



**Near East Council of Churches Committee for Refugees Work
(NECCCRW)**

Department of Service to Palestinian Refugees

DSPR/Gaza Area

Mid-term -Report

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Preface:

This document is the NECC midterm report for the year 2018, a joint coordinated and elaborated work organized by NECC-Gaza staff in full cooperation between all centers and departments.

The purpose of this quarter report is to give comprehensive information on NECC programs implementation during this period of year 2018 (for period covering 1st January till 30th June), highlighting and summarizing the achievements that have been realized with regards to the stipulated and intended goals considering the different aspects of context in the Palestinian territories mainly in the Gaza Strip.

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

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

Acknowledgement

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

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

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

With respect

NECC/DSPR-Gaza

Table of Contents:

Executive Summary 7

1. Highlights on midterm achievements:..... 7

1.1. Summary of key findings in reference to log frame..... 8

2. Introduction to NECC Organization:..... 9

2.1 Description of NECCCRW and its programs..... 9

2.2 Overview on NECC Programs Description.....10

2.3 Context (socio-political, health, economic, environmental...)12

3.1 .Health program.....15

3.1.1 Preconception and Ante Natal Care16

3.1.2 Post Natal Care (PNC)17

3.1.3 Family Planning Services (FP)18

3.1.4 Well Baby Program (WB)19

3.1.5 Dental Clinic21

3.1.6 General Clinic/Medical examination.....22

3.1.7 Health Education.....23

3.1.8 Home Visits24

3.1.9 Referral System24

3.1.10 Laboratory Services.....24

3.1.11 Pharmacy Services25

3.2 Psychosocial Support Program.....26

3.3 TVET Program28

3.3.1 AutoCAD approaching and setting-up computer lab:30

3.3.2 Curricula Development:.....30

3.3.3 Follow-up assessment (late 2017):.....31

3.3.4 Relations and Networking:.....33

3.3.5 LET-Council:33

3.3.6 Capacity building courses for TVET staff:.....34

3.3.7 Training program with INJAZ Palestine:.....34

3.3.8	“Industrial Automation” training course:	34
3.3.9	“First-aid” training:	34
3.3.10	TOT course in “Business Creation and Management”:	35
3.4	<i>Educational Loans Program</i>	35
3.5	<i>Job Creation</i>	36
3.1	<i>Advocacy program</i>	36
4.	<i>Cross cutting issues:</i>	37
4.1	<i>Human resources</i>	37
4.2	<i>Capacity building and trainings</i>	37
4.3	<i>Gender</i>	39
4.4	<i>Supervision, Monitoring and Evaluation</i>	40
4.5	<i>Communication and Coordination</i>	41
4.6	<i>Policies</i>	44
4.7	<i>Current problems and constraints</i>	44
5.	<i>Future plan</i>	45
6.	<i>Success stories</i>	46
	<i>Stories from Health program</i>	46
-	<i>Story 1</i>	46
-	<i>Story 2</i>	52
-	<i>Story from TVET program</i>	53
7.	<i>Photo gallery:</i>	54
	<i>Health and PSS programs:</i>	54
	<i>TVET Program</i>	57

List of tables:

Table	Page No.
- Table 1: Summary of main achievements	8
- Table 2: No. of cases during the reporting period (Health Program)	15
- Table 3: Family planning beneficiaries and visits	18
- Table 4: Distribution of dental clinic per activity and locality	22
- Table 5: Distribution of all clients who were examined by doctors by category and center	22
- Table 6: Referral sites during the reporting period	24
- Table 7: Distribution of lab Tests	25
- Table 8: No of prescriptions dispensed per area	26
- Table 9: Main psychosocial support achievements	27
- Table10: Distribution of TVET students to the VTCs	29
- Table 11: Number of loans granted	32
- Table 12: Distribution of beneficiaries on places (job creation project)	35
- Table 13: NECC human resources by category	37
- Table 14: Main trainings and workshops attended by NECC for capacity building	38

List of Abbreviations:

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

Executive Summary

This Midterm Report outlines of first 6 months of programs implementation during 2018, summarizing achievements in relation to the specified goals in the picture of the deteriorated political and socio-economic situations in the Gaza Strip.

The report consists of 4 main parts; the first is pertaining major highlights on the first quarter implementation pathway of the diversified programs the NECC is running, while the second part is introducing NECC organization and its vision, mission and scope of work in the time that the third part is including the different activities took place in the determined period in relevance with the NECC stated indicators.

And finally, the fourth part is focusing on the cross-cutting issues induced by situational, environmental and organizational context for NECC delivery of services and programs.

In that pathway, the next part is summarizing the different indicators of NECC services delivery during the determined reporting period crossing all NECC programs and centers.

1. Highlights on midterm achievements:

The report summarizes the activities of Near East Council of churches during the first six months of year 2018

Regarding Access to Primary Health Care and Medication, the number of newly registered families during this reporting period has reached **913** families, while the number of the total families benefitted from NECC PHC clinics during this period was **12,367** families.

481 new women were registered at preconception care and received appropriate preconception care while **758** women attended preconception for follow up, and for pregnant women the number of new registered pregnant was **891** distributed as following: 427 in Shijaia, 308 in Darraj and 156 in Rafah with total of **1822** pregnant women who were already registered and followed up during the reporting period. Furthermore, the number of deliveries reported in our catchments areas during this reporting period was **735** deliveries. 75% of the delivered women received quality postnatal care three times after delivery. In terms of family planning, the number of women who received family planning services during this reporting period was **924** women: 360 at Shijaia, 481 at Darraj and 83 cases in Rafah (target 1000 women per year).

Additionally, the number of newly registered children in this reporting period has reached **1879** in the different areas (Shijaia 805; Darraj, 534; Rafah 540), this is also could reflect an increased demand for the services. The total number of children attending the well-baby clinic has increased and reached **9594** children attended the well-baby services and have been screened in accordance with the national well baby protocols (Annual target 10,000). This number is slightly higher than the number (9100) reached during the same reporting period in the past year (Jan through June 2017). Similar to the past year, Shajaia Clinic ranked first in term of the number of children seen at the well-baby services (4146). This could be attribute to the large size of the population in that catchment area in comparison to others.

The number of patients above 6 years old as cases examined by doctors has been **4014** while **5669** children under 6 years were examined by doctors and received treatment. The number of cases examined by dentists and received dental care services had reached **3601** distributed as Shijaia 1426; Darraj 1124 and Rafah 1051. The total laboratory tests that were performed inside the three family care centers during this reporting period have reached **12,218** distributed as Shijaia 6030; Darraj 4617 and Rafah 1571. The total number of health education sessions provided to all categories was **837** sessions for 24701 participants.

With regards to the **Technical Vocational and Educational Training (TVET) program**, during the reporting period, a total of 236 enrolled trainees including male and female, continued to receive high quality vocational training skills in the designated fields of carpentry/furniture making, welding and metals work, aluminum work, refrigeration and air conditioning, general electricity and motor rewinding, secretarial studies and advanced dressmaking. Where about **19.1%** out of those trainees are females and the rest of **80.9%** are almost males.

Some major changes have been realized into the TVET provision at NECC scribed as reducing periods of study for some professions from three to two years in addition to the launching of the profession of refrigeration and air conditioning, adding a computer lab to the Shijaia center among other changes.

Regarding **psychosocial support program**; **1363** children who attended the three family care centers or kindergartens located in the three served areas received PSS activities either, group sessions or counseling or recreational activities while **1791** mothers and women received PSS either group sessions, individual counseling, group counseling or consultation. Additionally, **236** TVET students received PSS.

1.1. Summary of key findings in reference to log frame

During the reporting period, NECC succeeded to sustain the provision of its programs and services to the targeted beneficiaries as planned. **The table (1) below summarizes the main achievements in numbers.**

Annual Indicator	Q2	% of achievement
At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	98.6%	Achieved
At least 70% of women in targeted locality received timely quality post-natal care at least twice.	75%	Achieved
1,200 new pregnant women registered for ANC annually	891	Achieved
7000 antenatal care visits made annually	7610	Achieved
1,800 pregnant women received follow up visits, newly registered and on-going	1822	Achieved
1600 postnatal care visits conducted annually	1955	Achieved
12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric measurements	9594	80%
25,000 well baby visits were conducted annually	17586	70.3%

7,000 sick children up to 6 years old received medical examination and treatment	5669	81%
1000 partners received reproductive health services and awareness	924	92%
Over 4,000 women, children and adults in targeted areas receive dental care annually	3601	90%
Over 4,000 patients examined, tested and received treatment	4014	Achieved
2000 children received psychosocial support	1363	68%
3000 mothers/women participated in psychosocial support activities	1791	59%
A total of 117 students receive training in carpentry/furniture making, welding and metals, Aluminum work and refrigeration and air conditioning annually	135	Achieved
A total of 48 students new and old receive training in electricity skills	56	Achieved
A total of 20 students receive training in secretary study	21	Achieved
A total of 15 students receive training in Advanced dressmaking	24	Achieved
At least 60 educational loans provided to students to complete their study at Palestinian universities	10	16%
1 to 2 policy/advocacy issues resulted in improving justices and economic status	1	50%
4 initiatives implemented with local communities	1	25%
10 visits paid by relevant internationals	10	Achieved

2. Introduction to NECC Organization:

2.1 Description of NECCRW and its programs

NECCRW Brief:

Near East Council of churches Committee for Refugees Work (NECCRW)-the Gaza Area Committee is part of the Department of Service to the Palestine Refugees (DSPR). The DSPR is a department of the Middle East Council of Churches. NECCRW Gaza is an integral part of the Palestinian Society and culture and operates with support from the churches, ecumenical and secular organizations. NECCRW Gaza Committee was founded in 1952 launching a humanitarian program to assist Palestinians who took refuge in the Gaza Strip following the establishment of Israel in 1948. NECCRW has focused then on the provision of humanitarian aid and contributing to an overall improvement in living conditions and to poverty alleviation. Its work has rested on respecting the humanity and dignity of those whom it helps and on adherence to clear transparency and accountability standards.

