

Middle East Council of Churches

Department of Service to Palestine Refugees

DSPR - Gaza Area

مجلس كنائس الشرق الأوسط

دائرة خدمة اللاجئين الفلسطينيين

منطقة غزة

"Then I looked again at all the injustice that goes on in this world. The oppressed were crying, and no one would help them. No one would help them, because their oppressors had power on their side" (Ecclesiastes 4:1)



**Annual Report
2007**

*"Those who desire to see good days
Let them turn away from evil and do good;
Let them seek peace and pursue it."
(1 peter 3: 10,11)*

God



Justice

**41th Anniversary of Occupation
5/6/1967 – 5/6/2008**

Oh God, the chest is replete with bitterness...
do not turn that into spite.

Oh God, the heart is replete with pain...
do not turn that into vengeance

Oh God, the spirit is replete with fear...
do not turn that into hatred

Oh God, my body is weak...
do not turn my weakness into despair.

Oh God, we wanted freedom for our people...
we did not want slavery to others.

Oh God, we wanted a homeland for our people to gather them...
we did not want to destroy states of others,
nor demolish their homes.

Oh God, Our people are stripped of all things,
except their belief in their right.

Oh God, our people are weak except in their faith
and in their victory.

S O S

Boycott and Seige

MALNUTRITION

**No IDENTITY
for 60 years
Why??**

Reparations

PEACE

Unemployment

Urgent PROTECTION

Security Chaos

Poverty 82%

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**Middle East Council of Churches
Committee for Refugee Work
Gaza Area**

**مجلس كنائس الشرق الأوسط
دائرة خدمة اللاجئين الفلسطينيين
منطقة غزة**

Department of Service to Palestine Refugees

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البريد الإلكتروني

الصفحة الإلكترونية

IDENTITY:

The Gaza Area Committee is part of the Department of Service to the Palestine Refugee (DSPR). The DSPR is a department of the Middle East Council of Churches. NECCCRW Gaza is an integral part of the Palestine Society and culture and operates with the support of the Churches, ecumenical and secular organizations.

The Committee is formed of committed and dedicated volunteers who are appointed by the heads of the Churches of the respective families forming the four family members of MECC on equal Church representation.

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

VISION :

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

MISSION :

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

Historical Background :

The Gaza Strip is estimated to contain about 1,5 m people, which makes it one of the most densely populated areas in the world (5,000 per km²). Of the total population, some **1,048,125** are refugees, of whom about **491,636** inhabitants live in 8 refugee camps administered by United Nations Relief and Works Agency (UNRWA). The Gaza Strip is highly urbanized, with only about 15% of the population living in rural villages.

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

NECCCRW's programme is providing essential services to communities who neither receive them from the Palestinian National Authority or UNRWA nor from other NGOs.

The needs and problems of Palestinians in the different geographical areas where DSPR operates vary considerably. The Gaza Area Committee tailors its programme to meet these needs, mainly in the health, education and training sectors. In general, target groups consist of poor Palestinians in and out of refugee camps, disadvantaged youth, women and vulnerable communities. While each area committee has more specific objectives, the overarching goal is to facilitate an improvement of living standards for Palestine refugees and needy Palestinians in the five areas and support the development of Palestinian village infrastructure, organizations and communities whenever possible.

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

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



**" IF YOU ARE NEUTRAL IN SITUATIONS OF INJUSTICE,
YOU HAVE CHOSEN THE SIDE OF THE OPPRESSOR"**

H/G Archbishop Desmond Tutu

Foreword:

This year 2007 marked the 60th anniversary of Nakba and the 40th of occupation. Since June 5th, 1967, we have endured the most bitter consequences and tragic impacts on our lives as an occupied nation. The extremely cruel injustice that has befallen the Palestinian nation over this period should not have failed on the part of the Western democracies to be fair with our struggle for justice, freedom and application and protection of International law and resolutions.

The Israeli Occupying Forces have continued its strict siege on the Gaza Strip. They have imposed severe restrictions at the border crossings as a form of collective punishment against the civilian population. They have closed Rafah International Crossing Passage with Egypt since 25 June 2007, even though they do not directly control it.

The siege has left disastrous impacts on the humanitarian situation and has violated the economic and social rights of the population, particularly the rights to appropriate living conditions, health, education and travel. This hermetic blockade has also paralyzed most economic sectors in addition to disastrous impacts left on thousands of Gazans who have been stuck at either the Palestinian or Egyptian sides of the passage.

The International embargo imposed on the National Unity and deposed Governments by the USA and its allies had hit hardly our Gaza society as it was intensified and prohibited the import of supplies and raw materials except for food and medicines in limited shipments. Accordingly prices soared to unpredictable levels especially in light of the continued devaluation of the US currency which was negatively reflected on the great majority of the population and the programme.

This oppressive decision will only strengthen the choking embargo on over 1.5 million people living in the Gaza Strip, increase their sufferings and deepen their tragedy. We have warned that the situation in the Gaza Strip approached a real humanitarian disaster which our people are encountering.

The UN under Secretary for Humanitarian Affairs has also warned in late 2006 that "The frustration of Palestinians will grow and that the situation cannot continue like that without a social explosion that will hurt everybody including Israeli security" as our people in Gaza in particular are deprived from hope and future which will not lead to less extremism, it will certainly lead to more extremism and added that "so it has to change".

As one result of the continued siege and embargo, the situation in the Gaza Strip had witnessed deterioration and resulted in unprecedented levels of violence, terror and

even death. Moreover, during the first half of the year, the attacks and abduction of foreigners and isolated incidents by unlawful armed groups and extremists become a new phenomena which is an intrusion to our culture and conduct as it created a state of insecurity and chaos condemned by official and popular levels of the society.

Not only that our people have been encountering so much difficulties but also we witnessed in the middle of June the armed strife between the two main rivalry factions which had added worries to the already exhausted population. This resulted in having two governments with two contradictory decisions which had negatively befallen over our people here.

The Delegate and Executive Secretary were unable to attend the second annual DSPR meeting which was held in Cyprus due to the closure of the Gaza Strip.

The Palestinians have encountered the tragic loss of a valiant patriotic and humanitarian leader, Dr. Haider Abdel Shafi who died on September 25th, 2007; He was a great leader and a friend who will be missed by all at various levels of the nation. At the same time the NECCCRW family has lost suddenly in late 2007 and in early 2008, Advocate Tawfiq Abu Ghazala, the Legal Adviser and Dr. Antoine Franjeh, a Pharmacist left behind a widow and four children who was an active member of Gaza Area Committee. We shall continue to cherish their memories and pray for their souls to rest in peace.

We are grateful for the continued support of our faithful partners who generously continued to extend their support in solidarity with our people. A special thanks and appreciation are expressed to EU for its confinancing support with CA, DCA and ICCO to the Health Programme.

I reiterate our gratitude on behalf of Gaza Area Committee and the Palestinians in general and those who reside in Gaza in particular for the firm solidarity and financial support provided by the World and Middle East Council of Churches, the MECC General Secretary, the Chairperson and members of Department of Service to Palestine Refugee, and its Executive Director for their unlimited inspiration and encouragement they gave us as we struggle together to alleviate the sufferings of our people in Gaza Strip.

I am also very grateful to the Chairman and members of Gaza Area Committee who voluntarily spare their time and efforts, and to my colleagues, the staff at all levels for their dedication, commitment and hard work, and contribution towards the achievement of our objectives and the success of the various activities under strenuous conditions.

We call upon the International Community to put an end to our agony and sufferings by exerting faithful efforts towards the implementation of UN resolutions and International law in order to end the Israeli occupation and pave the way for a just comprehensive peace followed by reconciliation.

In spite of all constraints and challenges, the Gaza Area Committee and staff with the support of DSPR Central Office and partners have been able to conduct the various activities of the following programme.

"Prevention is better than cure"

I. PROJECTS PROMOTING HEALTH OF THE COMMUNITY:

Although the macro-context (socioeconomic and political) in the Gaza Strip was very complicated and very challenging during the year 2007, the NECC continued the provision of health services to the intended beneficiaries and met almost all the designated targets as planned. The NECC succeeded to overcome the conditions associated with the further imposed siege and the tight restrictions on the movement of goods and people such as, shortage of supply and medications, lack of medical equipment in the local market, decreased supply of electricity and fuel and so on by keeping enough stocks which have been replenished whenever it had been possible to do so.

The expected results have been achieved as planned in the majority of the concerned areas such as, the number of beneficiaries who benefited from health education, the number of newly registered families and children as well as the number of newly registered pregnant women. Significant progress has been achieved in certain areas such as the number of home visits and the number of family planning beneficiaries. Should the current pattern of work continue without interruptions, the targets will be certainly achieved. Progress has been made not only in the quantitative indicators which reflect the number of beneficiaries who received the services but also in the indicators that reflect the quality of services such as the timely Antenatal care, timely Post natal care and client satisfaction. This progress has been made through recruiting more resources, proper follow up and monitoring as well as using the indicators as a tool for taking appropriate decisions. More than before, the NECC staff are more able to track progress and use indicators as monitoring tools. This has been supported through appropriate training on monitoring and reporting and the closer involvement of staff in this task. The NECC staff know exactly what is required to be achieved, how to be achieved and how to know that it has been achieved.

Key achievements in the reporting period

- * Despite the very difficult political situation, we maintained the provision of health services to the needy population as planned.
- * We made significant progress in meeting the designated targets and produced the intended results. Most targets related to the number of beneficiaries were achieved. For example; targets related to the number of family planning beneficiaries, antenatal care, post natal care, dental care, clients examined by doctor, number of registered families and children, well baby clinic visits all were totally achieved.
- * The targets that are not achieved are minimal and will be achieved in the next year. For example, the gaps in number of community workers who received training were bridged.
- * Significant progress has been made in increasing the number of home visits being carried out.

