

Middle East Council of Churches

Department of Service to Palestine Refugees

DSPR - Gaza Area

مجلس كنائس الشرق الأوسط

دائرة خدمة اللاجئين الفلسطينيين

منطقة غزة

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

(Ecclesiastes 4:1)



Annual Report 2011

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

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

Department of Service to Palestine Refugees

Gaza Area Committee

Mr. Elias Abed Manneh	- Chairperson
Miss Araxi Muneer Waheed	- Vice-Chairperson
Dr. Maher Issa Ayyad	- Treasurer
Dr. Sohail Anton El Madbak	- Delegate
Mr. Dawoud Khader Tarazi	- Member
Miss Suhaila Shawqi Tarazi	- "
Mr. Hazem Fahmi Tarazi	- "
Mr. Nazeeh Lam'i Habashi	- "
Mrs. Mary George Haddad	- "
Dr. Imad Hanna Borbara	- "
Dr. Issa Michael Frangieh	- "
Dr. Issa Saleem Tarazi	- Executive Director

Gaza - Palestine
22/330 Said Al'as Street, Rimal
P.O. Box 49 Gaza
☎ xx 972/970 (0) 8 2860146 /2822595
Fax xx 972/970 (0) 8 2866331

غزة - فلسطين
٣٣٠/٢٢ شارع سعيد العاص بالرمال
ص. ب. ٤٩ غزة
☎ ** 970 (0) 8 2860146/2822595
970/972 (0) 8 2866331 فاكس:

E-mail

necc@neccgaza.org

البريد الإلكتروني

Website

www.neccgaza.org

الصفحة الإلكترونية

IDENTITY:

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

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

VISION:

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

Mission

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

Foreword:

The Gaza Strip contains about 1,6 m people, which makes it one of the most densely populated areas in the world (5,000 inhabitants per km²). Of the total population, over 1,167,361 are refugees, of whom nearly 518,147 inhabitants live in 8 refugee camps administered by United Nations Relief and Works Agency (UNRWA). The Gaza Strip is highly urbanized, with only about 15% of the population living in rural areas. With around **1.6** million Palestinians still under siege in Gaza, the political, social and economic situation is becoming worse by the day. While Israel's argument for the blockade is to deny Hamas government any resource that would strengthen it militarily and its control of the population, the overall view is that the blockade is in fact punishing the population without necessarily weakening the Hamas government politically.

The long periods of occupation, conflict, siege and closures have left the high densely populated Gaza Strip in a state of severe socio-economic vulnerability. The isolation of the last few years has taken the humanitarian crisis to an unprecedented level, with local people coping mechanisms exhausted, widespread absolute poverty, and an inability of civil society and formal authorities to meet even the basic needs of the population. Currently, more than 80% of families in Gaza rely on humanitarian aid. Due to the unstable political situation and the tough economy that the Gaza is going through, unemployment and poverty rates are rising drastically. In the Gaza Strip, 38% of Gazans live in poverty, 26% of the Gazians workforce, including 38% of youths, is unemployment while over 75% are aid recipients¹ (OCHA Fact Sheet October 2011).

According to a humanitarian situation report published by the Organization of the Islamic Conference (OIC), the Gaza Strip is in need for the construction of 30 new schools annually for the next 5 years to be able to cope with the current crowdedness crisis in the existing schools. This crowdedness crisis has negatively impacted students' academic achievement school; as 85% of schools in Gaza run on double shifts.

According to Al Mezan Center for Human Rights; as a result of the Palestinian internal split and the four-year Israeli-imposed closure the vocational Education in Gaza is facing several obstacles such as; shortage in raw materials, supplies, and office equipment needed for training, need for continuing maintenance, renovation, and expansion of schools and need to build three new vocational schools.

Since Israel imposed blockade on Gaza, it never allowed fuel and diesel into Gaza except for Gaza's power electricity company that uses industrial diesel that cannot be used for cars. Therefore, Palestinians in Gaza have totally relied on fuel and diesel

smuggled into Gaza through tunnels. Since January 25th when demonstrations started in Egypt prices of some items in Gaza have increased and a shortage of fuel was reported at that time; and affected negatively on the amount of fuel smuggled into Gaza through tunnels.

The tunnel activities are unsafe and threaten the lives of the Palestinians on continuous basis. On 2010 forty seven people were killed in tunnels accidents and 91 were injured during their work under the tunnels. On 2011 the tunnels activities continued claiming lives of the Palestinians as 36 were killed due to tunnel-related activities and another 54 were injured.

Also, the consequences of the electricity shortage, Gaza witnesses reflect a humanitarian crisis. Since the beginning of the winter season, electricity blackouts throughout the Gaza Strip have ranged between eight to ten hours per day, up from a daily average of five hours in previous months; and people started to depend on unsafe alternatives heating methods such as burning charcoal in their homes.

The majority of people in the Gaza Strip use electricity generators to light up their houses and shops. The increase use of these generators affects negatively the environment and the health of people.

On 28th April 2011, in Cairo both Fatah and Hamas movements announced their desire and willingness to sign a reconciliation agreement to end the Palestinian split. The Egyptian authority supports the Palestinian case, and announced once the reconciliation agreement is signed Rafah boarder will be open 24/7 for eligible Palestinian travelers.

On 4th May 2011 the Palestinian reconciliation ceremony took place at Cairo – Egypt capital, with the presence of the Palestinian president Mahmoud Abass, the president of the political office of Hamas movement Khaled Meshaal and the leaders of the other Palestinian factions.

The reconciliation agreement involved establishing independent members, and the election will take place after one year of the reconciliation agreement.

The new government will be formed of Educated and academic members, no members affiliated to Hamas or Fatah are going to be involved in the new formation.

Since the reconciliation announcement until now both parties continue to publicly display good intentions regarding potential unity; however, serious steps to the formation of a national unity government are not undertaken until nowadays but further discussions on releasing prisoners from the both sides.

Regarding the health sector, our staff in the field noticed increased rates of poverty related diseases (e.g. malnutrition and anaemia) and increased rates of sanitary related diseases (shortage of water, sewage disposable problem, garbage collections in streets, lack of detergents in the market.

As poverty and stress-related diseases and conflict-related injuries have increased, provision of basic health services has declined.

A challenged health system appeared as impossible to ensure medical equipment availability and proper maintenance, referral abroad subject to long and arduous permit processing and medical staff largely prevented from sufficient upgrading of knowledge and skills. In addition, deterioration of water and sanitation services; there is only 5-10% of the extracted water is safe; very limited/intermittent running water, sea water and sewage infiltrate into aquifer, over 40% water loss due to leakages and between 50 and 80 million litres of untreated or partially treated sewage discharged into the environment daily, these facts increased health risks due to polluted water (OCHA, 2011).

Although the situation was politically unstable during this reporting period thanks to our partners' valuable support that enabled our organization to sustain the provision of health, educational and other services to the intended beneficiaries as planned. We succeeded to overcome or at least to cope with the conditions associated with the further imposed siege and the tight restrictions on the movement of goods and people such as, shortage of supply and medications, lack of medical equipment in the local market, decreased supply of electricity and fuel, transportation issues and so on.