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

**NECCCRW
Vision:**

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

**NECCCRW
Mission**

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

2.2 Overview on NECC Programs Description

1. Provision of Quality Primary Health Care services:

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

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

The package incorporates antenatal and postnatal care for pregnant women, and a Well-Baby services to follow up children's development until the age of six years. Dental services for mothers and children, health education, home visits, dermatology clinic, physical examination, laboratory testing, medication, psychosocial support interventions, malnutrition and anemia program, and family planning services are also included.

Two family health care centers in the areas of Shijaia and Darraj serve each a poor community of approximately 120,000, and 80,000 people respectively, where existing provision of medical services is inadequate. In the rural area of Rafah, in Kherbet El Adas, where provision of medical services is non-existent by other providers, NECCCRW Gaza serves a population of approximately 20,000 at its third center.

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

2. Psychosocial support:

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

3. Livelihood and Economic Development (TVET Program):

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

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

These vocational training centers are serving different target beneficiaries therefore, the selection criteria for the VTCs trainees differ according to the subject of the training course, i.e. women applying for the secretarial course should have completed 12 years of schooling and have a high school certificate while women applying for advanced dressmaking course should at least know how to read and write, while men applying for carpentry, metal welding and aluminum should be aged between 14-16 years, and known as school drop-outs, and men applying for electricity course should have completed 10 years of schooling and are between 16-23 years old.

For selecting target groups, NECC-Gaza ensures to select those who come from deprived families and have the highest needs. NECC Technical Vocational Educational Training (TVET) centers provide its services to a total of approximately 205 trainees per annum.

4. Educational Loans:

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

5. Emergency Relief:

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

6. Advocacy Program:

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

7. Others:**❖ Community Development Program**

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

❖ Self-Help Program

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

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

2.3 *Context (socio-political, health, economic, environmental...)*

For people living in Gaza, the first half of the year 2018 more or less is a continuation of the year 2017, where Gazan's population continued living in a very difficult conditions with restriction on travel, limited job opportunities, unemployment and siege. Despite the several cycles of negotiations, the unity government formed in April 2014, still didn't end the division and still People from Gaza experience more and more deprivation and harsh conditions. In April 2016, A decision has been taken by the PA to reduce the basic salaries of the PA employees paid by Ramallah by 30% in addition to suspending all allowances. Not only that, the PA employees didn't receive their salaries for March 2018, and in April, a decision has been taken to further deduct the salaries of employees by 50% which continues till now. For health staff, this meant actual reduction by more 70% due to the cut of the allowances.

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

Also, the PA took a decision to retire thousands of employees including those working on health sector. This will restrict the ability of formal authority to serve the population and possibly contribute to further deterioration of health status. Due to uncertainty, spread of rumours, the moral of health providers at MOH is very low which affects their productivity.

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

On 30 March 2018, a campaign composed of a series of protests was launched at the Gaza strip, near the Gaza-Israeli border. The organizers insisted to keep these protests peaceful ones. Called the 'Great March of Return', the peaceful protests demand that Palestinian refugees and their descendants be allowed to turn to their original towns and villages, which is now called 'Israel. They are also protesting the blockade of the Gaza strip and the moving of the United states Embassy in Israel from Tel Aviv to Jerusalem. Till now, around 175 Palestinians were killed and 18,006 were injured with many developed permanent disabilities; none has been killed at the Israeli side. The huge number of fatalities and injuries puts further constraints on the health care system which is already facing a lot of challenges before these protests such as shortage of drugs and supplies, inadequate staffing, lack of specialized personnel, lack of fuel needed for hospitals' generators, and many others. till now and as a result of that, large number of casualties among unarmed Palestinian demonstrators, including a high percentage of demonstrators hit by live ammunition, has raised concerns about excessive use of force by Israeli troops. Gaza's health sector is struggling to cope with the mass influx of casualties, due to years of blockade, and a chronic energy crisis, which have left essential services in Gaza barely able to function. Local and international officials stated that the context in Gaza now, is the worst ever since the Israeli occupation in 1967-UN described it as a protracted conflict and a human dignity crisis. (OCHA, 2018).

Gaza's 14 public hospitals rely on donated fuel to run generators during the electricity black-outs, which lasts 18-20 hours per day. The last batch of UN donated fuel, approximately 370,000 liters, entered Gaza via Karem Shalom on the 12th and 13th August; and there is currently no funding to procure more fuel. As a result, this will be immediately life-threatening for over 2,000 patients relying on electrical devices, including neonates in incubators. An additional 120,000 ill patients regularly receiving treatment at the hospitals will also be immediately affected and 1.27 million people relying on public secondary healthcare will be impacted. There is also an increased risk of waterborne disease and outbreaks across Gaza. (WHO,2018)

The WHO's latest figures show hospitals are experiencing severe shortages of drugs and medical disposables. Of 516 medications on the essential drug list, 223 (43%) were at zero stock levels in

November, which means central supplies will be totally depleted in less than a month. An ongoing electricity crisis in Gaza has left hospitals reliant on emergency generators for up to 20 hours a day, while medical staff have been forced to cut back on basic services such as equipment sterilisation and diagnostics.

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

In Gaza, the only natural source of water is the coastal aquifer, and the population currently extracts almost three times the aquifer's sustainable annual recharge, which has caused water levels to significantly drop and the intrusion of saline water. Furthermore, in the absence of adequate sewerage treatment facilities, the infiltration of raw sewage from sewage collection ponds on the surface is further adding to the rapid deterioration of the aquifer and posing a serious public health risk.

According to Palestinian Central Bureau of Statistics (2017), families struggle to get by with one of the highest unemployment rates in the world at 41.7%, disproportionately affecting youth (60%) and women (65%). According to the recent report published by the Palestinian Central Bureau of Statistics (March,2018),35.3%of Gaza population live below the poverty line.

Throughout 2017, the deterioration in the electricity supply to Gaza led to power shortages and lack of repairs, with severe consequences for the operation of water treatment facilities, wastewater pumping stations, and drinkable/piped water supply. In Gaza, Anaemic children under five is around 20%, Anaemic pregnant women are much higher 70%, Stunting is around 12%, Wasting is not high (3-4%), Underweight is around 6-7% (WHO ,2017).

A chronic shortage of electricity – from 12 to 22 hours of daily rolling blackouts – prevents the region's three desalination plants from meeting demand, and it drastically reduces the capacity of sewage treatment plants. Consequently, 95 million liters of partially treated or untreated sewage are discharged into the Mediterranean Sea daily. The United Nations has predicted that Gaza may be uninhabitable by 2020 and repeatedly described the situation as a protracted human dignity crisis.

Within the same context, the electricity supply to the Gaza Strip has been diminished by around 40% which resulted in having a power supply of 2-3 hours daily. The same applies to water supply which is supplied 12 hours per week. This has many consequences on people life as follows:

- Electricity cuts resulted in a decrease in water supply at the household due to inability of HHs to pump water to roof tanks and subsequently this negatively affected the sanitary conditions at HHs. The risk of hygiene related diseases is now higher.
- Due to lack of electricity, untreated waste water is pumped to the sea which further contaminate the environment and water resources.
- Lack of electricity affects means of production and results in further poverty.

- Dark, hot weather, inability to socialize due to loss of internet are all among the issues which further deteriorate the psychosocial status of people.

Politically, there is improvement in the political climate between Egypt and Hamas which resulted in the entry of fuel to partially supply Gaza power plan. There are promises of lifting the siege and allowing entry of materials to Gaza, but still limited progress has been noticed on the ground. In the month of Ramadan this year (May), the Egyptians opened the borders between Gaza and Egypt 4 days a week.

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

NECC is responding to the above-mentioned challenges through:

- Being more prepared to cope with extra number of patients.
- Intensify health education session to reduce infections resulted from poor sanitation such as diarrhoea.
- Recruit more resources needed for the fuel of the electrical generators used by NECC clinics.
- Recruit more resources to do screening and identify malnourished cases at the community level.
- Providing free of charge services (exempted from co-payment) for the injured people during the protests.

3.1 .Health program

NECC provide a package of primary health care services, reproductive health (antenatal, postnatal, family planning), child health services (well-baby services, nutrition, pediatric clinic...) and other services to all age groups (medical examination, dermatology, dental, laboratory testing, medication, consultation, health education, home visits, etc.

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

By age	Above 18 years		Less 18 years		Total
	M	F	M	F	
By gender					17216
No of beneficiaries	492	4325	6294	6105	
Total	4817		12399		

3.1.1 Preconception and Ante Natal Care

Preconception care

NECC in a partnership with Embrace the Middle East (EME) has introduced a Preconception Care (PCC) program in 2017 as an important component of the maternal health care and was fully integrated within the primary health care system and it continues to be as a part of NECC health program.

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

This approach is designed to strengthen the provision of high quality antenatal care services at the NECC primary health care premises. Already NECC provides ANC services but the challenge is to promote the provision of timely, high quality ANC care according to the approved national protocols including early booking and registration, introducing the preconception care (counselling and Folic Acid supplementation), and to promote appropriate nutritional status of pregnant women through appropriate counselling, supplementation and follow up.

Mothers' knowledge about pregnancy its antecedents and consequences are limited and requires further reinforcement especially knowledge about danger signs of pregnancy, labor and post-partum affecting mothers and fetus /infant. This program aims at improving the health status, and reducing behaviors, individual and environmental factors that contribute to poor maternal and child health outcomes. Its ultimate aim is to improve maternal and child health, in both the short and long term.

Preconception care is to prepare women of reproductive age to enter pregnancy in an optimal health status. Women are assessed for risk factors, screened for hypertension, diabetes mellitus, anemia, oral health diseases, given folic acid supplementation to prevent congenital malformation - in particular neural tube defects - and are provided with medical care where relevant.

- During this reporting period 481 new women were registered at preconception care and received appropriate preconception care while 758 women attended preconception for follow up, (anticipated target is 1000), and 2279 preconception follow up visits were provided, of them 155 women were newly married, 313 women have had children before, 151 had abortion, and 76 were followed previously at NECC family planning program.
- 746 women attended preconception care received folic acid supplementation.
- From those who screened 782 women found anemic and received appropriate treatment, and, with total of cases who have more than health problem were 145 women.