- * Community based activities such as community meetings, health education, community workers training were also maintained despite the difficult political situation.
- * Some indicators that are supposed to be achieved by the end of the year 2008 are already had been achieved such as number of registered families and number of registered children.
- * We succeeded not only in reaching the number of beneficiaries but also in providing high quality services to the population. The indicators reflecting the quality of services were all improved. The staff adherence to protocols and technical instructions has been increased as manifested in the providers compliance to protocols manifested in checklists results and number of beneficiaries who received services according to protocols.
- * Systems for monitoring and improving the quality of services and for making work operations more efficient and effective are in place and most of them were already institutionalized.
- * Activities related to capacity building of our staff in technical, managerial and monitoring aspects were very dense and contributed in achieving the intended results.
- * Appropriate commodity management and regular drug supply were maintained.
- * The health services are provided to vulnerable populations through a client-centred approach. The provided services are appropriate-according to standards and positively perceived by clients. Client satisfaction assessment results indicated that the beneficiaries positively perceived the provided health services.
- * Two 3-month training courses in Reproductive Health for 79 women were organized by our Medical Coordinator and Staff Nurses in the remote Abasan village one of the eastern villages of Khan Yunis (34) and in Shija'ia district in Gaza (45).
- * A 2-month first-aid course for 25 women was organized on the demand of the local women society in Abasan village.
- * In light of the continued state of terror against our people, we continued to arrange with one of the specialized societies to provide free counseling services to traumatized parents and children, and visitations to our VTCs to address the young trainees as well.

Activities and Results

Activity 1. Capacity building in provision of primary health care services:

1.1 Community workers

Anticipated:

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

Achieved in this reporting period:

On April 2nd 2007, Eighteen women from Gaza City were enrolled on an intermediate community workers training course and already graduated in September 07. Additionally, another course with 26 trainees from Rafah graduated in December 07. The total number of those who have been trained in this program in the year 2007 reached 44 trainees (target is 40). This remarkable improvement in this indicator in the year 2007 in comparison to the year 2006 reflects the success of the NECC to develop new strategies and alternative scenarios which were successful in recruiting trainees in the program even more than what is planned. We shall organize additional course early next year (2008). Therefore, it is expected that three courses will be organized in 2008.

It is worth mentioning that these courses were organized for new/fresh trainees who didn't receive training from our organization before. We coordinated with the local NGOs in the concerned areas and a number of the trainees are volunteers serving their communities.

It is expected that they later will volunteer to work for some time amongst the communities where the centres are located. Additionally, staff are more active now in following up the trainees and making sure that they serve their community therefore, the NECC maintains contacts with trainees and the follow up system has been initiated. Regular meetings with graduates of this program are established aiming to maintain the link with them and provide them with the needed support.

1.2 Capacity Building

Anticipated:

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

Antenatal care, High risk pregnancy, Postnatal care, Family Planning, Breastfeeding, Nutrition and Health education

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

Achieved in this reporting period:

Building on the training done last year and based on the needs assessment conducted by the Medical Coordinator, five study days were organized for the NECC medical and paramedical staff in addition to other participants from the Ministry of Health (MOH) and some other local NGOs working in health service provision.

To avoid duplications (efficiency wise) and also to increase interactions with other providers, we are keen to send participants to the relevant trainings

organized by other parties such as the MOH, the Hanan Project, Ahli Arab Hospital and others.

For example, the Hanan's training program is based on the needs of the clinics and mainly targeting Mother, Child Health and Nutrition issues and focuses on technical and management issues. Our staff participated in training courses organized by the NECC other than the quarterly training days and also organized by others.

In total, 52 staff members including doctors, nurses, para-medicals and administrative staff had also attended 14 capacity building workshops/training courses organized by the NECC and/or other parties such as the Ministry of Health, the Hanan Project and others in a variety of technical and administrative subjects related to our activities i.e. communication and counseling, Child Health, Nutrition and Growth Monitoring, Infection Prevention and Control, Mother & Child Health, breast feeding, customer care, Integrated Management of Childhood Illnesses (IMCI) and so on. Training sessions were evaluated by pre and post tests which indicated remarkable progress in the level of knowledge of participants (at least by 75%). Through a constant strategy, NECC regularly require participants of training to share the skills learned at training with their colleagues and also to apply the acquired skills in the field. Evaluation tools such as checklists confirm the improvement of performance as a result of the training received.

To strengthen the use of the information technology, we organized a relatively long training (102 hrs) on the computer skills to the our staff working at the health centres.

The training was conducted over three months period, three days per week two and half hrs each day. This training focuses on the basic computer skills, word, excel, PowerPoint, SPSS and on the practical skills which was followed by exams. It is anticipated that this training will facilitate the use of the newly developed management information system, use of indicators as a monitoring tool and make the work processes in the NECC more efficient.

1.3 Training on monitoring and evaluation

Anticipated:

Our organization with the help of consultants will develop pilot performance success indicators. Staff orientation and consensus building workshops will be carried out to support the NECC staff ownership and commitment to these newly proposed indicators. To support the process of monitoring of these indicators, six workshops will be conducted, three at the clinic level to support data collection and three to support data storing, analysis, reporting and using findings in decision making.

Achieved in this reporting period:

Building on the previous work done last year, three additional training sessions were provided to the our staff on monitoring and evaluation by the consultant who previously developed the pilot indicators (the pilot indicators address antenatal care, postnatal care, growth monitoring, client satisfaction

and counseling). Using the logical framework of this project, more indicators were extracted and now are regularly monitored by the our staff and the program management. Additional training were also provided in this reporting period and had focused on using the logical framework as a tool for monitoring, using data analysis software such as the SPSS, data entry, data storing, analysis and reporting. In more precise terms, more than 10 hrs training on the SPSS and additional 12 hrs on the indicators use and data analysis were provided this reporting year. Data collection tools were developed and staff received training on using them both formal training and on the job training.

To support the practice of monitoring as a routine activity, the previously developed monitoring tools such the mother child health related checklists are now fully in use. Staff received training on monitoring the compliance with these checklists. Data entry models for these checklists were developed and staff regularly enter and analyse the findings of these checklists onto the developed databases (the available checklists currently in use include Ante Natal care, Post Natal Care, Growth Monitoring, Control of Diarrhea Diseases, Acute Respiratory Infections and Infection Prevention and Control).

As a part of the regular update, the Medical Sub-Committee and staff already reviewed and developed indicators that are based on the Palestinian protocols as well as the international standards. For example, on line with the WHO, the MOH changed the timing of the post natal visits to be within the first 6 days instead of 72 hrs. Subsequently, The medical sub-committee and Medical Coordinator with the staff review this indicator to be on line with the international standards.

The Gaza Area Committee took a strategic decision to induce transformational changes in the information management at the our health facilities. A contract has been signed with a computer programming company and that all the aspects of health information system at the NECC will be computerized. The new computerized management information system will make work process more efficient, will promote monitoring and will enhance the decision making processes. The new management information system program will hopefully be functioning in the second quarter of the year 2008.

1.4 Training on growth monitoring:

Anticipated:

Training on growth monitoring involves orientation of our health personnel on the newly adopted standardized growth-monitoring chart which covers the age group 0-5 years (the currently used chart covers 0-2 years). Training involves providing orientation about the newly adopted chart, how to plot it focusing not only on the process and procedure of using it but also on how to use it for diagnosis and intervention. To standardize the training process, two workshops will be carried out which include all the concerned staff followed by in the field training (inside the clinic), follow up and supervision.

Achieved in this reporting period:

This target has been fully achieved since last year. The new growth chart which covers the age group 0-5year is currently in use. Refresher training courses are provided on growth monitoring and regular follow up were provided this year. The NECC currently represents a model for providing growth monitoring according to the international standard and other local organizations currently are considering to adopt the NECC approach for this particular service. At the end of this reporting period, additional training were provided by a health expert about the nutrition assessments and how to take it from monitoring to promotion.

Activity 2. Mother and Child Health service provision:

2.1 MCH Care Centres

Anticipated:

There are two family health care centres in Shij'ia and Darraj areas, each of them potentially serving a poor community of about 70,000 people where existing provision of medical services are at low level. The third centre is located in Rafah in Kherbet El Adas rural area, serving a population of about 10,000 people where provision of medical services is non-existent.

Achieved in this reporting period:

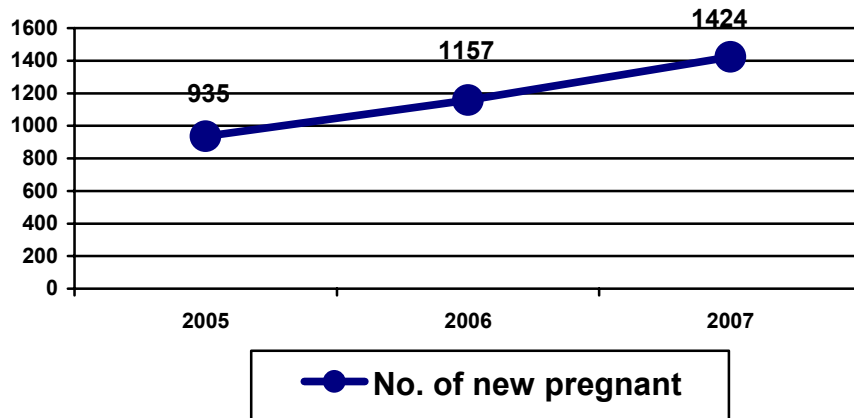
Despite the difficult situations dominated the local context in Gaza Strip, the three family health care centres operated heavily during this reporting period to provide medical and awareness services with emphasis on the preventive sector meanwhile meeting the curative aspect as well, and also responding to the emerging emergency situation. Although the security situation had dramatically deteriorated during this reporting period, our organization continued the provision of health services even in more intensive way. It was noticed that an increased numbers of patients/clients requested treatment at the NECC centres. Again, this increase could be explained by the positive perceptions from the clients' side about the quality of services and also the availability of free services and medicines without interruptions. Additionally, the political and security situation affected the ability of the Ministry of Health facilities to provide health services as usual to clients and this caused some client's shift to the NECC clinics which resulted in serving more people than we used to but was not on account of quality.

However, although the economic and health status in Gaza declined in general in the year 2007, no maternal mortality cases have been reported among the registered pregnant women at the NECC family health care centres mainly due to the provision of high quality services to pregnant women and early detection of serious signs with prompt referral when needed.

As indicated in Figure 1, the number of newly registered pregnant women for this reporting period was higher than what is anticipated (1424) (1000 anticipated in one year) distributed as follows; Sheja'a, 738; Darraj, 569; Rafah 117. This increase reflects a positive signal and indicates an increased awareness about the antenatal care, importance of early registration in the first month, high quality of services and the provision of free of charge services. The low number of clients in Rafah could be related to the smaller number of

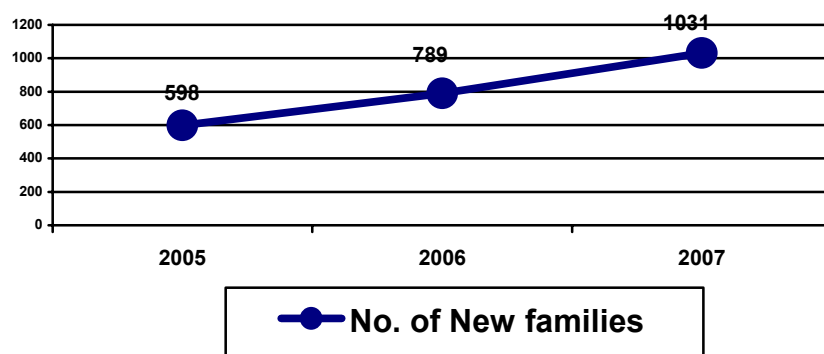
population in the catchment area, the relatively scattered population in a relatively wide and highly deprived area. However, this increase which is higher than what was originally planned was consistent through out the last three years as the total figures for all the clinics as a whole as well as to each individual clinic has increased. Credit is given for this project which contributed to the achievement in this regard.