I wish to express my thanks and appreciation to all at the various levels of the World and Middle East Council of Churches, the Chairman and members, and the Executive Director of MECC/DSPR for their stand and unlimited support provided to Gaza Area programme in solidarity with our people.

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

Last but not least, I relay my profound appreciation and gratitude to my sisters and brothers, the staff of NECCCRW 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 For ever”
“Isaiah 32:17”***



**Dr. Issa Tarazi
Executive Director**

February 2012

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Abbreviations

ACT	Action by Churches Together
ANC	Antenatal Care
ARI	Acute Respiratory Infections
CA	Christian Aid
CBC	Complete blood count
CBI	Community Based Intervention
DD	Diarrheal Diseases
EU	European Union
IUD	Intra Uterine Device
MOH	Ministry of Health
MOU	Memorandum of Understanding
NECC	Near East Council of Churches
NGOs	Non Governmental Organizations
PHC	Primary Health Care
PNA	Palestinian National Authority
PNC	Postnatal Care
PSS	Psycho Social Support
SPSS	Statistical Package for Social Sciences
UNRWA	United Nation Relief and Works Agency for Palestinian Refugees
UNICEF	United Nations Children's Fund
UNWFP	United Nations World Food Program
WHO	World Health Organization
Hb	Heamoglobin
VTC	Vocational Training Centre

Context:

NECCCRW Gaza Committee was established in 1952 launching a humanitarian programme to assist Palestinians who took refuge in the Gaza Strip following Israel's establishment in 1948. NECCCRW has been focusing then on the provision of humanitarian aid and contributing to an overall improvement in living conditions and to poverty alleviation. Sectorial 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.

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

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

Good cooperation in related activities is maintained with international and local NGOs, external and local churches, the PNA, Ahli Arab Hospital (Anglican Hospital) and National Health, Rehabilitation, Medical and Agricultural Relief Committees, Union of Health Work Committee, Women's Societies and Unions, and PNGO.

NECCCRW is proud and appreciates its links with a large number of funding partners and NGOs namely: The Pontifical Mission for Palestine, Christian Aid, DanChurchAid, Diocese of Aalborg, Diakonisches Werk, Evangelical Lutheran Church in America, Norwegian Church Aid, Lutheran World Relief, ICCO, Church of Sweden, Church in Wales, Church of Scotland, Australian and US National Councils of Churches, KAIROS and NECEF in Canada, EED and Bread for the World in Germany, CCFD, Mennonite Central Committee, Bibleland and a number of other ecumenical organizations.

The main core values NECCCRW believes in:

- Serve people irrespective of their faith, color, gender, political affiliation or geographical locality.
- Respect and love all people.
- Transparency in dealing with all stakeholders.
- Team work and partnership are the shortest way to achieve the organizational and community development
- Commitment toward mission and vision.
- Quality of services is the best way to realize the effectiveness and impact.



"Differences are not intended to separate, to alienate. We are different precisely in order to realize our need of one another."

H/G Archbishop Desmond Tutu

Programs highlights

The health system in Gaza – physically separated from the rest of the occupied Palestinian territory – has been severely affected by the blockade which has been in place since 2006 and by the political divide between the West Bank and Gaza . Recurrent electricity cuts and an unstable power supply affect medical care. The functionality of medical equipment has been deteriorating because of inadequate maintenance capacity and spare parts .There are also shortages of essential drugs list.

These limitations have lead to deterioration in the quality of care. A high number of patients are in need for referral outside the Gaza Strip for specialized health care although the movement of people in and out of Gaza is heavily restricted .

Despite these challenges, the public health system in the West Bank and Gaza is relatively well developed and is able to provide a full range of health services to the population.(The occupied Palestinian territory: providing health care despite the lack of a stable environment- WHO Monthly Highlights - February 2011)

The institutions serving young people with education and training are facing serious difficulties in upholding their services. The deteriorating financial situation of the vocational schools is now critical and the fear that they might be closed down. Through support to the running of the educational institutions, Christian traditional institutions are maintained and will continue serving as open multi-religious institutions, which is important in an increasingly radical environment with decreasing religious tolerance.

It is of great importance to maintain the opportunities that are available for poor youth in Gaza to have an education, so that they can have a possibility to earn their own living. Although the situation at the moment is grim and there are few or no job opportunities, vocational training gives young people some dignity and future hope. They will be equipped to contribute to building their society both economically and culturally through the comprehensive education they receive.

NECCCRW has been operating the health care centres for many years, and it is considered a major health key-player in the community. NECCCRW is a trustworthy organization with a long-term experience enabling it to be aware of the general health needs of the population, in coordination with the community leaders. NECCCRW were able to provide quality primary health care services to vulnerable families and particularly to mothers and children. Moreover, NECCCRW contributed to meeting the health needs for the population and to improving their health status.

Location of projects and target groups

1. Two family health service centres in Gaza (each potentially serving a poor community of 70,000-80,000 people) offer both preventive and curative services with a third centre in the south (Rafah) serving a community estimated at 12,000 people. The emphasis is on

mother and child health care and education to encourage awareness of health needs and improve the quality of life. Also women will be trained as community workers to provide counseling and social work services to poorer communities. This will also enhance and improve their role in society.

2. Secretarial Education and Training, Advanced Dressmaking and computer training courses are conducted in the main building in Rimal, Gaza City.
3. The VTC for Carpentry and Furniture making; and metal works and welding is located in Shijaiya, Gaza City.
4. VTC for General Electricity, Motor Rewinding and Transformers is located in the village of Qararah, 25 KM south of Gaza City.

The target group composed of mostly marginalized and underprivileged youth in the Gaza Strip. No religious or political affiliations were considered during the selection process of the target group.

The primary health care services provided by the Gaza NECC clinics support beneficiaries by following a model of inclusion, participation, complementarities and better health for all. Clinic services operate in significantly deprived and disadvantaged areas of Gaza where health demands are pronounced.

The target group is mainly composed of women and children residing in the communities of Shijaiya, Darraj and Kherbet Al Adas of the Gaza Strip. The three health care centers serve Palestinian families who are marginalized, and needy; while focusing on the most vulnerable groups of the population namely women and children.

The followings are the current main programs and services provided by NECCCRW:

1. Health programs:

The NECCCRW health program was established in 1952. The main objective of this program is to provide primary health care services in poor, populated and remote areas that have no or little health services available. There are three NECCCRW clinics located in El Daraj, Shijaia, and Rafah (Kherbat Al-Adas) with populations in each locality respectively of 80,000, 70,000 and 12,000. NECCCRW offers a relatively comprehensive package which covers essential maternal and child health services such as antenatal, postnatal, health education, well baby clinic, family planning, lab testing, medication, home visiting, nutrition education and dental services psychosocial support programme and antimalnutrition and anemia project ...etc.

2. Educational and Training Programs:

- The Vocational Training Center, Gaza: The center offers a three-year course in carpentry and furniture making, metal/aluminum work and welding. The course targets boys aged 14-16 who have dropped out of school.

