

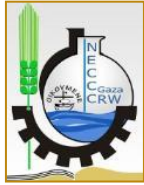


Near East Council of Churches
Committee for Refugee Work
(NECCCRW)

Department of Services to Palestinian
Refugees DSPR/Gaza Area

ANNUAL REPORT 2019



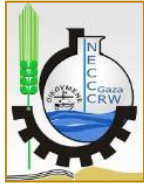


Near East Council of Churches Committee for Refugee Work (NECCCRW)
▶ **Annual Report 2019**



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

(Philippians 1:4-6)



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Preface

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

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

The purpose of this report is to give comprehensive information on NECC programs implementation during the year 2019 (for period covering 1st January till 31th December), highlighting and summarizing the achievements that have been realized with regards to the stipulated and intended goals considering the different aspects of context in the Palestinian territories mainly in the Gaza Strip.

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

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





Acknowledgement

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

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

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

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

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

With love...

NECC/DSPR-Gaza



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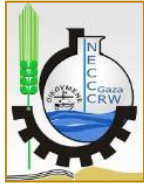
<i>AEI</i>	<i>Ard El Insan Organization</i>
<i>ACT</i>	<i>Action of Churches Together</i>
<i>ANC</i>	<i>Antenatal Care</i>
<i>CBO</i>	<i>Community Based Organization</i>
<i>CPWG</i>	<i>Child Protection Working Group</i>
<i>DSPR</i>	<i>Department of Services for Palestinian Refugees</i>
<i>EU</i>	<i>European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



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Gaza Area Committee

<p>Middle East Council of Churches Committee for Refugee Work Gaza Area</p>		<p>مجلس كنائس الشرق الأوسط دائرة خدمة اللاجئين الفلسطينيين منطقة غزة</p>	
<p>Department of Service to Palestine Refugees</p>			
<p>Gaza Area Committee</p>			
<p>Name</p>		<p>Position in the board</p>	<p>Occupation</p>
<p>Dr. Maher Issa Latif Ayyad</p>		<p>Chairperson</p>	<p>Consultant surgeon</p>
<p>Dr. Sami Elias Abed Manneh</p>		<p>Vice-Chairperson</p>	<p>Pediatrician</p>
<p>Mr. Samir Saliba Ibrahim Saba</p>		<p>Treasurer</p>	<p>Retired Accountant</p>
<p>Dr. Sohail Anton George El Madbak</p>		<p>Delegate</p>	<p>Dean of faculty of medicine-AI Azhar University/Gaza</p>
<p>Mr. Suhail Christo Jameel Tarazi</p>		<p>Alternate</p>	<p>program manger of British council/Gaza</p>
<p>Dr. Elias Jan Elias Artin</p>		<p>Member</p>	<p>Consultant general Surgeon</p>
<p>Miss Suhaila Shawqi Bshara Tarazi</p>		<p>Member</p>	<p>Ahli Arab Hospital director</p>
<p>Mr. Nazeeh Lam'i Habash Habashi</p>		<p>Member</p>	<p>Retired deputy head master</p>
<p>Dr. Bshara Fouad Bshara Khouri</p>		<p>Member</p>	<p>General director in ministry of telecommunication and information technology</p>
<p>Dr. Issa Michael Anton Frangieh</p>		<p>Member</p>	<p>Physician</p>
<p>Mr. Hussam Rafeeq Farah</p>		<p>Member</p>	<p>Engineer</p>
<p>Mr. Imad Wafa Tawfeeq Al Saiegh</p>		<p>Member</p>	<p>Engineer</p>
<p>Dr. Issa Saleem Iskander Tarazi</p>		<p>Executive Director</p>	<p>Cardiologist</p>
<p>Gaza - Palestine 22/330 Said Al'as Street, Rimal P.O. Box 49 Gaza ☎ xx 972/970 (0) 8 2860146 /2822595 Fax xx 972/970 (0) 8 2866331</p>		<p>غزة - فلسطين 330/22 شارع سعيد العاص - الرمال ص. ب. 49 غزة ☎ xx 970 (0) 8 2860146/2822595 فاكس: 970/972 (0) 8 2866331</p>	



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Foreword

The Gaza Strip is a narrow sliver of land between Israel and Egypt, home to more than 2 million people packed into one of the world's most densely populated areas. The area is divided into five governorates, running south to north, these are Rafah, Khan Younis, Deir al-Balah, Gaza City and the North Gaza governorate. The majority of Gazans are refugees (66%), most of whom were forcibly displaced in 1948 from nearby areas such as Yafa, Majdal and Lydd following the Arab-Israeli conflict of 1948, which erupted in the immediate aftermath of the creation of the State of Israel. Once a thriving center of culture, education and tourism, over the past decades Gaza has witnessed a cycle of military incursions and international violations by Israel and violent uprisings or intifadas by Palestinians intent on gaining their political autonomy.

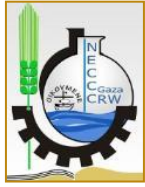


According to the recently released Palestinian Central Bureau of Statistics-PCBS report (2018), nearly 2 million people live in a narrow, 45-kilometre-long strip of land. Because Gaza's population continues to increase annually at a rate of over 3%, young people aged 0-19 account for over 50% of the Gazan population. The PCBS reported a population density of 5,500 people per square kilometer. The typical Gazan household is composed of 5.7 people, and 87.9% of Gaza's large families live in a housing unit with four or fewer rooms. According to a recent population analysis (UNFPA, 2016), the Gaza population will reach 5 million in 2050 years.

Since the start of the second Palestinian intifada in 2000, the Gaza Strip has suffered a process of increasing economic and political isolation, which culminated in the imposition of a land, air and sea blockade by Israel in 2006 which continues till now. This further intensified in 2007 in the immediate aftermath of Hamas' takeover of the Strip. The blockade comprises stringent restrictions on the movement of people, goods and services in and out of Gaza, including the complete closure of border crossings for a number of days. Despite the partial lifting of import bans in 2010, together with other measures aimed at relaxing restrictions, the blockade is still in force today, permeating every aspect of daily life for the entire population.

The United Nations (UN) and other agencies have repeatedly called the blockade a 'protracted human dignity crisis' and a 'collective punishment', in clear violation of international humanitarian law (UN OCHA, 2009). Within the same context, the electricity supply to the Gaza Strip in 2019 remained irregular with power supply of 6-8 hours daily. The same applies to water supply which is supplied 12 hours per week. The protracted occupation by Israel, which is punctuated by repeated conflicts and coupled with severe restrictions on the movement of both people and goods, has resulted in highly fragmented and distorted local economies which are overwhelmingly dependent on external aid.

In July 2018, the Israeli Knesset passed the "Pay for Slay" bill into law, stating that Israel will deduct the amount of money that the Palestinian Authority gives to the political prisoners and their families from the taxes and tariffs Israel collects for the authority. This came into effect in February 2019, when Benjamin Netanyahu has convened the security cabinet and made the necessary decision to



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offset the funds. The money has since started to be deducted. The Palestinian authority refused to receive the collected money after deduction and insisted that all the collected money should be provided without any deductions.

As a result, the PA is facing severe financial crisis including inability to procure drugs, equipment and pay employees' salaries which affects the provision of health services in both the West bank and Gaza. This has further complicated the situation in the already exhausted Gazan's context.

In 2017, the president of the USA Donald Trump's decided to recognize Jerusalem as the capital of Israel. Since that decision, many Palestinians were killed or injured through the Great March of Return which took place every Friday and continued throughout the year 2019. The protestors are protesting against the later Trump's decision, the blockade of the Gaza Strip, moving of the United States Embassy in Israel from Tel Aviv to Jerusalem and also to defend their right to return to their original cities and villages destroyed in 1948.

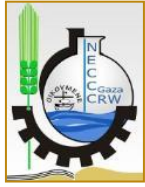
In 2019, around 72 Palestinians were killed and 9535 were injured with many developed permanent disabilities; none has been killed at the Israeli side. The huge number of fatalities and injuries puts further constraints on the health care system and social services which are already facing a lot of challenges 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. In 2019, to put pressure on the Palestinians to stop protests near the borders, Israel has imposed further restrictions on the entry of goods into Gaza and currently the Israel authorities are allowing only food, medicine, tires and fuel to enter and almost banded everything else.

Because the PA took a strong position against Trump decision which annoys the American Administration and resulted in severe cut of UNRWA budget which serves Palestinian refugees. This cut negatively affects UNRWA services particularly health, sanitation and education. Also, USA suspended most of the financial support to the PA and to the different sectors provided through the USAID which further contributes to the deterioration of the situation.

As a result of the compounded vulnerabilities describe above, there is more spread of infectious diseases, poverty related diseases particularly malnutrition and diarrheal diseases, as well as diseases related to chronic stress including psychosocial diseases and non-communicable diseases like cardiovascular, hypertension, diabetes and cancer. The maternal mortality rate reported this reporting year (2019) is particularly high 30 per 100,000 while it was 22 in 2018 and 10 in 2017.

Since 2006, Gaza's gross domestic product has been cut by more than half, with the World Bank estimating that its gross domestic product (GDP) should be four times larger today than it is. Indeed, Gaza's real GDP is only a couple of percentage points higher than it was in 1994 – even though the population has increased by an estimated 240%. Due to this combination of depressed economic growth and rising population, the GDP per capita in Gaza was only around \$1,000 in 2019, an amount 74% below 1994 levels, and real per capita income in Gaza has fallen by 34%.

Gaza's economy has been kept afloat in recent years by large transfers including donor aid and spending through the budget of the Palestinian Authority (PA), both of which amounted to 70-80% of Gaza's GDP. However, these two sources have significantly declined recently resulting in economic activity in Gaza shrinking by 8% in 2018 and 2019. In addition to restrictions on the importation of raw materials, limitations on fishing rights and access to 35% of Gaza's arable land in the restricted



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access zone have further destroyed the territory's traditional industries, and its manufacturing sector has shrunk by 60%.

Gaza consequently exports only 17% of the amount that it did before 2006. Gaza now has one of the slowest rates of economic growth and highest unemployment rates in the world, according to the World Bank estimates. Inability to find work affected around 55% of Gaza's inhabitants in 2019, with being even more concentrated among registered refugees, the youth (60%) and women (70%). Nearly half of Gaza's inhabitants subsist below the poverty line and a similar proportion of Gaza's households experienced food insecurity in 2019 and – because 97% of municipal water wells in Gaza produce water that does not meet WHO standards for human consumption – only 10% of Gaza's residents have affordable access to an improved water source.

A chronic shortage of electricity prevents the region's desalination plants from meeting demand, and it drastically reduces the capacity of sewage treatment plants. Consequently, 95 million litres of partially treated or untreated sewage are discharged into the Mediterranean Sea daily. The United Nations has predicted that Gaza may be uninhabitable by 2020.

Humanitarian assistance continues to be essential for approximately 80% of Gaza's population. Operated through the Ministry of Social Affairs, the Palestinian National Cash Transfer Programme helps the most impoverished Palestinians – about 76,000 households in Gaza in addition to the UNRWA provided emergency food and non-food items – on an ad hoc basis – to about 1 million extremely poor refugees' beneficiaries.

In addition to that, the UN observes that 13 years of division 'has had deep repercussions on the "social contract" between the citizens and the state' – and has resulted in not only divergent legal systems, but also increasingly jeopardized the delivery of every basic service on which Gazans depend. The division has also created geopolitical ripples that have spread throughout the region and around the world. Internal political division results in cutting off completely or a significant reduction in governmental employees' salaries (30-50% reduction), a significant decrease in drug supply to Gaza with more than 40% of essential drugs at the zero stock, further restrictions to access to treatment outside Gaza for serious cases and a significant reduction in permits given by Israel to patients who need referrals (more than 50% denied), significant reduction in energy supply and many others.

With regard to health, health determinants like peace, economic growth and safe environment are negatively affected by the protracted conflict in Gaza, with 13 years of blockade and economic hardship, which has resulted in increased vulnerability and ill-health among Gazans, particularly women and children. The chronic stress that people in the Gaza Strip face, means the area is experiencing an 'epidemiological transition' with wide spread of non-communicable diseases including heart disease, cancer, hypertension and cardiovascular diseases, and diabetes. In addition, infectious diseases resulted from poverty and bad sanitary conditions such as diarrhea, meningitis, hepatitis, parasitic infestation are constantly increasing. Also, anemia, malnutrition, smoking and drug abuse are at an escalating trend.

To alleviate Gazans' suffering, humanitarian and development actors including DSPR/Gaza are strongly committed to support people and reduce their vulnerabilities therefore has increased their level of support. During this reporting period, NECC had implemented several health, social and relief programs to assist poor and needy populations. NECC implemented many health, psychosocial and



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educational programs including TEVT. The paragraphs below summarize key achievements of the year 2019. However, the demand is huge and a lot needs to be done to help people recover as well as long term interventions are needed to support the livelihood conditions and development aspects in Gaza.

At the health program, in 2019, around 24,207 families were intensely served, mostly women and children and received more than one aspect of the NECC comprehensive primary health care package, 73% of those beneficiaries are children and 58% are females. In addition to this number, thousands were served through the psychosocial program (benefiting around 8240), and our health education activities benefited more than 44665 persons. NECC provided integrated health care to beneficiaries including health services, medications, lab investigations, psychosocial support and health education. The report provided rich details about the services provided to the needy populations and the positive impacts of these services.

This reporting year has witnessed continuing providing the recently introduced (two years ago) preconception care which has been provided to around 900 newly registered women, who conducted 4142 follow up visits in order to improve the pregnancy outcomes for both mothers and their babies. Also, in 2019, we conducted screening to children living in Al Shokka area in Rafah (1100 children), a highly vulnerable area that is not typically served by NECC. Moreover, in partnership with the UNICEF, Early Childhood Development (ECD) program has been introduced in 2017, continue to operate in 2019 and served around 390 children and help to maintain them healthy. In addition, our dental health program served 6743 cases.

Around 21000 lab tests were performed. Moreover, we served 14,070 children at the well-baby program, among them 4609 are newly registered children. In total, 2272 pregnant women were served by our antenatal care program, among them 1624 are newly pregnant women. Family planning services were provided to 1359 beneficiaries. Our general clinics served 4155 patients older than 6 years and 9416 patients younger than that who were examined by the doctor and treated for various diseases. To support those who have been injured, 357 injured persons during the Great March of Return were treated at our centers. The report provides more details about our health services.

At the vocational training front, NECC offers training in different professions and crafts including carpentry, metal work and welding, aluminum work, heating and air conditioning, general electricity, solar energy, advanced dressmaking, secretary and office management and more recently preparing to launch multimedia and graphic design. NECC continues developing the vocational training program design including curriculum development, upgrading of equipment, introducing new crafts such as solar energy, introducing AutoCAD engineering computerized software in training.

Also, in the year 2019, we launched new Graphic Design training program for females and continued the implementation of our large employment multi-year project which connects training with employment. In the year 2019, in total, 265 trainees were enrolled in the NECC vocational training program (214 males and 51 females). Moreover, 151 trainees completed their training and graduated from the TEVT program in the year 2019. In addition to TEVT, in 2019, the educational loans program supported 80 students who received financial support to continue their studies at the Palestinian universities at different specialties and 30 students renewed their loans for additional semesters.



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Finally, NECC is committed to continue and even increase its support to the vulnerable people in Gaza, however, the demand is much higher than the current capacity of the organization. NECC/DSPR needs more resources to be able to serve the needy population. It is worth pointing that any kind of economic recovery in Gaza is impossible while the blockade of Gaza remains in place. Even if it is lifted, it will take years to repair the damage and to recover the economy.

Extensive thanks to our partners' valuable support that enabled NECC to sustain the provision of health, educational and other services to our beneficiaries. With the kind support we received from partners, we succeeded to mitigate or at least to cope with the conditions associated with the ongoing conflict. Again, I would like to express my thanks and appreciations to all partners, donors, the World and Middle East Council of Churches, the Chairman and members, and the Executive Director of MECC/DSPR for their stand and unlimited support provided to Gaza Area program in solidarity with our people. I seize this opportunity to extend my heartfelt thanks and appreciation to the Chairman and Members of Gaza Area Committee for their devotion, valuable support and cooperation which enabled in the development and sustainability of the program reflected into the interest of the people especially during this critical era of our history.

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

"The effect of JUSTICE will be PEACE,

And the result of

RIGHTEOUSNESS, SECURITY AND TRUST Forever"

"Isaiah 32:17"

Dr. Issa Tarazi

Executive Director

March 2020



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Report Overview

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

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

Executive Summary

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

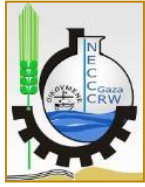
"Knowing is not enough; we must apply. Willing is not enough; we must do."

In this pathway, the next part is summarizing the efforts exerted by NECC over the year 2019 outlining different indicators of NECC service delivery during the determined reporting period crossing all NECC programs and centers.

With regards to health program, the 2019 annual Report of the NECC health program highlights the remarkable gains , including the detailed health statistics achieved by NECC, that clearly indicate the core health services that offered by NECC contributing in reducing mother and child deaths, infectious and communicable disease transmission, and achieving more than 50 per cent recovery rate among anemic and malnourished rates. Given the fact that the NECC centers in the Gaza Strip provide a wide range of services including maternal and child services, care of communicable diseases, and other preventive and curative services, this program contributed to the overall development through its impact on achieving three out of the eight Sustainable Development Goals (SDGs): Ensure healthy lives and promote well-being for all at all ages (SDG3), including improve maternal health and combating major diseases. Achieve gender equality and empower all women and girls (SDG5).

Palestinians continue to need humanitarian health services across the opt, particularly in Gaza, where needs have substantially increased in the past years, particularly in vulnerable locations and communities.

NECC has contributed to sizeable health gains for Palestinian people since the beginning of its operations in 1952. NECC continues to provide quality health services to fulfil the health needs of vulnerable people, and it strongly relies on partnerships with donors, partners and other stakeholders.



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Introduction:

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

NECC Organization Background:

NECCCRW Brief:

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

Its work has rested on respecting the humanity and dignity of those whom it helps and on adherence to clear transparency and accountability standards. NECC supports the Palestinian people through six key areas: Health (Maternal and Child Primary Health Care), Technical Vocational Education and training (Empowering Youth Economic Status), Educational Loans for university students, Psychosocial Support for children, mothers, and students to cope with the negative impact of Gaza Violence, Emergency Relief projects including cash Relief and Job Creation initiatives, Advocacy policies and activities shared with the community, and community Development program.

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

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

It is the supreme organ of the NECC, which meets bimonthly to ensure effective operational performance, legal and regularly compliance, and implementation of long-term strategic plan.



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Management is directly responsible to the Executive Director for all administrative matters, including finance, supervised by the governing board.

NECCRW VISION

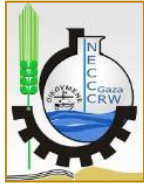
Department of Service to Palestinian Refugees of the Middle East Council of Churches vision is of an empowered pluralist Palestinian society which guarantees equal opportunities for all its members and vulnerable communities based on the ideals of justice, equality of rights, opportunities and freedom

NECCRW 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 rights.

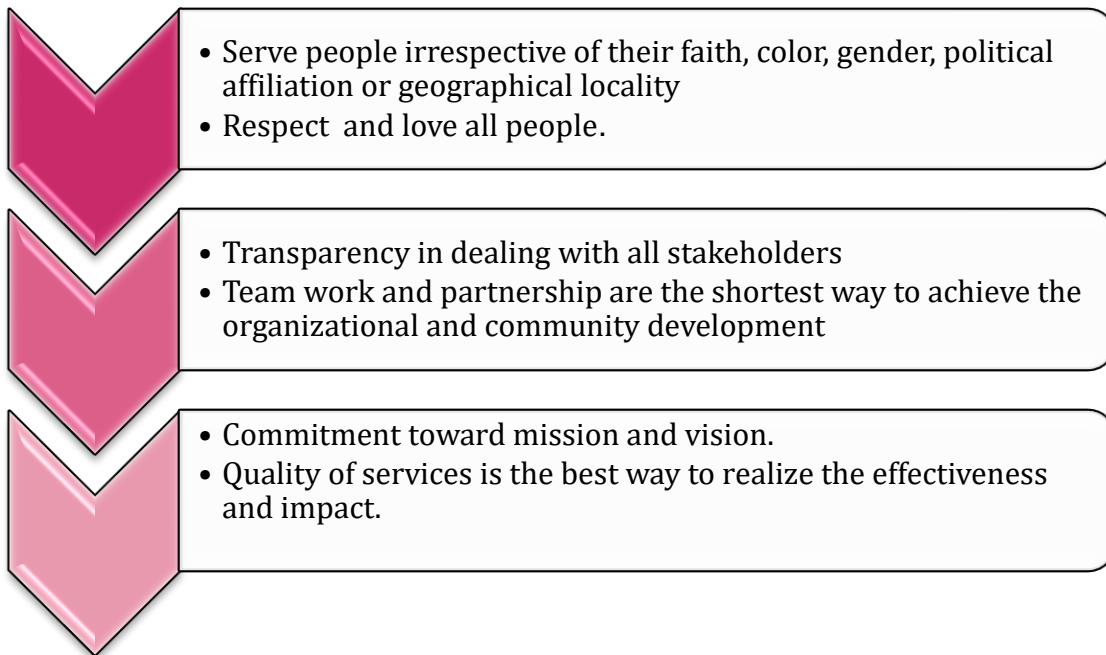
NECCCRW Goals:

1. Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children.
2. Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions.
3. Provide emergency assistance to alleviate the impact of emergency humanitarian situations when required.
4. Mobilize and empower Palestinian and other relevant communities to seek just and equal social and economic rights for Palestinians.