Figure 1: No. of newly registered pregnant women January 2005-Dec 2007



Additionally, the number of newly registered children in this reporting period has increased and reached 2718 in the different areas (Shija'ia 1255; Darraj, 957; Rafah 506) which also could reflect an increased demand for the services. The important thing is that the increase in number of beneficiaries wasn't on the price of the quality of services as our staff maintained effective strategies to monitor and continuously improve the quality of services. Similarly, the number of newly registered families in the 2007 has reached 1031 (Figure 2).

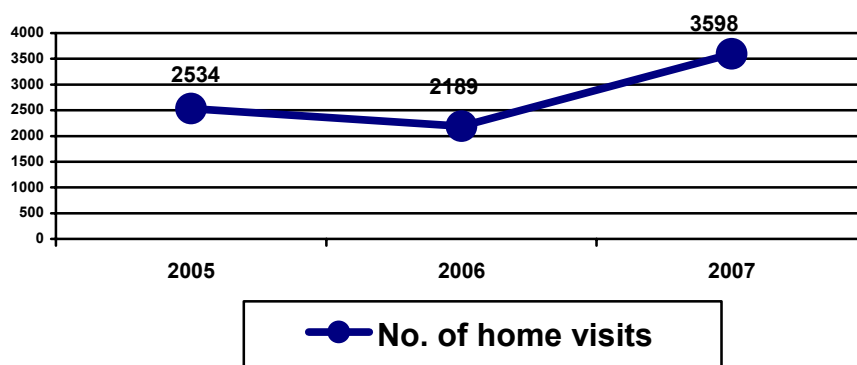
Figure 2: No. of New Registered Families January 2005-December 2007



With this number of the newly registered families who registered in this reporting year, we now has exceeded the target aiming to register 23000 in the entire life of the programme. The total number of registered families now has reached 23796. In the third year, it is expected that the total number of the registered families will also increase.

Another positive signal is the noticeable increase in the number of home visits conducted in this reporting period. The total number of home visits achieved in this reporting period is 3598. This reflects an increase with around 60% in comparison to the last year figure. It is worth mentioning that we recruited three additional staff to help in intensifying home visits and such strategy has contributed in the major accomplishment in this regard thanks to the support provided by ACT (Action by Churches Together).

Figure 3: Total No. of home visits conducted January 2005-December 2007



Still, our staff need to devote more resources to achieve the goal of 4000 home visits per year which is regarded as too much optimistic target. A positive sign is the noticeable increase in the number of home visits conducted in 2007 utilizing new intensive strategies for speeding home visits. It is worth pointing that the NECC is known as a unique provider in Gaza Strip who regularly conducts home visits to its beneficiaries. As shown below, home visits are conducted for providing health education on health, hygiene and environmental health. Additionally, home visits are conducted to pregnant women at risk, defaulters and as routinely for the recently delivered women. Home visits also address children related issues such as growth monitoring, nutrition, breast feeding and so on.

Table 3: Distribution of home visits by target population and centre

Type of home visit	Shija'ia	Darraj	Rafah	Total	Notes
Community workers visits	502	-	376	878	Conducted by the trainees
Child health Home visits	469	372	369	1210	
Post natal care home visits	573	366	62	1001	
Home visits for Pregnant women	175	140	100	415	
Adults/others	19	21	54	94	
Total Number of visits	1738	899	961	3598	

2.2 **Well baby Clinic:**

Anticipated:

A Well Baby Clinic Programme is operated in NECC clinics twice a week. Through this programme the staff nurses provide services to children from birth to 6 years (except growth curve covers up to 5 years).

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

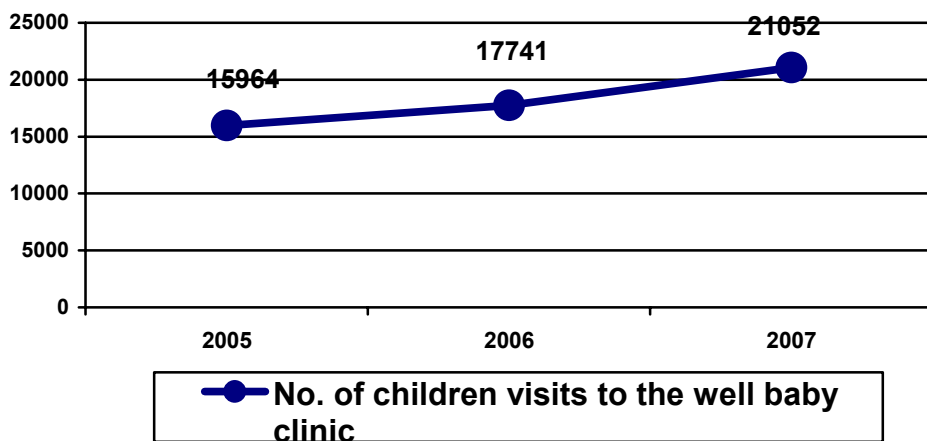
Health education about breastfeeding, nutrition, hygiene and food demonstration is conducted for all mothers who attend the family health care centres. A screening programme for children aged from 6 months to 3 years is conducted in health centres to follow up anaemic children. Complete Blood Count and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

Identification and treatment of anaemic cases is carried out by providing them with necessary supplementation of iron/folate and suitable treatment according to the type of parasite. In addition all lactating mothers who have anaemic children must be checked for anaemia, and iron supplementation is provided accordingly.

Achieved in this reporting period:

The number of children attending the well-baby clinic days has sharply increased and went too much higher than the established target and reached 21052 visits distributed among clinics as follows; Shija'ia 10056; Darraj 8624; Rafah 2372 (Figure 4). The achievement in the well baby services exceeded the expectations by more than 45%. This improvement is possibly due to an increased mothers' awareness about the importance of these visits and the follow-up conducted by our staff as well. Also it is important to mention that our staff pay particular attention to the importance of regular follow up visits as it is part of a comprehensive package provided by our organization.

Figure 4: Children visits to the well baby clinic January 2005 through Dec 2007



2.3 Antenatal and post natal care:

Anticipated:

Pregnant women start visiting the antenatal clinic after pregnancy is confirmed. According to the standard of antenatal care from WHO followed by NECC-CRW, pregnant women are expected to visit every 4 weeks until 28

weeks of gestation, and then every 2 weeks until 36 weeks, after which weekly visits are recommended until delivery.

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

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

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

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

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

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

All women who follow antenatal care in family health care centres during pregnancy will be seen/visited twice at home after delivery by NECC staff, the first visit within 72 hours after delivery and the second session during the 40 days after delivery.

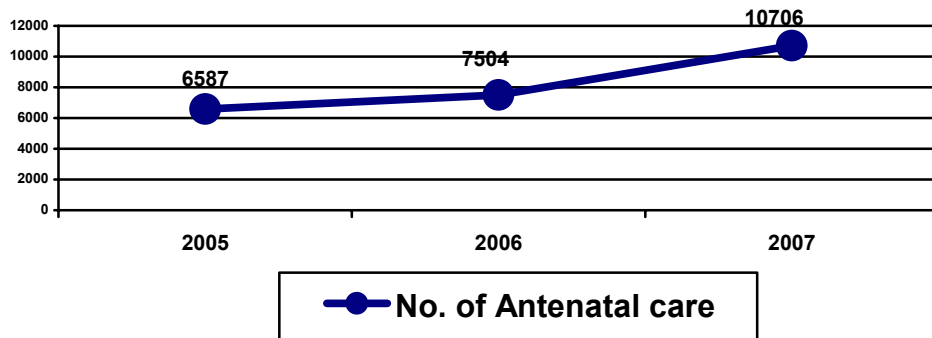
With the change in this indicator according to the WHO protocols, the timing of the first visit has changed to be within the first 6 days instead of the first 72 hrs. Our staff check the mother's blood pressure, temperature, vaginal discharge and perform uterine massage. Additionally, they check the baby's weight and perform umbilical dressing. They educate mothers about breastfeeding, family planning, nutrition, baby care, and the importance of follow up in well baby clinic.

Achieved in this reporting period:

The number of pregnant women who received the antenatal care from our facilities has increased. The total number of antenatal care visits at the centres in the year 2007 is 10706 distributed as; Shijaia 5609; Darraj 4429; Rafah 668. This figure reflects an obvious increase from the year 2006 possibly due to

provision of almost free services, increased awareness about antenatal care and lack of sufficient services rendered by other health services providers. By all means, the target for this indicator was fully achieved (1000 pregnant women; perform 4 visits each of them). More importantly, this increase in number was also accompanied by significant improvement in the quality of the provided antenatal care services as manifested in the results of the checklists, scorecard and client satisfaction readings.

Figure 5: No. of Antenatal care visits January 2005 through Dec 2007



Regarding the post natal visits, the number of women who received first visit within 72 hrs is 694 and another second visits within 40 days was 735. Therefore, clearly the target of reaching 560 women at the post natal period per year has been met. Although we have changed the timing of the post natal care indicator, our staff are still keen to visit the women after delivery as soon as possible (within the 6 days limit). We are unique in providing postnatal care services according to the international standards and may be the only provider who regularly conducts post natal home visits in Gaza. Typically, in each post natal care visit, the nurse/midwife examines the mother and her baby and gives her the needed advice about her and her baby health such as breast feeding, hygiene, vaccination, nutrition, family planning and so on.

It is worth mentioning that our staff not only succeeded in reaching the required number of beneficiaries but also made progress in improving the quality of services. For example, the percentage of clients who received timely antenatal care and timely post natal care according to the international standards has increased. Similarly, client satisfaction with the services is very high and almost absolute.