- 4524 women received health education and awareness sessions about nutrition, preconception care, and hygiene practices, the most commonly delivered health education method was lecture, and educational films on Smart board.

Antenatal Care.

According to the standard of antenatal care from WHO followed by NECCCRW, pregnant women are expected to visit every 4 weeks until 28 weeks of gestation, and then every 2 weeks until 36 weeks, after which weekly visits are recommended until delivery. During this reporting period, number of new pregnant women was **891** with total of **1826** pregnant women who were already registered and followed up during the reporting period (Target 1800 pregnant women per year).

Among the new pregnant women, 268 women were primigravida (30%). The total antenatal care visits have been reached 7610 visits (Target: 7000 ANC visits per year) as the pregnant woman should follow up monthly during her pregnancy. Accordingly, **98.6 %** of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy. We noticed an increase regarding ANC beneficiaries and this could be correlated to the high needs to reproductive health in Gaza.

The percentage of pregnant women who registered at antenatal care through the first three month of pregnancy was **82%** which revealed high commitment

*During this reporting period, the percentage of women received US service 3 times or more during their pregnancy period reached **72%**, and **1609** pregnant have got ultrasound services three times during pregnancy.*

779 pregnant women received 5 laboratory tests during their pregnancy

*The total number of those examined pregnant and found anaemic and enrolled in treatment programs was 745, which means that 70.7% of pregnant women were having anaemia, **1579** sick pregnant examined by the doctor and received appropriate treatment, there were no maternal mortality cases registered during this quarter.*

3.1.2 Post Natal Care (PNC)

All women who follow up for antenatal care at NECC family health care centers during pregnancy used to receive PNC three times, after delivery by NECC staff, the first visit within 72 hours, second visit within 6 days and third one within 6 weeks after delivery, the two visits should be at home while the third one could be at the center or home.

During the postnatal visits, the midwife/nurse examine women and their babies to make sure that their conditions are normal, assess the psychological status of the mother and provide psychosocial support services to mothers, provide health awareness sessions pertaining to postnatal period such as breastfeeding, family planning, nutrition, baby care, danger signs, provide appropriate supplementation

to women as needed such as Iron/Folic acid to anemic and even normal deliveries according to national protocol for 3 months, refer the severe or cases with complications and provide psychosocial support. Additionally, they check the baby's weight and perform umbilical dressing. Also, they filled a questionnaire about both mother and baby.

NECC during this reporting period continue promoting of PNC with UNICEF in Shijaia, Darraj and Rafah areas. The overall objective of the project was to contribute to reduce the morbidity of the targeted pregnant women and mothers and neonates/children during postnatal period. The project aimed to increase coverage of PNC services for registered women at the postnatal period. A new project will start in March 2018.

Regarding the post-natal visits, the total number of deliveries during this period in the three localities who were registered in ANC was **735**. NECC conducted **1955** PNC sessions/visits in three served localities were provided to 735 mothers, **1463** were at home and **492** at the health center.

Also **75%** of mothers who passed 6 weeks after delivery received 3 PNC sessions, and **84%** passed the 6 weeks after delivery without complication while 9.6% of children (65 children out of 671) during 6 weeks of their born had specific medical conditions and received appropriate treatment or referred.

Also, one of the main objectives of the project is to enhance the exclusive breastfeeding, the percentage of children who are exclusively breastfed during the 6 weeks after delivery was **90%**.

3.1.3 Family Planning Services (FP)

Family planning services are provided at the three localities. A female gynecologist and staff nurse run the family planning clinics inside each one of the three health care centers. The family planning methods which are commonly used are: intrauterine devices (IUDs), pills, injections and male condoms. The women have a good discussion with the gynecologist in order to select the best and safe method of contraception after the medical examination and sometimes they need to discuss with their husbands and come back with the decision of both of them.

During this reporting period, the number of new acceptors was 150 as following: 53 in Shijaia, 71 in Darraj and 26 in Rafah. The total number of beneficiaries of Family Planning and visits disaggregated per area are shown in **table (3) below**.

Center area	No of beneficiaries	FP Visits
Shijaia	360	719
Darraj	481	1126
Rafah	83	141
Total	924	1986

The most used tool was the pills in Darraj and Rafah while in Shijaia was the male condom.

3.1.4 Well Baby Program (WB)

Well Baby program is operated in NECC twice a week in each clinic. Through this program the staff nurses provide services to children from birth to 6 years with consultation of a physician. NECC is unique in providing this service to children from 0 to 6 years. Routinely, nurses weight and measure the weight, length, head circumference and hemoglobin.

These measures are registered in growth and development file of the child on the computer and kept in the child's health record, through which nurses can recognize malnourished or anemic children and deal with them through enrolment in the malnutrition and anemia treatment program by follow up, counseling their mothers and home visits. This aimed at decreasing the prevalence of malnutrition and anemia among children under 5 years old and to speed up the recovery process of malnourished and anemic children in a sustainable manner.

NECC utilized a comprehensive approach that incorporates carrying out screening, identifying anemic and malnourished cases, managing the identified cases at the clinics, providing health education and counseling, provision of referral services when needed, provision of iron and enriched milk supplementation and possibly provision of social assistance through other agencies working in that field.

The main activities during this reporting period were as following:

- 9594 children attended the well-baby services and have been screened in accordance with the national well baby protocols (Annual target 12,000). This number is slightly higher than the number (9100) reached during the same reporting period in the past year (Jan through June 2017). Similar to the past year, Shajaia Clinic ranked first in term of the number of children seen at the well-baby services (4146). This could be attribute to the large size of the population in that catchment area in comparison to others.
- The number of the achieved well-baby follow up visits is 17586, which is higher than the anticipated target of providing 10,000 well-baby sessions (annual target 20000). The achieved number of well-baby sessions this year is close to the number achieved in the past year for the same reporting period (15897 visits).
- During this reporting period, 1879 new children were assessed at the well-baby service delivery points. This number is more than the achieved number in the past year (1781), but less than what was achieved in 2016 during the same reporting period (2202). Interestingly, Rafah Clinic served more new cases than what was reported earlier (even more than Darraj clinic), possibly, due to the outreach nutritional screening programme conducted in 2017 with support from the USAID.
- The total number of those examined children and found abnormal (malnourished and anaemic) and enrolled in treatment programmes is 855, much more than what was reported in 2017 (641), but still less that what was reported in 2016 (949).

While Shajaia clinic has showed the highest number of sick children during this reporting period, Al Darraj Clinic showed the lowest number of abnormal children (262), the number of sick children reported in the 2016 for the same period was (449), 225 in 2017.

- The percentage of malnutrition among the attendants of the well-baby visits was around 9.7% in Shajaia area (8.5% in 2017) while it was 5.3% in Darraj area (last year it was 7.4%); the prevalence in Rafah was around 8% for this year and the past year also. The reported variations could be attributed to economic status with poorer areas reporting higher prevalence of malnutrition. The prevalence of anaemia was much higher as it ranged from 27.4% in Shajaia to 22.7% in Rafah (in Darraj it was 24.2%)-the past year figures for the same reporting period were less in general and ranged from 23 in Darraj 14% in Rafah.
- During this reporting period, 23947 SMS were sent to clients which were effective and well-perceived by them in addition to 8286 SMS that were sent to bring back defaulters. The use of SMS has contributed to the reduction of the number of defaulters.
- In total, 7611 laboratory tests were conducted during the well-baby services visits at this reporting period-which is similar to what has been reported in the past year for the same period, but much higher than what was reported in 2016 (5736 tests). The increase in the number of tests is attributed to the outreach testing in the field. The most frequently conducted test is hemoglobin level (6299 tests) followed by stool analysis (655), urine analysis (436) and complete blood count (221) due to the widely spread anemia.
- In addition to those who were enrolled in the treatment program inside NECC premises, 51 were referred to other facilities for more advanced management at hospitals or diagnostic centers, 31 were referred to Al-Dorra Pediatric Hospital which belongs to MOH and 19 were referred to the Thalassemia center to undergo electrophoresis.
- At least, 11451 caregivers received health education and awareness sessions about nutrition. This is almost double the number of people reached in the past year (6235). The mostly commonly delivered health education method was lecture (371 ones with 11392 attendants). Moreover, 59 individual counselling sessions were provided. NECC regularly assesses the impact of health education through studying the change in the epidemiology of diseases.

The change in the epidemiology of hygiene related diseases indicated a reduction in infectious Diseases and parasites. Also, pre-test post-test questionnaires on nutritional practices and hygiene were administered during this reporting period. The analysis shows that the level of knowledge among ladies regarding the nutritional practices is high at the pre-test and even higher at the post-test assessment in most. However, NECC developed a new questionnaire to assess the impact of education sessions which will be used in the coming reporting period.

- 5 training days were organized in technical issues related to child health including baby care and early childhood development with the participation of 6 NECC staff.

- It's worth mentioning that **United Church of Canada** supported NECC in medications needed for the treatment of anemic, malnourished and sick children, this support used to complement an ongoing program supported by the **Embrace the Middle East**.

Outreach screening activities

It's worth mentioning that NECC recently starts implementing a project titled "WASH and Nutrition Humanitarian Response in Gaza Strip" the project includes outreach nutritional screening of children under 5 in new area in south Gaza, Al-Shokah area, this project supported by DCA-NCA, and it aims at preventing a further increase in the percentage of malnourished and anemic children below 5 years. Since the project implementation depend on the community-based approach and invests in the human capital by capacity building and awareness raising, it contributes to improve community resilience.

Early childhood detection and intervention

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

The main objectives of this trans disciplinary training were to support government of SOP to create a system of early detection and intervention in their country and implement the priorities defined under the National ECD and ECI strategy 2017-2022, as well as to provide professionals with a diversified knowledge and competencies training in how to use standardized instruments for harmonized "whole child" assessments and interventions in ECD and ECI particularly focusing on most vulnerable families with young children with developmental delays and disabilities Near East Council of Churches Gaza (NECC) adopted this strategy with the support from UNICEF.

as NECC developed ECD corner in the clinic, to detect children with developmental delays and disabilities. During this reporting period, 418 of children were screened according to standardized assessment tools, 393 of children screened were found normal and 25 children had developmental delays including cognitive, emotional, social, and communication delays, and 7 children with disabilities including physical disability, cerebral palsy, down syndrome, partial blindness.