- The Vocational Training Center, Qararah: A two-year course in general electrical skills and motor and transformer rewinding is offered to young men between 16-23 and who finished grade ten.
- The Secretarial Studies Center: Young women who have finished their secondary studies (Tawjihi) are able to join a one-year intensive course that prepares them for secretarial positions.
- The Dressmaking Center: The theories and practice of sewing and pattern-making are taught in a one-year hands-on course for young women many of whom have dropped out of school.
- Computer and Language Courses: Short-term courses are offered in computer applications and English language to a variety of groups.

3. Social Welfare Programs (Relief and Rehabilitation):

Limited financial assistance is extended to those with demonstrated need. Categories of beneficiaries include widows, patients old non supported people, handicapped with special needs and unemployed householders. Palestinians in Gaza may no longer suffer from the same shortage of goods, but they will remain economically dependent and unable to care for themselves, and socially, culturally and academically isolated from the rest of – the world.

The beneficiaries receiving emergency cash relief assistance were reached through the nomination of local NGOs, governorates and Ministry of Social Affairs in addition to those who were referred by our family health care centres or addressed our office directly.

Families are visited and followed-up by a social worker. In addition, medical aides such as crutches, wheel chairs, glasses and hearing aides are provided as available.

Approximately 70 university students are provided with loans to study in Gaza and West Bank universities every year. Applications are renewed yearly for those who passed successfully and must be repaid within two years after graduation.-move to social support program

4. Employment Programs:

- 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.

5. 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 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.

6. Advocacy Program:

This program is concerned with promoting social justice, empowering communities and advocating the rights of civilians particularly refugees to live in dignity, respecting 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 internal forums.

NECCCRW'S STRATEGIC GOALS AND OBJECTIVES

Health:

Strategic Goal 1: Contribute to improving the health status in the most needy and marginalized areas.

Objectives:

- 1.1 Provide adequate primary health care services in the poor and overcrowded localities according to priorities.
- 1.2 Promote and enhance the public and environmental health in the targeted areas.
- 1.3 Reduce the level of malnutrition (including anemia) in the target areas.
- 1.4 Achieve high standard of quality in the services provided by NECCCRW's health centers.
- 1.5 Promoting the psychosocial status of the served community particularly women and children.
- 1.6 Enhance cooperation and collaboration with relevant organizations to avoid duplication.

Educational and Training Programs:

Strategic Goals 2

- 2.1: Contribute to improve the livelihood conditions of young males dropped out from schools and/others
- 2.2. Contribute to promote the livelihood conditions among women.

Objectives:

- 2.1 Provide high quality education and training in a variety of designed skills and professions to target groups in accordance with the requirements of the society and market.
- 2.2 Enhance the capacity of workers in the field of vocational domain. .
- 2.3 Assist NECCCRW's graduates in finding job opportunities.

Advocacy

Strategic Goal 3: Contribute to empower the local community ability to advocate its issues with the inspiration of achieving justice, community empowerment and development.

Objectives:

- 3.1 Intensify networking and coordination with local, regional, and international organizations to defend the rights of vulnerable Palestinians. .
- 3.2 Raise the awareness of youth and vulnerable groups toward the civil society concepts and issues.
- 3.3 Influence decision and policy makers to adopt the concerns of marginalized people.

Operations and Sustainability

Strategic Goal 4: Enhance the organizational performance of NECCCRW to ensure its efficiency, effectiveness and sustainability.

Objectives:

- 4.1 Enhance the administrative practices of NECCCRW in accordance with the DSPR unified system.
- 4.2 Improve and develop the performance of NECCCRW staff at all levels.
- 4.3 Enhance the financial sustainability of NECCCRW.

Welfare and Relief

Strategic Goal 5: Contribute to improve and enhance the livelihood conditions of the local community in a sustainable manner.

Objectives:

- 5.1 Improve the livelihood conditions of needy families.
- 5.2 Fulfill the needs of persons with disability via providing needed medical and non-medical items.
- 5.3 Improve the capacity of Community Based Organizations (CBOs) in order to deliver better quality services.
- 5.4 Provide study loans to needy students in order to help them completing their university study in the fields that respond to the community and market needs.

Beneficiaries of NECC programmes:

The programme focuses on the Palestinian population. The health centres provide preventative and primary curative health services to patients/clients in their areas of responsibility. In **2011**, NECC had almost **24,307** families registered at its three clinics. The centres focus on mother and child care, family planning, primary health care and health education. A total of about **200** students per year receive vocational training in one of the vocational training centres. The employment project supports approximately **20-25** women in income generation. The community development programme supports schools, youth groups and kindergartens across the Strip.

How and what stage will they be involved?

The programme was designed and is being implemented by NECC in consultation with the community and its leaders, who have often provided buildings and other resources. The beneficiaries contribute financially to the programmes whenever possible.

Beneficiary participation in project design:

In determining the priority services required by the communities, NECC has drawn mainly on its own experiences of community needs. In the health programme, NECC has been running Mother and Child Health (MCH) clinics in the communities for decades, and is aware of the general health needs of the population. With unemployment being one of key problems facing Gaza's youth, employment-related training is the focus of training. The programme has been designed with the assistance of communities in terms of the type of courses run and the services provided.

Beneficiary participation in implementation:

The trainers, health workers and other staff of the project are all members of the beneficiary communities. As a service provision project, it is to be expected that beneficiary participation, other than this, in implementation, will be limited. However, beneficiaries contribute nominally to the running costs of the health centres and training and employment programmes whenever it would be possible.

Beneficiary participation in monitoring & evaluation:

As training and health provision are both technically skilled professions, it is likely that the beneficiary role in monitoring will be limited. At the end of each training course, an evaluative questionnaire is completed by the trainees. NECC also relies on monthly reports from staff that are in direct contact with the beneficiaries and clinic staff also provides feed-back from patients. Weekly staff meetings are held at clinics and monthly meetings are held at all Vocational Training Centres, to share information, discuss progress and issues arising. Through these, and other expressions of changing priorities and needs, such as planning of new construction activities, the communities will ensure that effective monitoring and consultation by NECC will lead to appropriate programme changes. An evaluation was conducted in 2008 for the health programme by a local consultant in coordination with Christian Aid, with the full cooperation and participation of the beneficiary communities.

Beneficiary involvement in management:

All staff are Palestinian, a good number of them from refugee backgrounds, therefore, they are from similar communities to the beneficiaries which is one of method of community participation. The type of specialized, low input service provision involved in the project does not easily lend itself to direct beneficiary involvement in management. However, the income-generating cooperatives set up by NECC are self-support and beneficiary run, with all profits being shared between the participants on basis of number of pieces being produced, with some set aside to cover running costs. The training aspects of the programme are designed so that graduates have greater control over own lives and livelihoods, rather than being focused on equipping the trainees for management of the project.

Criteria for selecting beneficiaries:

- **Criteria for selection of the geographical area:**

The different sectors of the programme are based in different areas according to levels of need and existing service provision. MCH clinics are therefore based in areas where the maximum number of people can be served from one fixed location, and where existing provision is non-existent or low level. The locating of a new clinic in the South (Rafah) is an example of this geographical selection. The programme works across the Gaza Strip, which is a densely populated region with over 80% presently living below the poverty line, low employment, limited service provision and economic, political and social uncertainty.

