practically, NECC runs continuous coordination work with those strategic partners in conducting shared capacity building programs, networking and share experience meetings in fields of job creation and employability interventions and TVET weeks and exhibitions.
- NECC is coordinating as well with training provider institutions such as Injaz Palestine in order to conduct training courses for our VTC trainees in several topic; many courses were conducted by their trainers in favorite of our trainees in titles like "my path to professionalism" at our Shijaia VTC and "Be Entrepreneur" at Qararah VTC.
- In a similar approach, NECC organized 2 specialized training courses targeting a group of our Qarara-VTC graduates and Electrical workshop owners in cooperation with Aknan Tech. company trainers.



4.10 Policies

NECC committed to its child protection policy, code of conduct, gender policy, and. Anti-Fraud policy and anticorruption policy. NECC staff continued the mainstreaming of child safeguarding, child abuse... through providing sessions and distributing brochures and booklets to the beneficiaries at the health centers and TVET-VTCs as well. It is worth mentioning that NECC counsellors keep an eye on child protection during conducting any of PSS activities/interventions to detect any child abuse case even no formal reporting about them. Shajaia

Its worth mentioning that NECC updated child protection and child safeguarding policy, also about 5 of our psychosocial staff received training on child protection and child safeguarding in coordination with TDH.

Families children and communities are made aware of safeguarding requirements.

During this reporting year NECC conducted 29 sessions about child protection and child abuse to 517 persons and distributed brochures to them. Clear disciplinary procedures for dealing with child safeguarding complaints were included in NECC HR Manual.

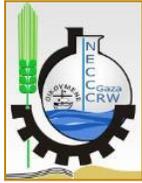


All recruitment guidance complied with for all posts -including volunteers.

Opportunities provided to staff and volunteers for child safeguarding update training.

The staff signed on the DSPR anticorruption policy, DSPR has strong internal and external monitoring and control mechanisms.

NECC programs contain both health and nutrition components which are essential human survival rights. Ensuring access to health care is a well-recognized human right principle. In particular, targeting children and addressing their needs is also an important child protection right.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

The project has been implemented in marginalized borders area and served vulnerable population including caregivers/woman. The awareness session also considered gender-based violence and protection which is congruent with the intentions of UNSCR 1325.



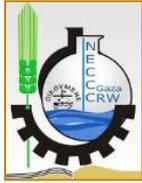
When NECC contracts any vendor, employee, or institution, they should sign our child protection and child safeguarding policy.

Suggestion boxes are available at NECC. Clients are encouraged 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 group discussions with beneficiaries to solicit their feedback. NECC conducts regular evaluations and client's perspectives are seriously considered in these evaluations.

4.11 External relations and communications

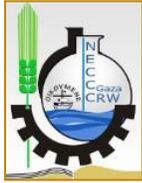
NECC implemented all its programs activities in accordance with the local protocols of MOH either for MCH care, nutrition, PSS.

- On the partnership level, NECC continues partnership with UNICEF to promote postnatal care to mothers and newborns by receiving at least three PNC sessions two at home and one at the health center, and management of moderate and severe acute malnourished cases.
- Additionally, NECC succeeded to get approval from EME to get a fund to promote the antenatal care program through focusing more on high risk pregnancies and to start provision of preconception care at NECC centers.
- New partnership with TDH foundation for psychosocial support and child protection.
- Continue the project implemented with UNICEF for PNC provided to mothers and newborn and early child hood development (ECD).
- New project in partnership with DAN Church AID and Norwegian Church Aid (DCA -NCA) and get approved for project titled "Wash and Nutrition Humanitarian response in Gaza strip "which have taken place in Al Shoka area.
- New project started in November 2017 and it finished in November 2018 supported by Pontifical Mission for provision of psychosocial and protection services to children and their caregivers



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

- Regarding TVET, NECC is running its TVET program in full engagement and partnership with all related stakeholders; on the governmental level, Ministry of Labor is accrediting our TVET trades annually and certifying our vocational training diploma provided to our TVET graduates once graduated.
- New proposal was submitted to **DCA-NCA** for TVET program funded by NORAD for 2019-2022.
- In the prospect of our partnership with Islamic Relief the NECC was able to sustain Job Creation project in 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 a Dutch organization targeting the secure of a fund for running the TVET program for male VTCs. In addition to the current partnership with GIZ and further, NECC is seeking for securing this partnership and renewal for new partnered project for the period 2016-2019.
- Recently, NECC was got membership in the in the LET-Council; a framework gathering all TVET providers and stakeholders in Gaza Strip (and one in the West Bank) currently led by GIZ with a general coordinator elected and introduced by the participant institutions and conjoining 4 sub-committees, NECC is a member in two of them (Sub committees of TVET capacity building and donor funding).
- On the other hand, NECC is running its TVET program with the full cooperation and integration of the private sector in the whole process so that NECC has signed cooperation agreements with Palestinian Federation of Industries “PFI” the Palestine Federation of Trade Union “PFTU”.
- The relationship is compassing issues of cooperation in encountering barriers that hampering the implementation of the program and accessing it into the 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 labor market needs when it intends to either open the new TVET professions or develop its current curricula and that’s why it convened with all stakeholders including labor market while currently developing the training curricula.
- Moreover, NECC has good coordination with private sector in terms of external practical training for TVET students and graduates, also in terms of job creation projects when implemented NECC contacts the private sector. It is worth adding that NECC is well trusted and asked regularly from the private sector to nominate graduates from its centers in order to work in private companies, workshops, etc.



4.12 Community involvement

NECC conducts regular community meetings and involve people from the served areas and usually include women and men from different backgrounds and different characteristics. However, usually, the local community leaders are consulted about the very basic ideas of all the NECC programs and projects and their support and commitment are obtained prior to the implementation of any project.

One of the key philosophies of primary health care is community involvement and involving the community in the planning, the implementation and the evaluation of services. This approach is also supportive to the concept of shared ownership of the health services and lies at the heart of quality (client is the king).

Records and minutes of the community meetings are maintained at the NECC facilities. During community meetings various issues are discussed such as the quality of the services provided and community perceptions about them, community requests for new services, approaches to delivering services and community suggestions for improving the provided services.