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NECC-CRW Core Values:





1. Overview on NECC Programs and Services:

❖ Provision of Quality Primary Health Care services:

Health is a broad social concept that is difficult to precisely define or even to measure, though determinants for health for any population include peace, security, economy, income, education, democracy, equity, women empowerment, safe and healthy environment, appropriate nutrition and so on.

Thus, to improve the health status of Palestinians and to improve the quality of health care services, the NECC launched Gaza Health Program in 1952. The overall objective of the Gaza Health Program is to improve and to promote the health and the wellbeing of Palestinian people, particularly women and children and to provide high quality primary health care services in poor, overpopulated, and remote areas that have inadequate or no health services.

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

NECC operates three family health care centers in the Gaza Strip. These three centers are located in El Daraj, Shajaia, and Rafah. The three family health centers serve a population of 80,000, 100,000, and 20,000 in Daraj, Shajaia, and Rafah, respectively. The NECC's health program offers a comprehensive package of health services, with a particular focus on primary health care services.

The bundle of the provided services includes essential maternal and child health services such as antenatal care, postnatal care, health education, family planning, well-baby care, psychosocial services, home visits, treatment for malnourished and anemic children, and dental services. Additionally, the NECC health program offers laboratory testing and medication.

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

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

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

❖ Livelihood and Economic Development (TVET Program):

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



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

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

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

❖ **Psychosocial support:**

Since April 2009, as a response to 2008-2009 war, and in order to support mothers' and children's mental health and psychosocial well-being within such complex context, the NECC has started to provide psychosocial support program across the three NECC centers with the aim of improving the level of mental health of children and women beneficiaries. NECC's psychosocial program started after 2008 war on Gaza called by Israel "Cast Lead Operation", and continues till now; it targets the whole family especially women, mothers and their children.

The NECC psychosocial program offers diverse services including psychosocial support, emotional support and debriefing, recreational activities, and individual and group counseling. The counselors use various counseling techniques such as: the mind and body, cognitive behavioral interventions, individual and group counseling, seminars, home visits, and community-based education through awareness programs for mothers. The program focused on the Palestinian families through the health centres, vocational training centres, secretarial centre, advanced dressmaking centre and NECC staff in cooperation and coordination with relevant organizations.

❖ **Educational Loans:**

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

❖ **Emergency Relief:**

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



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❖ **Advocacy Program:**

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

❖ **Others:**

▪ **Community Development Program**

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

▪ **Self-Help Program**

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

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

Gaza Context:

Description (socio-political, health, economic and, environmental) - change from last year

Gazans population continued living in a very difficult conditions with restriction on travel, limited job opportunities, unemployment, siege and political turbulence. A new Israel government wasn't formed in April 2019, but still it didn't end the division and still people from Gaza experience more and more deprivation and harsh conditions.

Recently the PA is facing severe financial crisis including inability to procure drugs, equipment and pay employees' salaries which affects the provision of health services in both the West bank and Gaza. This has further complicated the situation in the already exhausted Gazan's context. There has been a sharp deterioration in the humanitarian, human rights, security and political situation in the Gaza Strip in 2018. The health system, on the verge of collapse following years of blockade and de-development, is now overburdened with massive casualties from the ongoing "Great March of Return" demonstrations. The economy is in 'free fall' according to the World Bank, and poverty, unemployment and food insecurity are increasing, as are other core drivers of humanitarian need. (OCHA ,2019)



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This situation compounds the widespread prevalence of poverty, that increasing people's reliance on humanitarian aid with more than 80% of the population dependent on some form of assistance. **(Humanitarian situation report, September 2019).**

According to the OCHA report 2018, 4,250 children were injured, constituting 20% of total injuries and 1,952 women. Children in Gaza are growing up in a society permeated by restrictions and related violence which leave them with a deep sense of insecurity for their future. Palestinian children older than ten years old living in Gaza have now witnessed three conflicts in their short lives. and children aged 11 or less have only known life in Gaza under closure, resulting in an increase of the number of children displaying high level of stress related symptoms and, requiring additional family and community-based support. Child protection Rapid need assessment has been carried out by child protection working group in Gaza in 2018. the assessment aims to explore and understand the protection needs of children in light of evolving situation in Gaza Strip. The study findings the physical violence is common in Gaza strip , the assessment (2018) found significant patters including 96%of responders identifying psychosocial distress in children as one of the main child protection concerns in Gaza , the main distress manifestations include children being more aggressive, bed wetting , unusual crying and screaming , violence against younger children , unwilling to go to school , disrespectful behavior in the family , having night mares , and not being able to sleep , sadness and avoiding others .

The Child Protection Working Group of the Protection Cluster estimates that 340,275 children across the oPt are in need of protection interventions, including 321,159 children (160,579 boys; 160,560 girls) in need of psychosocial services, 17,916 children (8,958 boys; 8,958 girls) in need of case management. (Child protection Cluster HNO,2019).

Food insecurity, poverty and unemployment have also risen in Gaza over recent years and are far higher than in the West Bank, at a time when humanitarian funding is declining. In 2019, contributions to the Humanitarian Response Plan (HRP) were the lowest of the decade.

Overall, every second Palestinian (or 2.5 million people) in the oPt is estimated to be in need of humanitarian assistance in 2020.

Children under 5-years of age remain highly vulnerable to neonatal mortality, developmental delays and disabilities. Although the maternal mortality ratio (MMR) has reduced to 20 per 100,000 livebirths (MICS, 2014), every fourth pregnant woman in the State of Palestine is considered high-risk and requires specialized health care during pregnancy (14,000 cases annually). Some 22 children die out of 1,000 live births (Gaza: 24 deaths per 1,000 live births; West Bank: 20 deaths per 1,000 live births).

Another longstanding humanitarian concern of particular relevance to Gaza, gender-based violence (GBV). Preliminary findings of a survey conducted in the second quarter of 2019, reveal that 29 percent of Palestinian women in the oPt have reported some kind of violence by their husbands at least once during the preceding 12 months.



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Psychological violence was the most common type of abuse detected, affecting 57 per cent of the women who reported some type of abuse. The prevalence of violence against women by their husbands is significantly higher in Gaza (38 per cent) than in the West Bank (24 per cent), most likely due to the poorer living conditions there, particularly factors such as high unemployment and financial stress; displacement; inadequate housing; and limited sanitation facilities.(OCHA,2019).

Highlights on progress achievements:

The report summarizes the activities of Near East Council of churches during the year 2019

*Regarding Access to Primary Health Care and Medication, the number of newly registered families during this reporting period has reached **1925** families, while the number of the total families benefitted from NECC PHC clinics during this period was **11,776** beneficiaries 58% of them are females.*

903 new women were registered at preconception care and received appropriate preconception care while 1229 women attended preconception for follow up, (anticipated target is 1000),

4142 preconceptions follow up visits were performed, that revealed how much the women get benefit from this project and they are in need for this service.

*for pregnant women the number of new registered pregnant was **1624** distributed as following:*

*821 in Shijaia, 579 in Darraj and 224 in Rafah with total of **2272** 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 **1272** deliveries. **79.1%** 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 **1359** women: 548 at Shijaia, 670 at Darraj and 141 cases in Rafah (target 1000 women per year).*

*Additionally, the number of newly registered children in this reporting period has reached **4609** Shajaia received the highest number of new children at the well-baby service delivery points (1634) followed by Rafah (1512) and Darraj (1463), 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 **14070** children attended the well-baby services and have been screened in accordance with the national well baby protocols (Annual target 12,000).*

Similar to the past year, Shajaia Clinic ranked first in term of the number of children seen at the well-baby services (5734). 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 **4155** while **9416** children under 6 years were examined by doctors and received treatment as well as **357 injured** patients from Great March of return received treatment.*



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The number of cases examined by dentists and received dental care services had reached **6779** distributed as Shijaia 2531; Darraj 2378 and Rafah 1834. The total laboratory tests that were performed inside the three family care centers during this reporting period have reached **21,002** provided to all categories,

The number of health education sessions at this reporting period was **1932** sessions for **44,665** participants.

With regards to the **Technical Vocational and Educational Training (TVET) program**, during the reporting period, a total of 265 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 solar energy, air conditioning and refrigeration, secretarial studies and advanced dressmaking. Where about **19.2%** out of those trainees are females and the rest of **80.8%** are males.

Some major changes have been realized into the TVET provision at NECC schemed as reducing periods of study for some professions from three to two years in addition to the preparation for launching of the profession of multimedia and graphics design.

Regarding **psychosocial support program**; **1268 school** children attended the three family care centers received psychosocial support activities 1032 kindergartens children. Psychosocial support activities provided either, group sessions or counseling or recreational activities while **5514** mothers and women received PSS either group sessions, individual counseling, group counseling or consultation. Additionally, **426 TVET** students received PSS.

Summary of key findings in reference to log frame

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

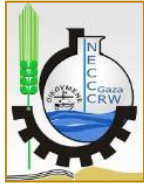
Annual Indicator	Annual Achieved	% of achievement
At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	98.1% %	Achieved
At least 70% of women in targeted locality received timely quality post-natal care at least twice.	79%	Achieved
1,200 new pregnant women registered for ANC annually	1624	Achieved
7000 antenatal care visits made annually	13,247	Achieved
1,800 pregnant women received follow up visits, newly registered and on-going	2272	Achieved
1600 postnatal care visits conducted annually	3192	Achieved



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Annual Indicator	Annual Achieved	% of achievement
12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric measurements	14070	Achieved
25,000 well baby visits were conducted annually	38172	Achieved
7,000 sick children up to 6 years old received medical examination and treatment	9416	Achieved
1000 partners received reproductive health services and awareness	1359	Achieved
Over 4,000 women, children and adults in targeted areas receive dental care annually	6779	Achieved
Over 4,000 patients examined, tested and received treatment	4155	Achieved
2000 children received psychosocial support	2300	Achieved
3000 mothers/women participated in psychosocial support activities	5514	Achieved
A total of 117 students receive training in carpentry/furniture making, welding and metals, Aluminum work and refrigeration and air conditioning annually	144	Achieved
A total of 48 students new and old receive training in electricity skills	70	Achieved
A total of 20 students receive training in secretary study	28	Achieved
A total of 15 students receive training in Advanced dressmaking	23	Achieved
At least 60 educational loans provided to students to complete their study at Palestinian universities	110	100%
1 to 2 policy/advocacy issues resulted in improving justices and economic status	2	100%
4 initiatives implemented with local communities	4	100%
10 visits paid by relevant internationals	27	Achieved



1.1 NECC Health Program

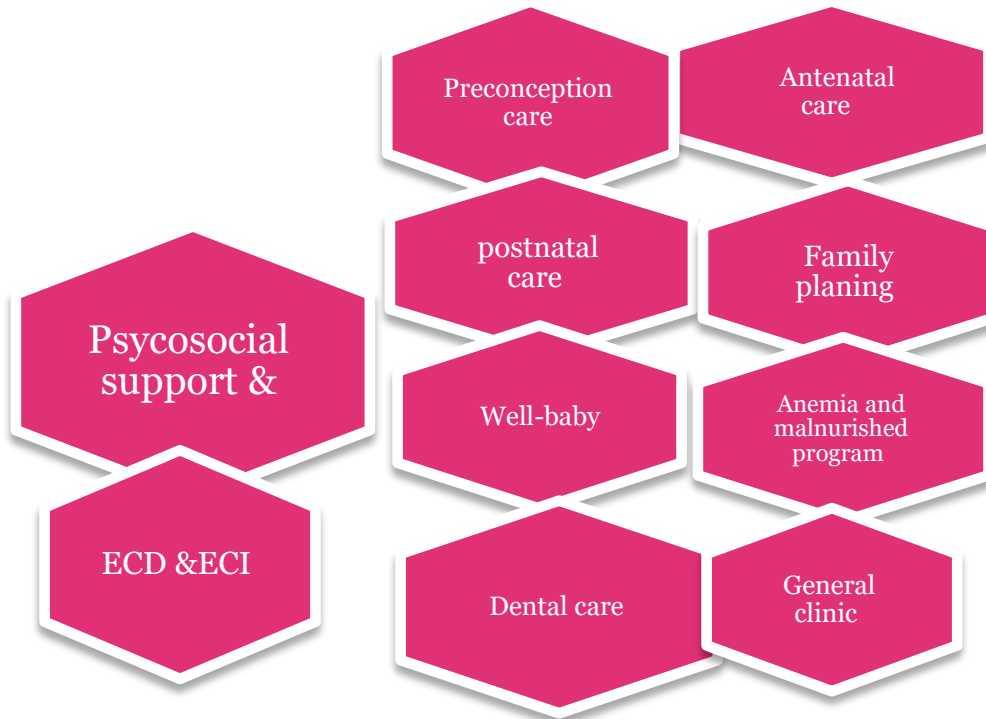
Strategic Objective 1: Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children.





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



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

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

To contribute to promoting the psychosocial well-being of the Palestinian population through support to traumatized patients/persons particularly women and children. During this reporting year, the three clinics offer health services to beneficiaries, including 11,776 families in the three marginalized areas.



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

By age	More 18 years		Less 18 years		Total
By gender	M	F	M	F	
No of beneficiaries	980	5589	9074	8564	24,207
Total	6569		17638		
%	27%		73%		

*Percentage of females among beneficiaries 58%.

*Percentage of males among beneficiaries is 42%.

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



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

1.1.1 Preconception care

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



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The main goal of the programme is to protect and promote the health of Palestinian women, children and families by providing preconception, pre-natal, post-natal and family planning services that complement each other and are fully integrated within the NECC strategy.

The program is congruent with SDGs aiming to reduce maternal mortality rate and infant mortality rate in primary health care activities, and to prevent and detect any deviation from the normal pattern of pregnancy by maintaining a regular system of health care monitoring and supervision.

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

Mothers' knowledge about pregnancy its antecedents and consequences are limited and requires further reinforcement especially knowledge about danger signs of pregnancy, labor and post-partum affecting mothers and fetus/infant.

This program aims at improving the health status, and reducing behaviors, individual and environmental factors that contribute to poor maternal and child health outcomes. Its ultimate aim is to improve maternal and child health, in both the short and long term.

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

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

- During this reporting period 903 new women were registered at preconception care and received appropriate preconception care while 1229 women attended preconception for follow up, (anticipated target is 1000).
- 4142 preconceptions follow up visits were performed, this year, the number of preconceptions follow up visits, that revealed how much the women get benefit from this project and they are in need for this service, among those who followed at preconception care, 293 women were newly married, 564 **women** have had children before, 283 had abortion before, and 156 women were followed previously at NECC family planning program.
- 1154 women attended preconception care received folic acid supplementation.



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- Number of women who screened and found anemic was 978 and they received appropriate treatment,
- 788 women found with more than health problem. and, 60 women were classified as high risk.
- 1204 women attended preconception care received folic acid supplementation, among those who screened, 1148 women found anemic and received appropriate treatment, one case found diabetic, with total of cases who have more than a health problem were 272 women. and, with total of cases who have more than health problem were 776 women, and 107 women were classified as high risk.
- 2248 women received health education and awareness sessions about nutrition, preconception care, and hygiene practices, the most commonly delivered health education method was lecture, and educational films on Smart board, psychosocial support sessions about stress management, gender-based violence.
- Through this project 25 health staff received 2 days training on reproductive health guidelines, maternal and child health services including assessment to women attending preconception, antenatal, post-natal and family planning and provided care according to national standards.
- It's worth mentioning that the prevalence of congenital anomalies reduced by 28.5% in comparison to the previous year.
- 84.3% of those women passed postpartum period safely without any complication.

1.1.2 Ante Natal Care (ANC)

Indicators: At least 95% of pregnant women in targeted localities receive timely ANC of at least four visits, and at least 70% of women in targeted localities receive timely quality postnatal care at least twice.

No. of women with high risk pregnancy during 2019 at NECC clinics was 142 cases (8.7 % of all new pregnant women)

As the NECC health program log frame, this outcome will be achieved by providing pregnant women with at least four timely ANC visits, offering timely and quality postnatal care, and improving women's overall knowledge of nutrition, hygiene, reproductive health and best practices.

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



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The NECC three health centers adopted the MOH-ANC protocols for follow up visits. These protocols are in line with the WHO protocols. According to the ANC protocol, each pregnant women may have ANC visits on the following schedule: (1) every month, from the first through the end of the sixth month of pregnancy (the first 28 weeks), (2) every three weeks in the seventh and eighth months (from week 28 to week 36), and (3) every week in the ninth month (from week 36 until birth). The schedule of ANC visits enables the three NECC centers to offer a continuum care that is accessible and of high quality.



1505 pregnant women out of 1624 pregnant received antenatal care services during the first trimester according to national protocol, that's mean **92.6 %** received the ANC in the first trimester.

The newly registered pregnant women were **1624** distributed as following: **821** in Shijaia, **579** in Darraj and **224** in Rafah

2272, pregnant women who were already registered and followed up during the reporting period. Among the new pregnant women in 2019, 445 of them were primigravida.

The total antenatal care visits have been reached **13,247** ANC visits, as the pregnant woman should follow up monthly during her pregnancy. Accordingly, **98.1%** of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy, the anticipated goal is at least **95%** of pregnant women should have at least timely four ANC visits.

there is no registration of maternal mortality at NECC health clinics in the year 2019, which revealed the high quality of care.

The referred cases of pregnant women during the reporting period was 78 complicated pregnant women who referred to hospitals.

For anemic pregnant women, NECC provides iron and folic acid supplements to anemic pregnant, during this reporting year the total number of those pregnant examined and found anaemic and enrolled in treatment programs 1269 women out of 1623, which means that **78%** of pregnant women were having anaemia. 1165 pregnant women have received folic acid through the first three months of pregnancy.

6979 sick pregnant examined by the doctor and received appropriate treatment, during this reporting period, there was no maternal mortality registered.



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

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

During 2019, 2134 pregnant have got ultrasound services three times during pregnancy

Post Natal Care (PNC)

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

The postnatal care provided by the NECC health program is among few systematic, well-organized postnatal care services in the Gaza Strip that includes home visits to all newly delivered women. In brief, the NECC postnatal services targets all delivered women who attended ANC services in the three health centers through providing home visits.



Ideally, the first home visits should be within the first 72 hours, the second home visits will be within 7 days after delivery; and the third one will be within the 42 days after delivery. During home visits, the health professionals, mostly midwives, conduct physical examinations including a uterine and abdominal examination, checking blood pressure and assessing breastfeeding practices. With regard to newborn care, health professionals check the umbilical cord, conduct a physical examination, and check for any health problems.

In terms of visiting the NECC centers, during the home visits, NECC health professionals advise women to come to the center and register their babies in the well-baby clinic, preferably within 30 days after delivery.

According to the program log frame, at least 70% of women in targeted localities receive timely postnatal care. So, this indicator along the lines of ANC services has been achieved and the percentage of women who had postnatal care outweighed the desirable **79.1%** of women who follow up for antenatal care at NECC family health care centers during pregnancy used to receive PNC three times, two at home and third one either at home after delivery by NECC staff, or could be at the center.



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During the postnatal visits, the midwife/nurse provide psychosocial support services to mothers, provide health awareness sessions pertaining to postnatal period such as breastfeeding, family planning, nutrition, baby care, danger signs and hygiene, provide appropriate supplementation to women as needed such as Iron/Folic acid to anemic and even normal deliveries according to national protocol for 3 months, refer the severe or cases with complications. Additionally, they check the baby's weight and perform umbilical dressing. Also, they filled a questionnaire about both mother and baby.

NECC during 2019 continue the promoting of PNC project with support from UNICEF, NECC signed an agreement with UNICEF starting in 28th March 2019 and ending in 27th March 2020.

The overall objective of the project is to contribute to reduce the morbidity of the targeted pregnant women/mothers and neonates/children at the postnatal period in addition to increase national capacity in terms of ECD, and ECI. The project aimed to increase coverage of PNC services for registered women at the postnatal period. The project started in March with higher coverage including Shijaia, Darraj and Rafah areas.

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

The NECC postnatal program involves conducting home visits to all newly delivered women, Mostly in the first 72 hours after delivery, and second one through seven days after delivery, and the third one its after 42 days. Contrary to the NECC postnatal program, UNRWA and MOH postnatal programs involve visiting only defaulters and high-risk pregnancy cases.

Regarding the post-natal visits, the total number of deliveries during 2019 in the three localities who were registered in ANC was **3192** home visits were performed to **1272** mothers

NECC achieved 3192 PNC sessions/visits in three served localities it was, 3835 in 2018, 4719 in 2017). The total number of PNC sessions/visits were 2426 at home and 766 at the health center.