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

3.1.5 Dental Clinic

All clinics of NECC Gaza are equipped with fixed Dental units that provide routine dental services – such as check-up, filling, extraction, scaling 4 days a week, as well as the mobile dental clinic which is also used to screen client's teeth and to detect oral health problems. During this quarter, **3601** patients (annual

target 4000) were examined by a dentist at the clinics, also **910 children** were screened during well baby program (target 700 child per year), **864** pregnant women were screened during antenatal care for their dental care (target 1200 pregnant women per year).

Table (4): Distribution of NECC Dental Clinic by Type of Activity & locality

District	No. of Visits	Treatment	Composite Fillings	Amalgam Fillings	Teeth extractions	Teeth scaling	Follow up visit
Shijaia	516	426	3	289	76	75	377
Darraj	454	693	8	270	144	69	244
Rafah	206	358	3	140	81	26	164

3.1.6 General Clinic/Medical examination

Through general clinic the physician treated children, adolescents, adults, and women about 60 patients per day were treated and received proper medicines, in each clinic there are four days for general clinic, during the reporting period the number of patients above 6 years old as cases examined by doctors has been reached 4014 cases including those attended dermatology clinic.

During this reporting period, **28,956** SMS were sent to clients which were effective and well-perceived by them and to bring back defaulters. The use of SMS has contributed to the reduction of the number of defaulters.

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

Table (5): Distribution of all clients who were examined by doctors by category and center

Target group	Shijaia	Darraj	Rafah	Total
Less than 6years old	5899	6216	4680	16795
Pregnant women	1830	1148	602	3580
Above 6 years old	1110	766	788	2664
Dermatology clinic	869	324	527	1720
Total	9708	8454	6597	24,759

Since 30 March 2018, the Gaza Strip has witnessed an enormous increase in Palestinian casualties in the context of peaceful demonstrations taking place along Israel’s perimeter fence with Gaza. The demonstrations have occurred as part of series of mass protests in the ‘Great March of Return’.

As of 26 June 2018, Israeli forces had killed 137 Palestinians, the vast majority during the demonstrations including 15 children, a woman, 2 journalists and a 6 paramedics / medical staff (PCHRⁱ); furthermore over 14,800, including more than 3,900 by live ammunition, raising serious concerns about excessive use of force (UNOCHAⁱⁱ).

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

NECC planned interventions:

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

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

NECC to date work on the ground:

Since 23 May, the health staff;

- Have conducted **27** home visits through its clinics in Shajaia, Al Daraj and Rafah.
- Delivered **56** medical packages to those affected from the Great March of Return.

Provided medical services treatment through NECC health clinics to **45** injured persons.

3.1.7 Health Education

Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes and behaviors. Health education is a tool of health promotion: the two should not be separate.

NECC staff conducts health education sessions for women attending family health care centers. To promote healthy practices, health education is provided to families particularly to caregivers. Health education is provided based on the needs of families.

Achieved in this reporting period: NECC continued to intensify its efforts in health education and in increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment, etc... The total number of health education sessions provided to all categories was **837** for **24,701** participants. The main subjects of health education were nutrition, hygiene practices, child health care, pregnant women care, infectious diseases, newborn care, child protection, breast feeding, and complementary feeding. Also, health education materials were distributed either inside the centers or at home visits.

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

3.1.8 Home Visits

Home visits are a part of health services provided by NECC to the community either for PNC, bringing defaulters and special cases. During this quarter approximately **1920** home visits (annual target 1500) were conducted by NECC to beneficiaries inside their houses. The main cause of home visits is to check the health of mothers, newborns, patient/case inside the house, the purpose of not coming if defaulter, to check the improvement of the case and feedback if referred cases.

3.1.9 Referral System

One of the success factors for NECC health program was the coordination and the integration with the relevant health providers such as the MOH hospitals, Thalassemia association and AEI which provided back up referral sites. NECC referred 111 cases to relevant sites as needed.

During the reporting period; the referral cases including 51 children, 56 pregnant women, 4 adults were referred for more investigation or because they had complications. The following table shows the referral sites;

Table (6): Referral sites during the reporting period:

Referral system	Shijaia	Darraaj	Rafah	Total
Thalassemia center	10	5	4	19
MOH or other hospitals	55	33	-	88
MOH clinics	3	1	-	4
Total	68	39	4	111

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

3.1.10 Laboratory Services

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

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

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

The number of laboratory tests performed during this quarter have reached **12,218** distributed as Shijaia **6030**; Darraj **4617** and Rafah **1571**. Unlike other health organizations in Gaza, the available strategic storage of laboratory kits needed for the lab services helped NECC to continue the provision of the needed lab services despite the closure.

Table (7): Distribution of lab tests

Type Of Lab Tests	Shijaia	Darraj	Rafah	Total
Blood tests	2747	2157	653	5557
Urine	2627	1909	698	5234
Stool	479	459	195	1133
Pregnancy Test (Urine Sample)	177	92	25	294
Total	6030	4617	1571	12,218

3.1.11 Pharmacy Services

There is a small pharmacy operated by an Assistant Pharmacist at each of three clinics with a number of medicines (approximately 120 items), complying with WHO standards and approved by the NECC medical sub-committee. The main lists of the medications include those needed for pregnant women and children as Iron supplements, multivitamins, antibiotics, anti-allergic, skin ointments and creams, antifungal oral gel, ovules and vaginal creams, antipyretic, anti-cough, analgesics, anti-helminths, etc.

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

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

NECC succeeded in securing the availability of the required medicines throughout this quarter by having stocks of medicines in each center and in the main store. However, some delay happened due to the tight closure.

UPA thankfully agreed to support NECC in terms of purchasing medication for the year 2018; also, ANERA continues providing NECC medical store with in-kind donations (medicines and medical supplies), IMC also supported NECC in terms of offering drugs and medical supplies to be dispensed during emergency. In addition to NECC regular partners who continue supporting the purchasing of medication to patients. During this reporting period the number of prescriptions dispensed to patients reached 28,913 in the three localities.

Table (8) No. of Prescriptions dispensed per area

Clinic	No. of prescriptions
Shijaia	11,291
Darraj	11,275
Rafah	6347
Total	28,913

3.2 Psychosocial Support Program

The psychosocial component of NECC health program is consistent with the NECC mission, strategies, and objectives. The overall objective of the program is to promote the psychosocial status of the served community particularly women and children.

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

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

Moreover, 11,231 Gazans, including 3,436 children, were either injured or left permanently disabled. Psychological injury proved even more extensive, with assessments conducted by various NGOs indicating that between 50-70% of Palestinian children need psychosocial counselling (UNRWA, 2017).With regards to NECC psychosocial support program , the integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ¹) for children and parents, (PHQ²) and (GAD³) for PHC screened cases, (CRIES-8⁴) for PTSD children cases and (PCL) for PTSD⁵ adults (Edinburgh scale) for post-natal depression cases.

It's worth mentioning that NECC has developed a management information system for psychosocial support program to get more accurate data, analysis and statistics.

It's worth mentioning that NECC signed recently an agreement in partnership with Terre des homme Foundation (TDH) for the project titled "Meeting the protection needs of vulnerable children in the Gaza

¹ SDQ: strength and development questionnaire.

² PHQ: patient health questionnaire.

³ GAD: Generalized anxiety disorder.

⁴ CRIES-8: Children impact of Event scale.

⁵ PTSD: Post traumatic stress disorders.

Strip through child protection case management system “this project targeted children, and women who mainly affected by the recent situation including injured children through the protests of Great March of return, women who exposed to violence, children affect by arm conflict.

Through this reporting period, 6 open fun days were conducted to 641 KG children from NECC catchment areas of Shajaia, Daraj, and Rafah, these psychosocial and recreational activities supported by **Pontifical Mission**.

Table (9): Main psychosocial support program achievements during the reporting period.

Activities and target groups	Shijaia	Darraj	Rafah	Total
School children (6-15) years targeted through problem solving approach	230 children	220 children	168 children	618 children
Kindergarten children serve through cognitive behavioral therapy	160 children	150 children	220 children	530 children
Individual counselling for school children	13 children	12 children	8 children	33 children
Individual counselling for women /mothers	32 women/mother	60women/mothers	14 women/mothers	106 women/mothers
Family counselling for mothers with children suffer from psychological disorders	59 Family counselling	33 Family counselling	34 Family counselling	126 Family counselling
Psycho education sessions for PHC beneficiaries	23 sessions for 401 women/mothers	31 sessions for 891women/mothers	30 sessions for 619 women /mothers	84 sessions for 1911 women/mothers
General psychosocial consultations	161 consultations	115 consultations	93 consultations	369 consultations
Group counselling for mothers and or/women with similar psychological problems	22 mothers/women	15 mothers/women	18 mothers/women	55 women/mothers
Screening and detection of mental health problem in PHC patients managed by health staff	45 mild cases from PHC who screened and detected, received guided self help 367 EPDS scale filled for postnatal cases to detect postnatal depression, 12 were discovered complained of depression that's mean 3.2% were suffered from depression during postpartum period			

3.3 TVET Program

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

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

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

1. **The Gaza City Vocational Training Centre (Gaza City VTC)** offers multiple-period vocational training diplomas that target disadvantaged boys aged 14-16 years old who have dropped out of school. They can choose to be trained either in (I) Carpentry and Furniture making (Diploma for two years), (II) Metal and Welding works (Diploma for two years) or (III) Aluminium works (Diploma for one year) or (IV) Refrigeration and Air conditioning (Diploma for two years).
2. **The Vocational Training Centre at El-Qarara (south of the Gaza Strip)** provides a two-year Diploma in general electricity and solar energy skills and motor and transformer rewinding that is offered to young men aged 16-23 who finished grade ten of school.
3. **The Secretarial studies and English Language Centre** offers a one-year intensive Diploma in secretarial studies to young women who have finished their secondary studies (High School grade or locally known: Tawjihi).
4. **The Advanced Dress Making Centre** offers a one-year Diploma course in tailoring provided to young women.