Community requests and opinions are usually discussed within the Medical Committee of the NECC and tentative decisions are taken accordingly. The MOH is actively involved and their approval/support is essential before introducing any new services as discussed in the meetings.

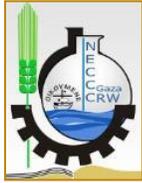
During implementation of any project, women consulted about appointments related to follow up. Mothers' preferences are also considered and recently NECC is engaged in the HAP accreditation process.

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 3 years. The strategy shows that promoting child health is one of the strategic goals of NECC. Clients' perspectives and needs were considered in the developed plan.

Currently, NECC monitors client satisfaction and beneficiaries' feedback is regularly solicited. In total, 419 questionnaires were collected and the analysis reveals high degree of satisfaction about the well-baby services.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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.

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.

With regard to involvement of community leaders, the NECC involves com

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

For NECC the beneficiaries and stakeholders are consulted about the very basic ideas of NECC programs. The support and commitment of beneficiaries are obtained prior to the implementation of any project and later on obtaining the level of their satisfaction during the implementation phase through community leaders' meetings and discussions.

Beneficiaries' participation in the implementation will be ensured through soliciting feedback, involving them in the management plan and considering their perspectives through questionnaire taking in consideration gender equality as this is one of the main core values of NECC interventions without any kind of discriminations, following NECC gender policy.

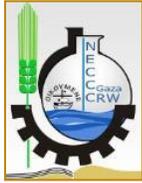
Beneficiaries' preferences will also be considered and recently NECC is engaged in the HAP accreditation process and successfully has passed the required standard for the Palestinian NGO's Code of Conduct and was granted a certificate of Compliance for one year from NDC (NGO Development Centre).

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 **2018, four community meetings** were conducted at health clinics to assess the needs of community and discuss different health issues and one community meeting conducted at TVET center to launch a new profession for the students Refrigeration and air conditioning.

4.13 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

- Continue providing professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions through vocational training centers.
- NECC continues its existing efforts to mainstream gender and to further strengthen this approach.
- Develop a diversity and inclusivity plan / policy in order not to compromise the participation of specific target groups in its programs, such as PwD
- Strengthening management and monitoring system
- Provide capacity building training on fund raising and networking skills is very essential for NECC key staff.
- Develop of fund-raising strategy.
- Starting new partnerships and projects when approved.

4.14 Sustainability

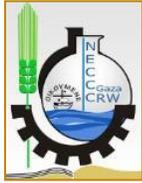
NECC ensures sustainability in the programmes in the health and vocational training centres. The staff and managers are local Palestinians of both genders. NECC has been operating for decades NECC implement the programs in the health and vocational training centers. Staff and managers are local Palestinians 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 genders. Primary health care and PSS are critical for the survival and the wellbeing of the benefited mothers and their children at the long run.



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

▶ Annual Report 2018

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 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.

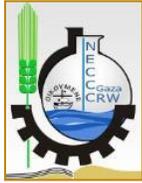
The program served a needy population and addressed an important health problem which fits within the overall health plan of the Palestinian population, through an integrated approach of services provision and strengthening communities' abilities to meet their needs. The project could be a model for 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 was 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.

4.15 Lessons learned

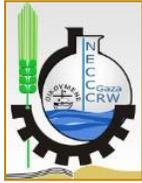
- ▶ Access to services is a serious concern affecting the protection of Palestinians in Gaza. These services have been part of NECC response and continue to be relevant. This includes vulnerable areas such as health, malnutrition, psychosocial response as well as technical vocational and education training.
- ▶ As a result of repetitive wars on Gaza strip the number of disabilities among people has increased especially among children. So NECC intended through AfP current support to engage health staff in two-days training about disability, including, social model and disability inclusive development, NECC will mainstream the disability policy.
- ▶ 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.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

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.

- ▶ A holistic integrated approach focusing on WASH and nutrition. Such programs are useful for tackling complex multi-dimensional problems such as malnutrition much more than horizontal programs.
- ▶ 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
- ▶ Provide capacity building training on fund raising and networking skills is very essential for NECC key staff.
- ▶ Contacting different donors and develop new partnerships for fund raising to avoid financial deficit.
- ▶ In order to improve the accountability, communication and coordination with stakeholders, clear
- ▶ protocols on communication and information sharing need to be established under a new external relations and communication strategy
- ▶ As NECC is running job creation opportunities occasionally, a comprehensive database for our graduates is highly demanded to be in place; the database should include their personal information such as names, ID numbers, localities, social status, economic situation as well as employment history and career development. This spread sheet should be in place and being continuously updated for any job creation intervention so that we can adopt on its ready information rather than the swift collection of information occasionally.



6. Success Stories

Stories from health program

Story 1

Kherbet Al Adas is a very poor neighbourhood in the southern part of the Gaza City. It is one of the most vulnerable rural areas in Gaza, with around 12,000 residents. The area used to be an agricultural area, but because of the significant increase in the population growth, the fertile land of Shokka has been used to build new houses and most people lost their income source. Also, because of the siege, lack of energy sources, denying entry of fertilizers needed for agriculture, most people in kherbet Al Addas skipped agriculture and rely more on selling their land and receiving food ration from Ministry of Social Development and UNRWA.

This increases HHs dependence and indirectly increased poverty in the community. Niveen lives in Shokka she is 18 months old, when she first visited the NECC clinic in the area she was suffering from severe malnutrition, and anaemia and joined the well-baby program. After joining treatment program at NECC she recovered from anaemia and malnutrition and she enjoys better health.

She is living in a small, poor ventilated, poorly furnished, un-healthy, house in Al Nahal area- in the north of Shokka; two kilometres away from the NECC clinic in the area. The house where she lives is owned by her parents in law and consists of one room, small hall and a tiny area used as a kitchen. In the there was an old table and an old refrigerator, cooking Gas, no shelves, no washing machine, few utensils and very few kitchenware. There is no sink in the kitchen. Annexed to the house, a small traditional toilet. The family members use the room and sometimes the toilet to take a shower. The hygienic conditions of the household are terrible.

The walls of Niveen's house are full with cracks, not well painted and have many peels. The ceiling is made of rusty metal which doesn't provide any kind of protection. The house is very hot in summer, very cold in winter and there is water leakage when it rains from everywhere. The family uses wood for heating water and sometimes for cooking.