2.4 All basic laboratory tests including malnutrition and anaemia:

Anticipated:

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

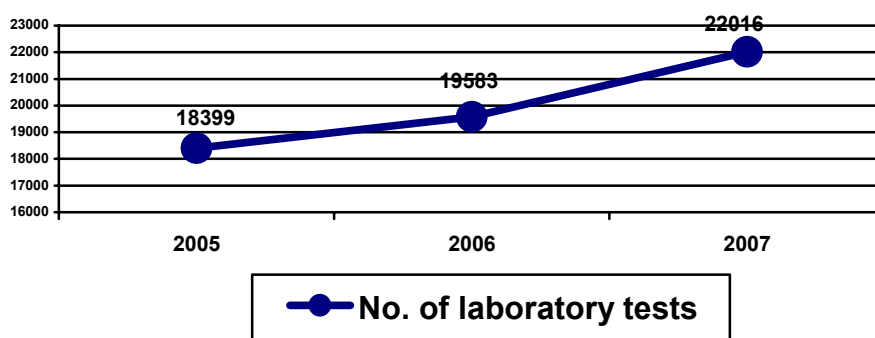
- | | |
|--------------------------|-------------------------------------|
| (i) Hematological tests | (ii) Urine and stool analysis tests |
| (iii) Biochemistry tests | (iv) Pregnancy test |

Other tests that not available are referred to be performed at Al Ahli Arab Hospital at a special reduced price covered by the patients.

Achieved in this reporting period:

As shown in Figure 6, Laboratory tests conducted in the year 2007 were increased in comparison with the last year (increased by 9%) and reached 22016 distributed as Shijai'a 9720; Darraj 9178; Rafah 3138. It is worth mentioning that the laboratory services depend on the provision of other health services; therefore, the changes in the clients' numbers presenting to the health facilities are going to affect the number of laboratory tests performed. This increase in the laboratory services might be supported by the continuity of the screening program being conducted for children from 6 months to 3 years in the well baby clinic and lactating women, and the increased number of antenatal and well baby clinic follow up. Unlike other health organizations in Gaza, the available strategic storage of laboratory kits needed for the laboratory services helped the NECC to continue the provision of the needed services despite of the closure. So far, the NECC managed to maintain a strategic stock of laboratory kits and reagents for a reasonable period depending on the expiry dates to encounter any shortage of these items due to siege and movement restrictions. It is worth mentioning that disposal of wastages is usually sent in special safety boxes to the Government (PNA) hospital which has the proper facilities to its disposition.

Figure 6: No. of Laboratory Tests January 2005 through Dec 2007



2.5 Provision of Nutritional supplements:

Anticipated:

NECC will provide iron supplementation to the served anaemic children up to six years old according to the standardized MOH protocols. NECC performs routine screening for the children's haemoglobin level and acts accordingly through the well baby visits program. According to the MOH protocols, children with a haemoglobin level less than 11dL are provided with iron supplementation for at least three months. After that they are subject to further assessment. According to research studies, around 50% of children less than six years in the Gaza Strip are anaemic. Currently, 250 children receive iron supplementation from the NECC health centres monthly.

Achieved in the reporting period:

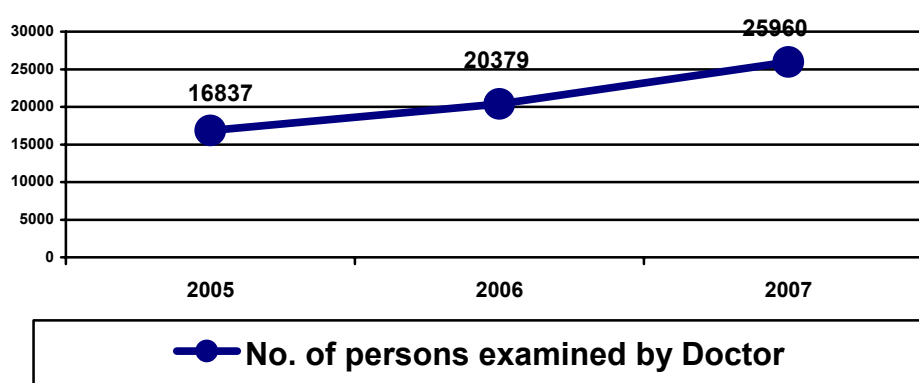
The number of clients combined examined by doctors has been increased and reached 25960 as detailed in table 4. Target of this indicator is already met. As shown in the figure 7, the number of clients seen by physicians is steadily increasing which could indicate that access and acceptance of the services by clients were maintained at the NECC health facilities.

Table 4: Distribution of clients examined by doctors by category and centre

Category /Location	Shija'ia	Darraaj	Rafah	Total
Children	6289	6341	2881	15511
Adults	1912	1781	2686	6379
Pregnant women	2014	1697	359	4070
Total Number of clients	10215	9819	5926	25960

NB: The number of children represents cases but not actual individual children. NECC currently develops a computerized system to identify cases and actual numbers.

Figure 7: No. of Clients Examined by Doctor January 2005 through Dec 2007



Additionally, in the year 2007, in average 246 cases of children received iron supplementations monthly from the NECC centres. In total, 2953 bottles of iron were distributed to anaemic children. For fairness, it is worth mentioning her that the NECC only provides iron supplementation to anaemic children after conducting the needed assessments; therefore, the number of iron bottles' distribution depends on the number of children who are actually anaemic rather than routinely. Meaning that the less the prevalence of anaemic children we have, the less iron supplementation is needed.

2.6 Family Planning services:

Anticipated:

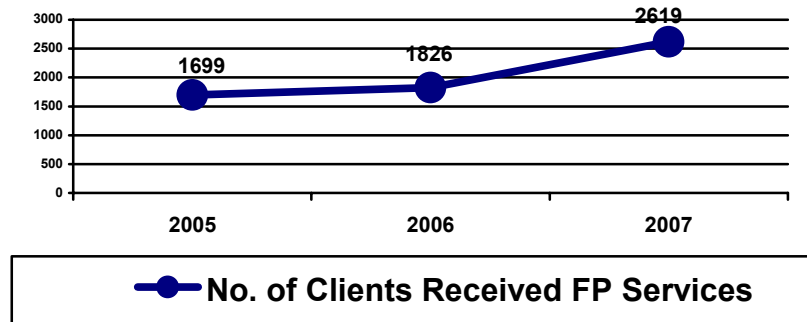
Family planning services were launched at family health care centre in Darraj in 1995 upon the request of the local community. At 2002, family planning services were extended to the Family Health Care Centre in Shija'ia. A female Gynaecologist and staff nurse run the two family health care centres. Most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

Achieved in the reporting period:

The number of women who received family planning services reached 2619 distributed as; Shija'ia 1289; Darraj, 1330. The target of this indicator was fully achieved although the family planning services are provided only in two centres-as explained later. Our staff believe that this increase is due to increased awareness of the communities and the women in particular about the benefits of family planning programme. However, this is supported by the

interesting findings of a small survey conducted in November 2007, which showed that 96% of clients received satisfactory family planning services at the NECC. This sharp increase could also be partially attributed to the lack of resources at other health facilities. This resulted in the increase in the provision of contraceptive devices and supplies.

Figure 8: No. of Clients Received Family Planning Services January 2005 through Dec 2007



It is worth reminding the reader that the family planning programme has been going on in the two centres namely Darraj and Shija'ia but not in Rafah yet. Our staff continuously tried to promote the benefits of family planning within the community where our centre is located in Kherbet El Adas in Rafah. We do hope that the community will be convinced to adopt the idea when we shall extend the services to that area. It is needless to say that family planning is a sensitive issue in certain areas of Gaza Strip and there are variations within the area regarding how it is perceived by local people. Still in certain areas some people have negative perceptions about it. The NECC adopted and practiced a philosophy that respects and responds to local people needs and expectations. Still we feel that the local community in Rafah-Kherbet El Adas is not ready to introduce the family planning services and a lot of work is needed in this regard such as health education, advocacy and lobbying. No change in the community demand and or request to the family planning services has been revealed in Rafah area till now. However, the NECC will review positively any demand might be addressed by the community in future.

2.7 Pharmacy services:

Anticipated:

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

Achieved in this reporting period:

Despite the closure imposed on the Gaza Strip, the NECC succeeded in securing the availability of the required medicines throughout this reporting period by having in stocks of all medicines being used in each centre which was reflected positively on the health of the clients. In year 2007, as with the previous year, we never faced any drug shortage; all the commodity management practices stages are going extremely well as evidence by the commodity management assessment report prepared by the Hanan Project in 2005.

Also, 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 mainly to lack of funds and unfortunately to the strict siege and embargo imposed by the International Community aftermath of the elections.

2.8 Dental health services:

Anticipated:

A mobile dental unit is provided at the family health centres in Darraj and Shaijia three days a week, and two days a week in Rafah-Kherbet El Adas. Besides dental services, the dentist also provides screening for all pregnant women who follow antenatal care and children from 2.5 to 6 years in well baby clinics.

Achieved in this reporting period:

The mobile dental clinic continued to serve both communities in Shija'ia and Darraj, and trainees of our vocational training centres. In Rafah, through a standard unit, the services are provided two days a week routinely.

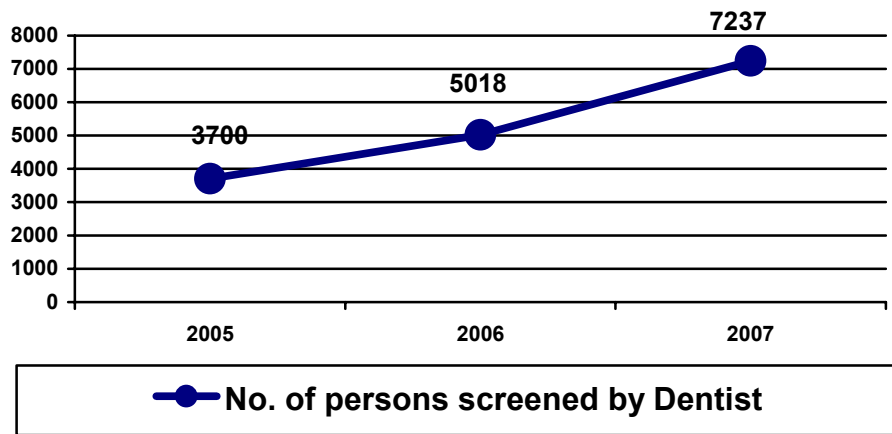
As explicit in Figure 9, the number of patients examined/screened by dentists had increased and reached 7237 distributed as Shijai'a 2729; Darraj 2371; Rafah 1441; and sporadic medical days in different places other than our areas 696. This reflects an increase by more than 68% in comparison to the last year figures (4,933 clients in the year 2006).