During the reporting period (January – June 2018), **236** students (**191 males** and **45 female** students) received training through NECC-VTC's. The total figure of 236 youth includes the following:

- ▶ **86** of second-year trainees continued their training at Gaza Shijaia (61 students) and El-Qarara VTC's (25 students) for males respectively.
- ▶ **150** of first-year students (105 males, 45 females) received training at Gaza Shijaia (74 students), El-Qarara (31 students), Secretary (21 students) and dressmaking (24 students).

The table (10) shows the distribution of the students of Gaza VTCs and VTC of El-Qarara during the reporting period:

#	Program	Duration (Year)	Graduates (2018)	Current Enrolment		Total number of existing students (June 2018)
				1st Y	2nd Y	
1	Carpentry and Furniture Making	2	-	20	25	45
2	Metal and Welding Works	2	-	15	18	34
3	Aluminum Works	1	-	19	-	19
4	HVAC	2	-	20	18	38
5	General Electricity and Motor Rewinding	2	-	31	25	56
-	Sub-total (males)		-	105	86	191
6	Secretary and English Language	1	-	21	-	21
7	Advanced Dressmaking	1	-	24	-	24
-	Sub-total (females)		-	45	-	45
-	Total		0	150	86	236

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

- ▶ According to GIZ⁶ and Ministry of Labour conditions, the training period for a person to become officially qualified in carpentry or metals works is optimum to be two years so accordingly, the training period for this diploma at NECC-VTCs was reduced from three years to two years.
- ▶ Likewise, in terms of GIZ and MoL conditions, the Aluminium department was separated from welding and metals so, Aluminium works became a separate profession with a one-year training program.

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

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

⁶ GIZ: German Technical Cooperation Agency.

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

The evaluation was launched in February and will finished in April 2018, the results and recommendations were properly presented, discussed and considered for the upcoming intervention programming.

Additionally, NECC was involved in a co-partnered on-the-job training project led by Islamic Relief lasting for four months starting from October 2017 and lasted until February 2018. A group of the NECC beneficiaries under this project have been placed at NECC different premises including clinics (for paramedical university graduates) and VTCs for TVET graduates of course.

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

3.3.1 AutoCAD approaching and setting-up computer lab:

In a related context on the outcome level, in terms of the curricula development, a new approach was commenced as of inserting the CAD software learning inside the TVET delivery for students in the "industrial" professions/trades of carpentry, metals and welding and electricity starting from the current scholastic year and on.

Giving the knowledge of CAD software to our students inside the designated VTCs will open wider horizons for them to better understand the architecture of the industrial products/exercises and afterwards, providing them with skills and practices to likely getting easier to enter the labor market and get jobs based on the industrial background they gain.

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

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

3.3.2 Curricula Development:

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

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

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

3.3.3 Follow-up assessment (late 2017):

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

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

It is very significant to conform on that this assessment is very critical and sensitive for NECCTVET program management to run career services and opportunities to be provided in order to accelerate the graduates' involvement in the local labor market in spot of the funds available with NECC.

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

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

Subsequently, NECC has recently conducted the annual employment follow-up assessment (in October 2017) for graduates of year 2016. The assessment results revealed that overall 71.7% of all NECC-TVET graduates of the year 2016 are employed or self-employed either in their careers or other ones within one year of graduation (a total of 71 out of 99 graduates), which exceeds the target of 50% of graduates from the TVET program noting that 63.6% are working in their careers (63 out of 99). The figures below show the employment trends among the graduates. **Table (11) below.**

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

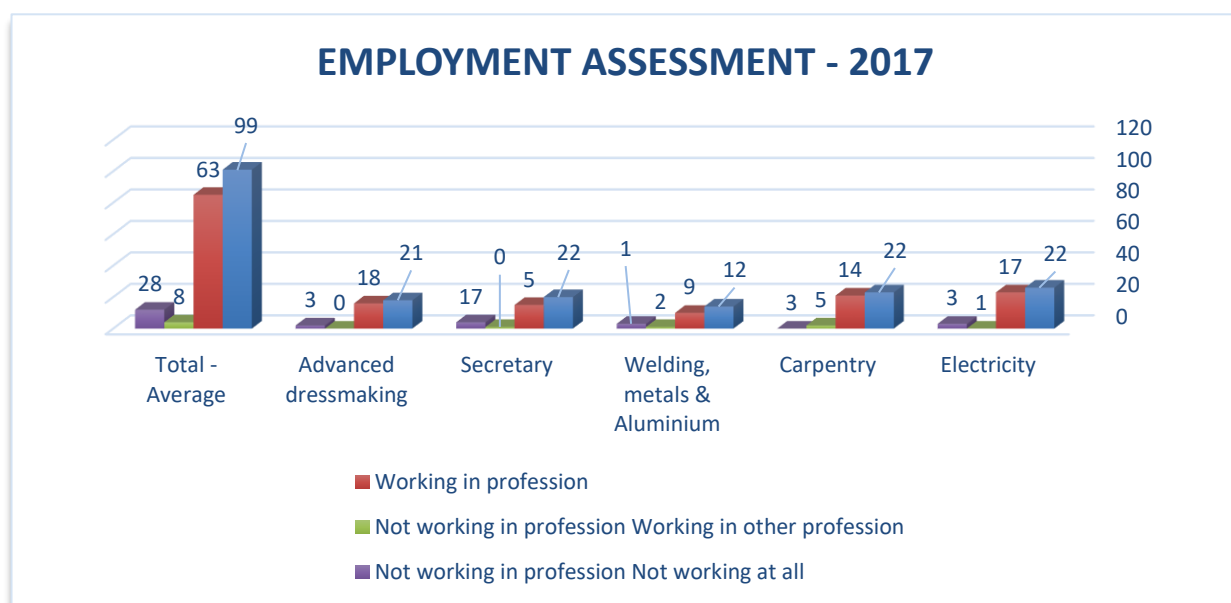


Figure (07): Employment assessment for NECC-TVET graduates of 2016 (Conducted in November 2017).

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

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

NECC realized good records with regards to livelihood improvement for the TVET graduates through the different initiatives it has been engaged in for benefit of the graduates quietly on the short-term level.

A subsequent employment follow-up assessment would be launched late 2018 for the graduates who have graduated late 2017. It is expected to be conducted next November. The results would be presented in the NECC 2018 annual report.

3.3.4 Relations and Networking:

NECC has been involved in a comprehensive network joining all TVET providing institutions in the Gaza Strip. The network is including TVET organizers and accreditors such as Ministry of Labor considering that it is the governmental party that gives the due certifications for our vocational diplomas.

3.3.5 LET-Council:

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

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



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

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

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

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

- NECC is coordinating as well with training provider institutions from the private sector such as "INJAZ Palestine" in order to conduct training courses for benefit of our VTC trainees in several topics; many

⁷ LET-Council: Local Employment & TVET Council.

courses were conducted by their trainers regarding topics like “my path to professionalism” at our female VTCs and “Be an Entrepreneur” at the male VTCs.

3.3.6 Capacity building courses for TVET staff:

A TOT training course was conducted targeting 17 vocational trainers and TVET staff members from NECC centers. The topics included proposal writing and other topics.

It was held in February 2018 during 3 days (12 training hours in total).

3.3.7 Training program with INJAZ Palestine:

In cooperation with “INJAZ Palestine”, the training program of “my path to professionalism” was held starting from January and lasted for 7 lectures through January and February 2018 targeting the female students of secretary and dressmaking departments.

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

3.3.8 “Industrial Automation” training course:

Two training courses in “Industrial Automation” totaling 30 hours were introduced to El-Qarara VTC supervisor, an electricity trainer and a group of the former VTC graduates (total number is 13 participants) in the period 10th February to 20th March 2018. The trainer was an academic doctor specialized in industrial engineering from a famous university in Gaza.

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

3.3.9 “First-aid” training:



First aid training course at dressmaking and secretary



First aid training course

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

3.3.10 TOT course in “Business Creation and Management”:

Within the project of “access to employment for young Technical and Vocational Education and Training (TVET) graduates in the Gaza strip, 2017-2020” which is running in partnership with Caritas France and Agency of French Development (AFD), NECC-TVET program convened this training course for the target group of VTC trainers, supervisors and staff.

The training course took place in the period from late February until mid-May 2018 for a total of 60 hours where two external business start-up consultants were approached to facilitate and provide this course.

The training course was aiming to provide VTC staff with knowledge and skills in business start-up and management and entrepreneurial aspects so as they can deliver it to their students at the different VTCs.

3.4 Educational Loans Program

Youth and family bread-winners lack proper and adequate job opportunities to support their families and afford education expenses due to the economic situation in Gaza. The students want to improve their knowledge but they cannot afford for the educational expense, they need to find financial aid. Thus, NECC continued the implementation of this program for the academic year 2017-2018 to provide educational loans to needy students with zero interest in order to help them complete their university study.

For the reporting period (Jan-June) in the academic year 2017-2018, 8 university students received application and returned back the full eligible application for loans including 4 bachelor, 4 masters. **(table 12 below).**

Status	Bachelor			Masters			Total		
	F	M	T	F	M	T	F	M	T
New loan	1	1	2	1	-	1	2	1	3
Renewal	-	-	-	-	1	1	-	1	1
total	1	1	2	1	1	2	2	2	4

It is noticed from the table that the number of new loan receivables was declined in the reporting period (1st and 2nd semesters of 2018); we think it is attributed to many reasons:

- Bad economic situations which makes the receivable unable to repay the loan.
- Cutting on PNA employees' salaries.
- The difficulty that faced by applicant for loan to bring three guarantors for the loan.

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

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

3.5 Job Creation

A new project entitled “Supporting Access to Employment for TVET Graduates in Gaza Strip 2017-2020” has been running in partnership and co-fund from AFD and Secure Catholique - Caritas France (SCCF). The project took place starting from July 2017 and will be lasting till June 2020.