Niveen's family consists of seven members; the parents, 2 sisters and 2 brothers who are all living together in the same small house. No beds are available at the house and they sleep in mattresses on the ground. Niveen father 40-year-old, trained at diploma level and used to work as a causal labourer, but not anymore.

Like many men in Gaza, after being unemployed for several years he developed many psychological problem. Niveen mother's 36-year old, finished her secondary school then married and left education. The family doesn't have any reliable income and rely on the support provided by the Ministry of Social development (\$480 every three months). Niveen's grandfather from her mother side sometimes provides some financial assistance. In addition, the family receives food rations on irregular basis from different CBOs in the area.



Niveen's mother explains the difficult situation she is experiencing in securing food for her family



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

saying “I hardly find the food to feed my family, I try to cope by cooking cheap food or to use the rice and lentil provided within the food ration we receive from the ministry”. She added, sometimes I work in the farm of our neighbours and in return they give me some vegetables like tomato, eggplants, Jewish mallow which I use for cooking. Life is so complicated in Gaza these days, we didn’t face these problems before. When my children want to eat meat or fruits, I take them to my parents’ house. This is the only available option to me.

With regard to her experience with NECC, the woman said, I knew NECC for decades, I was following up at their clinic during my pregnancies and they encourage us to continue with them after delivery. In the area where I live, most women prefer to be served by the NECC clinic because the staff deals with us nicely and the medications are available. She added, NECC team used to visit me after every delivery which I found very useful. I was worried about the health of my child, I can’t take her to the private doctor because I can’t afford it. No other clinics are located in the area, and already I had an appointment for the well-baby clinic.

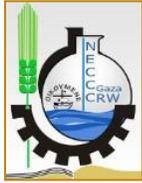
The mother added, I went to the well-baby clinic, the nurse measured weight, height, head circumference and also, she measured Niveen’s haemoglobin. The doctor at the clinic examined her and talked to me about her health condition and asked me some questions about what she eats and the care I provide to her. He explained to me that my daughter has malnutrition and anaemia. I wasn’t surprised because I feed Niveen poor quality food (the only food we have), I can’t afford to buy nutritious food. I was sad not only because of the sickness of my child but also because I don’t know the appropriate feeding practices for her.

I feel guilty because my inappropriate feeding practices contributed to her illnesses. I have been informed by the staff of the clinic that giving tea to my child is a harmful practice, giving the child breakfast of bread and tea is inappropriate. Also, I discovered that it is not good to give milk with certain food and to give green salad instead.

The NECC team asked me to fill a questionnaire to assess my nutritional knowledge. Then, the staff at the NECC clinic advised me about the healthy and affordable food that I can give to my child such as cereals, green vegetables, citrus and other healthy and affordable food. Now, from the food I receive in the food ration which includes flour, corn, oil bottles, rice, sugar and hummus and also from the food I receive from others as donation, I can prepare healthy food to my family. I stopped giving my children at the breakfast bread with tea.

The staff at the NECC clinic opened a file for the follow up at the clinic, they conducted lab investigations and prescribed her medications. The doctor prescribed iron, antibiotics, anti-worms’ medications, vitamins and other drugs which I don’t remember, the mother said. The team asked me to come after one month and they gave me an appointment after consulting that with me. I visited the clinic 4 times and every time my child weight, height, haemoglobin level and head circumference are assessed in addition to the physical examination of my child. The staff conducted urine and stool analysis several times to my baby. There was continuous improvement in the haemoglobin level and the weight of my baby.

In the fourth visit, the nurse informed me that my child weight and haemoglobin returned to normal. I was so happy. She asked me to continue feeding my child healthy food and to come to the clinic for another three months to receive prophylactic iron to support the iron storage in the body. Also, she (the nurse) stressed on the importance of follow up at the well-baby and since then I am following regularly there. I will continue visiting the clinic till my child reaches the age of 6 years.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

The mother ended saying, I am very thankful for the NECC t for helping me and my child to recover from anaemia and malnutrition. My child health is very well now and I can better secure healthy food to my family. I will continue seeking services at NECC and advice my relatives and peer mates to seek services at their clinic.

Story 2

Child Hassan Ahmed Yousef Al Akhras 14 years old Born on 25/05/2005, a ninth-grade student. He lives in the city of Rafah, Al-Shoka. He was injured in the return marches (shrapnel and gas inhalation), lives in a family of 10 members.

The child Hassan lives life events bigger than of his age. Every Friday he goes to the return marches despite the prevention of his parents to worry and fear of the occurrence of something bad to him such as disability or loss of limbs. The child was visited at home, psychological counseling was provided to the family, and the parents agreed to integrate and participate in the services and activities. The child was referred to the clinic for health services.

When talking with the child, the reason for going alone for the return marches is not to meet his needs and neglect psychologically and neglected talents and abilities because of bad material situation experienced by the family. Hassan's father is an authority employee with loans, and earns 50% of basic salary and cannot meet the needs and interests of his children, which drives Hassan to go to return marches to spend his free time, especially on the official leave of school.



Hassan is committed to psychosocial structured activities sessions. He is a child who loves to play and participate. He has a strong personality and is loved by everyone who loves relationships and communication with others.

Hassan's child hobbies are group games, drawing, playing ball and practicing different activities like coloring. In this side, the child's talents and abilities are supported and developed, and how to spend the holiday time by providing colors and a ball for the child. And his participation and commitment to the structured activities sessions, the recovery activities in art and the provision



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

▶ Annual Report 2018

of health and treatment services for the child.

The child was introduced to how to spend leisure time and the importance of studying and raising the level of achievement in school.

In addition, through follow-up with the child during the two months shows that the child does not go to the return marches and borders, because of leisure time study and entertaining activities and development of talent and talents.

The child's family thank NECC team and the psycho-social counsellor for their wonderful and dedicated work in helping people to mitigate their sufferings.

Story 3

Mrs. Reem Rafiq Al-Ghoulah was born on 19/01/2001. She followed the Al-Shajaiya Clinic of Near East Council of Churches in the pre-conception care program.