- **Selection of beneficiaries:**

The beneficiaries of the health programme are self-selecting through clinical need and geographical access to the clinics. The beneficiaries of the training programme are subject of different criteria for different training centres. The training centres draw students from across Gaza, leading to a necessary degree of selection.

Gender equality:

Traditionally and in the Gaza Strip, women have a conservative role in society; and their status has somehow changed with the on-going siege on Gaza. Many of the male breadwinners have lost their jobs and become unemployed workers, others were injured, imprisoned or killed and therefore, women become responsible for earning an income, raising the children and taking over domestic matters. Those women who had few opportunities to continue their education became responsible and replaced men in providing for their families. Since the beginning of the second Uprising (Intifada) and the existence of the autonomous Palestinian territories, the internal conflicts, and the isolation of the Gaza Strip, the economic situation has deteriorated to unprecedented levels. Therefore, competition for jobs is high, and women have returned to low levels of employment. Women now represent about 11% of the workforce and only 10% complete 12 years of education, compared to 20% of males. Equally, social domination of men continues and Palestinian political life is also male-dominated.

In this traditional atmosphere, it is difficult to promote radical alternatives to the social norm. However, NECCRW has challenged the role of women through the active stretching of this traditional role, by provision of vocational training of which 50% of trainees are women.

Also NECC conducted afternoon activities including health education, these activities provided to women attending the PHC clinic as a part of the women empowerment.

The NECC encourages women to meet, talk, learn, develop fine arts and establish small income generation businesses such as sewing, hair dressing and socialize in such meetings. Health education activities as well as other psychosocial activities are provided at the meeting.

Regarding the awareness sessions , NECC staff conduct health education sessions for women attending family health care centers

Sessions were provided at the health centers and occasionally in local community based organizations. Participants included pregnant women, women, grandmothers and influential family members.

So as mentioned , these activities have direct impact on the women and indirect impact on all family members including men.

As a part of its role in the gender equality NECC used to have convergence in the relative number of female and male staff . By the end of 2011 , the number of male employees are 49 and 45 female employees.

Key achievements in the reporting period

- Near East Council of Churches continued its support for the Palestinian people both male and female through the services and opportunities given by the mother and child health care centers ,the Vocational Centers and the welfare and relief program.
- NECC clinics continued operations in full speed and maintained accessibility to population and staff were able to come to work as usual and serve their clients despite the contextual constrains.
- Our staff made significant progress in meeting the designated targets and produced the intended results. Most targets related to the number of beneficiaries were already achieved.
- The number of new families , pregnant women and children registered during this year were: 5377 , 1592 and 9638 respectively while number of total well-baby children visits was 29,696 visits and 12,591 antenatal care visits of the pregnant women to the NECC clinics.
- All the three NECC clinics are equipped with fixed dental units 4 days weekly as the number of examined patients by the dentists during 2011 were 5135 while the number of patients examined by doctors was 38,356 including children, pregnant women and adults.
- NECC also maintained providing the laboratory tests needed in PHC with total tests during this year 28,464 lab tests.
- As a reflective organization, we learned the lessons from the last years and utilized effective strategies that fulfilled the gaps revealed previously in relation to certain indicators.

- With the support provided , NECC succeeded not only in reaching the number of beneficiaries but also in providing high quality services to the concerned population. The indicators reflecting the quality of services were all improved and quality efforts were institutionalized. Our staff adherence to protocols and technical instructions has been increased and resulted in health providers' compliance with protocols as manifested in the supervisory checklists results and the increasing number of beneficiaries who received services according to protocols. Staff adherence to technical protocols in mother and child health services, nutrition, infection prevention and control is significantly increasing.
- Systems for monitoring and improving the quality of services and for making work operations more efficient and effective are in place and most of them were already institutionalized.
- All services are being computerized.
- Activities related to capacity building of the NECC staff in technical, managerial and monitoring aspects were dense and contributed to achieving the intended results.
- Although most other organizations suffered from shortage of drugs and disposables, NECC maintained appropriate commodity management and regular drug supply without any shortage.
- NECC health services are provided to vulnerable populations through a client-centred approach. The provided services are appropriate-according to standards (quality of facts) and positively perceived by clients (quality in perception). Client satisfaction assessment results indicate that the beneficiaries positively perceive the provided health services.
- To respond to the emergency situation, with a generous support from DanChurchAid, NECC implemented an Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in Rafah Area as screening and in Shijaia and Darraj as follow up. The program has been implemented through a special team hired for this purpose.
- In November 2011, NECC started implementing a new nutrition project in all centers for follow up , it is worth to mention that we will focus more in this new project on Health education to the community through community mobilization.
- 2011 witnessed a great success, as the Gaza Vocational Center/ Metal and Aluminum Works and Welding department graduated 16 students. In addition; 15 new students

were selected to enroll the new educational year, and 13 graduates who graduated in 2010 are working and only 1 is unemployed.

- The Carpentry and Furniture Making department graduated 23 students, enrolled 24 new students and 20 graduates who graduated in 2010 are working and only 4 are unemployment.
- Al Qarara Vocational Center/ Electricity and Motor Rewinding graduated 27 students, enrolled 26 new students and 17 graduates who graduated in 2010 are working and only 4 are unemployment.
- The Secretarial Studies and English Language Center graduated 19 students, enrolled 33 new students and 8 graduates who graduated in 2010 are working and only 10 are unemployment.
- As for Advanced Dress Making Center, 11 students were graduated, 17 were enrolled and the whole 13 students who graduated in 2010 are employed.
- Near East Council of Churches (NECC)/DSPR Gaza continued its support for the Palestinian youth both male and female through the services and opportunities given by the NECC four Vocational and Training Centers (VTCs). As Gaza VTC targets the dropped out male school students; 14-16 years old, Al Qarara VTC targets the 10th grade male school students; 16-23 years old, the Secretarial center targets female secondary school graduates and the Advanced Dress Making center targets female secondary school graduates
- 2011 witnessed a great success, as the Gaza Vocational Center/ Metal and Aluminum Works and Welding department graduated 16 students. In addition; 15 new students were selected to enroll the new educational year, and 13 graduates who graduated in 2010 are working and only 1 is unemployment. The Carpentry and Furniture Making department graduated 23 students, enrolled 24 new students and 20 graduates who graduated in 2010 are working and only 4 are unemployment. Al Qarara Vocational Center/ Electricity and Motor Rewinding graduated 27 students, enrolled 26 new students and 17 graduates who graduated in 2010 are working and only 4 are unemployment.
- The Secretarial Studies and English Language Center graduated 19 students, enrolled 33 new students and 8 graduates who graduated in 2010 are working and only 10 are unemployment. As for Advanced Dress Making Center, 11 students were graduated, 17 were enrolled and the whole 13 students who graduated in 2010 are employed.