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

Additionally, the project is including activities such as meetings with pluri-actors which NECC has been running its TVET program in cooperation with, reflection workshops aiming to give reflection on the initiatives carried out by NECC and other actors in the TVET regard, meetings with graduates before and before and within and after the placement, business management training including the preparation of business ideas and the presentation in front of selection jury and many other activities.

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

The 2nd on-job training cycle started recently in early March and will be lasting till end of August 2018 benefitting 50 graduates from the five identified careers similarly.

3.1 Advocacy program

As was aforementioned in TVET program part, NECC participated in TVET Week events, in order to raise awareness on youth employability promotion and advocate their important and effective role in the community development through TVET approach.

Additionally, NECC participated in different activities and events linked to the development of TVET sector in the Palestinian territories as well as relevant campaigns on the national and domestic level.

NECC continued to collaborate and coordinate for the visits of international partners to Gaza Strip including visits to NECC various programs. The number of delegations representing many different organizations hosted during this reporting period was **17**. It is worth noting that there was difficulty for visitor to get permits to enter Gaza through Erez crossing.

4. Cross cutting issues:

4.1 Human resources

It is worth illustrating the human resources at NECC. The total NECC Staff is approximately 86 staff. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health education, and customer service.

The breakdown of human resources by category is illustrated below in the table below. The total NECC Staff during the reporting period is approximately **119** staff members. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health, and education service. **Table (13)** below declares the human resources of NECC.

NECC Programs staff	Male	Female	Total
Number of full-time staff	46	40	86
Number of part-time staff	6	15	21
Number of volunteers		12	12
Total number	52	67	119

4.2 Capacity building and trainings

Capacity building is an ongoing process through which individuals, groups, organizations and societies enhance their ability to identify and meet development challenges. NECC role is to facilitate learning. This is partially accomplished by providing resources and training but is most effectively done with a partner. During this reporting period, **33 days** of different trainings were attended by NECC staff for capacity building. The trainings were conducted by different national and international organizations at different locations within Gaza Strip.

Table (14): Main trainings and workshops attended by NECC for capacity building from 1st January-30th June 2018:

#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
1	Postnatal home visits	3 NECC health staff	2	UNICEF/MOH	January	Laroza hotel
3	CPWG	1 NECC staff: health field coordinator	1	UNICEF	January	UNICEF
4	Discussion session with IMC	2 NECC staff from programs	1	IMC	February	IMC office
5	updating Solar Energy Curricula	1 NECC staff: TVET supervisor	1	GIZ	February	GIZ
7	Evaluation of postnatal care project	2 NECC staff: health program	1	UNICEF	March	MoH clinic in KhanYounis
8	ECD training	3NECC staff: Health program	3	UNICEF	March	AL Mashtal hotel
9	MOH meeting in terms of family planning services provided	2 NECC Health staff	1	MOH	March	Al Rimal clinic
10	Preparation for world health day	1 NECC Health staff	1	MOH	April	MOH clinic
11	Lobbying and advocacy	1 NECC TVET staff	2	Islamic Relief	April	Al-Salam restaurant
12	Meeting of CP/MHPSS WGs	1 NECC Health staff	1	UNICEF	April	UNICEF
13	WASH-Nutrition project _ Kick off meeting	3 NECC staff: health consultant, health coordinator and chief accountant	1	DCA	April	MAAN Development center
14	Record in the accounting system	3 NECC staff: health coordinator, pharmacist and chief accountant	1	IMC	April	IMC
15	Nutrition Working Group (NWG) meeting	1 NECC Health staff	1	UNICEF	April	UNICEF
16	Joint meeting of CP/MHPSS WG	1 NECC Health staff	1	UNICEF	May	UNICEF
17	Nutrition working group meeting	1 NECC Health staff	1	UNICEF	May	UNICEF
18	Steering committee meeting for the PNHV evaluation	1 NECC Health staff	1	UNICEF	May	School of Public Health- Al Quds University

#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
19	Developing manual for women with disability	1 NECC Health staff	1	AYSHA	June	AYSHA
20	Finance and procurement kick off for Wash – Nutrition Project	3 NECC staff: health coordinator, chief accountant and director assistant	2	DCA	June	DCA
21	to HACT and M&E training section	2 NECC staff: health coordinator and chief accountant	2	UNICEF	June	UNICEF
22	Technical training in solar systems	1 NECC TVET staff	1	Islamic Relief	June	Deir el Balah training center, MOL
23	Training of GBV	50 NECC health and TVET staff	2	ACT for Peace	June	Computer Land company
24	Breast Examination	2 NECC health staff	1	Aid and hope program for cancer patient care	June	Ahli Arab Hospital
25	Graphic design training	1 NECC IT staff	70 hours (14 days)	Islamic Relief	June and July	Light house restaurant

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

4.3 Gender

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

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

Recent trends show that labor force participation has remained almost constant for males but increased significantly among females, rising 70% from 2001 to 2014 for those 25-54 years of age. Many males and

females who are willing to work cannot access the labor market. This is especially true for youth aged 15-24, for whom the unemployment rate was 41% and for women, with 39% unemployment. **(UNFPA,2016)**

During the reporting period, NECC has strived to create gender parity in the hiring of men and women to NECC in terms of both quantity of both sexes and also the types of positions they fill - The executive director and his assistant are males, otherwise there is balance between male and female throughout the organizational hierarchy; e.g. the head of the Health department is female, whereas the head of the TVET department is male. Currently, 47% of NECC staff is females and 53% are males.

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

Additionally, NECC provides equitable opportunities for male and female students in its TVET offered trades to develop their career in order to be able to more easily get decent job employment opportunities. The new enrolled female students' percentage is 21% and 79% for males, the increase of male percentage could be explained by the fact that NECC runs five TVET professions for males versus two professions for females.

It worth mentioning that NECC conducted training to all health and TVET staff about gender bases violence (GBV)., this was supported by Act for Peace Australia., further more NECC developed data base in this regard to assess the GBV cases attended to health clinics.

4.4 Supervision, Monitoring and Evaluation

Monitoring and evaluation are very important to follow implementation and outputs systematically, measure the effectiveness, and identify the most valuable and efficient use of resources. The NECC enjoys a very committed, dedicated and effective management; each center has a supervisor, and the three supervisors are well-trained have good managerial skills. At the main office level, the NECC Executive Director and the Health Program Coordinator monitor and supervise the implementation of the health program closely.

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

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

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

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

The technical developed balanced score card indicators.

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

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

- NECC has child protection policy, code of conduct, gender policy, and anti-corruption policy and recently, NECC updated the child protection policy.
- Develop a draft of NECC balanced score card, a tool used for monitoring and evaluation, a group of measurements reflecting the technical as well as the managerial aspects of the organization/project business meanwhile considering the clients' perspectives and opinions (clients' satisfaction). NECC is currently developing the outcome indicators of the balance scorecard and will be endorsing them properly and updating.
- It's worth mentioning that NECC has developed new strategic plan for the years 2017-2021.

It's worth mentioning that an external evaluation was undertaken for the project "promoting the provision of quality health, psychosocial and Technical and Vocational Education and Training services" program, this evaluation was supported by Act for Peace Australia.

The purpose of the evaluation was to critically examine the project in order to assess the project's effectiveness, impact, equity and sustainability to learn, continue strengthening the program, and be accountable to stakeholders particularly rights holders.

4.5 Communication and Coordination

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

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

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

External relations and communication:

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

- On the partnership level, NECC continues partnership with UNICEF to promote postnatal care to mothers and newborns by receiving at least three PNC sessions two at home and one at the health center, and management of moderate and severe acute malnourished cases.
- Additionally, NECC succeeded to get approval from EME to get a fund to promote the antenatal care program through focusing more on high risk pregnancies and starting provision of preconception care at NECC centers.
- A proposal was submitted by NECC to IMC on January 2018 and approved but it did not implement till this reporting period.
- Continue the project implemented with UNICEF for PNC provided to mothers and new-borns and early child hood development (ECD).
- New project of outreach screening activities for children under five was started in AL Shoka area to compact anemia and malnutrition among children, this project supported by DAN Church Aid and Norwegian Church Aid (DCA -NCA), the project titled "Wash and Nutrition Humanitarian response in Gaza strip".
- NECC succeeded to get approval from Embrace the Middle East (EME) to get a fund to promote the antenatal care program through focusing more on high risk pregnancies and to start provision of preconception care at NECC centres.
- New project started in November 2017 supported by Pontifical Mission for provision of psychosocial and protection services to children and their caregivers.
- Proposal was submitted to DCA-NCA for TVET program as a part of Joint Country Program funded by NORAD, the project was approved and actually started early 2018.
- Regarding TVET, NECC is running its TVET program in full engagement and partnership with all related stakeholders; on the governmental level, Ministry of Labor is accrediting our TVET trades annually and certifying our vocational training diploma provided to our TVET graduates once graduated.
- NECC in cooperation and partnership with "Secure Catholique France" prepared a joint proposal in the topic of economic empowerment for NECC -TVET graduates took place in period 2017-2020.
- In the prospect of our partnership with Islamic Relief, the NECC has recently ended a job creation project with Islamic Relief.
- On the civil society level, NECC is securing strategic and sustained relationships with TVET providing institutes, NGOs, colleges and universities etc.
- NECC has a membership in the in the LET-Council; a framework gathering all TVET providers and stakeholders in Gaza Strip (and one in the West Bank) currently led by GIZ with a general coordinator elected and introduced by the participant institutions and conjoining 4 sub-committees, NECC is a member in two of them (Sub committees of TVET capacity building and donor funding).

- On the other hand, NECC is running its TVET program with the full cooperation and integration of the private sector in the whole process so that NECC has signed cooperation agreements with Palestinian Federation of Industries “PFI” the Palestine Federation of Trade Union “PFTU”.
- The relationship is compassing issues of cooperation in encountering barriers that hampering the implementation of the program and accessing it into the labor market and approaching the outdoor training for NECC students within the workshops fulfilling the PFI and PFTU.
- As well, the NECC is initially considering the labor market needs when it intends to either open the new TVET professions or develop its current curricula and that’s why it convened with all stakeholders including labor market while currently developing the training curricula.
- Moreover, NECC has good coordination with private sector in terms of external practical training for TVET students and graduates, also in terms of job creation projects when implemented NECC contacts the private sector. It is worth adding that NECC is well trusted and asked regularly from the private sector to nominate graduates from its centers in order to work in private companies, workshops, etc.