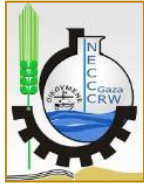
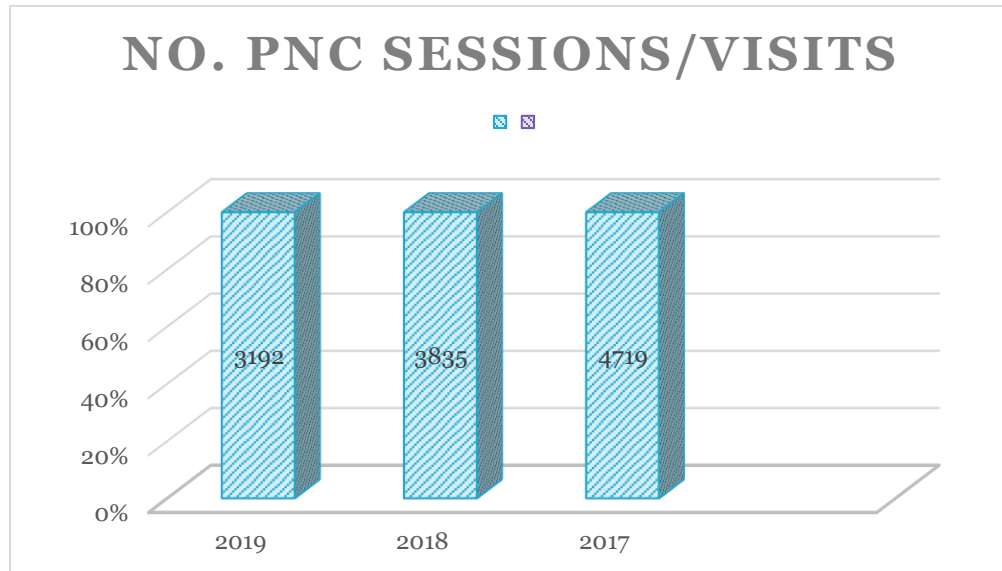


Figure (2) below shows the comparison of number of PNC sessions/visits were conducted among the previous three years:



NECC succeeded to achieve the main goal of this project by increasing the coverage of PNC services at the three served areas to reach 1272 (planned: 1000) and to provide high quality of PNC package of services either to mothers or newborns.

79.1% of women in targeted localities received timely quality postnatal care three times after delivery, and **84.7%** of women passed postpartum period safely without complications while 6.4% of children during 6 weeks of their born had specific medical conditions and received appropriate treatment and recovered.

Also, one of the main objectives to enhance the exclusive breastfeeding, the percentage of children who are exclusively breastfed during the 6 weeks after delivery was **94.3%**. Regarding the psychosocial support provided during postpartum period.

NECC team assess all the mothers after delivery using Edinburgh scale, any mother discovered to be abnormal is assessed using PHQ for depression and GAD-7 for anxiety. During this reporting period 797 mothers were screened by Edinburgh scale during the postpartum period, distributed as following: 477 in Shijaia, 242 mothers in Daraj and 78 in Rafah, among them 27 were abnormal that's mean 3.3% of postnatal cases suffered from depression or anxiety and they received Psychosocial support services provided by NECC psychosocial counselors.

Actually, NECC has a psychosocial counselor in each clinic in addition to the well-trained health staff on mental health disorders and psychological support.

NECC will continue provision of PNC to all mothers and babies in the three targeted areas with more focus on the new issues which NECC learned through the current project cycle with UNICEF such as danger signs for neonates, health education on newborn care and family Planning tools: Advantages, and disadvantages, anemia among deliveries, health promotion on neonatal care,



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

1.1.3 Family Planning Services (FP)

High fertility rates are associated with poverty, increased rates of infant and under-five child mortality, reduced female labor force participation, and low school enrollment for children. In order to achieve the above outcomes. The NECC family planning clinics offer free family planning methods and counseling. Family planning services at NECC were launched at family health care center in Darraj in 1995 upon the request of the local community.



In 2002, family planning services were extended to Family Health Care Centre in Shijaia and in 2014 the family planning program was run in Rafah, this was upon the community needs and request. A female gynecologist and staff nurse run the family planning clinics inside each one of the three health care centers. The family planning methods which are commonly used are: intrauterine devices (IUDs), pills, injections and male condoms. The women have a good discussion with the gynecologist in order to select the best and safe method of contraception after the medical examination and sometimes they need to discuss with their husbands and come back with the decision of both of them.

During 2019, the number of new acceptors was **365** (284 in 2018, 391 in 2017 and, 405 in 2016). Beneficiaries of Family Planning and visits disaggregated per area are shown in **table (3) below**.

Area	No of beneficiaries	FP Visits
Shijaia	548	1512
Darraj	670	2186
Rafah	141	2366
Total	1359	6064

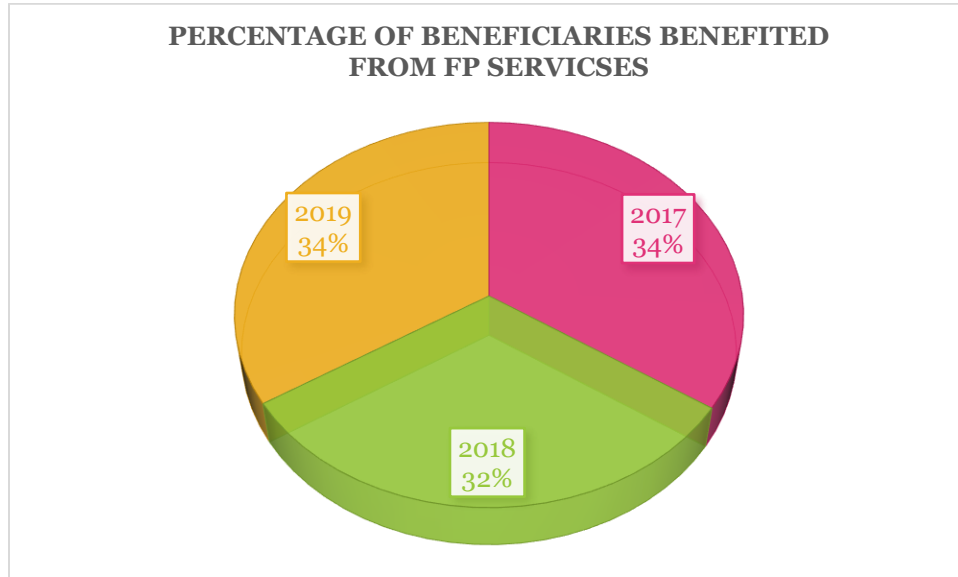
Table (4) below shows the distribution of acceptors of contraceptives disaggregated per locality and year of reporting:

Center area	2017	2018	2019
Shijaia	557	505	548
Darraj	659	642	670
Rafah	159	118	141
Total	1375	1265	1359



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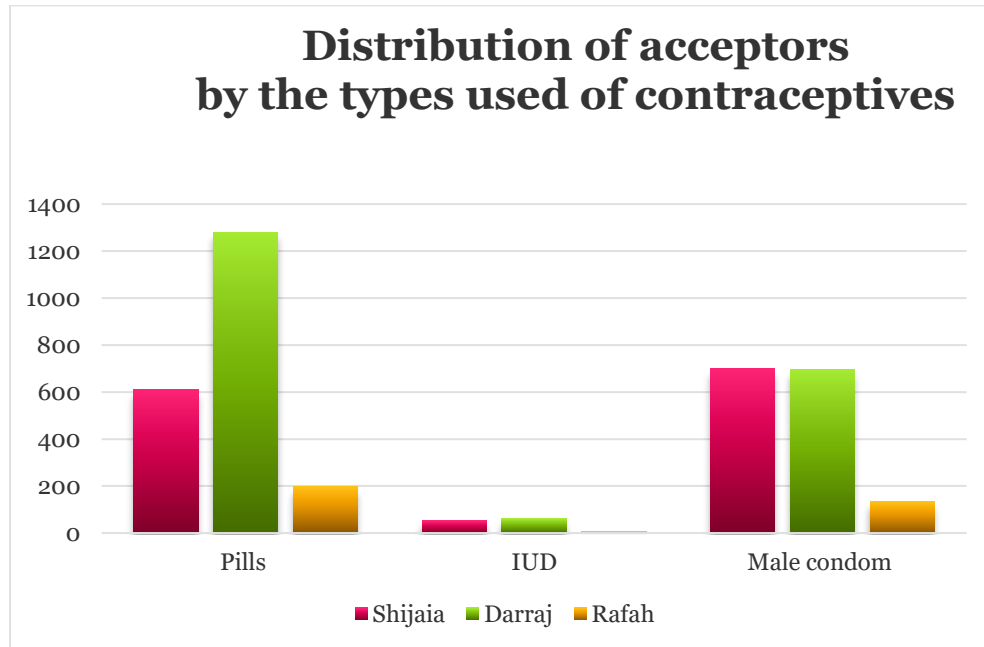
It was noticed an increase in percentage of beneficiaries benefited from FP services among the last three years as in the following **figure (3)**:



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

Center	Pills	IUD	Male condom
Shijaia	610	53	699
Darraj	1281	62	695
Rafah	196	8	133

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



However, NECC had faced a problem since 2017 and it continued to 2018 and 2019 due to not receiving all types of family planning tools from UNFPA through MOH as usual. This happened due to shortage of quantity received by MOH from UNFPA, so the quantity is not enough even to cover just MOH primary health care centers activities.

Accordingly, NECC was obliged to procure some of tools including male pills that didn't provide by MOH from the local market even this was not planned.

1.1.4 Well Baby Program (WB)

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





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

The program has been designed to strengthen the provision of high-quality well-baby services at the NECC primary health care premises. Quality well-baby services are important to monitor and promote child health status particularly in monitoring any growth deviation from the normal milestones allowing for early detection and early intervention.



Well-baby services to children under 6 years old are important as these services are provided at a critical age in the human life cycle where most of body and mind functions develop.

Most health providers in Gaza link well-baby services to immunization services and usually after the completion of the immunization schedule well-baby services are practically not provided.

Therefore, the demand for high quality well-baby services in Gaza is high. During the screening activity, children weight, height and haemoglobin are assessed in reference to the standard measurements. Children with below -2 Z-score are regarded as malnourished and therefore join the treatment program. Also, anaemic children with haemoglobin level below 11 are enrolled in the treatment program.

Briefly, the treatment program includes identifying the underlying causes of malnutrition and anaemia, treating infections and worm infestations, giving iron supplementation, providing instructions about malnutrition and anaemia, monitoring the change in growth measurement, provision of therapeutic formulas and if needed referral services for cases that don't respond to treatment. Typically, the treatment program of anaemic children consumes around 3 months and for the malnourished children it consumes around 4 months.

NECC rigorous monitoring system played a vital role in ensuring that the activities are implemented properly according to the work plan. In 2019, NECC clinics has achieved the following;

In 2019, through the well-baby services, 14070 children were screened and provided them with 38172 well-baby follow up sessions. As a part of the screening and management, 22898 lab tests were conducted at NECC three clinics. From those screened at the well-baby services, 2425 children were found anaemic or malnourished and enrolled in treatment programme. The percentage of malnutrition among the attendants of the well-baby visits ranges from 16% in Shajaia area to 9% in Darraj area. The prevalence of anaemia ranges from 28% in Shajaia to 19%



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in Rafah. At least, 20443 caregivers received health education and awareness sessions about nutrition.

After joining the treatment program, more than 70% of children diagnosed as anaemic at the well-baby services and enrolled in treatment program, has recovered and returned to normal within 90 to 120 days of their enrolment. Regarding wasting, more than 90% of the wasted children recovered and returned to normal within 120 days of their enrolment in the project. With regard to underweight, more than 75% of children diagnosed with underweight recovered and returned to normal within 120 days of their involvement in the treatment program. Similarly, more than 75% of children with stunting recovered and returned to normal within the recommended 120 days.

During 2019, our database shows that 25596 children with medical problems presented to NECC clinics (other than well baby clinic) and registered at the NECC database. Those were examined and among them, 24852 required medical treatment. In total, 4523 lab tests were performed to those children presenting to NECC clinics with medical condition. In total, 41,670 prescriptions were issued to treat sick children. The total number of those examined and found abnormal and enrolled in treatment programs is 1942 while it was 1557 in 2017. This reflects an increase by 25% possibly due to the higher number of screened children and the deterioration of economic situation in Gaza which results in nutritional problems among children.

22898 lab tests were conducted to screen and follow up children at NECC three clinics. More laboratory tests were conducted during this reporting period than last years as it was 18660 in 2018, 16505 in 2017 and 10899 in 2016. As with the previous years, this reporting year (2019), the most frequently conducted test is haemoglobin level 19057 test (last year number is 15107) and stool analysis 2000 (last year number was 1834) followed by urine analysis 1375 (last year number was 1233) and complete Blood count 466 (last year number is 486).

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

	Anemia					Malnutrition				
Year	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
Shijaia	18.27	18.6	21.4	21.1	28	14.78	14.3	12.4	13.8	16
Darraj	31.74	28.2	21.2	22.7	24	9.8	10.3	10.8	9.5	9
Rafah	20.93	17.2	20.8	20.6	19	15.08	12	11.6	12.5	11.7

- More than 70% (71% in Darraj, 82% in Shajaia and 82% in Rafah) of children diagnosed as anaemic at the well-baby services and enrolled in treatment program, has recovered and returned to normal within 90 to 120 days of their enrolment. Others improved, but didn't return to normal within the provided time frame. The target of the project to achieve 50% recovery or improvement rates has been far achieved.



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- 92% in Rafah, 93% in Darraj and 92% in Shajaia of the wasted children recovered and returned to normal within 120 days of their enrolment in the anaemia and malnutrition program.
- 78% of children in Rafah, 75% in Darraj and 80% in Shajaia diagnosed with underweight are recovered and returned to normal within 120 days of their involvement in the treatment program. Others improved but didn't return to normal within the provided time frame.
- 81% of children with stunting in Rafah, 83% in Darraj and 79% in Shajaia recovered and returned to normal within the recommended 120 days; the others are either improved but didn't recover yet, stayed the same and very small percentage were deteriorated.

Table (7): Total quantities of supplements provided to children less than 5 years during 2019:

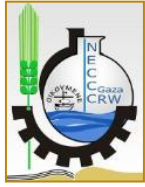
Grand Total	
Iron	19017
Vitamin A&D	324
Folic Acid Tab	4070

Nutrition screening activities

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



Since the project implementation depend on the community-based approach and invests in the human capital by capacity building and awareness raising, it contributes to improve community resilience, from the start of the project on 1st June 2019 till 30th April 2020, Field work started on June 10th 2019 and in slightly less than 6 months, the field team has managed to visit 851 households with 4521 inhabitants, including 828 children. All the children under 5 living in these households were screened (406 males and 422 females). The project indicator of targeting 1100 children will be met by the end of the project. Almost all the visited households were headed by fathers. The median number of household members is 5.3 members. Around two thirds of the families visited were having children under five years old. Out of the total surveyed population, only 8% had reported receiving humanitarian assistance mainly food and financial assistance particularly from MOSD. This figure is much less than the reported figure for Gaza as a whole resulting from the fact that area is mainly a non-refugee area (almost 100%). Around 60% of



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household reported having zero income (median 0; mean 326 NIS), two thirds are not working. In general, the socioeconomic indicators of Al Shokka area are very bad; only 12% stated that their economic situation is good.

The prevalence of anemia was extremely high, the highest ever reported in areas served by NECC (72%) and the prevalence of moderate and severe malnutrition is also high (22%). Below are some remarkable findings:

- The prevalence of anemia among the surveyed children was extremely high (71.9%- 478 out of 665 children examined for Hg), 60% were mild anemia and 39% were moderate.
- Anemia is slightly higher among females (73%) than males (70%)
- Anemia correlates negatively with age, younger (87% among children under 2 years) are more vulnerable than older children (37% among children 3 to 4 years old).
- The prevalence of moderate and severe malnutrition among the screened children is also high (22%, 182 out of 828); 85.7% moderate malnutrition and 14.3% severe.
- 14.4% of the screened children were stunted, reflecting chronic exposure to malnutrition
- 11.5% were with underweight
- 6% were wasted
- Malnutrition is more common among males (17% of males are stunted) than females (11.6%).
- Children aged from 1-3 years are more vulnerable to malnutrition than other categories (21% were stunted).

Anemic and malnourished children are receiving treatment now at the mini-clinic operating in Shokka area and it is expected that the majority of them will recover within the recommended 3 months according to the MOH nutrition protocol. Till now, 508 children (equally distributed by gender) have been referred to the NECC mini-clinic for treatment, the project target to treat 550 children will be met.

The program of treatment of anemia adopted in the project is compliant with the national protocols and consists of providing iron supplementation for three months maximum, 3-6 mg per kg body weight per day followed by a prophylactic dose for additional three months (1-3 mg per kg per day) in order to keep adequate storage of iron. Iron supplementation is combined with ingestion of healthy food and the utilization of appropriate anemia preventive practices. It is worth noting that the course of treatment for anemic children is expected to be completed within three to six months. However, some usually recover before and others may continue longer in the program and receive additional care. The recovery rate of anemic children after 3 months of their enrollment in the treatment reached 97%.

The management of malnutrition includes; conducting further lab analysis and physical examination combined with treating the underlying causes, provision of health education, follow



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up and providing enriched milk. Identified malnourished cases were seen monthly at the NECC clinics. Severe cases referred to Ministry of Health facilities. The management of malnutrition takes in average 4 months to return to normal anthropometric measurements.

The project had made excellent achievements in improving the conditions of all the types of malnourished children. 96% of the wasted children recovered within months from the onset of diagnosis. It is worth noting that because wasting reflects short term exposure to nutritional deficiencies; it quickly can be corrected by appropriate management. With regard to underweight, 84% of the children recovered within 4 months from the onset of diagnosis. The same applies to stunting, were 80% of children had recovered and returned to normal.

During field visits, 998 bottles of iron have been dispensed to anemic children in the field and 1208 bottles were dispensed at the clinic. Also, beside hemoglobin testing done in the field, urine analysis has been done to 252 children and stool analysis for 443 children.

Also, during the household visits, 2427 persons received health education in addition to those who received health education in the clinic and the community 1665; among them 266 were males. This exceeds the target of reaching 2000 beneficiaries through health education activities. Brochures about nutrition, anemia, food, WASH and hygiene were distributed and explained to beneficiaries. The analysis of the conducted pretest posttest assessment (195 questionnaires) shows that significant improvement in the level of knowledge about nutrition was noticed. For example:

- Knowing the appropriate duration of Exclusive Breast feeding has increased from 41% to 72%
- Knowing the appropriate age for weaning has increased from 70% to 95%
- Knowing the kind of food to give to the child has increased from 59% to 82%
- Knowing food rich in vitamin A has increased from 61% to 73%

Development of Early childhood development (ECD) approach

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

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





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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 **390** of children were screened according to standardized assessment tools(183 M &207 F), 350 of children screened were found normal(164 M &186 F) and **40** children had developmental delays(19 M & 21F) including cognitive, emotional, social, and communication delays, out of them 5 children with disabilities including physical disability, cerebral palsy, autism , partial blindness. Hearing disability

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

1.1.5 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. During 2019, **6779 patients** (target 4000) were examined by a dentist at the clinics distributed as following: **2310** in Shijaia, **2846** in Darraj **and 1623** in Rafah.



also **1789** children were screened during well baby program (target 700 child per year), **1548** pregnant women were screened during antenatal care for their dental care (target 1200 pregnant women per year).

Table (8): Yearly distribution of the dental activities

Item	2016	2017	2018	2019
No. of patients examined by dentist and received dental services	8725	7641	7063	6779
No. of children screened on well baby days	2061	1724	1762	1789
No. of pregnant women screened	1996	2062	3364	1548



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

Type of service provided	Shajaia	Daraj	Rafah	Total
Follow up	559	615	285	1459
Treatment	2695	2844	1985	7524
Extraction	111	108	101	320
Amalgam fillings	301	558	251	1110
Composite fillings	17	44	16	77
Scaling	73	288	54	415
Total	3756	4457	2692	10905

1.1.6 General Clinic/Medical examination

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

Achieved in the reporting period:

The number of patients above 6 years old as cases examined by doctors has been reached **4155 cases** including those attended dermatology clinic.

Below the table shows the distribution of all clients who were examined by doctors and received treatment by category and center during 2019 the table mention number of visits not cases, it means that the patient may receive the service more than once during the year).





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

Target group	Shijaia	Darraj	Rafah	Total
Less than 6years old	13,768	14,463	11,122	39,353
Pregnant women	3,965	2228	786	6979
Above 6 years old	1291	1396	1045	3732
Total	19,024	18,087	12,953	50,064

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

in 2019, Gazans had suffered from the consequences of the clashes with Israel. In three episodes, the conflicts were about to develop to war between militants and the Israeli army and resulted in 34 deaths and 109 injuries especially in November 2019. The war-like context continues to dominate the general situation in Gaza.

NECC interventions regarded to injured people:

, 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

This appeal was ended in May 2019, NECC to this date has Provided medical services treatment through NECC health clinics to **338** injured persons

1.1.7 Health Education

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

Families who maintain healthy nutritional behaviors will have a better chance to have healthy and productive life. The change in knowledge and practices will sustain long and can be transferred across generations.



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Awareness is an important component of health promotions and contributes to strengthening communities' abilities to demand and support appropriate practices. Enabling communities to discover and seek appropriate care is a sustainable approach.

Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes and behaviors.

Health education is a tool of health promotion: the two should not be separate.



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

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

Achieved in this reporting year: NECC continued to intensify its efforts in health education and in increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment, child protection, GBV, disability inclusion, anger management etc... The total number of health education activities provided to all categories was **1932 sessions for 44,665 participants**; they received group sessions, demonstrations, counseling, awareness games...

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

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

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

503 pre-test post-test questionnaires were administered to caregivers who received health education and findings show an improvement in the level of knowledge among the recipients of health education.

For example, among beneficiaries in Rafah:

- Knowing the appropriate duration of Exclusive Breast feeding has increased from 25% to 82%.



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- Knowing the appropriate timing of giving tea to children (in case it will be given), has increased from 53% to 78%.
- Knowing the appropriate age for weaning has increased from 68% to 95%.
- Knowing the kind of food to give to the child has increased from 33% to 74%.
- Knowing food rich in vitamin A has increased from 47% to 84%. A new monitoring tool called balanced scorecard has been developed during 2018 which includes several technical, managerial, financial and community related indicators including client satisfaction, counselling, waiting time, and it applied to management information system in 2019.