Health education was provided in terms of useful nutrition and increased intake of vegetables and fruits and avoid of stimulants and soft drinks. And explained to Mrs. Reem about the best time for pregnancy and the possibility of pregnancy and she was given folic acid and the significant to adhere to it three months before pregnancy because it is important to reduce the risk of imbalance in the central congenital anomalies

After 3 months of follow-up in pre-conception care, the pregnancy took place and the woman went directly to NECC Antenatal care clinic for follow-up, especially she is a young woman and require attention and special care.

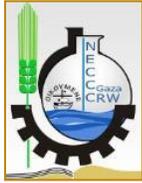
She followed up at antenatal care program, she enjoyed good health status. During follow-up, laboratory tests were performed (blood-urine, blood sugar test, blood type). Health education and guidance and appropriate services were provided, and educational brochures were given on how to take care of the pregnant woman. The mother was photographed with ultrasound to check on the health of the fetus. Everything was fine and the child was in good health.

On 27/07/2017 it was time to receive the baby, but she exposed to complicated delivery at hospital, the birth and the baby was exposed to lack of oxygen during birth and was admitted to the neonatal intensive care unit (nursery), The mother was discharged from the Hospital of the first day of her birth and was reported to NECC clinic of her birth by her parents to visit her by the NECC health providers.

Staff nurse went to visit the lady and check the level of hemoglobin and sugar and examined vital signs and breast and uterus and through the examination showed that the level of hemoglobin of the woman 6.5 mg and blood pressure 80/50 which means that the lady had severe anemia, and bleeding, the proportion of blood sugar was 199 mg, And the lady was referred directly by NECC health staff to Shifa hospital and already went to the hospital was suffering from bleeding and was given 2 units of blood to stop the bleeding and prevent complications. After a few days, the woman was discharged from the hospital.

The NECC staff nurse visited her for the second time in the house. The blood level was 9 mg. She was given iron and vitamin treatment and advised to adhere to the treatment with the need to eat iron-rich foods and natural juices containing vitamin C to help absorb iron.

Now she is in good health. Mrs. Reem and her family thanked the NECC Shajaiya clinic health staff for their special services and their sympathy and kindness as they saved their lives from the



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

danger she suffered. her family said that we did not know that she was suffering from bleeding, but thank God the visit came at the right time and it was referred to the hospital before it was too late.

Note that the mother refused to take her photos.

Story 4

Shajaia is a neighbourhood 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 neighbourhood 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 Shajaeya 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-Judaida. Shajaeya area is considered the most crowded area in Gaza City,

Mrs Fidaa Faraj Sohyun is 34 years old. She is married for 5 years to Khaled Ibrahim Sohyun, who is 41 years old. She lives with her husband in Shajaia area in a house contains two bedrooms and a living room with an average economic status.

Mrs. Fidaa is considered as one of the clinic's followers in the well-baby program, and general clinic and dental program.

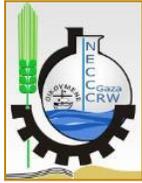
During one of her visits to the clinic, she got to know the pre-conception care program where a lecture was given about how to prepare the lady before the pregnancy, as Mrs. Fidaa gave birth to a child suffering from congenital malformations in the brain.

Mrs. Fidaa found herself located within the program's targeted group. Therefore, she registered as a case study for Preconception care program in August 29th, 2017.

August 29th, 2017 is considered as the first visit of Mrs. Fidaa in which a file was created for her and her medical history was taken, she was not suffering from any problems before. Also, her family medical history was taken, and there were no genetic problems in the family as well.

The required medical measures were taken for her such as height, weight, blood pressure, and blood sugar.

Also, some information was taken regarding her reproductive status, as she gave birth of one male baby in Jan 27th, 2015 through Cesarean surgery. After finding that the child is suffering from congenital malformations.



Near East Council of Churches Committee for Refugee Work (NECCRW) Annual Report 2018

The screenshot displays a medical software interface for pre-conception care. The main form includes the following fields and values:

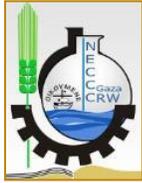
- Start Date: 2017/08/29
- Risk Assessment: Normal (N)
- Medications (أدوية الأم الحامل):
- Gravida: 1
- Parity: 1
- Alive: 1
- No. Living Males: 1
- No. Living Females: 0
- Last Delivery: 2015/01/27
- Abortion: 0
- Abortion Details:
- Death: 0
- Death DOB: 0
- Death TOB: 0
- Term: 0
- Premature: 0
- Cesarean: 1
- Congenital Abnormal: 1
- Medical Examination:
- Medical Examination Details (الفحص الطبي):
- Promotion of healthy lifestyle (تعزيز الشراكة الصحية):

The sidebar on the right shows a list of patients with their names and dates.

The lady was afraid from getting pregnant again and give birth another child who might suffer from congenital malformations, and become a burden on the family. Therefore, the lady decided not to have children until she opens a file in pre-conception care, and take Folic Acid continuously for one year to prevent giving birth of another child suffers from congenital malformations.

Indeed, after a year of registration in the program and the commitment to take Folic Acid and given advices:

- Follow an integrated healthy diet program that contains vegetables and fruits.
- Eat at least one fish meal per week because it contains Omegan3.
- Drink a lot of water and fresh natural juices.
- Reduce caffeine intake found in tea and coffee.
- Reduce salts and spices intake.
- Take one Folic Acid tablet a day.



Near East Council of Churches Committee for Refugee Work (NECCCRW) Annual Report 2018

The screenshot displays the AZI software interface for patient management. The main section is titled 'VISIT DETAILS' and contains the following information:

Field	Value
Visit Number	2018-05-03
Date	2018/05/03
Blood pressure	100/60
Blood Group	B+
Height	157
Weight	80
BMI	32.45567
BMI Description	سمنة درجة أولى
Oral Health (نصير الأسنان)	-
Oral Health Details (فحص نصير الأسنان)	
RBS	0
HB	0
LMP Status	Regular
LMP Date	2018-03-07

Below the visit details, there are sections for 'PATIENT'S COMPLAINS' and 'LAB TESTS'. The 'PATIENT'S COMPLAINS' section has a search bar and a list of complaints. The 'LAB TESTS' section has a search bar and a list of lab tests.

In May 3rd, 2018, a pregnancy test was conducted for the lady inside the clinic because she suffered from the absence of the period, and the result was positive.