4.6 Policies

NECC committed to its child protection policy, code of conduct, gender policy, and Anti-fraud policy. NECC staff continued the mainstreaming of child safeguarding, through providing sessions and distributing brochures and booklets to the beneficiaries at the health centers and TVET-VTCs as well. its worth mentioning that NECC updated its child protection policy.

Moreover, NECC counsellors keep an eye on child protection during conducting any of PSS activities/interventions to detect any child abuse case even no formal reporting about them. During contracting with service providers, NECC signed all contactors to NECC policies and keep on its commitment.

4.7 Current problems and constraints

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

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

During this reporting period, the number of displaced people staying in collective centers (shelters) has been gradually decreasing, and currently UNRWA has closed all its sponsored shelters. Still many people are displaced and living with relatives and friends, in tents or caravans. Plans to rebuild and rehabilitate demolished households in Gaza are still on paper and many people who lost their houses are still living in temporary unhealthy residential places including from areas served by NECC.

As a result, the exposure of those people to health risks has increased including the spread of communicable diseases, increased food insecurity, nutritional related disorders, wide spread of

psychosocial issues and spread of sanitary related conditions which increased the burden on NECC clinics and increased demand at our facilities because other facilities (especially MOH) were affected by the siege or directly targeted during the war. Also, the economic pressure on families has decreased their ability to contribute to medical fees.

Difficulties in securing and delivering the needed equipment and disposables due the tight restrictions on the entrance of goods, materials, supplies...to Gaza.

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

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

Frequent electricity cuts that exceed 20 hours per day especially in winter storms and cold weather affected negatively all Gaza people life including the provision of health services. As the electric generators at NECC health centers capacity didn't meet the needed electricity for the centers.

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

5. *Future plan*

- Continue the provision of the current programs through support from NECC partners.
- Continue offering preventive and curative health services to sustain and promote the health and wellbeing of Palestinians in the three served areas Shijaia, Darraj and Rafah \ Kherbet Al-adas.
- Strengthening the inclusiveness of people with disabilities, and more focus on early childhood development approach.
- Developing GBV approach and increase raising awareness about women rights.
- Enhancing the coordination system
- Continue providing professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions through vocational training centers.
- Strengthening networking, developing fundraising mapping and fundraising strategy
- Provide capacity building training on fund raising and networking skills is very essential for NECC key staff.
- Starting new partnerships and projects when approved.
- Strengthening communication and networking to secure fund.

6. Success stories

Stories from Health program

- Story 1

This is a story of the child **Majd Juma Al-Ghula** born on 11/12/2016, a boy aged 18 months. The mother, Samia Kamal Said Al-Ghula was born in 1996, completed her first-grade secondary education (grade 9) and did not continue her education because she was married at the age of 16 years. It is common to have child marriage in this part of Gaza (Shijaia area).

Samia is a mother of two children, she has another child born on 27/11/2014, now aged 3 and half years; the second child is also male and called Nabil. Juma, the father born on 3/5/1992, 26 year ended his education for the secondary-grade secondary (grade 10) and did not complete his education because he was working on construction while he was young. Similar to child marriage, child labour is common in Shijaia.

Now, Juma is unemployed because Israel prevents the entry of construction materials, he didn't find other jobs to work at in Gaza due to the closure and the blockade imposed on the Gaza Strip. When there is work, he earns little amount of money usually not more than 30 NIS daily (\$ USA 8), but again this is the exception, only her earns when he finds work.



The place where Majd is living



Majd's home in Shijaia area

The neighbourhood of Shijaia, with more than 120,000 residents, is located at the eastern border between the Gaza Strip and Israel. Its strategic location makes it more exposed to Israeli incursions. A total of 21,736 households live in 9,273 crowded buildings; refugees represent less than 25% of Shijaia's population. Average family size is 5.8, and most families (more than 61%) have children or adolescents. Shijaia is also known as a conservative community with strict socio-cultural norms and traditions. Most women marry at a young age (the median marriage age for women is under 20) and most women do not participate in the labour force. There is widespread unemployment in Shijaia, especially among women. In 2009, around one-third of people were receiving social assistance, mostly through Ministry of Social Affairs (non-refugees) and UNRWA (refugees); today, more than half of Shijaia's residents receive social assistance.

Shijaia was not traditionally a poor area; historically, the main sources of income were trading of clothes, working in Israel and agriculture. But since the blockade, the main source of income is employment with government social services. Almost all households are connected to electricity, water and sewage networks, and have basic assets such as refrigerators, cooking gas and simple furniture.

The family of Majd lives in a house consisting of 3 rooms, a kitchen and a bathroom, many other people share the same house as they live in an extended family where 13 family members are living together in that tiny place. Samia said that her father and mother in-law and her sisters and brother's in-law share the same house. Samia, her husband and her two children have one room only.

The kitchen and the toilet are shared and used by the 13 members occupying the house. The small room they have is poorly furnished, its small, there is a bed, a small cupboard and that's all what they own. The walls of the house are cracked, full with humidity, not well ventilated and the sun does not enter the house. In the house there is an old second-hand refrigerator, TV and manual washing machine.



Samia said, I do not like to live in this area, because there is a lot of noise, children are not well disciplined, they are violent and not polite. She added, I hope to live in a quieter and more stable place. Also, she added I scared from accidents, many children died in the area because it is close to the main street and drivers are driving crazy. I am scared about the safety of my children and I am worried that this might happen to my children and therefore I prevent them from leaving the house.

My father in-law is the main source of income for the house, Samia said. He works as a car driver. The car belonged to someone else. Daily he earns around 20 NIS (6 \$ USA) and buys the basic food stuff for the entire family. Also, some people donate some food for us because we are very poor. Yesterday, we cooked Mujadara (lentil and rice) from a food ration provided to us during the month of Ramadan.

Also, we receive food aid from the UNRWA, the ration consists of flour, rice, lentils, skimmed milk, oil, and chickpeas, which is provided every 4 months, but these are not sufficient for the needs of the family. We have to secure more food to feed the family.



Samia added, also, I receive some financial support from my family. They give me a small amount whenever I approach them. They give me 10 or 20 NIS. I usually buy Pampers for my child with that money. Sometimes I buy two pieces (diapers) only with one NIS and if I do not have money, my husband's cousin's wife gives me some of the diaper of her child. I'm forced to do that as the situation is difficult and my husband is unable to provide the family basic needs. Even water, we don't have facilities to heat it and we used tape water and use the Gaz for heating of the water we the use of our children.

Samia said I heard about the NECC clinic from my mother in-law and said that her services at NECC are excellent and the staff are good in dealing with people. My mother in-law informed me that she herself used to visit the NECC clinic when she was pregnant because the quality of services there is very good. She advised me to follow up in the clinic. I received care during my first pregnancy with my eldest son, 'Nabil' at the NECC clinic, the services at NECC are excellent. Samia received health services while she was pregnant at the NECC and then at the well-baby clinic to monitor the growth and development of her child. She continued, there are other clinics in the area that belong to the government, but the medications are lacking and the staff are not good in interacting with people.

The mother said, I was following at the well-baby clinic since the first month of my child age through monthly follow-up. On 3/7/2017 the staff tested the haemoglobin level for my child and the result was not satisfactory as his haemoglobin level was 10 mg and the weight was 7.7 kg and the length of the child 73 cm. The staff told me that my child is anaemic and malnourished. The staff provided me with instructions about what to feed the child, they carried out lab tests for him and they prescribed iron. They gave me iron bottles and advised me to give 7 drops of iron every 12 hours and also they gave me educational brochures about anaemia, malnutrition and hygiene.

The screenshot displays the 'Family Health Care Centers System (CIS)' interface. The main window is titled 'Well Baby Iron Table Followup Form'. It contains several sections:

- Header:** Center (Shijala), File No. (18360), Birth Date (11/12/2016), Name (محمد جمعه تيبال المغولہ غیر منخلۃ), Sex (M), 58322.
- Nurse's Notes:** Visit# (03/07/2017), V. Date (03/07/2017), Weight (7.7), Len/hei (73), HB/H (10). Includes checkboxes for 'Fellowup From Field' and 'Sick Child'.
- Progress:** A table showing indicators like Stunting, Wasting, and Anemia with values and status (Normal, Moderate, Mild).
- Doctor Notes:** ICD10 Diagnosis field, Appointment Date: Clinic (0), Appointment Date: WB (0). Includes a list of drugs: Iron 3 PolyMaltise (Quantity: 2).
- Right Panel:** A list of patients with names and numbers, such as 'ابناء محمد الجرو' (1), 'ابن عبد الرحمن زيد زقوت' (2), etc.

On 17/7/2017, the child was suffering from coughing. His mom came to treat her child and was examined by our doctor who prescribed the following for him

- Nasal Drops
- Ointment for the eye every 12 hours
- Antibiotics for the infection
- Iron for anaemia

In the next visit, my child condition didn't improve and the doctor at NECC referred him to Al-Durra Hospital to follow up. My child was suffering from cough, flu and difficulty in breathing. The NECC staff contacted the hospital and gave me a referral form. At the hospital, additional testing was done and more medical procedures were taken. The child was admitted for 5 days and then the child was transferred to another specialized hospital "Rantissi". At the specialized hospital, a CT scan was done but my child was still sick and not sitting well. The child wasn't moving normally, he has muscle weakness. The result of the CT shows that the child suffers from Brain atrophy.

My child was referred to the physiotherapy department at Al-Durra Children's Hospital and at the UNRWA clinic, the child improves somewhat and now he walks and moves, but there are some development problems, he is not fully cured yet. He still needs special care. I am still taking him for follow with physiotherapy department at Al-Durra Children's Hospital.