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

20443 caregivers received health education and awareness sessions about nutrition and practice healthy nutrition and hygienic behaviours. As verified through the pre-test post-test measurements, change in the level of knowledge about malnutrition, anaemia, appropriate nutritional practices among the attendants of the health education session. Also, the change in the epidemiology and disease pattern such as infections.

Pamphlets and educational materials were also disseminated to beneficiaries and explained to them. In addition, the effect of health education was assessed through pre-test post-test and also through studying the epidemiological diseases' pattern in the area. In total, 301 pre -post questionnaires were completed with the recipients of health education and results showed significant improvement in the level of knowledge of the beneficiaries.

NECC regularly assesses the impact of health education through studying the change in the epidemiology and hygiene related diseases.

Children with respiratory diseases represented the vast majority (60% with upper respiratory infection; 5% with lower respiratory infections), followed by skin diseases (9%) and parasitic infestations (7%). Most of the children recovered from their acute medical conditions, few were referred to other health facilities to receive specialized care.

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

Item	Shijaia	Darraaj	Rafah
Demonstration	93	60	40
Health education	985	276	205
Counseling	88	60	40
Awareness Activities	265	88	113
Total	1431	484	398



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1.1.8 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 2019 approximately 3091 home visits (3907 in 2018, 3903 in 2017, 3840 in 2016) were conducted by NECC to beneficiaries inside their houses.

Table (12): Distribution of home visits conducted through 2019

Type of home visit	Shajaia	Darraj	Rafah	Total
Deliveries (PNC) home visits	1281	981	325	2587
Expected deliveries	247	7	85	339
Defaulters	114	17	2	133
Abortion cases	22	7	0	29
High risk pregnancy	3	0	0	3
Total Number of visits	1667	1012	412	3091

Community Workers Training Courses

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



Community training is provided at three served communities; Darraj, Shijaia and Rafah to up to 40 female trainees per year divided into two groups.

Each group receives training for 4 months, 3 days per week, 4 hours per training day. The lectures are about health, social and psychosocial issues. Also, they are trained about how to give a session for a group of women even about health, social, psychosocial issues and human rights. A First aid course also provided to the community workers with cooperation of ALAwda hospital and Juzoor association. Most trainers are from NECC staff and other relevant NGO's as ATFALUNA, PCHR, etc., the number of females participated in these courses was 48 females' students.



1.1.9 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 210 cases to relevant sites as needed during this year.

Table (13): Referral sites during 2019

Referral system	Shijaia	Darraaj	Rafah	Total
Thalassemia center	12	13	17	42
MOH or other hospitals	105	49	6	160
MOH clinics or other related clinics	3	5	-	8
Total	120	67	23	210

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

1.1.10 Laboratory Services

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

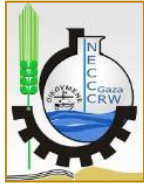
1. Hematological tests:
2. Urine and stool analysis tests
3. Biochemistry tests
4. Pregnancy test

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



Achieved in this reporting period:

The number of laboratory tests performed in the year 2019 have reached *the total laboratory tests that were performed inside the three family care centers during this reporting period have reached 21,002* distributed as Shijaia **11174**; Darraj **7769** and Rafah **2059**. Unlike other health



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organizations in Gaza, the available strategic storage of laboratory kits needed for the lab services helped NECC to continue the provision of the needed lab services despite the closure.

Table (14): Distribution of lab tests

Type of Lab Tests	Shijaia	Darraj	Rafah	Total
Blood tests	4940	3348	504	8792
Urine	4966	3538	1041	9545
Stool	1063	753	472	2288
Pregnancy Test (Urine Sample)	205	130	42	377
Total	11174	7769	2059	21002

Accuracy of tests:

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

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



1.1.11 Pharmacy Services

NECC offers preventive and curative services free of charge, with a focus on mother and child health care and education towards health and environmental awareness (hygiene, vaccination, etc.). Accordingly, there is a small pharmacy operated by an Assistant Pharmacist at each of three clinics with a number of medicines (approximately 120 items), complying with WHO standards and approved by the NECC medical sub-committee.

The main lists of the medications include those needed for pregnant women and children as Iron supplements, multivitamins, antibiotics, anti-allergic, skin ointments and creams, antifungal 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.

Some items were thankfully donated in kind by ANERA during 2019 and some items from MOH (Iron supplements and Vitamin A&D Adol for children,

In addition to nutritional supplements that donated thankfully by UNICEF



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NECC succeeded in securing the availability of the required medicines throughout 2019 by having stocks of medicines in each center and in the main store. However, some delay happened due to the tight closure and increase in number of patients more than the anticipated especially for dermatology clinic as a new service highly needed.

NECC purchased medication during 2019 through support from UPA.

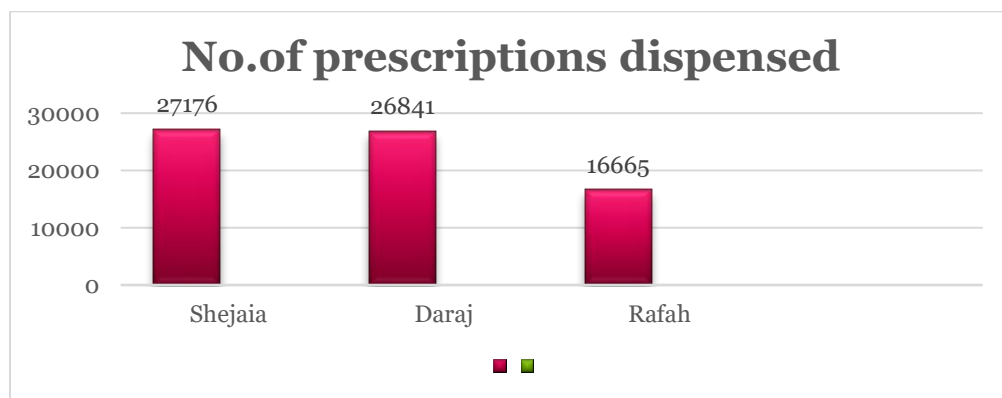
UPA thankfully agreed to support NECC in terms of purchasing medication for the year 2019.



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

During year 2019 , the number of prescriptions dispensed to patients reached 70,682, 59,484 in the three localities (last year 2018 figure was **59,484** prescriptions).

Figure (5) No. of Prescriptions dispensed



During this reporting period, 66,168 SMS were sent to clients which were effective and well-perceived by them in addition to 23,929SMS that were sent to bring back defaulters (in total 90,097). The use of SMS has contributed to the reduction of the number of defaulters.



1.2 Psychosocial Support Program (PSS)

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

1.2.1 NECC ongoing psychosocial support program

As a part of NECC responsiveness to the community needs, immediately after the Israeli Operation Cast Lead on Gaza, in 2009 NECC has introduced the psychosocial support services into its health and vocational training programs. The program aims to alleviate the suffering of the Palestinian population including children, women, VTC's students and the NECC staff themselves.



The NECC psychosocial support program provides individual counselling, group counselling, psych education sessions, consultations. The higher-level change achieved through the integration of psychosocial support program into primary health program, screening and detecting all clients who attended NECC clinics for any psychological problems, and manage it.

The program which started in 2009 continues to operate providing services to thousands of children and women who are psychosocially vulnerable. Women gain much confidence on themselves and learned how to deal positively with and to control their daily stressors. With regards to Psycho-Social Support (PSS), the psychosocial component of NECC health program is consistent with the NECC mission, strategies, and objectives, Gaza has endured multiple losses – what are called multi-traumatic losses. Accordingly, there is a widespread sense of hopelessness and powerlessness.

The long-term, continuous stress experienced by many Gazans has resulted in a growing plethora of psychological difficulties. To respond, NECC developed the psychosocial support program through the integration of mental health into primary health care and additional indicators for adherence to child protection policies and code of conduct were used, as well as indicators relevant to national and local priorities.

NECC health staff screened and identified patients with mental health problems who are attending the health centres, in order to provide them with needed support and services, and to refer the severe cases to relevant external organizations. The overall objective of the program is to promote the psychosocial status of the served community particularly women and children.

The program focuses on the Palestinian families attending the health centers, vocational training centers, secretarial center, advanced dressmaking center and NECC staff in cooperation and



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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.



Children in Gaza are growing up in a society permeated by restrictions and related violence which leave them with a deep sense of insecurity for their future. Palestinian children older than ten years old living in Gaza have now witnessed three conflicts in their short lives. and children aged 11 or less have only known life in Gaza under closure, resulting in an increase of the number of children displaying high level of stress related symptoms and, requiring additional family and community-based support. Child protection Rapid need assessment has been carried out by child protection working group in Gaza in 2018.

The assessment aims to explore and understand the protection needs of children in light of evolving situation in Gaza Strip. The study findings the physical violence is common in Gaza strip , the assessment (2018) found significant patters including 96%of responders identifying psychosocial distress in children as one of the main child protection concerns in Gaza, the main distress manifestations include children being more aggressive, bed wetting, unusual crying and screaming, violence against younger children, unwilling to go to school, disrespectful behavior in the family, having night mares, and not being able to sleep, sadness and avoiding others.

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

It's worth mentioning that NECC signed through the year 2019 an agreement in partnership with Terre des homme (TDH) for the project titled "Responding to the needs of Vulnerable children in the Gaza strip through integrated Child protection Services Funded by OCHA" the protection needs of vulnerable children in the Gaza Strip through child protection case management system.



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This project targeted children, and women who mainly affected by situation including injured children through the protests of Great March of return, women who exposed to violence, children affect by arm conflict and awareness campaigns were conducted on GBV supported by TDH.

Through TDH project, 300 children received CABAC activities, 500 children received nonstructural group sessions, 100 cases received case management ,1200 persons received GBV sessions, and 800 persons received child protection sessions.

Recreational Activities

Also, through this project, we conducted recreational activities (open fun days) to children under 18 years which supported by TDH and targeted 248 children.

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

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

1.2.2 PSS Preventive Services

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

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

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

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

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



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

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

1.2.3 Counselling Services

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

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

Table (16): Counseling services include:

<i>Service</i>	<i>Details</i>
<i>Individual Counseling</i>	<i>Individual counseling and/or consultations provided to the affected women/mothers.</i>
<i>Group Counseling</i>	<i>Group counseling provided to the women with psychosocial problems and following traumatic events.</i>
<i>Family Counseling</i>	<i>Family counseling for childhood behavioral and emotional problems. The mother is counseled individually or with the child. Also includes parent training for dealing with behavioral problems in children.</i>
<i>Psychosocial consultations</i>	<i>Mothers/women receive the consultation for the psychosocial problems related to the mothers/women themselves. Such as maltreatment of husband or the mother in law - severe emotional and behavioral towards their children due to the hard life, or if they have low experience on dealing with Psychological problems of their children such as: Bedwetting aggressive behavior, sucking fingers, fear feelings, low school performance, jealousy, stubborn, nervousness, convergence.</i>
<i>Home visits</i>	<i>Home visits for specific cases: Women and children with psychosocial problems that have not improved in counseling, or did not report on their appointments are visited at home to evaluate the social conditions and promote their coping and social support.</i>
<i>Referral</i>	<i>Referral of more complicated and severe cases to the specialized institutions as GCMHP. For cases that require medical or specialized treatment, the NECC program refers cases to the MoH mental health centers and to Gaza Community Mental Health Program.</i>



1.2.4 Monitoring and outcome assessment

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

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

Monitoring system for psychosocial program:

- ▶ *The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ¹) for children and parents, (PHQ²) and (GAD7³) for PHC screened cases, (CRIES-8⁴) for PTSD children cases and (PCL) for PTSD⁵ adults (Edinburgh scale) for post-natal depression cases.*
- ▶ *NECC staff screened and detected PHC patients with mental health problems and are assessed by the doctor and followed up in the center by the nurse and counselor and referred the severe cases to relevant organizations.*

Table (17): The main psychosocial support program achievements

Activities and target groups	Number of individuals reached 2019	Number of individuals reached 2018	Number of individuals reached 2017	Number of individuals reached 2016
<i>School children (6-15) years targeted through attending</i>	1268 children	1049 children	1001 children	960 children

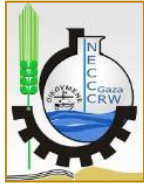
¹SDQ: strength and development questionnaire.

²PHQ: patient health questionnaire.

³GAD: Generalized anxiety disorder.

⁴CRIES-8: Children impact of Event scale.

⁵PTSD: Post traumatic stress disorders.



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Activities and target groups	Number of individuals reached 2019	Number of individuals reached 2018	Number of individuals reached 2017	Number of individuals reached 2016
<i>clinics for problem solving approach</i>				
<i>Kindergarten children serve through cognitive behavioral therapy</i>	1032 children	1028 children	955 children	1055 children
<i>Individual counselling for school children</i>	74 children	76 children	59 children	65 children
<i>Individual counselling for women /mothers</i>	201 women/mothers	194 women/mothers	279 women/mothers	197 women/mothers
<i>Family counselling for mothers with children suffer from psychological disorders</i>	169 mothers and teachers	174 mothers and teachers	203 mothers	162 mothers
<i>Psycho education sessions for PHC beneficiaries</i>	180 sessions for 4515 women/mothers	198 sessions for 4273 women /mothers	173 sessions for 4680 women/mothers	151 sessions for 3706 women/mothers
<i>General psychosocial consultations</i>	796	811	794	669
<i>Group counselling for mothers and or/women with similar psychological problems</i>	95 mothers /women	94 mothers/women	104 mothers /women	93 mothers/women
<i>Home visits</i>	191 home visits	226 home visits	117 home visits	126 home visits
<i>Screening and detection of mental health problem in PHC patients</i>		86 mild cases from PHC who were screened and detected, they received guided self-help by nurses/midwives. 797 Edinburgh scale filled for postnatal cases to detect postnatal depression, 27 were discovered complained of depression in post-partum period that's mean 3.3% were suffered from depression during the postpartum period.		



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Monitoring system for psychosocial program:

- *The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ⁶) for children and parents, (PHQ⁷) and (GAD⁸) for PHC screened cases, (CRIES-8⁹) for PTSD children cases and (PCL) for PTSD¹⁰ adults (Edinburgh scale) for post-natal depression cases.*
- *NECC staff screened and detected PHC patients with mental health problems and referred the severe cases to relevant organizations.*
- *NECC has developed database and indicators for psychosocial support program, to get accurate statistics and to save information.*

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

⁶ SDQ: strength and development questionnaire

⁷ PHQ: patient health questionnaire

⁸ GAD: Generalized anxiety disorder

⁹ CRIES-8: Children impact of Event scale

¹⁰ PTSD: Post traumatic stress disorders

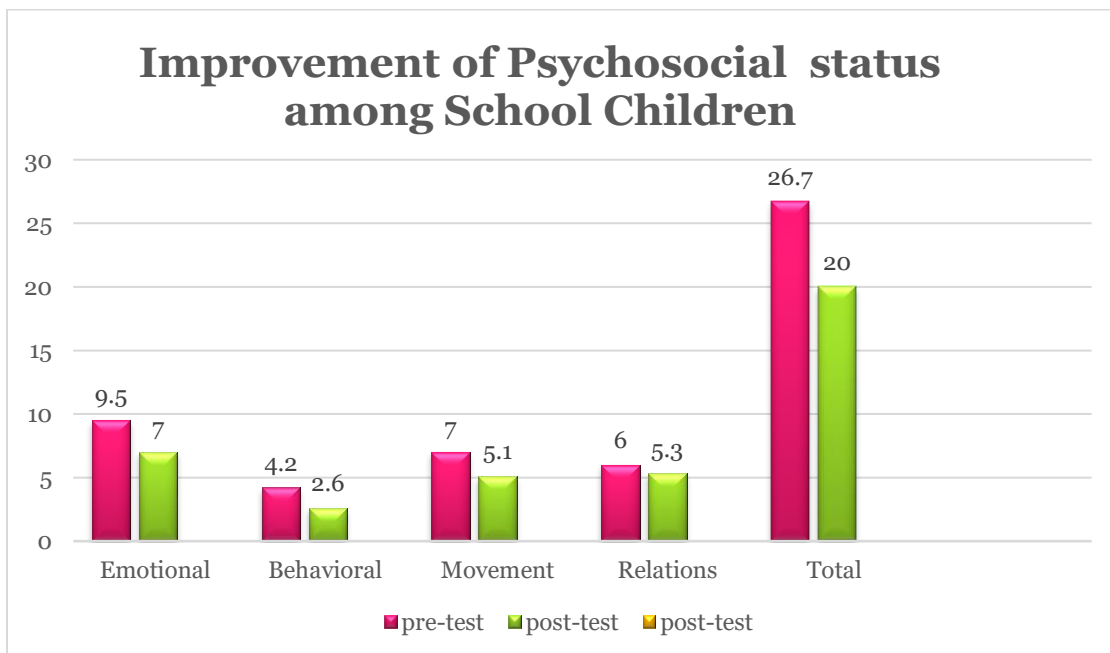


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The SDQ pretest and posttest of children having some psychosocial problems using SDQ assessment tool, the results showed a significant improvement of children with psychosocial problems by 25% in total.

In some psychological problems for example decrease number of children who suffered from behavioral problems from 4.5% to 2.6% which revealed significant improvement by 42% reduction in behavioral problems. See figure (6) below.

Figure (6): The main psychosocial support program achievements





1.3 TVET Program:

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

In consent with NECC/DSPR strategy; notably promote community economic sustainability, through practicing resilient livelihoods, NECC has been working on enhancing the youth capacities for longer term economic empowerment through promoting access to TVET for the Palestinian community.

The NECC has aggregated long experience in delivering a high quality technical and vocational education and training for the special target groups it is committed to serve.

The overarching aim of TVET program is enlarging the prospects for work and employment for the Palestinian youth in Gaza Strip in order to contribute to enhancing their economic and livelihoods conditions given the unprecedented unemployment rate among youth (app. reaching 70%).

Thus, NECC is consistently committed in approaching its vocational training program through providing quality TVET service based on competency-based approach which is relying on transforming skills into work taking into consideration requirements of the local labor market.

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

- **The Gaza Vocational Training Centre (Gaza City VTC - Shijaia)** offers multiple-period vocational training diplomas that target disadvantaged boys aged 14-16 years old who have dropped out from school. They can choose to be either trained in (i) carpentry and furniture making (diploma for two years), (ii) metal and welding works (diploma for two years) or (iii) aluminum works (one-year diploma) or (iv) refrigeration and air conditioning (for two years).
- **The Vocational Training Centre at El-Qarara** (Khan Younis, south of the Gaza Strip) provides a two-year diploma in general electrician skills and motor and transformer rewinding and solar energy that is offered to young men aged 16-23 who finished their tenth grade at schools.
- **The Secretarial studies and English Language Centre** offer a one-year intensive diploma in secretarial studies to young women who have finished their secondary studies (High School grade or locally known: Tawjihi).
- **The Advanced Dress making Centre** offers a one-year diploma in dressmaking provided to young women.
- The preparations are being exerted for launching the new department of **Multimedia and Graphics Design** for female youth starting from early 2020. Having this new department launched, the VTCs will become 5; 2 for males and 3 for females in order to promote the gender balance inside the TVET program.



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It is well-known that the current scholastic year of 2018-2019 has started early September 2018 and was ended up in August 2019 for departments of secretary, dressmaking, carpentry, welding and metal works and aluminum and in late 2019 for departments of general electricity and air conditioning, followed by 6-week period of external training during which the NECC-TVET students are sent to local workshops and employers according to the trades/careers they were trained in.

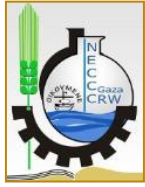
During the reporting period (January – December 2019), **416** students (317 males and 99 female students) received training through NECC vocational training centers. The total figure of 416 youth is disaggregated as following:

- 151 students were graduated from the program late 2019 (103 males, 48 females).
- 93 first-year male trainees continued and upgraded at Gaza Shijaia (58 students) and El-Qarara VTC's (35 students) for males respectively.
- 172 new students (121 males, 51 females) enrolled out of totally 541 who applied for the 2018-2019 scholastic year (of those applicants 417 were males and 124 were females). The originally enrolled number at beginning of scholastic year was 174 as 2 students quitted earlier from the program; one from secretary and one from dressmaking.

In the year 2019, 151 students of the 2018-2019 scholastic year graduated late 2019 while 265 students are receiving TVET courses till the end of December 2019 divided into 1st and 2nd class.

The table (18) below shows the distribution of the students of Gaza VTCs and El-Qarara VTC during the reporting period (January to December 2019):

#	Program	Diploma Duration (# of Years)	Graduates (2019)	Current Enrolment		Total number of existing students (December 2019)
				1st Y	2nd Y	
1	Carpentry and Furniture Making	2	20	26	21	47
2	Metal and Welding Works	2	15	19	17	36
3	Aluminum Works	1	17	19	-	19
4	HVAC	2	20	22	20	42
5	General Electricity and Solar Energy	2	31	35	35	70
-	Sub-total (males)		103	121	93	214
6	Secretary and English Language	1	25	28	-	28
7	Advanced Dressmaking	1	23	23	-	23
-	Sub-total (females)		48	51	-	51
-	Total		151	172	93	265



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At the end of 2018-2019 scholastic year (late 2019), 151 graduates were graduated disaggregated as follows; 100 of them were graduated in July 2019 from careers of carpentry, welding and metals, aluminum, dressmaking and secretary whereas 31 graduated in October 2019 from department of electricity while 20 air-conditioning ex-students graduated in December 2019.