The lady was enrolled in NECC antenatal care program. During following up with her in the program, it was found through Ultrasound scan that the foetus does not have any appeared congenital malformations. The lady assure that she is happy and pleased by her pregnancy and with the unharmed and healthy foetus.



Near East Council of Churches Committee for Refugee Work (NECCCRW) Annual Report 2018

UltraSound Report

Name:	فداء فرج محمد صهيون	LMP:07/03/2018	App. Date:15/12/2018 10:00					
		EDD:14/12/2018	Birth Date:16/08/1984					
Current Visit	Visit#	17/11/2018	د. تقيانا Visit Date	17/11/2018	Scan Way	بارجي - بطن		
Fetuses	Foetus:1	Show	Fetal Heart Pulstration	+ve	Presentation	Cephalic	Lie Fetuses	longitudinal
FetoMetric GS	CRL	BPD	36W	FL	36W4D	AC	36W3D	
G. Weeks	36	G. Days	0	Wieght	3090	Fetus Gender	Male	
Placenta	Fundal Anterior	Not Defind	Thickness	normal	Maturity	0- Degree		
Amniotic Fluid	adequate	Congenital Anomaly	Non Detected	EDD	09/12/2018			
Dr. Notes							Next Date	28/01/2019 08:00
							FollowUP	
							UltraSound	

In Dec 16th, 2018, the lady gave birth of the new baby, who was named Adam, and she described her great joy and gratitude for the NECC health center for their exerted efforts during the year in which the lady was followed up before the occurrence of the pregnancy. She advised all relatives to open files before pregnancy to avoid any problems for the mother and the baby.

Nowadays we still live the same hard living conditions and nothing much changed, but I feel very impressed about my health and my new baby 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 as well as I thank those distinguished people who are always working hard to provide optimal care for the Palestinian people, those people who feel with us as they live our life, I fully satisfied with high quality of NECC health services, I can't image Shajaia 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 them.

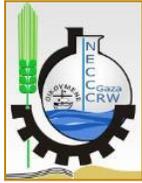
Note : the lady refused to have photos.

Success stories from TVET Program

Story 1

Faraj Bakr al-Dahdouh, graduate from welding department.

Unemployment and poverty rates have increased by 60% to 80% in Gaza Strip because of the addition of new categories of poor people to unemployed labor force, such as employees and workers of closed factories and companies in addition to that there are 175,000 unemployed graduates from local universities.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

The local market is suffering from a decrease in cash flow rates in Gaza, which led to a decrease in purchasing power by almost 30%, resulting in a decrease in the volume of imports and commercial movement in the markets.

The project of "Support Access to Employment for TVET Graduates in Gaza Strip 2017 – 2020" came to create new job opportunities by supporting some graduates with small projects.

Faraj Bakr al-Dahdouh, a young man in his early twenties, a member in a 13-member family living in Zeitoun area south Gaza city.

Since he was a child, he has always enjoyed vocational work and has always dismantled and installed his games. In his adolescence, he used to work in a blacksmith workshop in the neighborhood.

He studied at the NECC department of Welding and Metal Works starting from 2012 and graduated in late 2014. He was very active, diligent and a very dynamic student. He worked during his studying and moved to more than one place.

He was always feeling that he is restricted. "I need someone to help me breaking the chains ...", he says.

Faraj was nominated to enter the project competition on small businesses. He received several training sessions on how to manage small projects financially and managerially. Through the project, Faraj was nominated for temporary work for six months on-job training placement.

After completing the training, Faraj proposed a business model for a small project named "Al-Faraj blacksmithing workshop". The project supervisors studied the model among other models provided by other applicants and selection interviews were conducted to select laureate candidates among them.

The business model provided by Faraj won in the selection jury in mid-2018. "Finally, the restrictions were broken and now I am free", Faraj says.

Faraj started up his blacksmithing workshop. He succeeded in spreading in the career market because of his competitive prices and high quality of products.

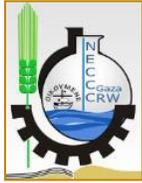
His popularity increased because of his workmanship. currently, he is able to compete those employers whom he was working for. They confirmed that he was professional and dedicated.



Faraj receives in-kind grant to start-up his own welding and metals workshop



Faraj benefited from an on-job training placement and access to business start-up. Currently operating a blacksmithing



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

Now, Faraj has appointed two basic workers and two workers who work intermittently on daily basis.

Faraj's social and psychological condition has improved and he built a social network. He is responsible for his family now as a basic breadwinner.

He dreams of expanding his project and to have more workers.

"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 family as a whole in securing their basic needs and live with my beloved persons in independence and dignity. Thanks to NECC for everything", Faraj said.

Story 2

Iman Abu Al-Aish is a young woman at the end of the 20s, married and has one child.

Iman lives in Jabaliya camp, a Palestinian refugee camp, inside a room that does not exceed 25 square meters in size with her husband who has many health problems, especially "night blindness". He can barely see around him at night.

She has been supporting her family since she got married. She receives aid from the United Nations Refugee Agency (UNSCR) and goes to charitable organizations to help her.

Iman joined the NECC to study in the advanced dressmaking department. She used to wake up early to borrow money for transportation.

"I could not sleep many nights because I had no transportation fees for the next day," Eman says.

Eman used to wake up early to leave her little girl with one of her neighbors and go to look for money for transportation to the center of dressmaking. She was very diligent despite she was thinking of her daughter. When she graduated, she was perfect at dressmaking and so worked in a sewing workshop in the refugee camp at low salary.

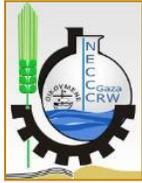
"I was dreaming of having a workshop filled with scraps and thread of cloth" Iman says.

She continued to work and did not stop for a day, and when she got sick, she had to go to work so that she could provide lunch for her child, who was always starving.

Iman was nominated to enter the project competition, where she received several training courses of how to manage small projects financially and managerially at NECC. Through the project, Iman was nominated for temporary work for six months placement.



Iman and her family are living in difficult economic conditions in Jabaliya refugee camp north Gaza.



Near East Council of Churches Committee for Refugee Work (NECCCRW) ▶ Annual Report 2018

After completing the training, Iman proposed a plan for a small project, a sewing workshop. The project supervisors studied the plan and evaluative interviews were conducted for the applicants.