- NECC provided financial assistance to 3655 Palestinian families living in the Gaza Strip through its Financial Assistance project. Also, provided job opportunities for 67 individuals; 37 females and 30 males through its Job Creation project. Thanks to ACT International, NCA and COS for supporting and funding this project.
- In addition, NECC, offered 4 educational loans for university students for first time, 2 educational loans for Bachelor students and 2 educational loans for Masters Students, and renewed 19 educational loans, 17 educational loans for Bachelor students and 3 educational loans for Masters Students through our Educational Loans Project.

Human resources of NECC for 2011:

It is worth starting by illustrating the human resources at NECC. In 2011, **94** staff members were working at NECC different programs. Females constituted around 60% of the NECC human resources. The breakdown of human resources by category is illustrated down below in the table 1.

Table (1): Distribution of staff by title and numbers

Title	No.	Title	No.
Executive Director	1	Instructor	6
Executive Director Assistant	1	Psycho-Counsellor	2
Accountant	1	Laboratory Technician	3
Health programme ,Coordinator	1	Social Worker	4
Project and Comm. Coordinator	1	Community Worker	3
Consultant	1	Secretary	3
Doctor	3	Programmer	2
Gynaecologist	2	Assistant Pharmacist	3
Paediatrician	1	Assistant Electrician	1
Dentist	2	Data Processing	3
Pharmacist	1	Clerk	1
Staff Nurse	8	Store-keeper	1
Registered Midwife	4	Driver	3
Engineer	1	Watchman	8
Consultant/Trainer	1	Cleaner	9
Teacher	13		
Total			94

Health program:

Strategic Goal: Contribute to improving the health status in the most needy and marginalized areas.

Objectives:

- 1.7 Provide adequate primary health care services in the poor and overcrowded localities according to priorities.
- 1.8 Promote and enhance the public and environmental health in the targeted areas.
- 1.9 Reduce the level of malnutrition (including anemia) in the target areas.
- 1.10 Achieve high standard of quality in the services provided by NECCCRW's health centers.
- 1.11 Promoting the psychosocial status of the served community particularly women and children.
- 1.12 Enhance cooperation and collaboration with relevant organizations to avoid duplication.

Table (2) The year of establishment of each family care center of NECC

Family center location	Year of establishment
Shijaia	1967
Darraj	1973
Rafah\Kherbet El Adas	2002

Activity 1: Training

a. Community workers training

Anticipated:

Community training will be provided at both served communities; El Darraj and El Shija'ia. Community workers training will be provided to up to 40 trainees per year divided into two cohort groups. Each group will receive training for 4 months, 3 days per week, 5 hours per training day. The lectures are about health, social and psychosocial issues. Also they are trained about how to fill pre and post questionnaires in the targeted area of the center.

Achieved in this reporting period:

During this year the first training course was organized in Darraj with 17 participants. It started in May2011 and completed in August. In this year, 15 community workers were graduated in August. Unfortunately, 2 participants were dropped out from the course for various reasons as they joined new jobs or engaged,.

The second one organized in Shijaia area with 21 participants. It started in 5th September and completed by 15th December 2011, 19 community workers were graduated, 2 participants were dropped out for various reasons.

NECC monitors the graduates and many of them are either working or volunteering in community based organizations. By 2012 , 30 of them will be provided as volunteer assistance in the plan of the psychosocial support programme with the children during summer camps.

Table (3): The distribution of the two community workers training courses:

Cohort group	Target area	Number of trainees	Starting date	Graduation Date	Graduated	Dropped out	Notes
Group one	From all areas of the Gaza Strip including areas served by NECC	17	2 nd May 2011	August 31 st 2011	15 women	2	Three days a week
Group two	NECC mostly from Darraj and Shijaia area	21	8 st September 2011	12 th December 2011	19	2	Three days a week



b. Capacity building activities :

Anticipated:

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

- Counseling
- Nutrition
- Health Education
- Psychosocial support and mental health
- Management

Trainees will include General Practitioners, Gynecologists, Midwives, Nurses, Laboratory technicians, Dentists, Pharmacists, Assistant Pharmacists, Health Educators/nurses, Social Workers and Clerks. Most of the trainees are staff at the three centres, though further staff will be trained by other local NGOs stakeholders and the Ministry of Health.

Achieved in this reporting period:

In total 4 training days were organized in various topics and 131 persons participated in the training as illustrated in table 2.

As a response to the increase in malnutrition and anemia cases, five long study days were organized for the NECC medical and paramedical staff in addition to community workers working on this field. The nutrition related training focused on screening, management of anemia and malnutrition, project management and monitoring, data base and so on.

Table 4: Staff capacity building organized by the NECC by topics and participants:

No	Day	Topic	NECC participants	Other participants
1	March 6 th 2011	Counseling techniques	18	None
		Responsibilities and interactions		
		Role play		
		Modern approaches to counseling		
2	May 22 nd 2011	Diagnosis of malnutrition and anemia	37	Reem Al Sherif – DCA
		Lab investigations		
		Treatment of complicated cases of malnutrition and anemia		
		Referral of malnourished cases by Dr. Sami Manna		
3	September 25 th 2011	Management By Dr. Bassam Abu Hamad	40	Reem Al Sherif – DCA
4	30 th November 2011	Mental health concept How to measure the mental health Needs assessment By GMHP	36	

Also, as clear in table 3, to avoid duplications (efficiency wise) and also to increase interactions with other health care providers, the NECC is keen to send participants to the relevant trainings organized by other parties.

NECC staff members including doctors, nurses, paramedical and administrative staff have also attended 68 days of capacity building workshops organized by other parties such as the Ministry of Health, DCA, ACT and UNICEF in a variety of technical and administrative subjects

related to our activities i.e Child Health, nutrition, Breast feeding, Psychosocial interventions and others.

Most training sessions were evaluated through pre and post tests which indicate remarkable progress in the level of knowledge of participants of training and were required to share the skills learned with their colleagues and also to apply the acquired skills in the field. Evaluation tools such as checklists confirm the improvement of performance as a result of the training received.



Table 5: Workshops, Sessions, meetings and training courses:

Date	Organizing body	Topic	Number of days	No of NECC participants
9-1-2011	UNICEF	To follow the evidence to support psychological cases	1	1
18-1-2011	UNICEF	Child protection	1	1
29-1-2011	WHO	Monitoring of TB	3	1
16-2-2011	UNICEF	Child protection	1	1
2-3-2011	Ard Al Ensan	Achievements of the Ard Al Ensan	1	1
8-3-2011	ACT	Men and disaster	3	5
10-3-2011	NGO's	Financing Fund definition of humanitarian response in the Palestinian territories - the United Nations Office	1	1
12-3-2011	NGO's	Emergency meeting of health sector	1	1
4-4-2011	UNWFP	Sector training on gender mainstreaming	1	2
29-3-2011	MOH	Discuss the events of World Health Day	1	1
30-3-2011	Fusion	Adaptation of information technology services and communications	1	2