Family Health Care Centers System (CIS)

Constant Activates Financial Archiving System Tools Exit

تاريخ التحويل: 17/07/2017

رقم التحويل: 1081

المركز الصحي: عيادة الشجاعية

المرضى: 65207

العمر: 11/12/2016

الجنس: M

القسم: مشروعات التقنية

الجهة المحول اليها: مستشفى الدرة

القسم المحال اليه: غير محدد

Complaint & History: MALE CHILD 8 MONTH OLD C/O COUGH WHEEZY MILD DYSPNOEA

Clinical examination and investigation: Temp: 0 RR: 0 BP: 0 Pulse: 0

CHEST WHEEZY EJECTION SYSTOLIC MURMUR

Treatment given:

Provisional Diagnosis: ??CHD AZTHMA

Cause Of Referral txt: MANGMENT

Cause Of Referral:

نتيجة الاستشارة: غير محدد

نتيجة الفحص: غير محدد

Name & Sig. of physician: DR. ZANEEN

Reception Form

التاريخ	الكل	المرضى
28/07/2018	1	علاء عاطف القوله
	2	كامل محمد صالح العولفه
	3	علاء عاطف القوله
	4	علاء عاطف القوله
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	20	علاء عاطف القوله
	21	علاء عاطف القوله
	22	علاء عاطف القوله
	23	علاء عاطف القوله
	24	علاء عاطف القوله
	25	علاء عاطف القوله

On 7/8/2017 I visited the NECC clinic for follow-up, the weight of my child was 7.7 kg and the length were 75 cm and haemoglobin 10.3 mg, there is some improvement in the case of the child but his haemoglobin is still low and the child is still suffering from malnutrition and anaemia. I have been seen by the doctor, he explained to me about the condition of my child, he gave me advices and instruction about food, brain atrophy and about growth and development.

The doctor prescribed me the following drugs; Ventocare 2 cc every 8 hours Ogmin 5 cc every 8 hours and conducted urine analysis was done and the result was normal and there were no problems.

On 13/9/2017, the weight of the child was 8.1 kg and the length were 78 cm, we noticed an improvement in the weight and height but the child still suffers from malnutrition, therefore more health education was provided and iron therapy continued. I followed the instructions given to me to give the child the iron 2 hours after the meal.

On 9/10/2017 the child attended the clinic and examined by the specialist, again the child was suffering from respiratory infection therefore the doctor prescribed the following;

- Allergon3 cc every 12 hours
- Amoicare 5 cc every 8 hours

On October 18, 2017, the child attended the clinic and his weight was 8 kg and 78 cm length and haemoglobin were 9.9 cm. More counselling was provided to the lady about iron therapy, food rich in iron, food to consume with iron supplementation.

The mother explained that during the period of her son's illness, she did not give him the treatment. She has been advised that she should continue to give iron treatment on time despite the other illnesses. The mother awareness level has been assessed through a questionnaire and then further instructions were given to enhance her knowledge about the nutrition.

On 22/11/2017, the weight of the child was 9.3 kg, the length 80 cm, and the haemoglobin level 11.2 mg. We observed an improvement in weight and height and the haemoglobin. To keep adequate Iron storage in his body, prophylactic dose was given for three months. The child was discharged from the anaemia and malnutrition programme and advised to continue with the well-baby routine services.

The screenshot displays the 'Family Health Care Centers System (CIS)' interface. The main window is titled 'Well Baby Iron Table Followup Form'. It contains several sections:

- Patient Information:** Center: Shijaja, File No.: 18360, Birth Date: 11/12/2016, Name: مجدا جمعه نبيل الغولبة غير مدخله, Sex: M, 58322.
- Nurse's Notes:** Visit#: 22/11/2017, V. Date: 22/11/2017, Weight: 9.3, Len/hei: 80, HB/H: 11.2.
- Progress Indicators:**
 - UW: Normal (-0.19)
 - Stunting: Normal (2.14)
 - Wasting: Mild (-1.43)
 - Anemia: Normal (11.2)
 - UW: Normal (-0.57)
 - Stunting: Normal (1.98)
 - Wasting: Moderate (-2.06)
 - Anemia: Mild (10)
- Medication:** R/x: 202188, Dr: Sian..lubna eliabrv. Drug Name: Ferrous Sulphate Oral Drops, Notes: 12 نقطة كل 12 ساعة بالماء قبل الأكل بساعة أو بعد الأكل بساعتين, Quantity: 1.
- Appointment Schedule:**
 - Appointment Date: Clinic: 0
 - Appointment Date: WB: 0
 - Appointment Date: WB: 0
- Appointment List:** A list of appointments with columns for 'الموعد', 'اسم المريض', and 'الفترة الصباحية'. The list includes names like 'عبد الرحمن زايد رفوت', 'شهد احمد سعده', etc.

Samia commented saying we are still living in the same difficult conditions and my husband is still not work and he can't secure our livings, this will not end until people from Gaza can move freely. However, I am very happy that NECC works in our area. I am very impressed by the care we are receiving at NECC clinic, the commitment and respect of the staff are amazing.

I learn many things about how to care about my children and how to protect them from anaemia and malnutrition. The clinic team opens my eyes about many new things and also provided me with the best care, support and medications. I do highly appreciate NECC's efforts and support, I am fully satisfied with high quality of NECC health services.

She added, I can't imagine Shijaja area without NECC clinics, also I can't anticipate what will happen to our children, mothers, and families without the NECC clinics around, especially in such difficult situation. We don't have UNRWA clinics in the area, MOH clinics don't have medications and the MOH staff don't receive their salaries and no other providers are active in the area. I really hope that NECC clinic continues to help us and to implement more programmes to meet our needs.

- **Story 2**

Mrs. Iman Emad Shamali, born on 31/10/2000, married 6 months ago, completed her 11th grade and did not complete her studies because she had married at an early age. Early marriage phenomenon spread in Shijaia district, especially in my family most of my relatives are married at an early age like my sisters and my cousins.

The lady said that, "I heard about the Near East Council of Churches – NECC clinic from my sister, whom used to follow and attend her children there and during her visit to the treatment of one of her children, she listened to a lecture about the preconception care and the target groups of the program, my sister informed me of the contents of the lecture, as I am among those categories as I am married early and I want to get Pregnancy. So, she recommended me to go too. Personally, I heard about the clinic's good reputation and the good quality of services and by the Encouraging of my relatives embolden me to follow all my carriages."

She attended the Shijaia clinic for follow up in the preconception care program since the first month of marriage on 29/3/2018, Measurements were taken by the staff nurse including weight, length, blood pressure and medical analysis (CBC, Blood group, urine, RBS) and the results were normal and no problems except hemoglobin level was 9.2 mg/dl. She was suffering from anemia, the staff nurse opened the file for her, took her family, medical, reproductive and life style history, in addition to screening tests.

She was guided by anemia (its causes and complications and its effect on health) and its definition. She taught how to eat healthy food, moreover how to do breast self-examination and she did it, there were no problems, and She was psychologically supported in that visit and the health care provider gave her some important tips for her condition including:

- 1 - Follow a healthy diet integrated program contains iron, and its derivatives and protein derivatives
- 2 - Taking folic acid before pregnancy and explain to her its importance of preventing the occurrence of birth defects in the fetus - Prevention of anemia - reduce the incidence of recurrent abortions.
- 3- The importance of the personal hygiene.

And she advised her a healthy balanced diet that contains all the nutrients and vitamins and advised limiting drinking coffee and tea, soft drinks and adherence to treatment (iron, vitamins, and folic acid) and the staff nurse explained to her how to take treatment, especially iron before eating an hour or after eating two hours with fresh natural juice containing vitamin C and advised the woman to eat foods with iron and folic acid such as (meat, liver, spinach, raisins, wheat, lentils and beans).

She complied to treatment plan and implementing instructions and guidance provided by staff nurse and she come to the clinic in the next visit according to appointment date for follow up and continue blood tests so at this time after one month the result of hemoglobin was 10.9 mg/dl and significant improvement in her condition was noticed. Monthly visits done by her, with continuous following up and measuring the HGB level.

She's still following the pre-conception care program and says that NECC clinics provides good quality of health services and good treatment, she thanks the health staff very much for their kindness, and compassion and because she was married at an early age, the midwife consulted her about healthy diet and healthy practice and follow up, this is to avoid any problems or complications in case of pregnancy.

She said that "I advise my relatives to follow the clinic because of the good health worker and excellence services provided and thank you very much.

Note that the mother refused to take her photos.

- **Story from TVET program**

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

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

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

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

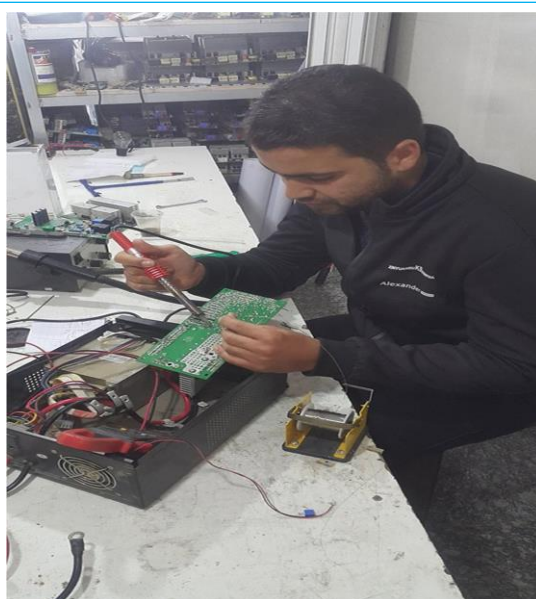
During the 2-year training period in El-Qarara center, I learned a lot about house networks and supplies, control systems as well as motors and transformers rewinding and solar applications.

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

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

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

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



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

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

7. Photo gallery:

Health and PSS programs:









TVET Program









TOT training course for TVET trainers



TOT training course for TVET trainers



"My path to professionalism" training



Secretary department



End of report..
Thanks and gratitude..
NECCRW – DSPR/Gaza Area Committee

ⁱ <http://pchgaza.org/en/?p=10909>

ⁱⁱ http://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/5b329f1ad1cc9.pdf

ⁱⁱⁱ <https://www.ochaopt.org/content/53-cent-palestinians-gaza-live-poverty-despite-humanitarian-assistance>