"After I left the project evaluation interviews, I felt my dream was getting very close," says Eman.

The project was approved and funded with the rental of the workshop, equipment, furniture and some raw materials.

Eman's dream of having a workshop became true, and her husband is working with her at the same workshop.

The family situation improved and this was reflected on her small child.

Eman says, "Do not despair, persevere and trust yourselves, every hardworking has a share".

She added, "My dream became true and I will work hard until I afford buying a small apartment for me, my husband and my little child".

Story 3

Mohammed Al-Jueidi describes the impact of vocational training he received at NECC.

Mohammed is 21 years old, graduated in late 2016 from carpentry and furniture making department of the Gaza vocational training center which is belonging to the Near East Council of Churches (NECC).

"I live in Shati' refugee camp west of Gaza city with a family consisting of 13 persons, my father is a retired government employee and was the only breadwinner of the family", Mohammed said.

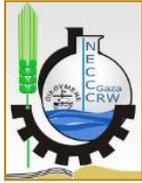
I have 10 brothers and sisters of which; 2 brothers and 5 sisters are married, while 2 sisters are currently university graduates and 2 younger brothers are studying at schools.

I left school during preparatory stage because of my week achievement at schooling; afterwards in late 2013, I joined the department of carpentry and furniture making which is belonging to NECC at Shijaia vocational training center.

I studied for 3 years at the vocational center and I graduated in late 2016 and from my graduation; I worked for local carpentry workshops at different locations for little income but didn't despair.



Iman benefited from an on-job training placement and access to business start-up. Currently operating a dressmaking workshop.



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

In August 2017, I was selected by NECC for an on-job training opportunity for 6 months till February 2018, and I was placed at a big carpentry workshop of "Al-Ashi" doing carpentry and furniture works.

After finishing this employment course and benefiting from the experience I gained out of, Mohammed felt he was able to work with other employers and to work independently in a workshop that he could have opportunity to open.

"So, I hope that I could open my own workshop so I could go independent in my work and life and get contracts and works", Mohammed said.

After finishing his on-job training course, he received a business management and creation training at NECC under its partnered project with Caritas France and AFD, he provided a business plan at the training end, presented it in front of a selection jury and fortunately, his business model was accepted and won the competition.

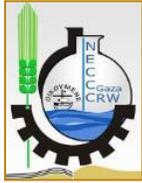
Mohammed was given an in-kind grant including essential equipment required to start-up his own workshop in the field of carpentry and furniture making.

While Mohammed's father offered him a store below their house in the Shati' camp to run his small carpentry workshop.

"I feel independent, I can work hard to assist my self and my family in their basic needs, I became another breadwinner for my family. I am so proud of what I did and much thankful to NECC and their partners, thanks a lot from deepest of my heart for this precious opportunity", Mohammed said.



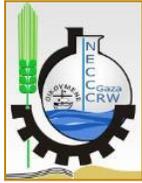
Mohammed receives in-kind grant to start-up his own carpentry and furniture making workshop at Shati' camp



7. Photo Gallery

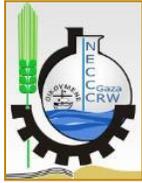
Health Program Photos





Near East Council of Churches Committee for Refugee Work (NECCCRW)
▶ **Annual Report 2018**





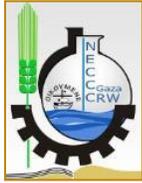
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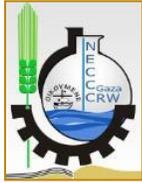
TVET Program Photos





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▶ **Annual Report 2018**



Annex 1:

Log frame

Intervention Area 1: Beneficiaries can live healthy lives.

Objective1	(Project objectives	Project outcomes	Output indicators	Activities	Assumptions	Outcome Indicators	Annual achievement
Beneficiaries can live healthy lives.	<p>Health services are responsive to people's needs.</p> <p>Psychologically Traumatized beneficiaries affected by conflict are coping with their traumatic experiences</p>	<ul style="list-style-type: none"> At least 70% of women served in the targeted localities are provided with timely quality antenatal and Post-natal care. Refugees treated have knowledge about their symptoms and techniques to alleviate them 	<ul style="list-style-type: none"> 10,000 mothers and children (received medical care and medicines/treatment) provided with medical care through medicine 5000 refugees/non-refugees and traumatized Palestinians have received psychosocial support 3000 pregnant women received timely appropriate antenatal care 12,000 children under 5 years old received appropriate well-baby services 	<p>Provision of primary health care.</p> <p>Provision of pre- and post-natal care</p> <p>Provision of psychosocial support</p>	<p>Availability of medications</p> <p>Electricity is available</p> <p>Fuel, energy sources is Maintained</p> <p>Staff can safely reach DSPR centers</p>	<p>At least 50% of anemic children and women treated in DSPR clinics are recovering within (3-4 months as the protocol illustrates)</p> <p>50% of beneficiaries show less signs of trauma and more signs of wellbeing and resilience (WHO well-being scale)</p> <p>Prevalence of anemia amongst mothers and children (in NECCs catchment areas) reduced by at least 10%.</p>	<p>More than 78% of children diagnosed as anaemic at the well-baby services and enrolled in treatment program, has recovered and returned to normal status within 90 to 120 days of their enrolment.</p> <p>significant improvement by 50% reduction in behavioral problems.</p> <p>The prevalence of anaemia was similar to the figures in the previous reporting year as it ranged from 21.1% in Shajaia to 22.7% in Darraj and in Rafah it was 20.6%. The figures reported two years ago were generally lower 18.6% in Shajaia and 17.2% in Rafah,</p>



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

▶ Annual Report 2018

						Level of satisfactions about services amongst beneficiaries reaches over 80%.	<p>And for mothers it reduced from 76.4% of pregnant women having anaemia in previous year to 74.6% of pregnant women were having anaemia this year. This may attribute to poverty, economic,</p> <p>NECC monitors client satisfaction and beneficiaries' feedback is regularly solicited. In total, 419 questionnaires were collected and the analysis reveals high degree of satisfaction about the well-baby services. 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</p>
	Beneficiaries adopt healthy behavior.	<ul style="list-style-type: none"> 4500 of beneficiaries know how to 	<ul style="list-style-type: none"> 4500 of beneficiaries have received health education about how 		Safe and secure context conditions	70% of beneficiaries who have attended	Pre-test post-test assessment implemented to 301