Date	Organizing body	Topic	Number of days	No of NECC participants
3-4-2011	MOH	Microbial resistance	1	5
4-4-2011	Ministry of social affairs	Palestinian orphan day	1	1
7-4-2011	MOH	World Health Day events	1	1
10-4-2011	WHO	Psychosocial interventions	1	1
11-4-2011	ACT	Psychosocial and wellbeing community	1	1
11-4-2011	ACT	Emergency	1	1
20-4-2011	UNICEF	Child protection	1	1
8-5-2011	WHO	MHPSS Working Group May meeting	1	1
18-5-2011	UNICEF	Child protection	1	1
6-6-2011	NGO's	Empowerment of NGO's role	4	1
12-6-2011	WHO	MHPSS Working Group June meeting	1	1
15-6-2011	UNICEF	Child protection	1	1
21-6-2011	Ard Al Ensan	For Healthy children in Khanyunis	1	1
30-6-2011	Terre de monde-Italy	Achievements of anti-malnutrition and psychosocial support project	1	2
11-7-2011	ACT	July meeting for APF members –Gaza advisory board	1	2
4-7-2011	MOH	TB management care , M and E , Patient identification	1	2
27-7-2011	ACT	Life skills training – IASC	3	6
10-8-2011	CAP	CAP 2012 Inter cluster discussion	1	1

Date	Organizing body	Topic	Number of days	No of NECC participants
14-8-2011	UNICEF	MHPSS Working group of August	1	1
5-9-2011	AAH	Early diagnosis of breast cancer	1	4
5-9-2011	ACT	TOT workshop for PSS	1	2
6-9-2011	WHO	Health nutrition cluster	1	1
11-9-2011	UNICEF	CAP 2012 –CHILD PROTECTION	1	1
13-9-2011	ACT	Problem assessment and analysis, activities and indicators, monitoring and evaluation	6	6
21-9-2011	UNICEF	September meeting for child protection cluster	1	1
19-9-2011	UNRWA-SMET	Professional Project Management Course	25	4
26,27-10-2011	MOH	Skills of behavior modification to health services providers	2	1
29-10-2011	MOH	Training of trainees of health care providers for gender base violence	1	1
2-11-2011	Palestinian center for human rights(PCHR)	The reality of health services provided to the children in the Gaza Strip	1	1
24-11-2011	Computer Land Centre of Information Tec.	The Development Cycle of Websites	25	1
29-11-2011	Palestinian red crescent	4 th Conference of the Palestinian justice - the rights of Palestinian	2	1

Date	Organizing body	Topic	Number of days	No of NECC participants
		Working Women and the legal mechanisms available for ensuring it		
30-11-2011	DCA	Diabetes symposium	1	1
1-12-2011	PCHR	The reality of disabled people in the Gaza Strip	1	1
3,10,17 th - 11-2011	ACT	MHPSS IASC guidelines ToT	3	4
4-12-2011	Body and mind program	Training on body and mind skills	5	1
18-12-2011	UNRWA-SMET	Financial Management of NGOs	15	4
24-12-2011	ACT	Peer groups of PSS	1	5
28-12-2011	PCHR	Housing challenges in the Gaza Strip - reality and solutions	1	1
Total			133	89



Mother and Child Health service provision:

The four main health providers of health services in Palestine are Ministry of health, UNRWA, and NGOs and Private for profit.

In the Gaza strip, there are (134) primary health care centers run by three main providers:

- Government: (59) primary health care centers.
- UNRWA: (18) primary health care centers.
- NGOs: (57) primary health care centers. (MOH –Health annual report 2010- Palestine)

NECCCRW has been operating the health care centres for many years, and it is considered a major health key-player in the community. NECCCRW is a trustworthy organization with a long-term experience enabling it to be aware of the general health needs of the population, in coordination with the community leaders. NECCCRW were able to provide quality primary health care services to vulnerable families and particularly to mothers and children. Moreover, NECCCRW contributed to meeting the health needs for the population and to improving their health status.

Despite the fact that the security situation didn't significantly improved during this reporting period, NECC continued the provision of health services even in more intensive way. It was noticed that an increased numbers of patients/clients requested treatment at the centers. This increase could be explained by the positive perceptions from the client's side about the quality of services and also the availability of free services and medicines without interruptions. Among the contributing factors the noticeable shortage of medicines at governmental health institutions noticed this year and the harsh economic conditions of beneficiaries (184 out of 280 items were missing at MOH). The essential drugs list comprises 480 drugs while the essential medical disposables list comprises 700 items. These drugs and disposables are considered necessary for the provision of essential health care. In mid-January 2011, 183 drugs out of 480 (38%) and 160 disposables out of 700 (23%) reached zero stock level in Gaza. By comparison, 165 drugs and 144 disposables were at zero stock level at the end of December 2010.(Drug shortages in Gaza , background note to HC –WHO, Feb 2011). Moreover the political and security situation affected the abilities of other health providers to provide their routine services and this led to more patients living in the localities to seek the NECC services another contributing factor was the newly established NECC policy of increasing the number of patients seen by a doctor each day from 40 to 50 patients.

Activity 2: Newly registered families, pregnant women and children:

Anticipated:

There are two family health care centres in Shij'ia and Darraj areas, each of them potentially serving a poor community of nearly 80,000 people where existing provision of medical services are at low level. The third centre is located in Rafah in Kherbet El Adas rural area, serving a population of nearly 12,000 people where provision of medical services is non-existent.

Achieved in this reporting period:

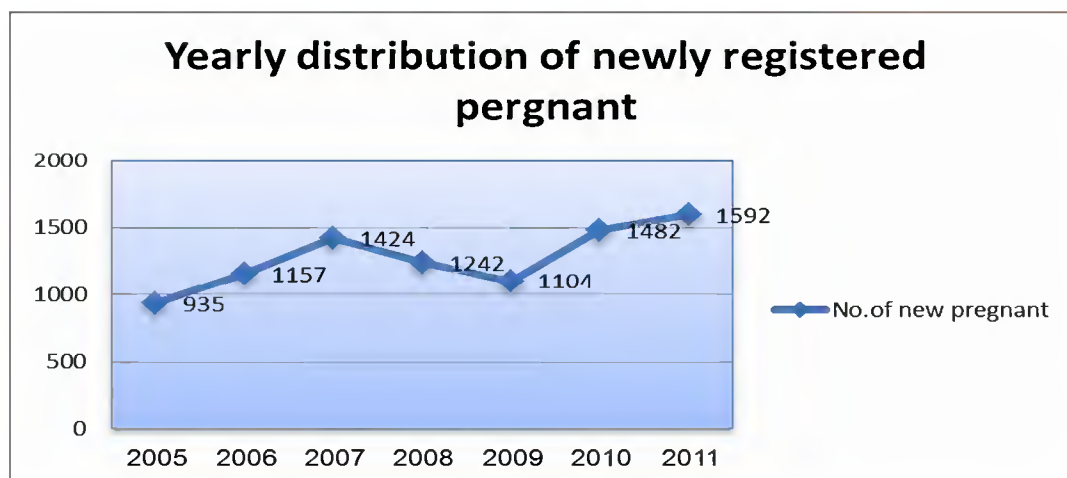
It was noted that, no maternal mortality cases have been reported among the registered pregnant women at NECC family health care centres due to increasing mothers' awareness about the follow up of antenatal visits, the provision of good quality services to pregnant women and early detection of serious signs with prompt referral when needed.