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

It is worth mentioning that NECC is providing its vocational training services according to the Palestinian national qualification framework and the periods mentioned in the framework for certain training programs in order to provide adequate training at the level of semi-skilled labor which represents level 2 in the framework.

Based on the co-partnered project with GIZ that formally ended amid of 2017, NECC has been providing vocational training programs for the different youth target groups utilizing high quality vocational curricula that have being developed and validated continuously considering the requirements of labor market.

TVET program has been piloting the new curricula being delivered at the different VTCs in order to be validated and to gauge its relevance and reliability by holding several focus group discussions and meetings with labor market entities and TVET provision institutes.

In the TVET provision pathway, at the end of the year, there was evaluation process undertaken in order to solicit feedback from all concerned stakeholders such as students, mentors and tutors, graduates, instructors and trainers, supervisors and labor market representatives in order to further strengthen these vocational training courses.

This is considered a very supportive and prominent best practice aimed at its end lines to likely maintain robust, unique and updated curricula modules in accordance with the labor market demands and requirements.

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

Interestingly, NECC is exerting efforts 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.

The results of the impact surveys and assessments conducted revealed that NECC is exerting huge efforts in terms of increasing employability among TVET graduates through offering integrated package of after-graduation services notably career counseling, job search training, on-job training initiatives and most importantly and recently providing access to entrepreneurship through small-business establishment for a group of start-ups in cooperation with partner organizations such as Caritas France and Qatar Charity.



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

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

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

1.3.1 AutoCAD approaching:

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

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

In line with that concept, NECC has already provided a 120-hour specialized AutoCAD training to trainers of NECC vocational training centers, this step was followed by establishing a full-equipped computer lap for providing this sort of training to the vocational students as a latter following step.

As well, NECC has already applied for a proposal to GIZ through their EU funded program in late 2017 aiming at the provision of a full-equipped computer lab at Shijaia VTC; the proposal was approved from GIZ side.

NECC has finished all preparations and installments of setting-up the computer lab early 2018. The computer lab was being used for AutoCAD training and computer literacy in general during 2019 by students from departments of carpentry, metal works and welding, aluminum works and general electricity and solar energy.

The new computer lab was put in-service starting from the scholastic year of 2018-2019 starting from September 2018 and to the present.



1.3.2 Placement for external training program

In cooperation with Palestinian Federation of Industries (PFI) and its sub-branch federations and the several private sector entities, the NECC trainees who were about to graduate late 2019 had been placed in various offices, companies and workshops for a period of six-eight weeks to undertake external (on-the-job) training with follow-up made by the social workers and NECC-TVET instructors and supervisors.

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

The trainees were distributed to those workshops and companies on the basis of the trades they were trained in.

Particularly, 151 ex-students/graduates from NECC different vocational training centers were placed at different workshops and work places according to their major of training as carpentry workshops, welding workshops, electricity technical workshops, fashion Ateles, companies, NGOs and governmental entities to do their external training course.

The external training was followed by evaluation questionnaires and the feedback was being gathered on tripartite-basis meaning that it is conferred by the supervisor, employer and the students themselves.

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

While in Electricity VTC: the 1st year students were examined in October 2017 and 2nd year students did the exams in November so, the external training took place accordingly in a well-structured and timely organized process.

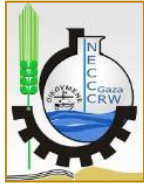
Whilst, the external training course for air conditioning (about-to-graduate) students were undertaken in December 2019 in a timely-ordered term.

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

1.3.3 Follow-up assessment (2019):

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

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



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It is very significant to assert on that this assessment is very critical and inevitable for NECC-TVET program management to run career professionalizing services as to be provided in order to accelerate the graduates' involvement in the local labor market in spot of the funds available.

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 an evaluation took place in the period from February to April 2018 in cooperation with Act for Peace and MIMAT evaluation experts. The evaluation revealed among other things that, NECC is exerting strong efforts in the field of youth employment and introducing TVET as a solution for high unemployment rate among Palestinian youth which is so far app. 68%.

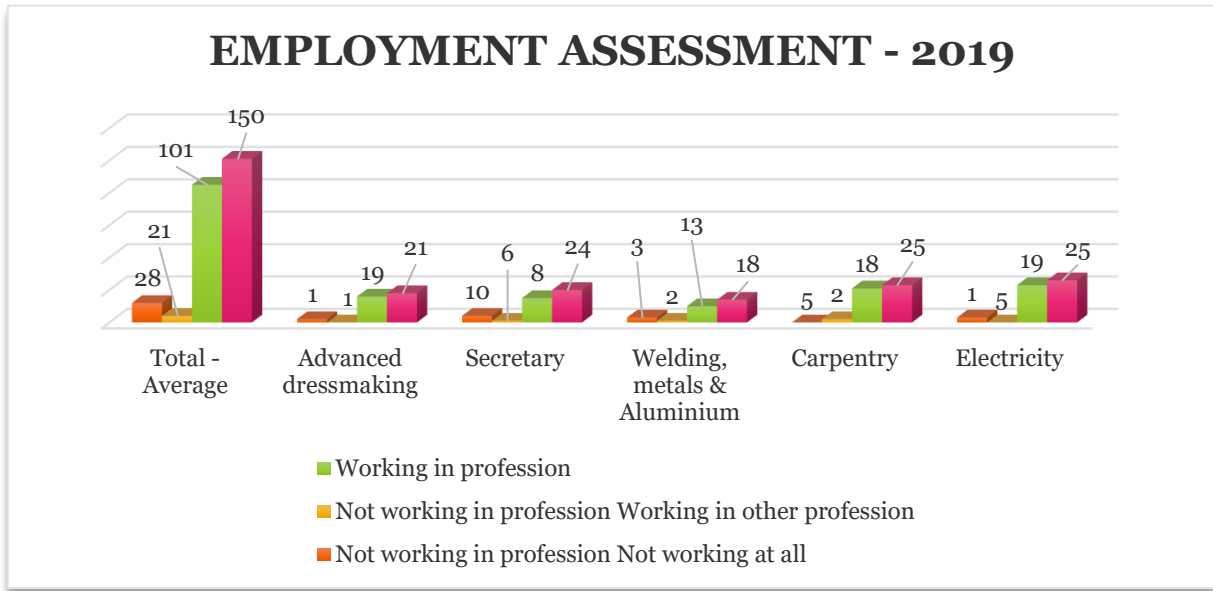
Consequently, NECC has recently conducted the annual employment follow-up assessment (in November 2019) for graduates of year 2018. The assessment results revealed that overall **81.3%** of all NECC-TVET graduates of the year 2018 are working either in their careers or other ones including **67.3%** (101 out of 150) who are employed or self-employed in their career only within one year of graduation, which exceeds the target of 50% of graduates from the TVET program. The figures below show the employment trends among the graduates.

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

Profession	Number of students who graduated in 2018	# Working in profession	% Working in their profession	Not working in profession	
				Working in other profession	Not working at all
Electricity (male)	25	19	76%	5	1
Carpentry (male)	25	18	72%	2	5
Welding and metals (male)	18	13	72%	2	3
Aluminium (male)	19	12	63%	5	2
HVAC	18	12	67%	-	6
Secretary (female)	24	8	33%	6	10
Dressmaking (female)	21	19	91%	1	1
Total - Averages	150	101	67.3%	21 (14%)	28 (18.7%)



Figure (7): Employment Assessment 2019



Analysis of the results: As the graph above indicates, the employment rates among NECC-TVET graduates is over 50% (target indicator) for the seven careers graduates on one year after their graduation.

Furthermore, the 2019 employment assessment (most recently conducted) reveals a comparatively high employment rates among the TVET graduates of NECC (about 67.3%) despite the harsh economic conditions lived in Gaza.

As well, it is shown by statistics that the number of females employed among the whole group of employed graduates is 27 out of 150 representing 18%, while the number of employed females among graduated females themselves is forming 60% (27 out of 45 graduated females) given that dressmaking is representing the main bulk.

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

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

However, still there is a need for assessing and tracking the longer-term outcomes those initiatives have impacted on the different aspects of socioeconomic context of the graduates and their families' lives. NECC has approached new techniques for doing this longer-term tracking starting from 2019.



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In line with that, NECC already commenced an on-the-job training project in partnership with Caritas France. In 2019, the project targeted 200 NECC ex-graduates from the last three years (2014-16) including an equal number of graduates from trades of carpentry, welding, electricity, dressmaking and secretary on four cycles of 50 beneficiaries (10 beneficiaries from each of the five trades in each cycle). The project started in July 1st 2017 and will last till June 2020.

A cycle of on-job-training was already started in late 2018 and lasted till end of March 2019 targeting 50 beneficiaries, 2 cycles of 100 beneficiaries took place from May to end of October 2019 and lastly, a cycle of 50 beneficiaries started in December 2019 and will be lasting till end of May 2021.

1.3.4 TVET Management Information System:

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

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

As well, this web-based MIS informs about all technical, social, economic, demographic data of TVET students during their study at NECC vocational centers and after being graduated. This information system is basically intended to provide in-numbers data to feed certain performance indicators in terms of education attainment and retention, satisfaction on provision of TVET-service, employability rates and etc.

1.3.5 Curricula Development:

NECC teams acquired long experience in the curricula development processes accumulated through developing curriculum of different vocational training programs NECC offers.

The curriculum development is basically intended in order to ensure the full matching between skills and competencies of trainees that are being enhanced through the NECC vocational training programs and those required in the labor market.

During reporting period, NECC-TVET program has been involved in developing the curricula of the most recent commenced career, air conditioning and refrigeration, in cooperation and partnership with GIZ starting from early 2017 and till the present. For that issue, GIZ recruited local and international experts to work on curricula development with NECC trainers based on the “complex tasks approach CTA”.

The vocational training expert and NECC trainers worked in full cooperation with the consultants to develop and update the curricula.



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NECC is comprehensively developing and upgrading its TVET training techniques and methodologies on regular basis. In that context, NECC has been involved in applying the CTA, which is standing for an approach utilizing social, personal, behavioral and technical skills and knowledge of a trainee in the process of training and response to clients and service demanders.

During the provision of the curricula, feedback sessions are used to be held regularly during scholastic year time for purpose of assessment, lessons learned and curricular development.

The implementation of the new HVAC curricula has been carried out starting from the 2017-2018 scholastic year launching from December 2016 and on for the two classes (i.e. 1st and 2nd year) and onward.

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. The new developed and adapted curricula was put in-use for benefit of NECC vocational center of El-Qarara as well as vocational centers annexed to ministry of labor and other similar vocational centers.

In addition, NECC is doing curricula development work in cooperation with relevant institutes under the umbrella of LET-Council namely; sub-committee of TVET capacity building which is mainly specialized in developing TVET programs at the member institutions including curricula development, capacity building for vocational staff and so on.

1.3.6 Inaugurating of new programs:

▶ *Multimedia & Graphics design:*

NECC has launched in late 2019 the preparations to inaugurate the new vocational training program of Multimedia and Graphics Design.

This new department comes in response to the Gaza community and labor market needs and is aiming to empower young females and increasing livelihoods and employment opportunities for girls in a trendy ICT-related vocational field.

This new vocational program is a one-year diploma licensed from Ministry of Labor and targeting youth girls who finished their high school (Tawjihi) certificate and have the interest in the multimedia, graphics design and freelancing stream.

An advertisement for this new program was published in November inviting interested applicants/students to enroll the program while the entrance exam took place in late December, 29 students were enrolled. Another exam was held to recruit GD trainers in December simultaneously. The opening of the program is planned to be undertaken in late January 2020 and an inauguration ceremony is planned to take place in February as well.



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NECC started the process of curricula development for this program through approaching external experts in this field by publishing advertisement on employment outlets such as www.jobs.ps website and the local newspapers. The process was started with recruiting experts and holding two workshops; one is for building curricula modules and the other is for validation.

This step will be followed by meetings and seminars in full proper cooperation between TVET team, the supervisor, the external experts and the GD trainers.

1.3.7 Relations and Networking:

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

As well, the network involves Palestinian federation of industries (PFI) as a min local partner to NECC in delivering its TVET service to both the trainees and graduates through the coordination with PFI to place about-to-graduate trainees in work places in the local labor market in addition to providing on-job training and small enterprises.

NECC has extended relations as well with Palestinian General Trade Unions aimed to raise awareness of TVET students and graduates in terms of labor rights, compensations, pensions, work accidents, labor laws and etc.

Additionally, NECC exploits its networks with labor market and private training institutes such as INJAZ Palestine association in the field of providing professionalizing sessions pertained for example life skills, path to professionalism, time management among other topics.



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1.3.8 LET-Council¹¹:

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

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

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

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

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

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

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.

1.3.9 Capacity building courses for TVET staff:

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

✚ **“Capitalization of Experiences” workshop:**

A workshop was conducted targeting NECC staff including administration and staff from TVET and health programs including coordinators, clinic supervisors, VTC supervisors and vocational trainers from NECC centers in addition to experts and consultants as a part of the project of “Supporting Access to Employment for TVET Graduates in Gaza Strip 2017-2020”.

¹¹ LET-Council: Local Employment & TVET Council.



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The major topic of the workshop was Capitalization of Experiences and it was held on 23rd February 2019 during one day facilitated by Caritas France representative during her visit to Gaza and TVET program coordinator.

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

✚ **“Capitalization of Experiences” training course:**

A training course in “Capitalization of Experience” topic was conducted in the period from 9 to 13 December facilitated by an expert approached by Caritas France and SCCF representative.

The NECC participating staff in the training included TVET supervisors, technical trainers, social work team in addition to the M&E consultants of NECC and the project coordinator.

The training was perceived by NECC participating staff as a very important step to approach capitalization processes in the different activities carried out. Complementary steps will be undertaken including the composition of capitalization teams as well as implementing this approach on the different NECC interventions selected to capitalize on.

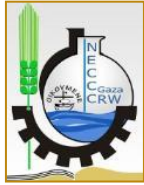


- ▶ *The course tackled capitalization of experience; its definition, what is capitalization used for, what are motivations to capitalization, the difference between capitalization and evaluation, a group work practical exercises.*

✚ **“Industrial Automation” training course:**

NECC Conducted two training courses entitled “Industrial Automation” totaling 40 hours (20 hours per each course) were introduced to El-Qarara VTC supervisor, electricity and solar panels trainers and a group of the former VTC graduates (total number is 13 participants).

The two courses included beginners and advanced courses consequently in the period from 23rd January to 14th March 2019. The trainer was an academic expert specialized in industrial engineering from the Islamic University of Gaza.



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✚ “Writing professional report” training:

TVET program conducted a training course for two days in the topic of writing professional report and enhancing creative thinking among students for the benefit of TVET staff at the different VTCs. The course took place in the period 9-11th March 2019.



“Writing professional report” training

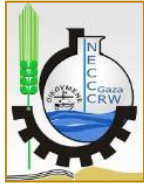


“Writing professional report” training

✚ “First-aid” training:

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

The courses took place in May 2019 targeting 48 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.



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"First aid" training course at dressmaking VTC



"First aid" training course at secretary VTC



Distributing certificates of "First aid" training course at secretary VTC



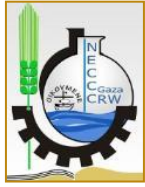
Distributing certificates of "First aid" training course at dressmaking VTC

✚ Training program with INJAZ Palestine:

In cooperation with "INJAZ Palestine", many training programs were held in 2019 in favor of VTC students including males and females in different topics such as "my path to professionalism", "learn for life", "work ethics", "time management", "entrepreneurship" and other life skills titles where the students experienced new approaches of their life, life skills and how to plan for future.

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

The training program of "foster your employability" was held in April 2019 in two sessions in addition to other lectures held in November 2019 addressing the topic of how to write CV and cover letter and how to do a job interview and in December pertaining leadership and time management respectively.



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The training sessions were targeting the female students of secretary and dressmaking departments respectively. The students experienced new approaches of their life, life skills and how to plan for future.

✚ **Sessions with Palestinian General Trade Unions:**

Many sessions and lectures were held in cooperation with trainers and experts from Palestinian general trade unions in 2019 for the scholastic year 2018-2019 targeting the students of the different vocational training centers of NECC including males and females.

The handled topics were i.e. Palestinian labor law, syndicate work, group negotiations and lobbying, safety in the work places in addition to other topics.

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

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

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

During 2019, many activities were implemented including providing access for on-job training placements for 200 TVET graduates of NECC vocational centers divided into 3 courses.

On-job training:

An on-job training course was run starting from early October 2018 and lasted till end of March 2019 (6 months) benefiting 50 beneficiaries, additionally, another cycle took place in the period May – October 2019 benefiting 100 beneficiaries while the last cycle was started in the first of December 2019 and will be lasting till May 2020.

Target beneficiaries including graduates of NECC vocational training centers from careers of carpentry, welding, aluminum and electricity for males and dressmaking and secretary for females who graduated in years 2014, 2015, 2016 in addition to 2017.





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Business Management Training:

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

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

Commencement of training sessions on small business management and development was already started in early 2018 and continued in 2019. Within the project, 150 graduates were trained divided into 3 batches, 50 beneficiaries per each. Each batch of 50 participants is divided into 4 sequent training groups.

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

Whilst, the second phase was devoted for developing and setting up a full-comprehensive business model. A business plan model was developed and devoted for the project and each participant was invited to develop his/her business plan as to be ready at the end of training to present it at the selection jury afterwards.

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

Business Start-ups:

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

In 2019, 50 small projects were established raising the number of businesses established from the beginning of project to 60 start-ups.



The 60 start-up projects are divided into 18 dressmaking businesses for females and 42 projects for male youth including 11 in welding and metal works, 15 in carpentry and furniture making, 14 in electricity and solar energy and 2 in aluminum works.



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Batch/career	Welding & metals	Carpentry & furniture making	Electricity & solar panels	Dressmaking & fashion design	Aluminum	Total
Batch #1	6	3	6	5		20
Batch #2	4	6	4	6	1	21
Batch #3	1	6	4	7	1	19
Total	11	15	14	18	2	60

Reflection workshops:

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

Two new reflection workshops were conducted in 2019, one in March and another in October, for example, the reflection workshop took place in March was gathering different actors operating in the TVET and sector of youth employment in the Gaza Strip such as business and technology incubator of Islamic University, UNRWA, KIRDASH Project, ATFALUNA association for deaf people, Welfare Association in addition to new businesses from the private sector and beneficiaries from the on-job training initiatives.

The workshop gave the opportunity for participating organizations to reflect on their youth employment promotion activities recently notably job-creation initiatives.

Job search training:

Job search training is an activity due to be carried out 3-month after ending the conducted on-job training course. This activity includes providing individual and group counseling on the topic of job searching in favorite of young on-job trainees after finishing their courses.

Job search training was conducted in 19 and 20 June 2019 in favor of 50 on-job training alumni including 30 males (i.e. welding, carpentry and electricity) and 20 females (i.e. dressmaking and secretary) who finished their on-job training in late March 2019.

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

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

Afterwards, the agenda included topics of how to write a cover letter and CV and how to proceed in an interview as well as how to apply for a job benefiting from the different techniques that were introduced in the training such as searching in person, follow up the job ads in newspapers and



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job websites such as www.jobs.ps and www.forus.ps and using OSS outlet annexed to ministry of labor.

Adding a Solar Lab at El-Qarara VTC:

NECC has added in late 2018 a new solar energy lab at the vocational training center of Qarara, south Gaza Strip. The lab was put in use during 2019.

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

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

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

Setting-up a new computer lab at Shijaia VTC:

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

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

During 2019, the new computer lab was utilized for approaching the engineering software for the students of carpentry, welding and metals, aluminum, general electricity and solar energy and likely dressmaking department in order to inspire them in design and innovation.

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



A new advanced and full-equipped computer lab was installed and functioning at Shijaiya VTC



1.4 Educational Loans Program:

Youth and household bread-winners lack proper and adequate job opportunities to support their families and afford education expenses due to the economic situation in Gaza. The students want to improve their knowledge but they cannot afford for the educational expense, they need to find financial aid. Thus, NECC continued the implementation of this program for the academic year 2018-2019 and 2019-2020 to provide educational loans to needy students with zero interest in order to help them complete their university study.

For this reporting period (Jan-December 2019) including the academic years 2018-2019 and 2019-2020, 496 university students received applications out of which; 356 bachelors (5 in the 2nd semester of 2018-2019 and 351 in the 1st semester 2019-2020), 135 masters (22 in the 2nd semester 2018-2019 and 113 in the 1st semester 2019-2020), and 5 in PHD.

Whereas 152 Bachelor students (3 in the 2nd semester 2018-2019 and 149 in the 1st semester 2019-2020) in addition to 55 Master's degree students (19 in the 2nd semester 2018-2019 and 36 in the 1st semester 2019-2020) and five PHD students (in the 1st semester 2019-2020) returned back their full eligible applications for loans out of them, 110 applicants have actually received loans within this given reporting period including 88 in Bachelor, 21 in Masters and 1 in PHD.

Table (20): Numbers of loans dispensed and applications received from January 1st to December 31st 2019.

Year	Received applications			Total	Returned back applications			Total
	BA	Master	PHD		BA	Master	PHD	
2019	356	135	5	496	152	55	5	212

Numbers of loans dispensed in 2019.

Status	Bachelor			Masters			PHD			Total		
	F	M	Total	F	M	Total	F	M	Total	F	M	Total
New loan	33	25	58	7	14	21	1	-	1	41	39	80
Renew loan	20	10	30	-	-	-	-	-	-	20	10	30
Total	53	35	88	7	14	21	1	-	1	61	49	110

Numbers of loans dispensed (semester 2 (2018-2019 scholastic year)).