This is attributed to many reasons particularly due to the availability of a full-time volunteer dentist for certain period who later changed to temporary employed Dentist supported later on by ACT emergency appeal, in addition to the decision of Gaza Area Committee to offer free of charge dental services due to the harsh economic situation prevailed especially when the boycott was imposed on PNA. Also, the number of clients attending our centre in Rafah has significantly increased in all aspects including dental care due to increased awareness and diminished other providers ability to provide quality health services.

The mobile dental clinic has also served six times the community in Beit Laya in coordination with Beit Lahia Society in the north of Gaza in addition to a campaign organized in coordination with the women's society in Al Nasr village at the outskirts of Rafah and another one with the local El Bara'im

Development Society at Al Fakhary village near Khan Yunis focusing on screening and treatment of children and women.

Figure 9: No. of clients examined/screened by the dentist January 2005 through Dec 2007



Activity 3. Preventative health measures and awareness raising of local communities:

3.1 Awareness raising sessions:

Anticipated:

NECC staff will conduct health education sessions for women attending family health care centres in the following topics:

Breast feeding, Importance of attending ANC and the contents of ANC visits, Family planning methods, Psychological issues such as trauma, family issues, violence, bed-wetting and post partum depression, Oral health educations, Protection of environment, First Aid, Women empowerment, Self breast examination, Menopause and Nutritional Education.

Achieved in this reporting period:

Our staff continued to intensify their efforts in health education and increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment etc. The total number of health education sessions provided to all categories was 652 sessions attended by 17838 participants.

Sessions were provided at the health centres and occasionally in local community based organizations. Participants included pregnant women, women on their reproductive age, new pregnant women, grand mothers and influential family members such as mothers in law.

One challenge remains is to rigorously assess the impact of the health education sessions on the healthy behaviors of the targeted population. The field observations, participants' comments and home visits observations reveal that there are changes in the participants' knowledge and practices. However, this requires more systemic and scientific approaches that assess the impact of health education.

Our staff will explore the possibility of conducting pre and post assessment for health education sessions. Additionally, it is expected that the newly developed management information system will contribute in making some links between diseases patterns and receiving health education.

3.2 Afternoon activities:

Anticipated:

Afternoon activities coupled with health education are also provided to women by NECC. NECC family centres act as social clubs where mothers from the served areas come to the centre in two specified days per week for 2 hrs per each day at their convenience. No formal invitations are sent but generally mothers are familiar with the services provided within this evening program. The staff encourage women to meet, talk, learn, develop fine arts and establish small income generation businesses such as sewing and socialize in such meetings. Health education activities as well as other social activities are provided at the meeting. Usually, 10-15 women attend each meeting and the number usually increases in summer.

A group of twelve women at Darraj family health care centre has completed in April 2007 an illiteracy course which was organized in collaboration with Gaza Strip Red Crescent Society.

Achieved during reporting period:

Seventy four meetings were held with 1279 women attended and participated in the afternoon activities directed towards women empowerment and distributed as, in Darraj 38 meetings with 717 participants; in Shija'ia 36 meetings with 562 participants (we don't have this service in Rafah yet).

The topics of women empowerment include illiteracy lessons, women rights, sharing in the family decision making, gender and training of skills in sewing, knitting handicrafts which could help a number of them to produce articles for sale to generate income. It is worth pointing that the afternoon activities had been suspended from June to the end of October 07 because of the security situation which had deteriorated at that period. In November 07, we reassumed the afternoon activities and the staff try to compensate the suspension period by intensifying the efforts now.

Activity 4. Monitoring and community involvement:

4.1 Anticipated:

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

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

Achieved in this reporting period:

In total, 14 meetings were held with community committees and/or the head of community committee in Rafah. Six meetings were held in Gaza; three in Shija'ia and three in Darraj attended by an average of 27 persons each from various walks of life from each area where the centres are located. In Rafah, 8 meetings were held with the Head of the local Community Committee and another persons from the community participated. It is worth noting that a good response from the communities reflects the interest of population in the continuity of the value of services being rendered with the support of EU and our partners as we keep informing them. Community meetings involve people from the served areas and usually include women and men from different backgrounds and different characteristics. Additionally, community meetings are usually attended by community leaders from the area. NECC staff and senior management regularly attend the community meetings. Records and minutes of the community meetings are maintained at the NECC facilities.

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

As a part of its responsiveness to community needs and perspectives, the NECC regularly 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 Hanan clients' satisfaction assessment which was conducted in the entire 2007 showed high positive (above 90%). Satisfaction was very high regarding services provided, cleanliness, privacy and time allocated to the clients. Less satisfaction reported about waiting time. However, we tried 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. The study conducted by the Hanan Project to regulate the patients flow and decrease the waiting time didn't reach to practical solutions to solve this issue. NECC will continue to explore other possible approaches aiming to shorten waiting time but not on the price of provision of other activities.

To conclude, the development of indicators and collection of data under this activity is used to assess the achievement of the planned results. So far, the following has been achieved:

- a. Data collection of key indicators of service quantity and quality and community welfare through improved use of computerized data analysis at each clinic

- b. Collection of baseline data for analysis of project objectives and results through monitoring and evaluation
- c. Development of indicators to measure socio-economic conditions of clients
- d. Provision of data to other NGOs and governmental health organizations
- e. Regular community meetings to assess provision and needs.

It is worth reminding the reader that according to the Palestinian Public Health Act, the Ministry of Health in Palestine doesn't only provide health services but also leads and coordinates the provision of health services to the Palestinian population. Cooperation and coordination with the Ministry of Health is going extremely well. We are in constant contact with the Ministry of Health in order to ensure that the various activities are still required in the present localities and to benefit from any capacity activities the MOH organizes. In this reporting period around 14 participants from the MOH had attended the quarterly seminars which were organized by the NECC. Also, participants from the NECC have attended training courses that were organized by the MOH. In this reporting period, a licence to operate for each centre is renewed by the MOH. Additionally, our staff follow the technical instructions and the technical protocols endorsed by the MOH. NECC participates in all the relevant activities organized by the MOH.

Regarding signing an MOU with the MOH, it is not yet part of the local system as the license constitutes the formal aspect of the relationships between MOH and NGOs. Still we feel that the MOH system is not ready for that as this has legal dimensions that require consensus and approvals from different levels. We feel that we can't impose that on the MOH as it is not a legal aspect of system. However, we are ready to sign a MOU with the MOH when they are willing and ready without interfering in the politics of both sides to avoid any expected negative impact.

4.2 Constraints Encountered during the reporting period:

- 4.2.1 The prevailing political situation had affected, and could affect more, the provision of health services. The situation has dramatic effects on access, living conditions, diseases pattern and so on. For example, as a result of the prevailing situation, we suspended the afternoon activities for around 5 months and also we cancelled home visits in certain areas.
- 4.2.2 The tight closure and siege imposed on Gaza had sharply restricted movements of goods and people and this could affect health providers' ability to maintain sufficient strategic stock of drugs and disposables. Should the current situation continue, the shortage of drugs, disposables and equipment will be more visible.
- 4.2.3 The current frequent and long electricity cuts had many consequences on individuals, families, health organizations not only from humanitarian points of view but also from financial and management perspectives as well. For instance, the electricity cut leads to:
 - Inability to pump water to houses
 - Inability to pump sewage to the dumping sites
 - Decreasing working hrs at organizations

- Increasing costs for electricity generators (for fuel)
 - Psychological effect-Dark- recreational activities
- 4.2.4 Additionally, the gradual decrease of fuel supply to Gaza made movement, transportation and operating generators more difficult.
- 4.2.5 The closure, siege and restriction of movement have led to unprecedented poverty and unemployment rates which resulted in the following effects;
- Increased rates of poverty related diseases such as malnutrition and anaemia
 - Increased rates of sanitary related diseases (shortage of water, sewage disposable problem, garbage collections in streets, inability to buy detergents)
 - Decreased ability of clients to contribute in covering the costs of health services
 - Decreased financial accessibility such as transportations, fees, drugs and so on.
- 4.2.6 Health is a social concept that is largely underpinned by socioeconomic and political factors; therefore our efforts in improving health status to our served populations will not be effectively achieved unless the general situation improves. For instance, our efforts in health education are unlikely to achieve the intended results if poverty continues and food is not secured.
- 4.2.7 Our staff have not been able to attend workshops organized by our partners in West Bank and Jordan due to the fact that they were denied permits by the Israeli occupying authority.

4.3 Activities to be undertaken next year:

- 4.3.1 The three family centers in Shija'ia, Darraj/Tuffah and Rafah will continue to provide medical and educational services as detailed in the above activity report, with emphasis on preventative medicine and education.
- 4.3.2 The Mobile Dental Clinic will continue to serve both communities in Shija'ia and Darraj/Tuffah districts in addition to the trainees of the various vocational training centres. The fixed Dental Unit at Kherbet El Adas, Rafah family health care centre will operate on the basis of two days a week until a part-time Dentist will be employed.
- 4.3.3 Our organization with the support of DanChurchAid will launch out an emergency humanitarian nutrition and health response for vulnerable children as a pilot project involves nutritional screening in Shija'ia catchment with socioeconomic baseline survey. The project will help to identify and treat malnourished & anaemic cases focusing on children aged six months-2 years in addition to the promotion of health awareness among the community. For children above two years old, measures will be taken to explore all the possibilities of best to address this issue including coordinating with others who already provide food rations such as WFP.
- 4.3.4 Three courses will be organized for community workers. One of them will be an advanced one for 12-15 women of previous graduates.