As illustrated in figure 1, the number of newly registered pregnant women for this reporting period was higher than what is anticipated **1592** (**1200** anticipated in one year) with an obvious increase distributed as follows; Shijai'a, **799**; Darraj, **548** and Rafah **254**. This increase reflects a positive signal and indicates an increased awareness about the antenatal care, importance of early registration in the first month, high quality of services and the provision of free of charge services.

Table (6): Showed achievements by quarter:

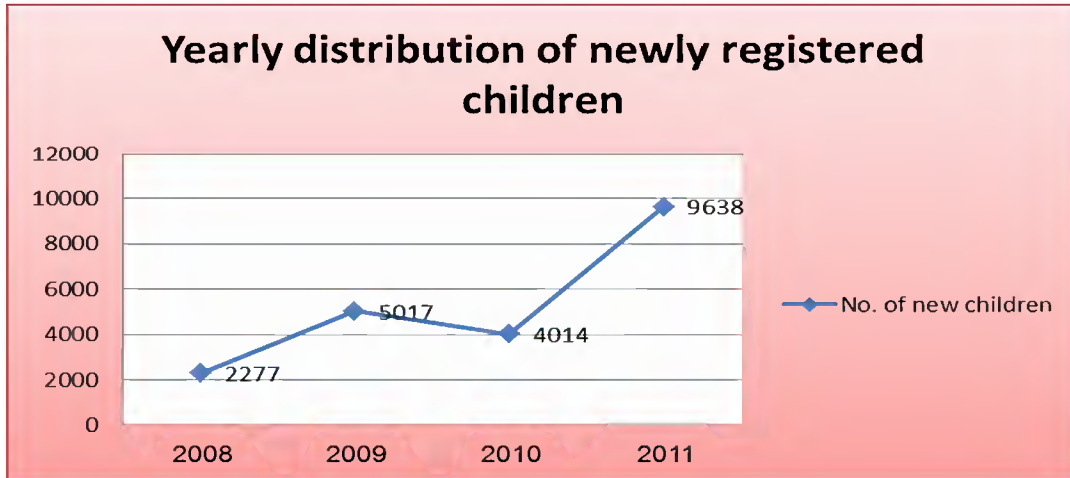
Activity	Shijaia				Darraj				Rafah				Total				Total\ 2011
	Q1	Q 2	Q3	Q4	Q 1	Q 2	Q3	Q4	Q 1	Q 2	Q3	Q4	Q 1	Q 2	Q3	Q4	
No. of new families	592	683	614	470	669	569	488	274	280	202	234	302	1541	1454	1336	1046	5377
No. of new children	996	1154	933	849	1345	1264	918	619	401	257	336	566	2742	2675	2187	2034	9638
No. of new pregnant	221	231	182	165	142	143	136	127	90	61	47	47	453	435	365	339	1592

Figure 1: Yearly distribution of newly registered pregnant women (number)



Additionally, the number of newly registered children in this reporting period has reached **9638** in the different areas (Shija'ia **3932**; Darraj, **4146**; Rafah **1560**) which also could reflect an increased demand for the services.

Figure 2: Yearly distribution of newly registered children (number)



Similarly, the number of newly registered families has reached **5377**, while the number was **2275** in 2010.

Figure 3: Yearly distribution of newly registered families (number)

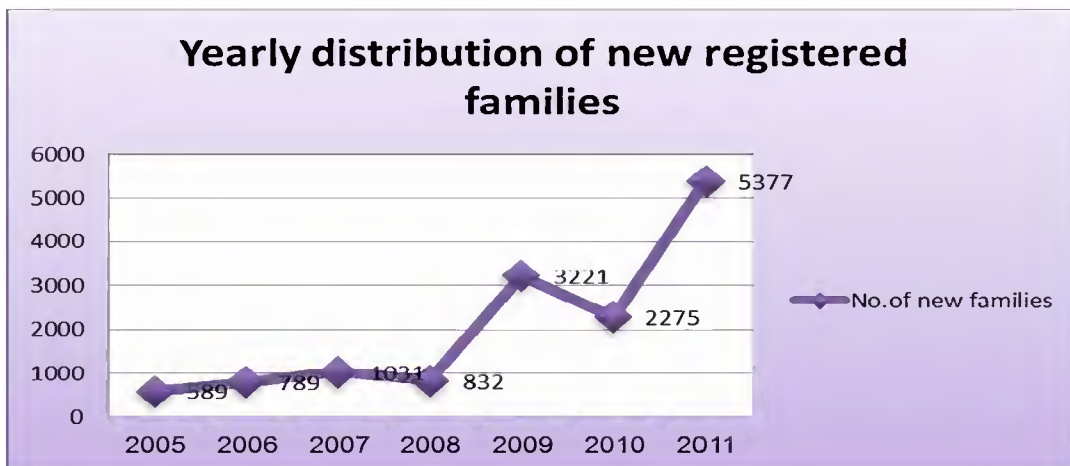
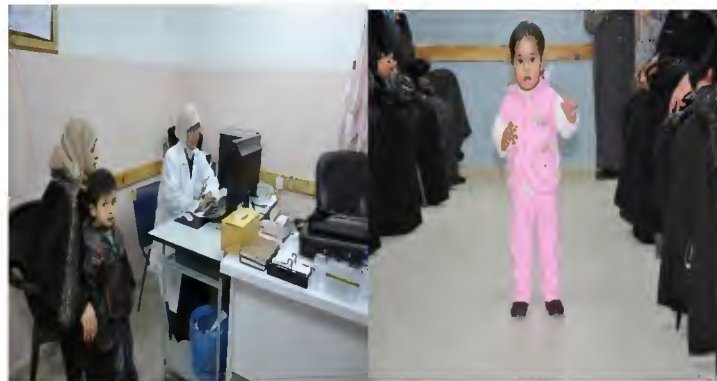


Table 7 : Yearly distribution of newly registered families, pregnant women and children(number)

Activity	Shijaia			Darraj			Rafah		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
No. of new families	2235	1307	2359	319	600	2000	667	368	1018
No. of new children	2727	2158	3932	1073	1264	4146	1217	592	1560
No. of new pregnant	4751	696	799	450	523	548	179	263	245

It is noticed during 2011 an increase in the number of new families , children and pregnant women specially in Rafah and this related to the nutrition project in which we screened **8058** households in Rafah area and this let more beneficiaries attended our clinic in Kherbet Eladas , also all children previously screened in Shijaia and Darraj in the previous nutrition projects are called to come to the clinics to be followed up for their nutritional status , they are satisfied about the high quality of the health services provided there , this can be related to the policy of NECC to keep the high level of the health services and develop it at same time to provide the best quality of services to the community.



Activity 3: Well baby Clinic:

Anticipated:

A Well Baby Clinic programme is operated in NECC twice a week. Through this programme the staff nurses provide services to children from birth to 6 years.