Scholastic year	Received applications			Total	Returned back applications			Total
	BA	Master	PHD		BA	Master	PHD	
2018/2019	5	22	-	27	3	19	-	22



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Numbers of loans dispensed (semester 1 (2019-2020 scholastic year)).

Scholastic year	Received applications			Total	Returned back applications			Total
	BA	Master	PHD		BA	Master	PHD	
2019/2020	351	113	5	469	149	36	5	190

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

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

1.5 Job Creation Program:

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

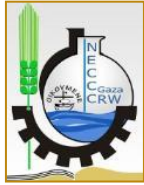
1.5.1 Project of "Supporting Access to Employment for TVET Graduates in Gaza Strip 2017-2020":

NECC has been involved in the project of "Support Access to Employment for TVET Graduates in Gaza Strip 2017-2020" starting from July 2017 given that the project will last till end of June 2020.

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

The project is consisted of diversified group of activities including on-job-training for a total number for 250 TVET graduates from NECC centers divided into 5 cycles (50 beneficiaries per each), business management training for 150 graduates, 60 grants for starting-up small businesses for selected group of trainees and other activities.





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

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

Additionally, 100 TVET graduates (cycle # 4 and # 5) have recently finished their on-job training courses at the different work places in Gaza Strip that took place in the period from 1st May to 31st October 2019. The latter two cycles of 100 beneficiaries are completing the number of 250 beneficiaries who are presenting the total number of project beneficiaries.

The following **table (21)** illustrates the disaggregation of beneficiaries by gender and geographical distribution.

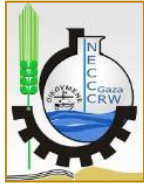
Area	No of graduates	males	females
North Gaza	44	31	13
Middle Gaza	29	17	12
South Gaza	38	36	2
Gaza	139	66	73
Total	250	150	100

The below **table (22)** illustrates distribution of beneficiaries per employer organizations.

Governmental org.		NGOS		Private workshops and companies		Total	
Male	Female	M	F	M	F	M	F
13	14	1	39	136	47	150	100
27		40		183		250	
10.8%		16%		73.2%		100%	

1.5.2 Employment partnerships with different organizations:

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



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

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

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

In that endeavor, NECC succeeded to offer this opportunity for 28 female dressmaking graduates in the year 2018 and 10 graduates in 2019. The partnership is still promising to involve more beneficiaries in the near future.

1.6 Self-Help Program:

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



Self-help workers



Self-help workers

Youth activities and Societies:

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



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In this regard, *the following table (23) summarizes the forms of support provided to these societies in 2019.*

#	Name of society	Provided support
1	YMCA	<ul style="list-style-type: none"> • Stands for basketball sport
2	Arab Orthodox Center	<ul style="list-style-type: none"> • Maintenance • Furniture
3	NECC Head Quarter, Shijaiya and Qarara VTC	<ul style="list-style-type: none"> • Steel structure for Gaza VTC solar system • Maintenance for doors • Wooden cupboards • Stands • Steel bars for curtains • Steel ladder • Etc.
4	NECC Clinics	<ul style="list-style-type: none"> • Maintenance for cupboards and air conditioners • Maintenance for Doors and desks for clinic and PSS center • Furniture and chair maintenance

1.7 Advocacy program

In terms of advocacy efforts, NECC participated in TVET-related events, in order to raise awareness on youth employability promotion and advocate their important and effective role in the community development through TVET approach; the events took place along 2019 and included seminars, coordination meetings, prohibitions, workshops and etc.

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

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

NECC continued to collaborate and coordinate for the visits of international partners to Gaza Strip including visits to NECC various programs. The number of delegations representing many different organizations hosted during this reporting period was 27. It is worth noting that there was difficulty somehow for visitor to get permits to enter Gaza through Erez crossing.

The community-based protection training that NECC health staff and community members received in December 2019 will be applied through a pilot phase in 2020 in Rafah area.

As well, NECC participated in conducting GBV awareness campaign in coordination with local CBOs at the different of Gaza Strip.



2. Overview of Major Focal Areas and Developments:

NECC successfully succeeded to achieve the main outputs and outcomes as planned during 2019 despite the deterioration of Gaza political situation at all life aspects after the wars and long years of tight blockade. Particularly NECC was succeeded to achieve:

- Updated child protection policy, and mainstreamed of child protection policy for all NECC staff new and old staff.
- As a part of DSPR, NECC developed its strategy for the coming 3 years. The strategy shows that promoting child health is one of the strategic goals of NECC. Clients' perspectives and needs were considered in the developed plan.
- NECC is engaged in new initiatives to promote psychosocial support services in partnership with the TDH to support the needy children through a project of "Meeting the Protection Needs of Vulnerable Children in the Gaza Strip" through child protection case management system, this project targeted children, and women who mainly affected by the recent situation including injured children through the protests of Great March of Return, women who exposed to violence, children affected by armed conflict.
- With support of UNICEF, NECC succeeded to promote the PNC services in both Shijaia, Darraj and Rafah areas, in addition to management of acute, moderate and severe malnutrition.
- Community mobilization on ECD, and ECI approach in terms of early detection of children with developmental delays and disabilities, and early intervention was conducted in support with UNICEF.
- Extending the previous project of Wash and Nutrition in south area of Gaza Strip at Shokah area, and this project was supported by DCA-NCA, as this project achieved more than what was anticipated results. This programme takes a holistic integrated approach focusing on WASH and nutrition. Such programs are useful for tackling complex multi-dimensional problems such as malnutrition much more than horizontal programs.
- Capacity building on Disaster and Crisis Management, theory of change with DCA-NCA.
- NECC developed and set-up the balanced score card indicators to be included in NECC management information system for both health, TVET, management and financial departments.
- NECC is committed to the people with disabilities and sought for their inclusion in all NECC projects and interventions.



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- NECC-TVET program is continuously attempting to allow its VTC graduates and students to get more and more closed to the labor market as well the skills needed for those graduates to be equipped with, in order to easier get jobs.
- The preparations took place for launching new vocational career for female TVET students in multimedia and graphics design.
- NECC introduced the training in life skills to the students at the different vocational centers including time management, entrepreneurship, effective communications and etc. topics.
- NECC activated the training in AutoCAD engineering systems across the male vocational centers in order to assist them to deal with drawings and designs using computers.

3. 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.
- 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



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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 16 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.



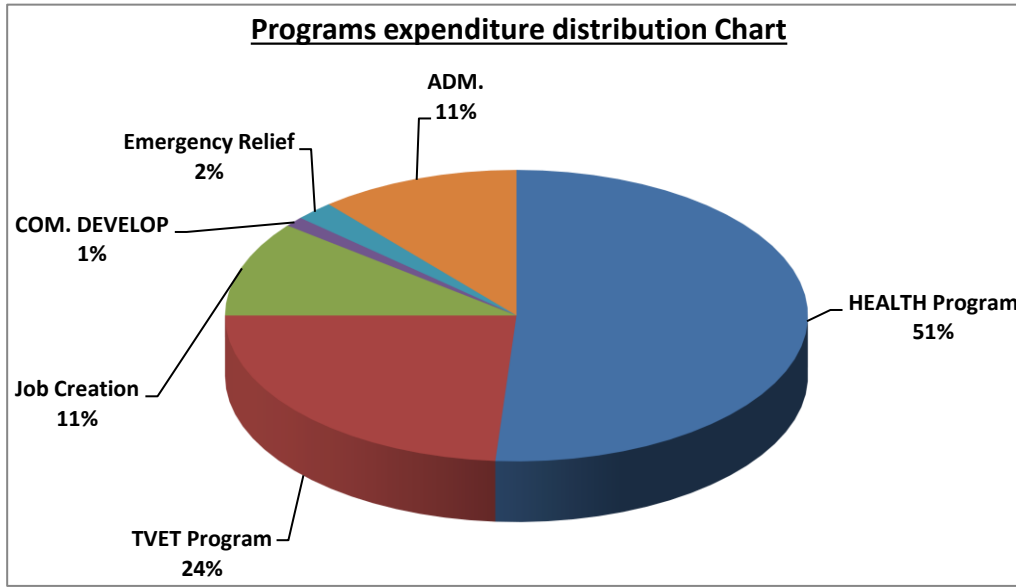
4. Cross cutting issues

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

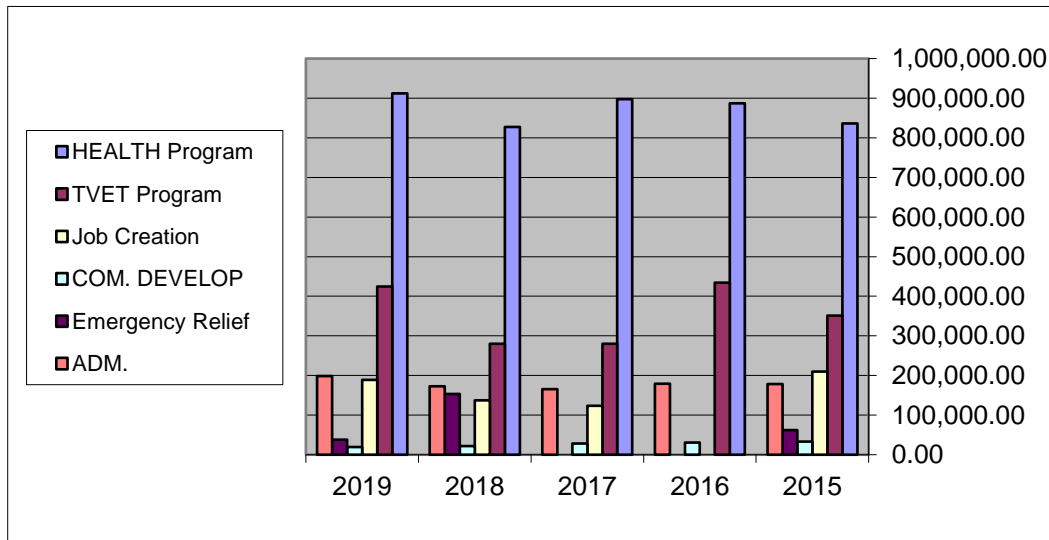


4.1 Finance

The following chart is shows NECC programs expenditures for the year ended 2019



The following chart is comparing NECC programs expenditure over the years from 2015 to 2019





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4.2 Human Resources:

The breakdown of human resources by category is illustrated below in the table (24). The total NECC Staff during the reporting period is approximately **120** staff members. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health, and customer service.

The breakdown of human resources by category is illustrated below in the table (24).

NECC Programs staff	Number of full-time staffs	Number of part-time staffs	Volunteers	Gender		Total
				Male	Female	
NECC employees	86	22	12	58	62	120
Percentages	71.7%	18.3%	10%	48.3%	51.7%	

4.3 Capacity building and training:

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

During this reporting period, **65 days** of different trainings, workshops and meetings were attended by NECC staff for capacity building. The trainings were conducted by different national and international organizations at different locations within Gaza Strip.

Table (25): Main trainings and workshops attended by NECC for capacity building from 1st January to 31st December 2019:

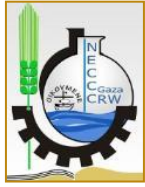
#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
1	Validation Process: assessment on infant and child health	3 NECC health staff	1	UNICEF	January	Light House
2	Health Cluster Meeting on ECD and ECI	1 NECC health staff	1	UNICEF	January	PMRS
3	Nutrition Group meeting	1 NECC health staff	1	UNICEF	January	UNICEF
4	Capitalization of experience	16 NECC staff from all programs	1	NECC /Caritas France	February	NECC main building
5	Nutrition Group meeting	1 NECC health staff	1	UNICEF	February	PMRS



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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
6	A Baseline Knowledge Attitude and Practice (KAP) study and Development of Communication for Development (C4D) Strategy	2 NECC staff: health program	1	UNICEF	March	UNICEF
7	Community based protection	35 NECC staff: and participants from different NGOs	1	Act for Peace	March	NECC building
8	Opportunity for brief prep meeting re-elections to DCA partner group with Lisa Henry	1 NECC health staff	1	DCA	April	DCA Office
9	Preparation on world health day	1 NECC health staff	1	MoH	April	MoH
10	CP/MHPSS WGs' Meeting	1 NECC PSS staff	1	UNICEF	April	UNICEF
11	National Committee of Family Planning	1 NECC health staff	1	MoH	April	MoH
12	ECD training	2 NECC PSS staff	5	Union of Health Work Committees	April	Shalihat
13	"Health Coverage"	1 NECC health staff	1	MoH with PNGO	April	Oregano restaurant
14	ECD Training	3 NECC health staff	3	UNICEF	April	Al-Mathaf restaurant
15	Health Cluster – Gaza meeting	1 NECC health staff	1	WHO	May	PMRS
16	Publications plan	1 NECC health staff	1	MoH	May	MoH
17	Training on "Survival and Community Led Response – SCLR" for its partners in Gaza.	2 NECC health & TVET staff	1	DCA	June	Laterna restaurant (North)
18	Kick off workshop	1 NECC health staff	1	DCA	June	DCA Office
19	Draft 3 of the MIYCN Action Plan	2 NECC health staff	1	UNICEF	June	Level-up restaurant



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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
20	Inclusion of PWDs in labor market	1 NECC TVET staff	1	UCAS	June	UCAS
21	oPt HF Evaluation Meeting Request: Gaza NNGOs	2 NECC health and finance staff	1	OCHA	June	OCHA
22	Draft 3 of the MIYCN Action Plan	3 health staff	1	UNICEF	June	UNDP building
23	Health cluster meeting	1 health staff	1	Save the Children	June	Save the Children
24	NWG meeting	1 health staff	1	Save the Children	June	Save the Children
25	SCLR Training	Health and TVET staff	5	DCA	June	Laterna restaurant
26	MIYCN – E Costed IMP Plan	2 health staff	1	UNICEF	June	UNICEF
27	M & E Training	2 health staff	1	UNICEF	July	UNICEF
28	Discussion on graduation projects	1 TVET staff	1	UCAS	July	UCAS
29	first EU -co-design (The Conceptual framework) Meeting	3 NECC staff	1	DCA	July	DCA
30	Child Protection and MHPSS AORs	1 health staff	1	UNDP	July	UNICEF
31	First Aid	1 health staff	1	Al-Awda Hospital	July	UHWC
32	ECD Training	1 PSS staff	1	Terre Tes Homme	July	UHWC
33	"The National Breast Cancer Coordination Workshop"	Health coordinator	1	Light House	July	Medical Relief
34	Training on Project Proposal and Budget Development	3 NECC staff	1	OCHA	August	OCHA
35	Maternal mortality and morbidity	2 health staff	1	MOH	August	Al-Salam Restaurant
36	PNHV new guidelines training	5 health staff	5	Shalihah	September	UNICEF
37	Quarterly Meeting of the Child Protection and MHPSS	1 health staff	1	UNDP	September	UNICEF



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#	Training/workshop Subject	Participants	No. of days	Trainer / Organizer	Period	Place
38	Right to health	1 health staff	1	Medical Relief	October	Medical Relief
39	Social Behavior Change and Communication (SBCC)	Health coordinator	1	Al-Quds University	October	UNICEF & Juzoor
40	PNHV guidelines finalization	Health coordinator	1	MOH	October	UNICEF
41	Infectious Diseases (Measles)	1 health staff	1	SEDAR Rest.	October	MOH
42	SBCC training	1 health staff	1	Al-Mashtal	October	UNICEF & Juzoor
43	Skilled Young Palestine (SYP) - TVET Component	TVET Coordinator	1	Al-Salam	October	Enable Program (BTC)
44	Right to Health	2 health staff	1	Al-Salam Rest.	October	PNGO
45	Minimum initial service package (MISP)	1 health staff	1	UNFPA	October	UNICEF
46	ECD Intervention Training (Phase II)	3 health staff	1	UNICEF	November	UNICEF
47	IVF dissemination	2 health staff	1	Light House	November	UNFPA
48	Core Humanitarian Standards (CHS) and Monitoring, Evaluation, Accountability and Learning (Meal)	2 health staff	2	DCA	December	DCA
49	Discussion Meeting	3 NECC staff	1	Ma'an	December	DCA
50	Training on Reproductive Health Guidelines - Guidelines for Slandered Antenatal Care	NECC health staff	1	Light House	December	Embrace the Middle East

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



4.4 Quality of services

Since its establishment in 1952, the NECC is committed to improve the health status of Palestine people in the Gaza Strip. This is clearly reflected on the mission of NECC and the strategic goals. The strategic plan incorporated health intervention as a key component of intervention.

The organizational capacities supported implementing this program included the availability of qualified staff, well-established centers, good procurement, financing, auditing, and logistics departments. To summarize, the health program is very responsive to the NECC capacities, and it is consistent with the work themes, mission, and strategic goals of the NECC.

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

In order to achieve high standard of quality in the services provided by NECCCRW's health centers, NECC monitors clients' perspectives/satisfaction and results demonstrate a very high degree of satisfaction among clients. Satisfaction assessment and community feedback enable the NECC staff to constantly monitor weaknesses and strengths in order to maintain good quality of services both in terms of quality of facts and quality of perceptions.

Interestingly, the clients' satisfaction which revealed to be very high is as validated by our internal assessment as well as by the assessments carried out by others. The satisfaction was very high regarding services provided, cleanliness, privacy and time allocated to the clients. Less satisfaction reported about waiting time mainly due early arrival of clients to our clinics. However, NECC tries to shorten the waiting time and to conduct patient flow analysis which could help in decreasing the waiting time and makes the patient flow smoother.

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

Involving Community in Designing Making and Prioritizing Health Needs: Community involvement is an essence of PHC and Family Health Care. The involvement of community members to such a degree is not a common behavior of health providers in the Gaza Strip. Since launching its health program, NECC involves community members constantly in identifying community needs, prioritizing the identified needs, and implementing activities.

For instance, during launching the nutritional program in the three-targeted areas, NECC involved community leaders in order to reach, educate, and convince people to adopting healthy habits.

Another example is the inclusion of family planning services to the NECC health services. Community members demanded the service; community leaders expressed the need to NECC, and NECC responded to the community need and included the service within NECC bundle of services. With no doubt, community involvement is not only value added to NECC, but it gives creditability, acceptability, and suitability of NECC provided services.



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

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

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

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

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

NECC conducts systematic follow up of referred cases through home visits, and follow up with physicians at the referral organizations. Additionally, NECC conducts regular follow up that involves home visits for children suffer from anemia and malnutrition.

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

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

Also, supporting child health is in line with the SDGs aiming to reduce child mortality rates and flags the importance of promoting child health and well-baby services which enabled NECC to implement activities in line with its strategic framework and the provided support covered essential components such as employees' salaries, drugs, screening activities.

Currently, NECC monitors client satisfaction and beneficiaries' feedback is regularly solicited. In total, 604 questionnaires were collected and the analysis reveals high degree of satisfaction about health and psychosocial services. In addition, clients' feedback is systematically monitored and usually reflects positive attitudes as the satisfaction assessments reveal that over 90% of NECC clients are satisfied.

A new monitoring tool called balanced scorecard has been developed during 2018 and set up in the systems in 2019. The tool includes several technical, managerial, financial and community related indicators including client satisfaction, counselling, waiting time, and so on.



4.5 Supervision, Monitoring and Evaluation

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

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



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

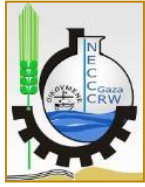
In consistence with that, NECC constantly monitor the implementation of its interventions through performing a clear action plan, tracking indicators, effective reporting system, supervisory visits, staff meetings on a regular basis, beneficiaries and client's perspectives through questionnaires and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

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

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

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

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



4.6 Gender

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

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

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

Also, the staff signed on the policy and its implementation is being monitored.

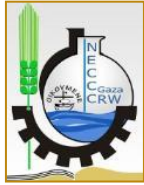
Children who attended the NECC clinics are almost equally distributed in reference to gender although males constituted slightly a higher non-significant proportion (52% males; 48% females).

According to the demography of the Palestinian population, for each 107 female born babies there is 100 males, however, gradually, the proportion of males decreases by age due to increased morbidities and mortalities among boys.

NECC has its own gender-based violence questionnaire in its management information system to detect any violence against women, we conducted screening to 309 women , of them 99 were exposed to violence either it was physical violence, or psychological violence, and or negligence and deprivation , that means 32% of women were exposed to violence , Rafah area ranked high prevalence of violence reached to 40% .NECC staff provided counselling , psychosocial support , and protection services for these cases , and referred severe cases to relevant organizations.

NECC developed GBV strategy and updated its gender policy in 2019. The updated 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.

61.2% of beneficiaries who benefited from NECC health services are female. With regard to health education, 60% of the reached beneficiaries are females. Women are targeted in health education as they carry the burden of taking care of their children. Women are more involved in the care of children including feeding and nutrition practices. Healthy behaviour in the community is largely determined by women therefore women awareness is very important.



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

In particular, NECC provides the vocational training education for men in five careers of carpentry, welding, aluminium, general electricity and air conditioning while providing the VT service for women in three careers of advanced dressmaking and secretary and office management, in addition to a recent program of Multimedia and Graphic Design.

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

Additionally, NECC provides equal opportunities for male and female students in its TVET offered trades to develop their career in order to be able to more easily get decent job employment opportunities.

The new enrolled female students' percentage is 40% and 60% for males the increase of male percentage could be explained by the fact that NECC runs 3 TVET professions for males versus two professions for females.

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

It's worth mentioning that NECC developed its GBV strategy in June 2019 as well, it updated its own gender policy through a generous support of AfP and in cooperation with an external expert.

Related to this context, NECC has successfully added the gender component in its life-skills module that was recently developed and being delivered to the students at the different vocational centres including males and females.