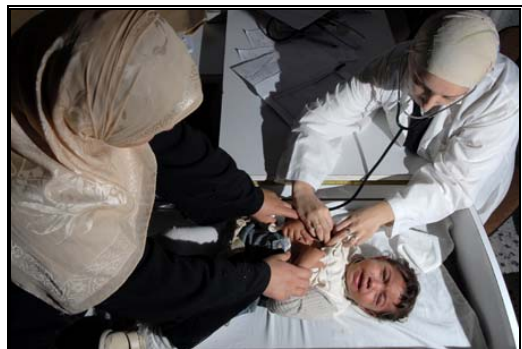
Family Health Care Centres

1/1 -31/12/2007

No.	Activity	Shija'ia	Darraj	Rafah	Total
1	No. of registered families	10836	11644	1316	23796
2	No. of new families	373	346	312	1031
3	No. of registered children	33793	30487	1894	66174
4	No. of new children	1255	957	506	2718
5	No. of children attended well-baby clinics	10056	8624	2372	21052
6	No. of registered pregnant	20137	20250	293	40680
7	No. of new pregnant	738	569	117	1424
8	No. of antenatal care	5609	4429	668	10706
9	No. of New High risk Pregnancy	63	52	2	117
10	No. of repeated High risk Pregnancy	251	247	14	512
11	No. of antenatal follow in the last week befor delivery	487	346	20	853
12	No. of deliveries	554	358	62	974
	12.1 No. of post netal visit within 72 h	366	295	33	694
	12.2 No. of second post netal visit within 40 d	398	308	29	735
13	No. of Ultrasound Scan	1428	1144	314	2886
14	No. of persons examined by doctors:	10215	9819	5926	25960
	a- Children	6289	6341	2881	15511
	b- Adults	1912	1781	2686	6379
	c- Pregnants	2014	1697	359	4070
15	No. of laboratory tests	9720	9178	3118	22016
16	No. of home visits	1236	899	585	2720
17	No. of demonstrations	1229	1476	54	2759
18	No. of treatments in the form of:	2071	1549	531	4151
	a- Injections	1047	520	319	1886
	b- Dressings	513	203	139	855
	c- Ventolin Inhalation	511	530	73	1114
	d- Others	0	296	0	296
19	No. of women attended Family planning	1289	1330	0	2619
20	No. of afternoon women's activities	562	717	0	1279
21	Number of Diabetes Mellitus	99	217	393	709
22	Number of Hypertension	61	129	209	399
23	No. of registered Under Weight Children	432	161	38	631
24	Number of children become normal	52	154	16	222
25	Number of new under weight children	74	63	14	151
26	No. of refered cases	77	72	18	167
27	No. of Abortions	21	9	10	40
28	No. of Newly born deaths	3	4	12	19
29	No. of Cases Received iron Suplementation	1214	1597	151	2962
	a Children	1211	1591	151	2953
	b- Lactating Women	3	6	0	9

Activities of Mobile Dental Clinic
1/1 - 31/12/2007

No.	Activity	Shija'ia	Darraj	Rafah	Others	Total
1	No. of persons examined by dentist:	1671	1545	1395	696	5307
	a- First Visit	518	474	510	695	2197
	b- Repeated Visit	415	488	469	0	1372
	c- Consultation	738	583	416	1	1738
2	Scaling	120	155	172	153	600
3	Extraction	263	300	191	97	851
4	Amalgam Filling	672	450	294	4	1420
5	Composite Filling	29	17	4	1	51
6	Fisher Sealant	0	0	0	0	0
7	Minor Surgery	0	2	1	0	3
8	Follow Up	479	382	270	1	1132
9	Medication	793	832	788	354	2767
10	X-ray in the centre	0	0	6	0	6
11	Referrals	112	128	111	302	653
	11.1 Specialist	103	118	108	302	631
	11.2 X-ray	9	10	3	0	22
12	No need for treatment (mixed)	0	1	6	92	99
13	Screening of Children on Well-Baby Clinic days (2.5-6 years)	418	289	46	0	753
	13.1 No Need for Treatment	293	216	23	0	532
	13.2 Needed Treatment	125	73	23	0	221
14	Screening of pregnant	640	537	0	0	1177
	14.1 No Need for Treatment	83	57	0	0	140
	14.2 Needed Treatment	557	480	0	0	1037





II. PROJECTS PROMOTING EDUCATIONAL OPPORTUNITIES:

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

The present basic education system applied in the Gaza Strip consists of a nine-year compulsory programme. The PNA and UNRWA are responsible for service provision in addition to a small number of private schools mainly run by non-profit societies and the Latin & Orthodox Churches. A great number of the school buildings are used for double shifts. The building of new schools is being undertaken at a rate below that of the population growth. The most noticeable weakness in the system is the automatic upgrading of the students in order to provide room for the new comers.

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

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

Our programmes target skills and professions which are still required by the market and focus on young men and women in the Gaza Strip in the fields of carpentry & furniture making, metal/aluminum works and welding, general electrical training & motor/transformers rewinding, advanced dressmaking, secretarial & office management and computer skills. The importance of this programme is that it is directed towards a sector of the population that has no other avenues. The criteria and period of training differs from one to another based on the prerequisite of each centre. The trainees are given good training and they emerge from the programme which provides them with empowerment in mastering an important new skill and will give the feeling of control in their own lives in addition to the respect and support of the community; They would have pride in their occupation as our courses gained good reputation amongst employers due to the emphasis placed on quality and the good care and follow up being addressed by the staff.

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

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

1. Aims:

- 1.1 To complement educational activities and training opportunities undertaken by PNA, UNRWA and other NGOs while ensuring avoidance of duplication.
- 1.2 To assist in developing the social and industrial infrastructure of the future independent Palestinian State.
- 1.3 To increase the skills-level of the work force by providing educational and training opportunities to young women and men, in order to improve their capacity for self-reliance and livelihood security.
- 1.4 To educate and train young women to share responsibilities within a society dominated by men. To improve women's opportunities to participate in the development process and improve their position at household and community levels.
- 1.5 To provide training in a variety of designed skills and professions to qualify both women and men in accordance with the emerging needs of the society and market.
- 1.6 Empower women by providing education and training to them especially teenagers who drop out from school. It offers them positive ways to be self-reliant with a sense of hope.
- 1.7 To provide training opportunities for about 200 adults in various levels of whom about 120 will graduate every year.

2. NECCCRW runs the following centres:

2.1 Secretarial Centre and Language Studies:

The Secretarial Centre offers job training that includes typing, computer applications, office practice, bookkeeping, Arabic and English Languages in addition to para curricula subjects. One unique aspect of the programme is that the majority of subjects are taught in English to improve their standard in the foreign language. Women students who have successfully

completed their secondary education can join the centre after sitting and passing the NECCCRW entrance exams.

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

The course enjoys a good reputation and the secretaries who have graduated from the centre are always in demand. Our organization acts as a placement office for the graduates. As requests for secretaries are received, we nominate the graduates who decide whether or not to accept the job and terms of employment. Our graduates occupy many important jobs throughout the Gaza governorates, working for NGOs and PNA Ministries.

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

2.2 Advanced Dressmaking Centre:

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

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

In addition to the nominal contribution each student makes to the programme, students are responsible for purchasing the material, thread and other items used during the training, which constitutes a real burden on the family budget under the prevailing very harsh economic condition.

In the conservative Palestinian culture, dressmaking is considered an appropriate profession for women. Their training takes place in the company for other women only and they will eventually be able to work as seamstress from home

as sewing is a practical trade that many can depend on into the future through these times of economic uncertainty and hardships and at the same time can look after their children and family.

While there is still a demand for such training, the number of young women registering for the course in Gaza Governorate had dropped due to financial constraints encountered by the girls and at the same time, greater demand was received from the southern governorates in order to organize courses there which will not require their daughters' travel.

2.3 Educational Loans:

All staff concerned with the collection of "old" loans in collaboration with the Legal Advisor continued to make their best efforts to ensure the continuity of repayment of the loans in arrears. There are still 10 cases dealt with through the Legal Advisor who pay irregularly despite the constant follow up; They constitute less than 1% of the total previous old loans issued before the first Intifada "uprising". Otherwise, the rate of payment of loans which have been issued during the last nine years continued at the level of 100% in spite of the harsh economic condition.

The Committee has issued 142 interest-free educational loans comprised of 72 new students who were able to enroll at Gaza universities in addition to the renewal of 70 loans to the successful students who were upgraded and met all the requirements. Those figures included 13 persons who enrolled for MSc and Ph.D. studies.

It was also noticed this year that while the Gaza Area Committee approved the issue of new loans to **94** eligible students, only **72 (77%)** were able to meet the conditions in providing the required notary documents and guarantors while **256** applications had been collected for the academic year 2007/2008. Many others among those who received applications have also hesitated to submit them back. The terms set up by the Committee are strict pertaining to provide three guarantors and therefore we have no other choice except to continue considering the advice of the Legal Adviser that the applicant should provide three guarantors and therefore has not changed its conditions.

2.4 Activities:

1. The present total strength at the centres as on 31/12/2007 was **190** trainees (**40** women and **150** men) defined as follows.

Ser. No.	Programme	Presently Enrolled			Total	Expected* to be Enrolled 2008/2009
		1 st Y	2 nd Y	3 rd Y		
1	Secretarial Studies	26	0	0	26	26
2	Advanced Dressmaking	14	0	0	14	20
3	Carpentry & Furniture Making	24	24	21	69	23
4	Metal/Aluminium Works & Welding	15	12	10	37	15
5	General Electricity and Motor/Transformer Rewinding	25	19	0	44	22
6	Computer	0	0	0	0	40
Total		104	55	31	190	146

*The number of 146 trainees are expected to enroll in the scholastic year 2008/2009 in addition to 94 trainees who will be upgraded to the second and third years of training.

2. The main factor for dropping out the courses of five trainees during this period was the harsh economic situation and need to have the trainees provide support to their families.
3. The trainees were unable to report to the centres for a short period due to the situation when clashes erupted in the different localities.
On the other hand, the Boys' VTC in Gaza sustained damages of its windows, doors and roof sheltering the two wings as a result of the shelling by Israeli fighter planes of two workshops in its vicinity.
4. Two meetings with a small group of former graduates of the VTC Gaza were held as a result of the meeting which was held for them by the end of the last year to exchange views and experience in focusing on the required skills and its development.
5. The operation of the VTC centre in Gaza has been possible during this period as a result of the power breakdown thanks to the generator which was previously made available through DCA and others but its consumption of fuel had again inflicted a considerable increase on fuel budget line.
6. The special support provided by Norwegian Church Aid had greatly helped to sustain the training of students being enrolled at our vocational training centres until end of the scholastic year 2006/2007.

7. Another application to secure further support for year 2008 was delivered to NCA representative in Jerusalem hoping it would receive its approval and support.
8. The Principal and staff have organized three meetings at each centre with the guardians when various issues were discussed pertaining to the affairs and progress of their children and the follow up.
9. Recreational and cultural events have been conducted within the centres in order to help defuse the trainees' "suffocation" as they are deprived from such activities in their communities due to the prevailing situation.
10. Various lectures have been conducted on the topics of Health, gender, acceptance of the others and tolerance.
11. The Social Worker conducted a survey of last year graduates and noticed that the employment rate dropped to an average of 51% as follows:

11.1 Carpentry and furniture making	25%
11.2 Metal works and welding	69%
11.3 Electricity & motor rewinding	32%
11.4 Secretarial & office management	30%
11.5 Dressmaking	100%
(Working for clients at home)	

It was noted again that the a number of graduates from the Secretarial course who are unemployed had not accepted offers to work in small offices.