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

► Annual Report 2018

		<p>care for themselves and their children</p> <ul style="list-style-type: none"> • 10,000 of beneficiaries' follow-up for themselves and their children according to the clinical visits schedule 	<p>to care for themselves and their children</p> <ul style="list-style-type: none"> • 200 health education sessions provided about healthy, hygienic and sanitary practices 	<p>Health education activities</p> <p>Well baby clinics</p> <p>Home visits</p> <p>Environmental campaigns conducted refugee camps</p> <p>Targeted initiatives implemented in refugee camps</p>		<p>health awareness sessions understand what to do to protect their own health- and their children (Pre and post-test).</p> <p>Defaulter rate at MCH services (ANC and well-baby visits) is less than 10%.</p> <p>60% of mothers reported adopting at least three anemia preventing practices for themselves or their children (taking supplementation, iron rich food, delay drinking tea and drinking food rich in vitamin C)</p>	<p>caregivers at NECC clinics to assess their knowledge and awareness related to nutrition and hygiene issues showed significant improvement in knowledge level among caregivers, and nutrition practices. Also, healthy behaviour. 89% of women sessions understand what to do to protect their own health- and their children</p> <p>Defaulter rate at MCH services (ANC and well-baby visits) is less than 14%.</p> <p>More than 81% of mothers reported adopting at least three anemia preventing practices for themselves or their children (taking supplementation, iron rich food, delay drinking tea and drinking food rich in vitamin C)</p>
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► Annual Report 2018

Intervention area 2: Refugees and vulnerable communities can sustain themselves economically

Objective 2	Project objectives	Project outcomes	Project outputs	Activities	Assumptions	Indicators	
Refugees and vulnerable communities can sustain themselves economically	<p>Refugees/vulnerable populations run their own business or have a job.</p> <p>Refugees/vulnerable Palestinian youth trained in quality vocational skills or how-to set-up a business in accordance with labor market requirements.</p> <p>Access to markets secured (moved to outcomes)</p>	<ul style="list-style-type: none"> • 240 Refugees have a business plan • Cooperation Agreements with at least 5 employers signed.' • 130 trainees graduated annually 	<ul style="list-style-type: none"> • 240 Refugees/vulnerable populations trained in vocational skills or how-to set-up a business (new and old intake). • At least Links were established with 5 employers. • At least 30% of NECC TEVET trainers have received Training annually • 130 trainees enrolled in the TEVET program annually 	<p>Provision of vocational training.</p> <p>Provision of business skills and knowledge.</p> <p>Establish links with new employers.</p> <p>Get involved in new partnerships and initiatives provided by partners</p> <p>Provision of capacity building for vocational trainers.</p> <p>Support to establish micro businesses at</p>	<p>Raw materials are available</p> <p>Loans are paid back to the revolving fund (recovery rate 95%)</p> <p>Jobs are available</p> <p>Employers willing to cooperate.</p> <p>Projects able to confront Israeli occupation policies</p> <p>Farmers are willing to engage systematically in the project in a sustainable way</p> <p>Arable land is available.</p> <p>The project is able to link</p>	<p>At least 50% of graduates and supported youth in are employed or self-employed within one year after graduation.</p> <p>Level of satisfaction reached over 80% among VTC students</p> <p>50% of assisted trainees/graduates show improvement in their overall wellbeing after being supported by DSPR TEVET program (WHO well-being scale)</p>	<p>At least 75% of graduates and supported youth in are employed or self-employed within one year after graduation.</p> <p>Level of satisfaction reached around 92% among VTC students</p> <p>At least 75% of assisted trainees/graduates showed improvement in their overall wellbeing after being supported by DSPR TEVET program (WHO well-being scale)</p>



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

▶ Annual Report 2018

				household level (business loans)	with retailers and markets.		
	Children and adolescents at risk attend school or enroll in a vocational training environment		<ul style="list-style-type: none"> • At least 60 educational loans provided to students to complete their study. • At least 50% of TEVET participants are dropouts from schools • At least 100 children and adolescents receive literacy sessions • At least 100 adolescents received psychosocial and life skills to build confidence, resilience and inspirational goals 	<p>Enrolment school dropouts in TEVET programs</p> <p>Counselling for school-dropouts and for TEVET trainees</p> <p>Counselling and cooperation with parents</p> <p>Educational loans</p>	<p>Students are committed to timely pay back loans</p> <p>School dropouts and TVET students are well responding to counselling sessions</p> <p>Children and adolescents are well responding to psychosocial and life skills provided at NECC</p> <p>Children and adolescents joining TVET are well responding to literacy sessions provided at NECC</p>	<p>At least 50% of graduates who dropped out from schools and joined TEVET program are employed or self-employed within one year after graduation.</p> <p>90% of children who joined TEVET training are literate and can read and write</p> <p>50% of TEVET beneficiaries report that they gain new life skills and a sense of purpose and direction (scale of measurement)</p> <p>90% of students who received educational loans completed their university education</p>	<p>At least 75% of graduates who dropped out from schools and joined TEVET program are employed or self-employed within one year after graduation.</p> <p>More than 90% of children who joined TEVET training are literate and can read and write.</p> <p>80% of TEVET beneficiaries report that they gain new life skills and a sense of purpose and direction.</p> <p>More than 90% of students who received educational loans completed their university education.</p>



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

▶ Annual Report 2018

Intervention area 3: Embracing communities that are empowered to care for the needs and promote the rights of its members

Objective 3	Project objectives	Project outcome	Project outputs	Activities	Assumptions	Indicators
Embracing communities that are empowered to care for the needs and promote the rights of its members	Local community members have the skills and self-perception necessary to participate and speak out (power within)	<ul style="list-style-type: none"> • At least 5 community committees/ coalitions established with the local communities • At least 5 agreements and partnership made with the CBOs and local organizations 	<ul style="list-style-type: none"> • 4 joint community initiatives were launched • 20 meetings conducted with the local community 	<p>Get involved in coalitions with local communities</p> <p>Create new agreements and partnerships with CBOs and local organizations</p> <p>Conduct joint community initiatives</p> <p>Conduct regular meetings with the local community and give them chance to actively participate in NECC activities</p>	<p>Local authorities support the initiatives</p> <p>Local communities are responsive and willing to work together with NECC</p> <p>NECC premises are well-equipped to embrace activities provided to local communities</p>	<p>Number of successfully implemented mutual community initiatives that addressed vulnerable community needs</p> <p>Number of policies and strategies introduced in consultation or as a result of interactions with the local community</p> <p>Number of beneficiaries assisted through joint partnerships which positively impacted their lives, well-being and livelihood (e.g. TEVT graduates)</p>