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

Women are targeted in health education as they carry the burden of taking care of their children. Women are more involved in the care of children including feeding and nutrition practices. Healthy behaviour in the community is largely determined by women therefore women awareness is very important.

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

4.7 Disability

The prevalence rate of disability in Gaza Strip was 2.6% according to the narrow definition of disability (Washington Group) and 7% according to the broad definition of disability (PCBS, 2018).



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The number of persons with disabilities in the occupied West Bank and Gaza Strip has reached 93,000 people or 2.1 percent of the total population, a new report revealed.

The report published by the Central Bureau of Statistics to mark the International Day of Persons with Disabilities on December 3rd; noted that 52 percent of persons with disabilities are in the Gaza Strip and 48 percent are in the West Bank (Source: Middle East Monitor report, 2019).

Children with disabilities (CWDs) are one of the most marginalized and excluded groups of children. In the larger community, they are often defined and judged by what they lack, rather than what they have, they experience widespread violations of their rights that result not from the intrinsic nature of disability but from limited access to supportive services and social exclusion (source: Every Child Counts ,2017).

NECC's IT programmer added a disability icon to the Family file for each new family file or child file. During this reporting period, 627 persons with disability were identified to have a disability attended NECC health centres to receive health care the most common disabilities among cases was hearing, physical and mental disability.

Additionally, NECC introduced early childhood development and early childhood intervention (ECD and ECI) at Shijaia clinic to detect children with developmental delays and children with disability. This approach adopted through the partnership with UNICEF, and recently new national strategy developed for this approach in participation with MOH, MOE and UNICEF.

As NECC developed ECD corner in the clinic, to detect children with developmental delays and disabilities. During this reporting period 390 of children were screened according to standardized assessment tools(183 M &207 F), 350 of children screened were found normal(164 M &186 F) and 40 children had developmental delays(19 M & 21F) including cognitive, emotional, social, and communication delays, out of them 5 children with disabilities including physical disability, cerebral palsy, autism , partial blindness. Hearing disability

All staff are trained about detecting disabilities and disability inclusion.

NECC adjusted its premises to include ramps, in all health facilities. NECC needs to strengthen coordination with other facilities to deals with different disabilities,

it's worth mentioning that all health staff received training on disability inclusion and early detection of children with disability, this training took place in December 2019.

Recently, TVET program took further steps to include a section about disability in the module being taught at the different VTCs. An external expert was approached to design a particular section on how to receive and deal with people with disability at our VTCs in addition to how to work in an environment joining people with disability in the labor market. The module will be ready by this semester in the current scholastic year.

It worth mentioning that Training to NECC health staff and community members including people with disability was conducted by AfP team on community-based protection.



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The aims of the training were to strengthen the ability of NECC staff and the community to work together to address protection problems, and improve the effectiveness of community-led protection efforts.

NECC recently in 2019 started to introduce life skills module to the students of the different vocational centres. The module includes, among other parts, special part tackling the issue of how to deal with people with disabilities in the different work places in addition to dealing with them when they apply to NECC vocational centres.

4.8 Environment

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

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

Although the control of infectious diseases has been maintained with no reports of fatal vaccine-controllable diseases, meningitis, hepatitis, measles, watery diarrhea, parasitic infestation, skin diseases and others are common diseases with high morbidity rates.

This year, MoH provided vaccination against measles to health staff and children, as 202 cases were discovered in Gaza strip In last December, and 285 cases were registered in January 2020 according to MOH latest statistics .The spread of infectious diseases is attributed to contextual factors such as poverty, poor sanitary conditions, water and environmental pollution. Water supply through piped network reaches most homes for just a few hours every 3-5 days, and desalination plants are functioning at only 15 per cent of their full capacity.

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

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

NECC agreed with MoH on the process of handling NECC disposables in coordination with the Gaza Municipality regularly to collect and treat NECC wastes including hazardous medical wastes. The three clinics use disposable containers for sharp disposals, family planning disposals such as used IUD , swap , gloves, laboratory tubes, the disposable containers weekly sent to incinerator of MOH.



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ECC's-VTCs adopts the cost-effective 3R [1] procedure where the minimal amounts of the raw materials in the centers are consumed due to the reuse of the old projects conducted by the students in the formation of new project. Small pieces of wood are used to produce architecture handcrafts.

Sawdust also is mixed with paints to be used in other projects. Wastes especially from metal, aluminum and motor rewinding workshops are recyclable (by external recyclers).

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

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

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

4.9 Coordination and Communication

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 program's operations.
- Coordination with WHO in terms of attending Health nutrition cluster regular meetings held monthly to share updates, experiences and knowledge.
- MOH provides advanced diagnostic and therapeutic interventions even hospitalization to complicated cases referred from NECC health centers.



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- 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 already 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 2019: more than 130 external workshops and 20 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 in addition to job placements of graduates in the local labor market establishments.

- 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 and additionally, organized training course in "Industrial Automation" as well as "First Aid" for female 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.
- Continue the project implemented with UNICEF for PNC provided to mothers and newborns and early child hood development (ECD).



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- Extension of previous project supported by DAN Church AID and Norwegian Church Aid (DCA/NCA - for project titled “Nutrition and Wash Humanitarian response in Gaza strip “which took place in Al Shoka area in 2019.
- Regarding TVET, NECC is running its TVET program in full engagement and partnership with all related stakeholders; on the governmental level, Ministry of Labor is accrediting our TVET trades annually and certifying our vocational training diploma provided to our TVET graduates once graduated.
- New proposal was submitted to **DCA-NCA** for TVET program funded by NORAD in 2019.
- NECC in cooperation and partnership with DCA/NCA and ASALA applied for a joint proposal to the European Union in the topic of economic empowerment for Palestine youth in Gaza Strip among of which NECC –TVET graduates.
- 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.

4.10 Policies

NECC committed to its child protection policy, code of conduct, gender policy, and anti-Fraud and anticorruption policy. NECC staff continued the mainstreaming of child safeguarding, child abuse...



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through providing sessions and distributing brochures and booklets to the beneficiaries at the health centers and TVET-VTCs as well. It is worth mentioning that NECC counsellors keep an eye on child protection during conducting any of PSS activities/interventions to detect any child abuse case even no formal reporting about them.

It's worth mentioning that NECC developed its GBV strategy in June 2019 as well, it updated its own gender policy through a generous support of AfP and in cooperation with an external expert.

Related to this context, NECC has successfully added the gender component in its life-skills module that was recently developed and being delivered to the students at the different vocational centres including males and females.

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

Families children and communities are made aware of safeguarding requirements.

During 2019, NECC conducted **32** sessions about child protection and child abuse to **553** persons and distributed brochures to them. Clear disciplinary procedures for dealing with child safeguarding complaints were included in NECC HR Manual.

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

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

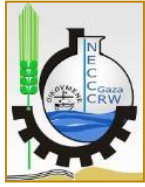
The staff signed on the DSPR anticorruption policy, DSPR has strong internal and external monitoring and control mechanisms.

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

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

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

Suggestion boxes are available at NECC. Clients are encouraged to raise their issues and regularly the organization responds to their requests. In addition, appeal and compliant system is in place. As a part of the NECC monitoring, NECC organizes focus group discussions with beneficiaries to solicit their feedback.



4.11 Community Involvement

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



Records and minutes of the community meetings are maintained at the NECC facilities. During community meetings various issues are discussed such as the quality of the services provided and community perceptions about them, community requests for new services, approaches to delivering services and community suggestions for improving the provided services. Community requests and opinions are usually discussed within the Medical Committee of the NECC and tentative decisions are taken accordingly.

In 2019, 4 community meetings were held with the participation of the Director of NECC and community leadership and beneficiaries to discuss with them their needs and the relevancy of NECC programmes to their health needs.

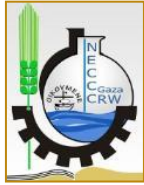
As a part of the organization culture, the local community leaders are consulted about the very basic ideas of all the NECC programs and projects and their support and commitment are obtained prior to the implementation of any project. One of the key philosophies of primary health care is community involvement and involving the community in the planning, the implementation and the evaluation of services. This approach is also supportive to the concept of shared ownership of the health services and lies at the heart of quality (client is the king).

Typically, at the start of programmes, NECC visits neighbourhoods and introduces the project to them including distribution of pamphlets and materials. Also, NECC presents findings and achievements of projects to beneficiaries.

Also, key stakeholders are involved especially the MOH is actively involved and their approval/support is essential before introducing any new services as discussed in the community meetings.

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

Suggestions boxes are available at NECC. Clients are encouraged to raise their issues and regularly the organization responds to their requests. In addition, appeal and compliant system is in place. As a part of the NECC monitoring, NECC organizes focus groups discussions with



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beneficiaries to solicit their feedback. NECC conducts regular evaluations and client's perspectives are seriously considered in these evaluations.

As a part of DSPR, NECC developed its strategy for the coming 3 years. The strategy shows that promoting child health is one of the strategic goals of NECC. Clients' perspectives and needs were considered in the developed plan.

It worth mentioning that Training to NECC health staff and community members including people with disability was conducted by AfP team on community-based protection.

The aims of the training were to strengthen the ability of NECC staff and the community to work together to address protection problems, and improve the effectiveness of community-led protection efforts.



NECC monitors client satisfaction and beneficiaries' feedback is regularly solicited. In total, 604 questionnaires were collected and the analysis which reveal high degree of satisfaction about the well-baby services. In addition, clients' feedback is systematically monitored and usually reflects positive attitudes as the satisfaction assessments reveal that over 90% of NECC clients are satisfied. Below are some highlights from the questionnaires filled in Shajaia clinic which is the largest clinic.

Below some important findings from the client satisfaction questionnaire filled by 604 beneficiaries in 2019.

- 79% reported that services they receive meet their expectations (agree) and additional 17% reported strongly agreed.
- 98% think that services they received are relevant to them.
- 98% believe that services they receive, resulted in positive outcomes on their children health.
- 98% reported that the contact time with doctor was more than 5 minutes, 78% reported a contact time between 10 to 15 minutes.
- 24% reported that they selected the NECC clinic because the quality of services is good, 32% because medications are available at the clinic and 19% reported that they selected NECC clinic because it is close to their place of living.
- 67% knew that there is a complaint system at NECC clinic; 6% made a complaint.
- 17% reported that they have been returned back home without receiving the services they came to NECC clinic to receive.
- 73% reported that the NECC staff introduced themselves to beneficiaries.
- 97% are satisfied about the services they received at NECC.



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

4.12 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.
- Continue providing professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions through vocational training centers.
- NECC continues its existing efforts to mainstream gender and to further strengthen this approach.
- Develop a diversity and inclusivity plan / policy in order not to compromise the participation of specific target groups in its programs, such as PWDs.
- Strengthening management and monitoring system.
- Provide capacity building training on fundraising and networking skills is very essential for NECC key staff.
- Develop of fund-raising strategy.
- Seek for new partnerships and projects with new donors.

4.13 Sustainability

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

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

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



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Given the fact that the NECC health program provides a wide range of services including maternal and child services, care of communicable diseases, and other preventive and curative services, the program will have positive long-term impacts on the beneficiaries of the NECC centers and the whole community as well.

Areas that will have positive improvement include reducing mortality rate among infant and under five children, improving access to reproductive health, and preventing the spread and control of many diseases, and reducing the burden from nutritional problems. Clients will keep utilizing health services of the NECC centers, eventually; this will improve the overall level of health. This overall improvement will be sustainable.

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

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

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

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

The program served a needy population and addressed an important health problem which fits within the overall health plan of the Palestinian population, through an integrated approach of services provision and strengthening communities' abilities to meet their needs. The NECC program could be a model for the continuum of care to the women in Gaza that could be benchmarked by other organizations. The spillover effect of the project will be positive at the community front as well as at the health providers' front.

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

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



4.14 Lessons learned

- ▶ Access to services is a serious concern affecting the protection of Palestinians in Gaza. These services have been part of NECC response and continue to be relevant. This includes vulnerable areas such as health, malnutrition, psychosocial response as well as technical vocational and education training.
- ▶ As a result of repetitive escalations on Gaza strip the number of disabilities among people has increased especially among children. So, NECC included people with disability in its interventions including, social model and disability inclusive development, NECC will mainstream the disability policy.
- ▶ Nutritional problems remain prevalent in the Gaza Strip, as the NECC health program is contributing to reducing the prevalence of nutritional problems among Palestinians particularly children. The NECC health program emphasis on nutrition is very relevant and appropriate, thus, it is very important to continue implementing such program in the future.
- ▶ A holistic integrated approach focusing on WASH and nutrition. Such programs are useful for tackling complex multi-dimensional problems such as malnutrition much more than horizontal programs.
- ▶ NECC is unique in providing well-baby services to children till the age of 6 years. These services can be expanded to other providers such as MOH and UNRWA.
- ▶ Provide capacity building training on fundraising and networking skills is very essential for NECC key staff.
- ▶ Contacting different donors and develop new partnerships for fundraising to avoid financial deficit is very significant.
- ▶ In order to improve the accountability, communication and coordination with stakeholders, clear protocols on communication and information sharing need to be established under a new external relations and communication strategy.
- ▶ As NECC is running job creation opportunities continuously, a comprehensive database for our graduates is in place; the database includes their personal information such as names, ID numbers, localities, social status, economic situation as well as employment history and career development.
- ▶ NECC is adapting a new approach of learning in its TVET program so called capitalization of experiences aimed to capitalize on the experiences, lessons learned and best practices in order to learn from and disseminate with relevant organizations.



4.15 Success Stories

Stories from health program

Case study 1

“My name is Marina Khaled Al-Dardsawi, 23 years old, was born in 8/11/1994 lives in Shijaia area.

I have got a bachelor degree from Education College in Al-Azhar University. I’m married to Osama Rafiq Al- Dardsawi, who has got a Diploma in Business Administration. Due to the blockade and bad situation in Gaza, my husband doesn’t have any opportunity to work” said Marina.

Since the beginning of my pregnancy, specifically, the first month, some people advised me to start following up at Al- Shijaia Clinic related to NECC in which provides care for its followers. “My mother in law and some relatives said that the services provided are really excellent as well as the care and communication.” Marina informed.

“Actually, I started following up at the clinic and registered in pregnancy care program. At the first visit, the staff reassured me about my health as well as my baby health. I made regular tests and laboratory analysis. During my visit, the staff gave me proper advice about nutrition, Anemia, risk factors, preparation for safe birth, and natural breastfeeding and its importance during the first hours of birth.” She continued.

“Hopefully, everything went well as well as my pregnancy.”

On the 3rd of Jan, 2019, my daughter “Rina” came to this life, in which every mother was eager to deliver a first baby to hug and breastfeed.

“Due to the tiredness and stitches after the birth, I couldn’t breastfeed my baby, so I called the clinic to tell them about my birth. The staff nurse visited me at home to reassure of my health and my baby health. She made some checkups for blood, sugar, temperature, and blood pressure, and the results were natural and good” said Marina.

“She also gave me some health advice about personal hygiene, relaxation, sleeping, and defecation. Also, she advised me to do the necessary exercises, good nutrition and nutritious supplements. Moreover, she asked me to take Folic Acid to avoid any complications or decreasing of blood level” Marina continued. The baby’s health was good as the staff nurse checked up the vital signs and measures the length and weight, check the head circumferences, and covering the baby’s Navel.

The staff nurse also asked Marina to breastfeed her baby but, unfortunately, she couldn’t do that because she suffered from engorgement and cracking nipples. So, the staff nurse asked Marina to take warm shower to decrease the pain and help in flowing milk from the breast. After that, the staff nurse with help of Marina, massaged the breast circularly, because massaging the breast engorgement. The staff nurse taught Marina how to make this massage by herself (massaging the breast circularly far from the nipple and press more in the affected area.)

Hopefully, after all these exercises, the breast engorgement was decreased. But there was a problem, which Marina suffered from, called inverted nipple. So, the staff nurse used the syringe to let the nipple comes out. Marina started breastfeeding the baby difficultly, but with support and courage, she could bear the pain and breastfed the baby happily.



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The staff nurse explained to Marina the right way of breastfeeding and the effective connection to her baby to ensure that the health of mother and the baby are good.

She also provided an explanation about the breastfeeding and to apply the same tips to breastfeed her baby even though she found difficulties, she could bear and tolerate.

On the 7th of Jan, 2019, Marina visited the clinic. She was better than the first visit, because she committed to the advice and instructions. Fortunately, the baby's health was good as well as her mother. The symptoms of engorgement, which Marina suffered from, were disappeared.

Marina thanked the clinic for all services and health advice provided to the followers.

Please note that the mother refused to take her photos.

Case study 2:

This is the story of a girl named Aseel Bilal Sukkar born on 29/08/2017. Her mother Heba Sukkar was born on 4/10/1998, a Palestinian refugee born in Jordan in the City of Aqaba, whose family had migrated to Jordan and settled there after the war 1948. She finished her education in high school and got an average of 85% and did not complete her education due to the bad economic situation and her marriage to her cousin.

Bilal Sukkar, the father of the child Aseel, was born in 1994 and finished his second secondary education and did not complete his education because he joined the labour market as a casual labour in construction sector. Now, he is not working because of the blockade, the closure of the crossings and the lack of materials needed for the construction. When Bilal works, he earns ILS 45 shekels per every 12 working hours, in general Bilal works one or two days a week and earns around ILS 200.

The family lives in an extended family and share their house with their parents. The house is consisting of four rooms, a salon, a kitchen and a bathroom where 11 members of the family live (the father-in-law and the mother in-law, 3 male sons, 2 females, grandmother, in addition to Aseel and her parents). The mother (Hiba) is now seven months pregnant.

Aseel and her parents live in one room with a bed and a mattress. There is a small bathroom inside that room. The house has good ventilation and lighting. The house looks clean and well-arranged despite the modest furniture available at the house. There is a refrigerator and TV and the kitchen has some basic utensils. However, the house doesn't have adequate space for such large number of inhabitants.

The house is located in an area that is close to the main street with a lot of noise. There is garbage collection and a lot of wastes everywhere in the area. The house is close to the MOH clinic, the market, pharmacy and school. The costs of transportation from the house to the NECC clinic is minimal (ILS 1).

The mother knew about the NECC clinic through her mother in-law, where the later was following up on her children in the NECC clinic, she advised her daughter in law (Aseel's mother) to follow up at the NECC clinic telling her that the services are good at NECC and the treatment/medication is available and the interactions of the staff are good.



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The mother in-law says that the services are excellent but the problem is the length of the waiting period, the large number of beneficiaries and the over crowdedness at the clinic especially in the days designated for treating sick children.

Hiba (the mother of the Assel) said, I followed up in the clinic since the beginning of my pregnancy in my daughter Aseel and the follow-up was very good. I was visited at home after my birth by a nurse from the NECC clinic and she advised me to visit the clinic in a month time period to open a file for my child and check on my and her health.

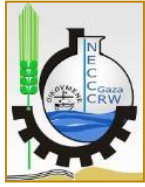
I continued to visit the well-baby services for almost one year. I visited the clinic once monthly and at every visit the health status of my daughter has been assessed including her weight, height, head circumference, and development mile stones. In the first year of her age, the health of my child was fine. When Aseel reached the age of one year, a blood test was done to her and the results was 9 gm. The staff told me that she has moderate anaemia. The staff explained to me about her condition and encouraged me to give her health affordable food.

The NECC staff assessed her condition and she was admitted to the anaemia management program at the clinic. The staff asked me many questions about what she eats, how frequently she eats and other feeding practices. I was given iron syrup and I received advices about the dose, how to give it and when. I have been also advised to give the iron syrup one hour before feeding my baby or two hours after feeding her, and which food to avoid when giving her the iron. Also, the importance of giving her natural juice. Also, I have been instructed to feed her foods rich in iron and rich in vitamin C to help absorb iron.

I was given leaflets on various topics, including on anemia, malnutrition, complementary feeding and personal hygiene. I attended health education sessions and the information was useful for us to deal with our children. A questionnaire to assess the level of knowledge among the audiences was filled out before and after the lecture. After the educational sessions our knowledge about what to feed our children has improved as we were told by the NECC staff.

There was a big difference in the health status of my daughter before and after joining the treatment plan. Before treatment, my child was always sick and her face was yellow pale suffering from anorexia and refusing food, but now my child is having better appetite, her activity and interactions are much better than before, I was ignorant in knowing the healthy food and the quality of the food I should give to my child. Before is used to buy ready-made food from the supermarket but the nurse at NECC told me that this food is not healthy and advised me to feed my children food rich in iron and should diversify in the food's vegetables - fruits - soups - starches.

The health care services my child receives at NECC positively affected her health. Also, I am in a better position to support my child. I know better how to support her health. The NECC team assessed the growth and behavioral development of my child in five development areas speech, communication, motor skills, cognitive development, social and emotional development and self-regulation and provided me with instructions about how these normally evolve. I become more equipped with knowledge and skills on how to deal with my child. The mother added; I transfer my experience to my sister who lives outside the country in Jordan in Aqaba when we talk. I advise her with useful and healthy food in order to avoid problems with her children because I do not want anyone else to suffer like me.



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My personality is generally calm, I like to swim a lot, I used to practice this hobby in Jordan on the shores of the Aqaba Sea, where there is not much wave and calm and not as in Gaza where the waves are high and the sea here does not help to swim. I do not swim now because I am pregnant and also, we lack the resources to go to recreational places. She added, we prefer to spend the little resources we have on basic stuff like food.

With regard to the food the family eats, the mother commented, we share meals and eat what my mother in-law cooks. We eat Lentils, Peas, Rice, Mallow, Okra, Potatoes). The sources of income for our household is what my husband earns (ILS 200), a similar amount from my brother in Law who works in a farm in addition we received food ration from the Ministry of Social Affairs.