12. The trainees before their graduation have been placed in various offices, companies and workshops for period of six-eight weeks to practice their skills with follow-up made by the social workers and their instructors.
13. A good number of the trainees' families were assisted once with cash emergency relief kindly provided by ACT Appeal MEPL71 in response to our Appeal.
14. Our Senior Medical Officer examined the new boys who enrolled and laboratory tests for stools, urine and blood were made. Medicines have also been prescribed to those who needed them.

Constraints encountered during the reporting period:

- 1) The shortage of materials in the market and high rise in its cost when it was available in small quantities.
- 2) The noticeable steep decrease in the number of orders due to the harsh economic condition and increase in the cost of products.

- 3) The great shortage in the supply of fuel and power interruptions caused by the bombardment of the local generators.
- 4) The siege imposed on the Gaza Strip and denial of permits for our Instructors who could not travel to West Bank to attend specialized training courses and expose them to VTCs.
- 5) The shelling by the Israeli bombers of a nearby workshop of Gaza Boys' VTC had caused damages to the doors and windows "luckily" at not more the value of US\$7000 in addition to the shed linking the two sites which we could not repair due to the unavailability of materials.
- 6) We have not been able to replace a number of the equipment nor find spare parts due to the siege and unavailability in the local market.
- 7) We have not succeeded to form a cooperative from our graduates who continued to be reluctant to receive a repayable loan due to the unstable situation, economic condition and unavailability of raw materials & supplies.

Activities will be undertaken next year:

- 1) The various training courses will continue to be conducted as outlined the schedule.
- 2) Will continue our efforts towards the encouragement of our graduates for the establishment of a cooperative if the situation would permit to do so.
- 3) To replace the unserviceable equipment.
- 4) To effect the necessary repairs to the sites of the building of Gaza Boys' VTC as soon as materials would be made available.
- 5) Organize in-service training course for the instructors.

Yousef Mansour Amarah

Yousef is now 20 years old and comes from a family consisted of eight persons. His father is the sole supporter of the family from the little income he earns from selling the popular nutritious food "falafel".

He opted out of school before completing his preparatory education as he was not doing well there and had talents in practical things.

He was selected to enroll at the Metal works & Welding section at our Vocational Training Centre in Gaza on 01/09/2003 and graduated on 30/07/2006.

He found an employment immediately after his graduation and in early 2007 he was able to open a small workshop with tools he provided from his savings and was developed through support he received from ICRC. Unfortunately his income has been declining since the middle of last year due to the strict siege and boycott being imposed on the Gaza Strip which prohibits the entry of any raw materials into Gaza and resulted in less orders he received. He works irregularly now and earns about NIS 600 a month to meet his personal requirements and his family as well. He is still optimistic that the borders will reopen and the import of raw materials will be allowed which will provide the opportunity to increase his income and plan for his future.

Women's Vocational Training

	<i>Advanced dressmaking</i>	<i>Secretarial and Office Management</i>	<i>Computer</i>
Subjects	<i>Measurement, preparing patrons and sewing of all kinds of dresses for children and adults, men and women</i>	<i>English language, Simple Bookkeeping, Management Principles, Arabic Correspondence, Office Practice, Arabic and English languages and Typing, Computer, Cultural and Para Curricular Subjects i.e. History, Human Rights etc.</i>	<i>1- Introduction into computer science 2- Windows 3- Microsoft Office (Word, Excel, E-mail, Internet)</i>
Target group	<i>Women interested in the skill and have an idea about sewing, aged above 16 y who can read and write</i>	<i>Women who passed successfully Tawjihi (12 years) and the NECCCRW entrance exams</i>	<i>Women who completed secondary studies</i>
Training period	<i>11 months</i>	<i>11 months plus six weeks of practical training.</i>	<i>2-3 months (60 -110 hrs) Depending on the subjects</i>
Capacity	<i>16-20</i>	<i>20-22</i>	<i>30-40</i>

Men's Vocational Training

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

III. Capacity building:

Thirty eight staff members had attended a variety of training courses in the fields of **Communication and Counseling Skills, Health Information System, Conflict Management, Infection Prevention and Control, Advocacy, Child Health Management of ARI & DD. Supervision, Creative Thinking in Decisions Making & Problem Solving, Office Management & Executive Secretarial Skills**, Feasibility Study, Computer literacy and painting & polishing of furniture in addition to the three one-day workshops which are being organized every three months on a Sunday for all medical and paramedical staff when subjects related to their work are given by lecturers from outside our circle.

IV. Relief and Rehabilitation

The International Financial Boycott of the Palestinian authority has resulted in further crippling existing economic conditions for Palestinians, such as unemployment and lack of proper nutrition, sanitation, and shelter. With the restrictions on freedom of movement and the permits imposed by the Israeli occupation, these impacts have been exacerbated.

The situation in Gaza Strip is continuing to be extremely grave. The population has experienced tight restrictions to receive basic commodities, since last June. Only a limited number of the basic needs, in terms of food needs, are getting through and the population are becoming unfortunately increasingly reliant on humanitarian assistance. The World Bank has noted on many occasions, increased donor spending within a policy environment of restricted access will have limited impact on alleviating poverty here. Until improvements occur, according to OCHA, the need for humanitarian assistance remains crucial.

The people of the Gaza Strip have already been living for a long time in terrible condition, the least described as being the very edge of starvation. Cutting back assistance from any source will put extreme stress on the population and increase poverty levels.

Our organization responded positively thanks to funds raised through Appeals MEPL61 and MEPL71 launched by ACT International (Action by Churches Together), a global ecumenical emergency response network. We focused on the large families and coordinated with the Ministry of Social Affairs, Governorates and other local NGOs who provided lists which were verified by our social workers and recommended beneficiaries based on humanitarian needs only, were informed by the referring institution to report according to a timetable, to NECCCRW office when the Social Workers prepared a brief social study for each case before being referred in person only to the cashier for dispensing the cash relief assistance against a receipt.

1. We were able to extend cash relief support from the remaining balance of Appeal MEPL 61 to **4,522** families comprising **32,951** and from Appeal MEPL 71 we assisted **10,161** families comprising **75,481** persons in addition to **359** families comprising **2,725** persons were supported from a special grant provided by DanChurchAid. The small cash relief assistance

of NIS 200 being the equivalent of approximately US\$50 enabled those poor families to decide for themselves what they needed most mainly to cover cost of basic commodities, medicines or education expenses for their children.

2. We have been informed by our Central Office that ACT appeal MEPL71 was extended until the end of April 2008 as the harsh humanitarian crisis continued to prevail in the Gaza Strip.
3. Additionally, **28,467** patients including **14,700** children had received various medical services and were dispensed with medicines at our three family health care centres. It was also very helpful in covering the cost of a GP doctor, a Dentist, 3 staff nurses, a social worker, a health educator and a secretary/clerk who helped in coping with the noticeably continued increase in the volume of work during this period due to the bad economic condition and shortages of medicines and medical supplies mainly at PNA's clinics and hospitals.
4. Our Social Workers together with the Social Worker from a number of the relevant institutions that have referred the families, have conducted random visits to the beneficiaries and findings were typical to what was intended for.

We have achieved our anticipated goal in addressing the beneficiary families who received cash relief assistance from the emergency programme during the reporting period and were from all governorates of Gaza Strip defined as follows:

Governorate	MEPL 61		MEPL 71		DCA		Total	
	Families	Persons	Families	Persons	Families	Persons	Families	Persons
1. Northern	1200	8878	1905	14436	118	964	3223	24278
2. Middle Area	777	5863	1387	10065	17	116	2181	16044
3. Khan Younis	966	7125	3139	23806	92	695	4197	31626
4. Rafah	798	5969	1461	10830	38	269	2297	17068
5. Gaza	781	5116	2269	16344	94	681	3144	22141
Totals	4522	32951	10161	75481	359	2725	15042	111157

The families from the Northern Area included **275** families comprised of **1,840** persons who have luckily received the cash relief assistance from the available balance of ACT Appeal MEPL 61 aftermath the damages caused to their homes and belongings when flooded with sewage as a result of the leakage from the damaged sewage "ponds" in the neighborhood. That rapid response enabled them to provide some immediate clothing.

This continued gesture from our partners and others who provided their contribution through WCC/ACT Appeals Number MEPL71, MEPL61 and the previous ones has been received with full appreciation by the community in general and the beneficiaries in particular especially that it had been delivered under very difficult circumstances of need and unprecedented rate of poverty.

5. There were other forms of assistance provided to needy persons as follows:

5.1	Partial support towards medical aids	17
5.2	" " " wheel chairs	2
5.3	Wheel-chairs	2
5.4	Crutches	125

6. Our social workers participated in four workshops organized by the Ministry of Social Affairs pertaining to Orphans and their support.

Constraints encountered during the reporting period:

1. A large number of persons who frequently report to our office seeking support but could not meet their demands.
2. The uncertainty of the cash flow while there is a target to achieve and deadline to adhere to.
3. Shortage of fuel has affected the programme of visits by the social workers to the beneficiaries.

V. Community Development:

We were able to assist three societies in providing them with subsidized furniture made by our trainees at the vocational training centre.

There were additional requests but we could not address them due to the fact that those societies were unable to pay their shares.

VI. Employment and Income Generating Co-Operatives:

The fourteen women at the self-help and six seamstresses at the sewing co-operative continued their engagement in producing garments of all kinds. They continued to earn an average monthly income of NIS 500 which is not high but helpful during this difficult period. They produced 771 various garments during the reporting period.

It was not possible to attract extra orders due to the bad economic situation.

VII. Advocacy:

Due to the prevailing insecure conditions and the restrictions imposed by Israel on the entry of foreigners into Gaza Strip, there were not many visitors. During this period only 49 persons including very few representatives from our partners' agencies have been allowed entry by the Israeli occupying forces. The visit of Dr. Bernard Sabella, Executive Director in early 2007, was the most remarkable one when he had the opportunity to meet with Gaza Area Committee and paid visits to the centres when met with the staff and beneficiaries.

A senior staff member attended two 5-day advocacy courses which were funded and organized in Gaza by DanChurchAid during 13-17 March and 20-24 November 2007.

The Executive Secretary was elected a member on the steering committee of **"The Palestinian International Campaign to End the Siege on Gaza"** which was formed of independent personalities from the civil society in Gaza and West Bank. It aims at raising the awareness of the International community on the deteriorating living conditions resulting from the strict siege and aims as well at mobilizing the efforts of the various international organizations and governments to stop the boycott of Gaza. The campaign was officially launched on Tuesday, 6th November 2007.