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

▶ Annual Report 2018

	<p>Community members work together and engage with NGOs and other stakeholders to solve issues of common interest and needs to them.</p>	<ul style="list-style-type: none"> • 4 Issues raised by the community • 5 projects implemented in consultation with the local community 		<p>Provision of space for community members to meet and work together.</p> <p>Training of community members in planning, project implementation, conflict resolution and rights.</p> <p>Facilitation and support to meetings conducted by community groups</p>	<p>Local communities are welcoming the active participation in NECC activities.</p> <p>NECC has the ability and passion to get the communities participating in its activities.</p>	<p>Number of successfully implemented projects at which the community has participated in the design, implementation and evaluation of NECC activities</p> <p>Number of successfully implemented projects that have been jointly implemented in coordination with partners and stakeholders and positively impacted beneficiaries</p> <p>Number of issues raised by the community that have been successfully addressed and positively impacted the population</p>
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Near East Council of Churches Committee for Refugee Work (NECCRW)

► Annual Report 2018

<p>Community members lobby authorities to solve issues of common interest</p>	<p>750 refugees know about their rights</p> <ul style="list-style-type: none"> • Number of complaints/concerns raised by the community 	<ul style="list-style-type: none"> • 40 awareness sessions about rights that have been provided • 40 refugees/vulnerable populations who received training on advocacy and human rights • DSPR has actively attended and participated in 10 meetings advocating the rights of vulnerable population • 	<p>Raise the community awareness on its rights through sessions provided</p> <p>Provide training for different groups on advocacy and human rights.</p> <p>Respond actively and wisely to the complaints and issues raised by the communities served.</p>	<p>Community participation</p> <p>Households cooperation</p> <p>PWA cooperation</p> <p>NECC staff are well trained in topics of advocacy and human rights.</p>	<p>Number of complaints/concerns appropriately dealt with</p> <p>Number of staff who are complaints with appropriate codes of conducts/practices like (child protection policy, gender policy), children human rights and safe guarding practices</p> <p>Number of successfully implemented community initiatives that positively impacted vulnerable groups like violence, children safety</p> <p>Number of successfully implemented projects that have been conducted in consultation with the community and positively impacted their wellbeing</p>	<p>Community members lobby authorities to solve issues of common interest</p>
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Intervention area 4: Emergency relief is provided timely and sufficiently in accordance with Sphere standards



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

► Annual Report 2018

Objective 4	Project objectives	Project outcomes	Project outputs	Activities	Assumptions	Indicators
Emergency relief is provided timely and sufficiently in accordance with Sphere standards	People affected by emergencies receive necessary support to cover basic nutritional, health needs and needs for protection and shelter	<ul style="list-style-type: none"> • 100 beneficiaries benefited from Cash assistance • 1000 beneficiaries have access to food • 2000 beneficiaries have access to health care and psychosocial support 	<ul style="list-style-type: none"> • Cash distributed to 100 beneficiaries • 1000 beneficiaries who were provided with food and non-food items • 2000 beneficiaries who were provided with psychosocial services • 2000 beneficiaries who received health services during emergency crises 	Identification of needs Distribution of cash Distribution of food and non-food items Provision of psychosocial support service.	ACT partners are supportive Cash assistance and food and non-food items are appropriately provided. Psychosocial support services are provided at the NECC premises. Community needs to health services during emergency time are responded to.	% of emergency affected population whose health and psychosocial status has been improved Number of assistance modalities and staff performance that are adherent to Sphere and international emergency standards

Intervention area 5: DSPR is financially sustainable

Objective 5	Program outcomes (Project objectives)	Indicators to be reported on	Outcome Indicators to be reported on
DSPR is financially sustainable	2 regional programs including the work of 2 or more AC implemented in cooperation with partners.	Reporting according to results (rather than activities) Website including recent stories of	1) What were the direct results of your intervention (changes in beneficiaries' knowledge, skills, behavior, relations, feelings) 2) What were the indirect results of your intervention (e.g. increased income, initiatives by beneficiaries that you did not image when you planned the project)



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

▶ Annual Report 2018

	<p>All ACs are able to report on qualitative and quantitative results</p> <p>2 new partnerships launched</p>	<p>events and achievements.</p> <p>Funds increased</p> <p>Number of partnerships increased</p>	<p>3) What were the main challenges you faced during the intervention related to</p> <ul style="list-style-type: none"> ➤ The context ➤ Beneficiaries ➤ The intervention itself <p>4) How did you respond to these challenges and what were the lessons learnt?</p> <p>5) What are the next steps?</p>
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Annex 2:**Public Information Office**
Gaza Field Office**Summary of Total Registered Camp Population****As of 31 December, 2018**

	Field Total	846,465	152,197	49,328	1,047,990
Gaza	DEIR EL-BALAH	117,017	2,675	6,388	126,080
	JABALIA	261,746	4,436	7,236	273,418
	KHAN YUNIS	243,062	9,679	26,471	279,212
	NUSEIRAT	166,762	2,628	4,679	174,069
	RAFAH	231,980	4,845	7,957	244,782
	RIMAL	242,719	6,561	11,131	260,411
	ZEITUN	157,996	16,805	37,522	212,323
	Field Total	1,421,282	47,629	101,384	1,570,295



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Annex 4:

List of Partners

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

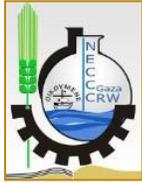
(Philippians 1:4-6)

ACKNOWLEDGEMENT TO OUR SUPPORTERS:

NECCCRW's Programs 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 Program 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 Program 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**



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

▶ Annual Report 2018

- 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 (IMC)**
- 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. Terre Des Homme**
- 41. UNICEF**
- 42. United Church of Canada**
- 43. United Palestinien Appeal**
- 44. World Council of Churches**