Typical food eaten in a week

Day	Breakfast	Lunch	Dinner
Saturday	Cheese	Lentil	Thyme
Sunday	Thyme and tea	Vegetables	Yogurt
Monday	Fried potato	Okra	Rice and milk
Tuesday	Eggs	Mallow	Chickpeas
Wednesday	Full	Potato	Cheese
Thursday	Potato	Peas	Cheese and Falafel
Friday	Milk	Rice and meat	Potato

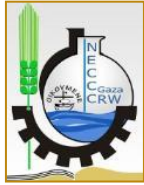
The services at the NECC clinic was good and useful as they gave me the appropriate treatment for my child and gave me the needed medications and the educational leaflets. The team conducted several lab tests like urine and stool tests.

The main change after following at the clinic are as quoted by the mother.

- Knowing which food to give to my child
- Abstaining from giving unhealthy food to my child
- Improvement in my skills in interacting and dealing with my child
- Hemoglobin level of my child has improved and she recovered from anemia
- My psychological condition has improved
- The weight of my child has improved
- My child health status has improved

The mother said that the NECC clinic is much better than the MOH clinic which also operates in the area. The MOH clinic lacks the needed medications and also the staff are not cooperative. Despite that the MOH clinic is closer to my house, I prefer to go and visit NECC clinic, it is my favorite clinic and I seek services there since the year 2017. The services are excellent and we benefit from these services a lot.

The mother added, I hope that the clinic can provide us with therapeutic milk and vitamins together with food rations. I wish I can become a nurse in the future to help people. The mother finally thanked NECC for the service provided to the people and thank NECC for the quality of services they provide and kindness in dealing with patients.



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Case Study 3:

The child Mohamed Al Khassi was born on August 30, 2016.

The Mother is Rania AL kHassi was born on February 26, 1994. She finished her elementary school education and did not complete her education because she got married at an early age. She has three children.

The family lives in a multi-story building with the extended family member. The nuclear family is composed of 5 people, 3 children and their parents. A child died (5 months old) for the family because of exposure to a cold frost when their house has been demolished during the war in 2014. The parents are relatives (cousins), married early, the mother age was 14 years only when she was married!!

The house of the family has been demolished during the war in 2014, the family didn't find any place to live at then, so they lived in a metal caravan for around 5 years, sometimes they lived with their in-law's house. Two months ago, the family moved to the newly built house through fund from the Norwegian government, the house has been built on the same place of the old one. The house is made of cement, well built through the donations of the NG. The house contains 3 rooms, a kitchen, bathroom. The house is clean but not furnished. Most of the furniture has been lost when the house has been demolished.



The house is located in Shajaia area. The neighbourhood of Shajaia, 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 Shajaia's population. Average family size is 5.8, and most families (more than 61%) have children or adolescents. Shajaia 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 Shajaia, especially among women. Shajaia 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 on Gaza in 2006, 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 furniture. Shajaia is served by Gaza municipality. The area came under heavy shelling in July 2014, with around 120 Palestinians killed in one day alone and thousands of houses have been demolished.

The family lives below the poverty line and the father is unemployed. He worked as a worker in constructions, but now there is no job because of conditions, suffocating siege and lack of job opportunities



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The family gets social welfare aid of ILS 400 monthly, ILS200 from husband work and ILS 35 every week from "Oxfam Foundation", in which we spend the basic needs of the home such as (sugar - eggs - yogurt - milk - legumes - flour - pampers - oil).

The good thing about Shajaia area, is that families are connected and they support each other, the area is clean also. The bad thing is that her house is located near the borders, with a lot of bombing and violence. Also access to services is difficult. The mother said, I don't like living in this area, it is not safe and close to the borders.

The mother said, I am a quite person, social, and optimistic, I love to help people. At my family, my in-laws like/love me, I help my mother in-law in house chores. I have been married early, I don't interact with too many friends, my age and classmates don't deal with married women. Because I am poor, I tend to isolate myself and not to too much interact with people outside my family cycle.

I heard about the NECC Shajaia health clinic through all the family members. My mother, my predecessors, the wives of my uncles, so I followed up at the clinic for all of my children I have been who told me that the quality of services is very good at NECC. I heard about the well-baby services from the NECC staff during antenatal care sessions.

I am being served by NECC for more than 8 years. I have been served by the well-baby clinic for more than 18 months. my child "Muhammad" was weighed in the clinic of well-baby program, so it was discovered that the child suffers from Anemia, and he was enrolled in "Malnutrition and Anemia program at the clinic, and he was followed



up in the "Malnutrition and Anemia program. The mother was instructed on how to feed the child with healthy and balanced food. She was advised to do medical tests to check on the health of the child. She was given educational brochures on Malnutrition, Anemia, personal hygiene and complementary feeding.

The lady says the services were good and they were giving us the appropriate treatment and providing us with the appropriate health advice that positively affected dealing with children, so I became keen to feed my children useful foods rich in vitamins and iron and I became keen to feed my children iron-rich foods and when I give them a meal that contains iron, take away foods that contain calcium.

This information was previously unknown to me, I fed my children anything, but the physician told me that calcium impedes the absorption of iron, so I made sure not to feed my children calcium with iron, such as mujadara and yogurt, the mujadara is rich in iron and yogurt is rich in calcium, So I dispensed the yogurt with the vegetable salad rich in vitamin C, which helps in absorbing iron.

Also, if I fed my children fowl, hummus, and falafel, I would bring tea with this meal, but now I benefited and replaced it with natural juice so that my children would benefit from that. Even the food that I bring make sure to be useful like (spinach-meat-liver-cooks like "peas and rice"- "beans



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with rice"- and also "semolina and milk"- sahlab- and also fruits such as clementine, apples, pomegranate ... etc.).

The follow-up was good and I benefited a lot and there was a big difference before and after follow-up. My child was suffering from Anemia, loss of appetite and poor weight, and now his scales are normal, his appetite is better and his hemoglobin improves.

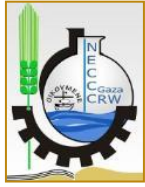
I come to the NECC clinic according to the appointments given to me, the schedule of visits is related to the age of the baby. In general, I visit the clinic once monthly, but when my children are sick, I do more visits. For this particular child, I have I conducted 10 visits to the NECC clinic this year.

- To check the health status of my child
- To make sure that my child grows normally
- To treat my child when he becomes sick
- The team at NECC provided me with the following
- Measuring the weight and height of my child Mohamed
- Giving me drugs and vitamins to improve the haemoglobin level of my child
- Dispensing drugs when my child was sick (10 prescriptions with vitamins, iron, antibiotics, antipyretics, skin lotions)
- Doing laboratory investigations including urine, stool and blood analysis
- Receiving health education sessions about healthy food, hygiene, normal growth and development
- Written health education materials
- Psychosocial services
- One to one counselling about the status of my child

The health status of my child was improved, and When my child was sick, all the family are affected. The services I received at NECC enabled me to better take care of my child and to improve his condition. I have been told by NECC staff that anaemia and malnutrition are dangerous at the long run, so the services I received which help my child to recover are of extreme value to him at the long run.

Yes, I learned many things. I learned the normal development pattern that my child should pass through. I learned what to feed him and what to avoid feeding him. Also, I learned the nutritious food that is healthy for the baby. I become more aware how to avoid diseases through better sanitation and hygiene. When my child becomes sick, I know better how to manage. For example, I don't give my child tea; I don't serve protein with yogurt, I serve him less junk food, I reduced the amount of sweat given to my children.

I hope NECC continues serving us and helping us to take care of our health and the health of our children. Also, I hope that my children grow and learn at universities.



Case Study 4:

Saja Ahmed Al-Jamal is 18 years old, married to one of her relative (2nd degree). Mr. Diab Suleiman Al-Jamal is 27 years old, she married to him for three years.

Saja lives with her husband's family, at Al-shejaiya area, in one of the rooms of the house, as the house consists of three rooms, a hall, a kitchen and a bathroom.

Shijaeya is a neighborhood district of the Palestinian city of Gaza east of the city center. It is one of the largest and oldest neighborhoods in Gaza, with around 120,000 residents. It is considered the most crowded area in Gaza City.

Saja considered as a low economic living level, as her husband works as a taxi driver, with a salary of approximately 400 shekels.

she finished her ninth grade then she gets married whereas she didn't complete her education yet, because her early marriage which imposed on her by her father as her relatives are married before, whereas the early marriage is common in (Shijaiya) area where the lady lives.

Ten days after the marriage, the woman attended to the clinic with her mother in Law to register for the pre-conception care program, where she got to know the program from one of her relatives, and since she was married at an early age of no more than 16 years, her marriage is considered to be one of her second degree relatives, she is considered one of the most important target groups for the program and benefit from it.

In her first visit to her in 2017, she was introduced about this program and the importance of taking a medical care for her as she newly married and didn't get pregnant before.

The medical history has been taken where she has neither any chronic diseases nor her relatives.

Production history declared that the lady didn't get pregnant before as she's married, and she hasn't had any abortions before.

The following measuring in the program had been taken:

Tall: 158 cm

Weight: 70 kg

(increase in weight) BMI was 28.

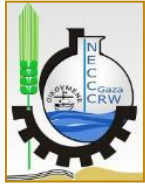
Random blood sugar was 102mg/dl

Blood pressure was 110/70 mm/hg.

The last period for the lady was registered and menstrual history was taken, she considered that her period is coming regularly.

The requested routine tests and investigation in this program from complete blood count and urine analysis have been done. The results of analysis revealed that the lady had urinary tract infection and she also had vaginitis. She was treated and followed up.

The woman has been educated to make self-breast examination and this was done for her and declared as free.



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The woman was psychologically supported in that visit and she was provided with important following tips for her case:

- Following and adaption an integrated healthy food program that contains calcium, and protein, with the relevant sub- components.
- Minimize the salty and spicy food to avoid inflammation.
- Increase drinking water.
- Insure having folic acid prior pregnancy and the woman has to know the importance of folic acid to prevent getting congenital malformation for fetus- prevention of anima – eliminate frequent abortion.
- The importance of personal hygiene.

At this visit, the woman was evaluated by the dentist according to the program's protocol.

The specialized doctor at this program has checked the woman physically and declared that she has nothing just she has irregular menstruation based on her history, as she got married at early age. So, that showed she ignored a lot of important information about reproductive health, the doctor did not give her any treatments as for her young age her body is normal, and she needs to have a time in order to have mature reproductive system, and hormonal stability to get pregnant.

During the past three years, the woman was eager to be one of the followers of the pre-conception care program of the clinic, as she waited anxiously for her appointment to escape temporary from the house and from the stress that imposed on her by her husband's family , that's to debrief to health and psychosocial team as she stayed long hours for that,

By meeting with the lady and discussing with her the problems she faced , it became clear that the woman suffers from psychological worries, as there are problems between her and her husband's family (family problems) on getting pregnant , and she is a victim of those problems, where she has had problems greater than her age, since her age did not exceed eighteen years. She was at risk to have another wife to her husband (second wife). As her husband was fair to his family, the lady was falling in crying in each meeting at our clinic, she has got a psychological support, and sat with us for long hours.

After delaying in getting pregnant for a period of three years, the problems between the lady and her husband increased more and more, and in each visit to the clinic , she was psychologically supported to the lady and she is referred to the psychological counsellor at NECC Shajaia clinic who supported and sitting with her for long hours.

Her husband was invited by the specialist doctor and psychosocial counsellor at the clinic to meet him, and discuss with him his wife condition, as the doctor did ultrasound for the lady and reassure him that his wife is fine and there are no health problems that impede childbearing and that she only needs psychological support, and alleviate those stressful problems that fall on her from any other party and to change his behavior with her, also the psychosocial counsellor explained to him that , every situation in life is temporary, and may be the coming days will be



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better, then her husband was satisfied with those instructions that gave to him by NECC health team .

After long period of follow up and preconception care , the lady has come, to the clinic on 10-12-2019, and she has suffered that her period isn't coming at her date so, some analysis was made for her outside the clinic and the result was positive pregnancy tests , and after informing her husband that she was pregnant, he did not believe her yet, he came to the NECC clinic to confirm the pregnancy test and it was confirmed that his wife is pregnant, he was very pleased and surprising ,

Health provider gave consultations, and health tips to the couples, and the lady got enrolled to be followed up at NECC antenatal care program.

Finally, the couples were grateful to NECC, and they have thanked the NECC health team for their efforts, passion, and courtesy that shown by the staff, good communication, and respects, they also have become more aware of the preconception care and its impact on women health.

we do appreciate NECC clinic efforts and support, the couple had said as well as the high quality of services provided to know the reasons of lateness of production/ childbearing and treated them and supported us psychologically, as well as they thanked EMBRAC the Middle East for their continued , and generous support to Palestinian people, who are always thinking of people in Gaza and trying to end their suffering, we really hope for sustain and keep providing health services by NECC clinics, to aid and help vulnerable people and ease their life , the couple said.

Families tell the health team how much their support means, it isn't just being able to get health services, they desperately need, it's also the knowledge, and caring so much about them, physically, and psychologically.

Please note that the mother refused to take her photos.



Stories from TVET program

Case study 5

Nariman Mhanna, a 23-year-old young woman who graduated from NECC advanced dressmaking department. She is belonging to a family with almost no income. The father is dead and the mother is a housewife. They live in a house rented at ranges from \$ 250 to \$ 300 monthly.

Nariman was studying and working from home. She was supported by a local organization with one (second hand) sewing machine. She was working on shortening and suiting clothes in the neighborhood where she lives.

She faced many difficulties, including electricity cut. The electricity crisis in the Gaza Strip is intractable, just comes 4 hours a day! She was sitting all day waiting for electricity to work, so the rate of income was very poor.

Through the NECC job-creation interventions, Nariman was nominated for on-job training for six months paid. After that, Nariman was nominated to enter the start-up competition.

She received several training sessions on how to manage small projects financially, technically and administratively.

After completing the training, Nariman proposed a business plan for a small project, a fashion design and tailoring shop named "Run Way". The project supervisors studied the plan and evaluating interviews were conducted for the applicants.

Nariman was surprised by a call from the project administration to tell her that her project has been approved and will finance the project with furniture, equipment and raw materials.

"I still feel that I'm in a dream, thanks God" says Nariman.

Nariman is now one of the entrepreneurs and opened her own workshop 12 months ago, her income has grown and she became responsible for her family. Nariman's face changed from sadness to laugh and her cell phone is ringing all the time for work requests! Within a short time, she created a network of relationships with customers and those around her workshop.

She is dreaming to post graduate her diploma and to travel to France and learn fashion design in a famous French institute in order to be famous fashionista.





Case study 6

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

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

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

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

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

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

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

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

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

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

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

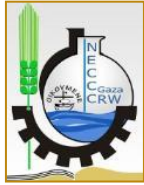
The project was approved and funded with the rental of the workshop, equipment, furniture and some raw materials.



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



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



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

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

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

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

Case study 7

Soliman Abdallah, 22 years old graduate, describes the impact of his enrolment at the General Electricity and Motor Rewinding program at El-Qarara VTC.

I was graduated from El-Qarara VTC in November 2019, I am now 22 years old and I live with a family consisted of 13 persons in Gaza city in our owned house in in Gaza city.

My father is a worker in agriculture sector, working on daily basis, and I have four male brothers; I'm the middle among them, and the other two youngers are at schools, the two older brothers are university graduates and in working-age now but unfortunately, they are unemployed.

The family is receiving subsidies from the ministry of social development which are unfortunately not covering basic life needs of my family.

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

I applied for the Qarara VTC for two times before the last time in-which I got selected as I succeeded in the written exam as well as the personal interview.

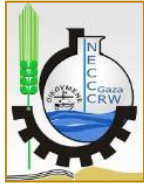
I joined the higher school (tawjihi) to get a certificate and I have had the certificate in 2016, then I decided to enroll a vocational education program in electricity and my friend recommended Qarara VTC for me.

I liked this career and all the time I strove to learn as much as I can the new knowledge and techniques. 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.



Soliman ended his external training and graduated from Qarara VTC. Currently, he is doing voluntary work at local workshop



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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 have a voluntary work with an electrical contracting company. I am working with him in supplying houses and different establishments with electrical networks and I am gaining a lot of work experience day by day.

I hope that I will switch to daily base contract soon so I could maintain my life expenses and assist my family in their basic needs.

I am very happy with my career and I advise every person of my friends who have had no job opportunity to join vocational training diploma as to be able to find job and gain income and build a better future.



6. Photo Gallery

Health Photos





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TVET Photos





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Annex 1:

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

(Philippians 1:4-6)

ACKNOWLEDGEMENT TO OUR SUPPORTERS:

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

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

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



Summary of total registered camp population

As of 31/12/2019

Gaza

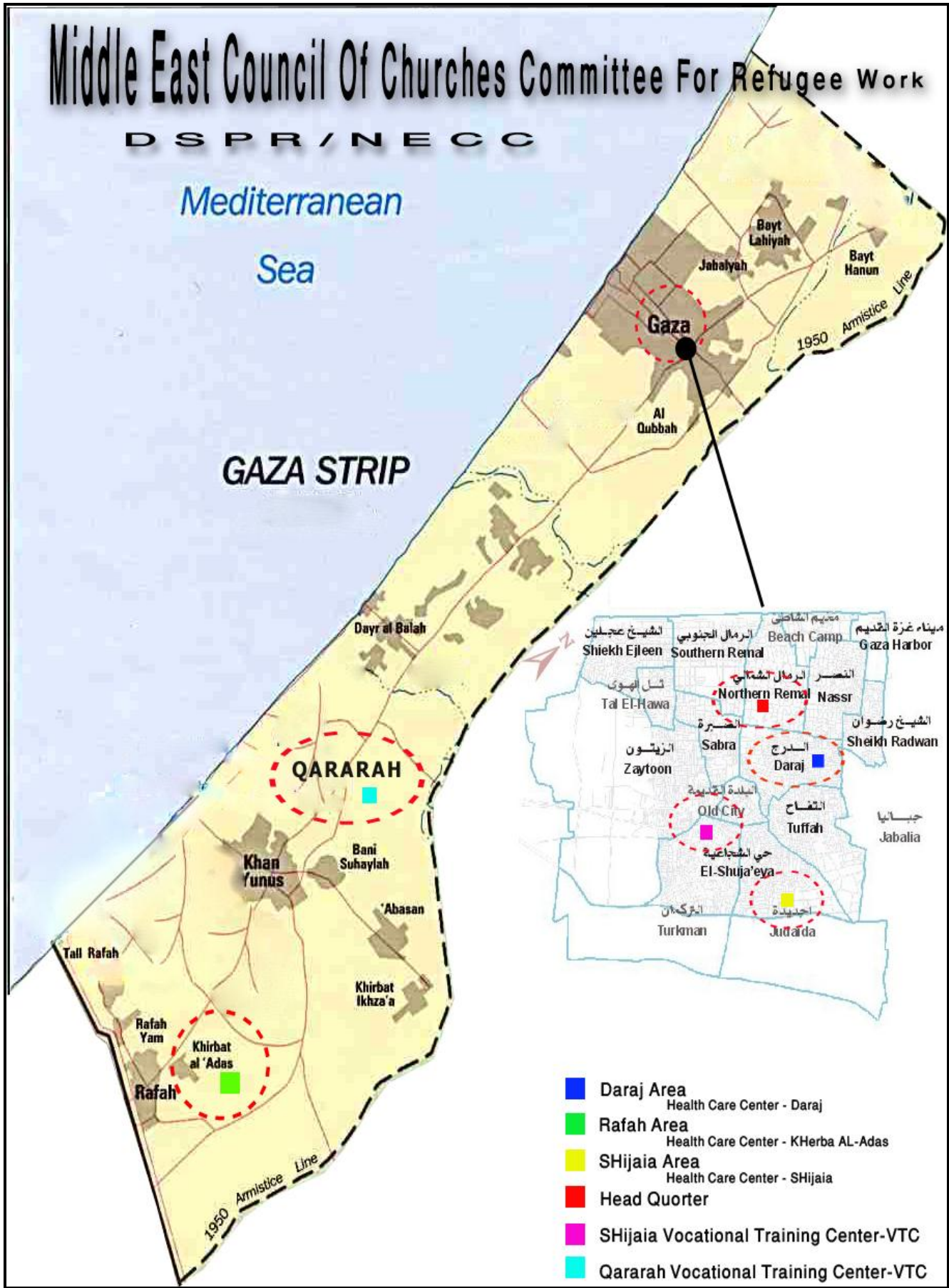
	Location	Registered Refugee*	Other Registered Persons**	MNR Family Members***	Total Persons
Gaza	DEIR EL-BALAH	119,903	2,759	7,053	129,715
	JABALIA	269,793	4,696	8,271	282,760
	KHAN YUNIS	250,034	10,008	29,251	289,293
	NUSEIRAT	171,279	2,765	5,173	179,217
	RAFAH	237,909	4,967	8,781	251,657
	RIMAL	249,033	6,828	12,733	268,594
	ZEITUN	162,364	17,231	41,290	220,885
	Field Total	1,460,315	49,254	112,552	1,622,121

Middle East Council Of Churches Committee For Refugee Work

DSPR/NECC

Mediterranean
Sea

GAZA STRIP



- Daraj Area
Health Care Center - Daraj
- Rafah Area
Health Care Center - KHerba AL-Adas
- SHijaia Area
Health Care Center - SHijaia
- Head Quarter
- SHijaia Vocational Training Center-VTC
- Qararah Vocational Training Center-VTC