Communications and exchange of views were conducted by the Middle East Emergency Advocacy Officer at Christian Aid with its partners in Gaza including our organization when a joint statement calling for an end to the isolation of the Gaza Strip was prepared and circulated by Christian Aid. The initiative would include a series of activities to highlight the impact of isolation on the Gaza Strip and to challenge the policies of isolation imposed on us at all levels and that the message ought also connect to the wider message to END occupation.

Unfortunately, the failure to act by the International Community has encouraged Israel to act as if it is above the law and encourages Israel to violate International Human Rights and Humanitarian Law while not adhering to the UN resolutions whether the areas of the security council or other UN institutions causing further suffering and instability in the region.

We are crying out for Justice which we pray for its realization to end the siege and occupation in compliance with the International law and UN resolutions in order to provide a genuine peace coupled with security, freedom and dignity for all.

"The effect of JUSTICE will be PEACE and the result of Righteousness; SECURITY and TRUST for ever"

Isaiah 32:17

Respectfully submitted,

**Constantine S. Dabbagh
Executive Secretary**

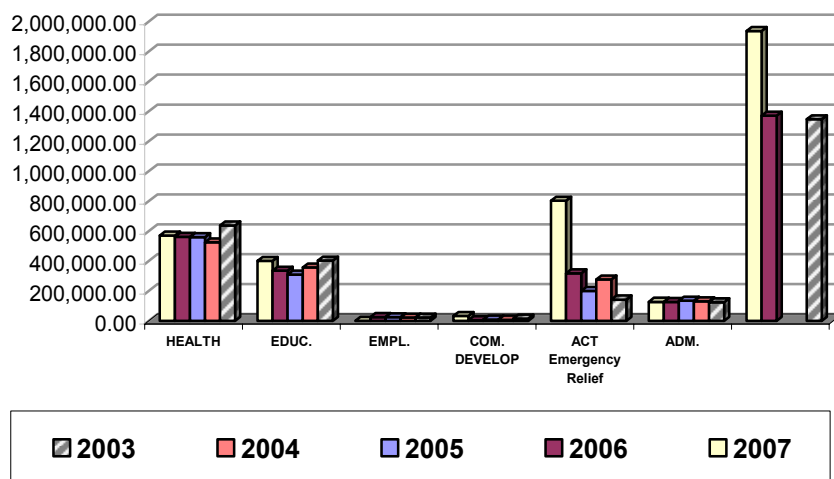
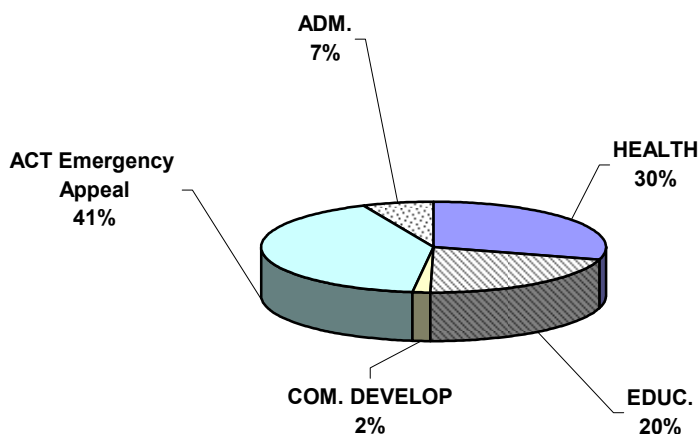
February 2008

The Gaza Governorates have a population of approximately 1,5m including over 1,048,125 Palestinian refugees registered with UNRWA defined as follows:

Area	Camp	In Camps	Not in Camps	* Total
Jabalia	Jabalia	107,827	82,665	190,492
Rimal	Beach	81,535	86,474	168,009
Zeitun	-	-	133,910	133,910
Nuseirat	Nuseirat	61,385	30,295	122,557
	Burejj	30,877		
Deir El Balah	D/Balah	20,666	42,927	87,199
	Maghazi	23,606		
Khan Younis	Kh/Younis	66,857	109,998	176,855
Rafah	Rafah	98,883	70,220	169,103
Total	8 Camps	491,636	556,489	1,048,125

* Based on UNRWA PUBLIC INFORMATION as at 31 December 2007.

**How The Money Was Spent
2007**



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

(Philippians 1:4-6)

VIII. ACKNOWLEDGEMENT TO OUR SUPPORTERS:

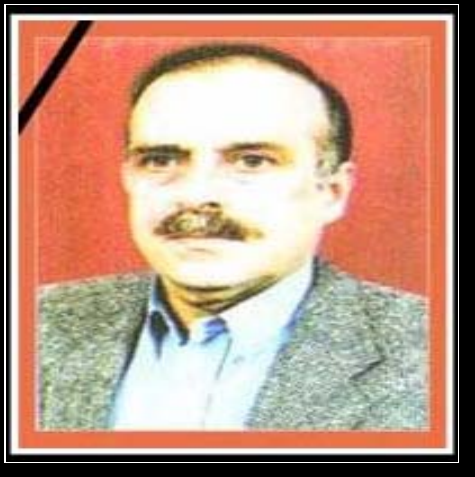
NECCCRW's programmes have been sustained over the last six decades with the generous assistance received not only from its major partners, but also from EU and many other individuals and organizations.

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

1. ACT International (Action by Churches together)
2. CCFD
3. Christian Aid, UK
4. Church Development Service (EED), Germany
5. Church in Wales, UK
6. Church of Sweden
7. Danchurchaid, Denmark
8. Danida, Denmark
9. Diakonisches Werk, German
10. Diocese of Aalborg, Denmark
11. European Union
12. Evangelical Lutheran Church in America
13. Federazione Delle Chiese Italy
14. Global Ministries (Disciples of Christ), USA
15. Interchurch Organization for Development Cooperation , Holland
16. KAIROS, Canada
17. Lutheran World Relief, USA
18. Middle East Council of Churches
19. National Council of Churches, Australia & AusAid
20. NCCCUSA
21. NECEF, Canada
22. Norwegian Church Aid, Norway
23. Pontifical Mission for Palestine
24. Presbyterian Disaster Assistance, USA
25. St. Patrick's Cathedral, Dublin
26. The Bromages, UK
27. The Church of Scotland
28. The Mission Covenant Church of Sweden
29. The Reids, Australia
30. The Whyte's, UK
31. UMCOR, USA
32. United Church of Christ, USA
33. World Council of Churches



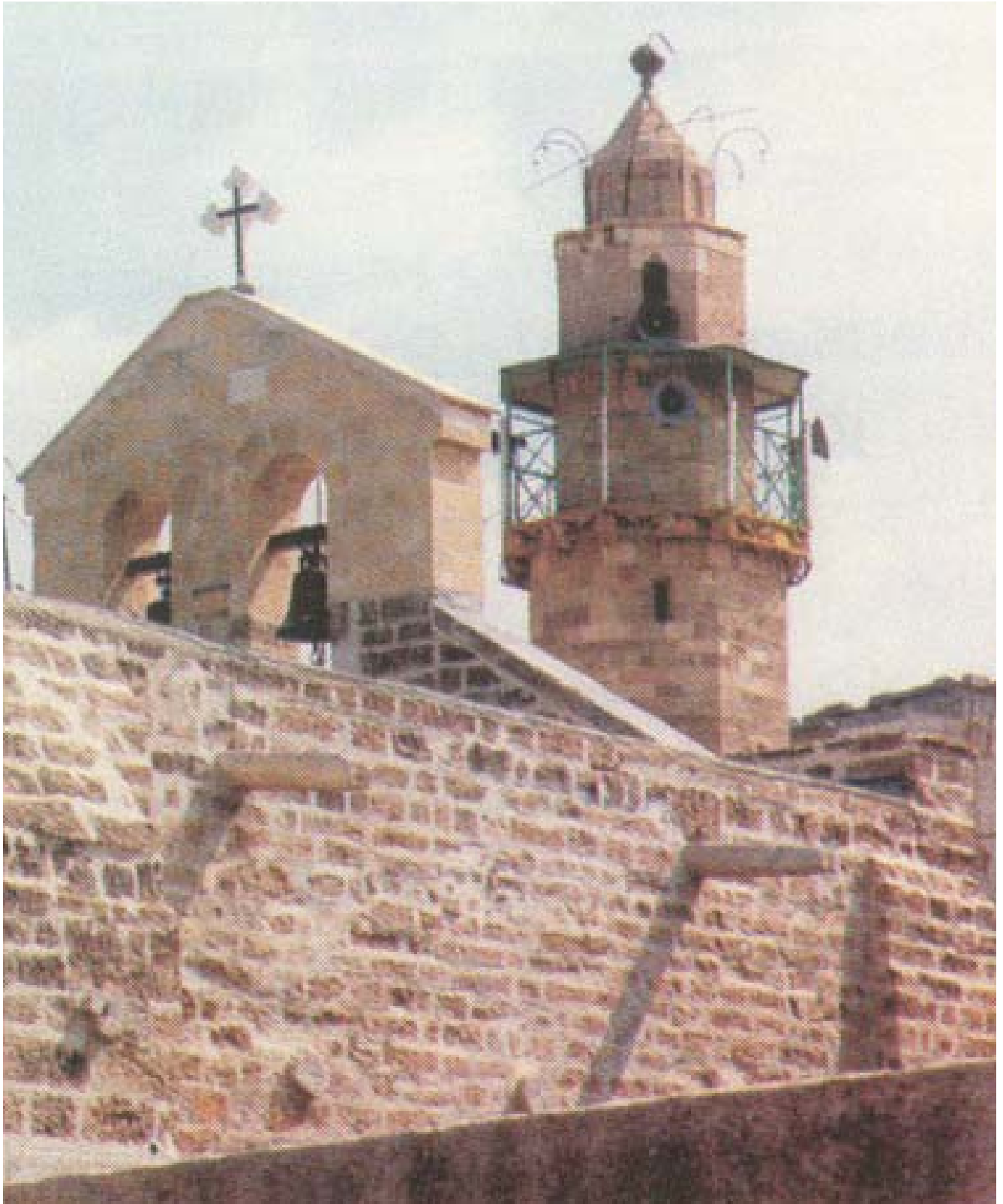




Dr. Haider Abdel Shafi
A Patriotic Valiant and Humanitarian Leader
1919-2007

Dr. Antoine M. Franjeh
1953- 2008





"Our Strength"