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

Health education about breastfeeding, nutrition and hygiene, food demonstration is conducted for all mothers who attend the family health care centres. A screening programme for children

aged from 6 months to 5 years is conducted in Rafah health centre to follow up anaemic and malnourished children. CBC and stool analysis is done through this programme

Achieved in this reporting period:

As other services, the total number of children attending the well-baby clinic has increased and reached **29696** cases-(target in one year is **18,000**) distributed among clinics as follows; Shija'ia **12451**; Darraj **12559** and Rafah **4686** . This increase is possibly due to an increased mothers' awareness about the importance of these visits and the follow-up conducted by our staff.

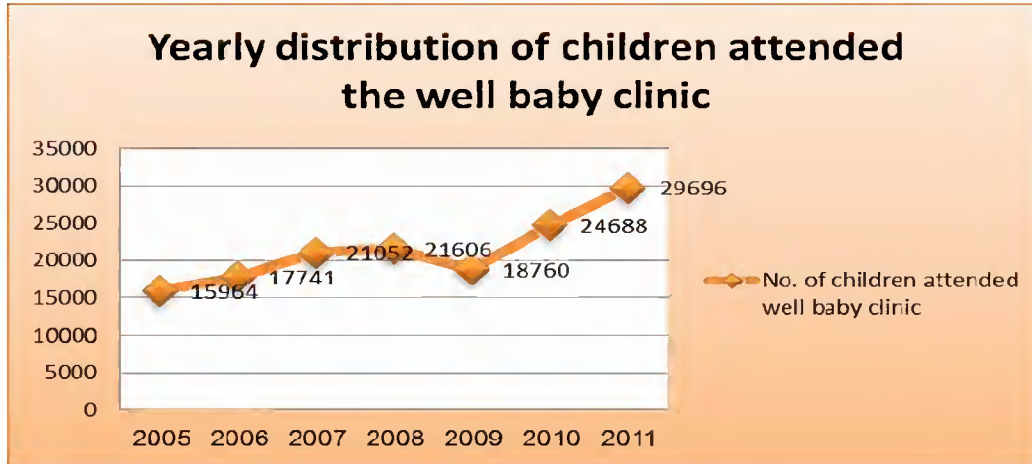
It is worth mentioning that the well baby programme includes the identification and treatment of anemic and malnourished cases by providing them with the necessary supplementation of iron/folate, milk and suitable treatment according to the underlying causes. In addition, all lactating mothers who have anemic children must be checked for anemia, and iron supplementation is provided accordingly. It is worth noting that recently in Shijai'a Darraj and Rafah Family Health Care Centres, the anemic and malnourished children identified at the well-baby visits are referred to the nutrition programme and enrolled in the management regime there. The introduction of such programme has reduced the number of well-baby visits as the anaemic and malnourished children receive their follow up and management at the nutrition programme implemented within the centres.



Table (8) Well baby visits accomplished by quarter during 2011:

	Q1	Q2	Q3	Q4
Shijaia	3548	3244	2835	2824
Darraj	3442	3361	3050	2706
Rafah	1219	906	925	1636

Figure 4: Yearly distribution of children attended the well baby clinic (number)



Activity 4: Antenatal and postnatal care

Anticipated:

Pregnant women start visiting the antenatal clinic centres after pregnancy is confirmed. According to the standard of antenatal care from WHO followed by NECCRW, pregnant women are expected to visit every 4 weeks until 28 weeks of gestation, and then every 2 weeks until 36 weeks, after which weekly visits are recommended until delivery.

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

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

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

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

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

If a significant risk factor is detected at the first visit or at subsequent visits, referral is made to the high-risk pregnancy clinic of the Ministry of Health where diagnosis, treatment and follow

up are performed. The staff carries out health education, especially nutritional education, for pregnant women attending the Family Health Care Centre. It is widely recognized that pregnant women whose diets are nutritionally adequate during pregnancy have a good chance of giving birth to healthy babies with normal birth weight.

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

NECC staff checks the mother's blood pressure, temperature, vaginal discharge and perform uterine massage. Additionally they check the baby's weight and perform umbilical dressing. They educate mothers about breastfeeding, family planning, nutrition, baby care, and the importance of follow up in well baby clinic.

Achieved in this reporting period:

As illustrated in figure 1, the number of newly registered pregnant women for this reporting period was higher than what is anticipated **1592** (**1200** anticipated in one year) with an obvious increase distributed as follows; Shijai'a, **799**; Darraj, **548** and Rafah **254**. This increase reflects a positive signal and indicates an increased awareness about the antenatal care, importance of early registration in the first month, high quality of services and the provision of free of charge services.

As demonstrated in figure 5, the number of antenatal care visits at all the centres is **12591** distributed as; Shijai'a **6628**; Darraj **4338** and Rafah **1625**. In comparison to the baseline reading in 2005, the number of antenatal care visits increased (from **6587** in 2005 to **12591** in 2011). This increase is attributed to the increase in the number of newly registered women and also to increasing compliance with the follow up program as recommended by the protocols.

Focusing on antenatal care services the NECC staff adheres to the approved MoH antenatal care protocol in providing the antenatal care services and clients receive timely high quality ANC services. For example, in this reporting period 3992 ultrasound scanning were performed to pregnant women. This reflects improvement of health status of pregnant women possibly as a result of increased awareness and appropriate practices.

Figure 5: Yearly distribution of antenatal care visits

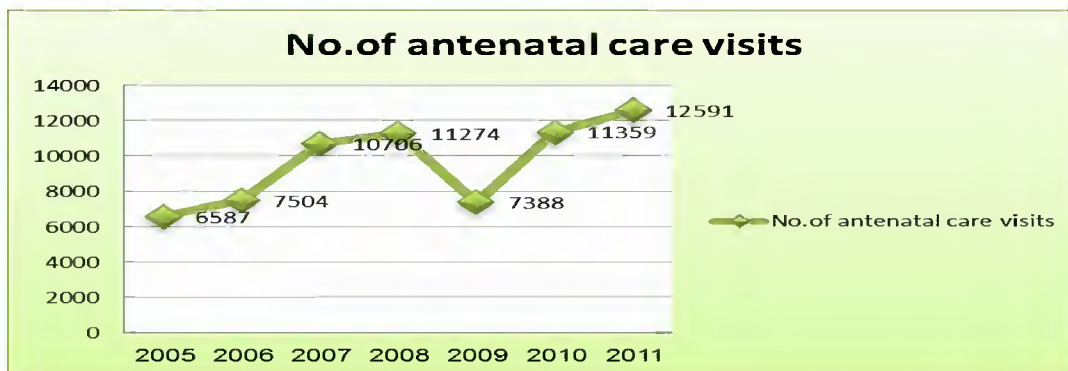


Table 9: Distribution of antenatal care visits by quarter:

Antenatal care visits	Q1	Q2	Q3	Q4
Shijaia	1352	1582	1995	1699
Darraj	928	989	1236	1185
Rafah	356	434	411	424



Activity 5: Home visits including postnatal visits:

NECC is uniquely providing post natal care through post natal home visits (the only provider in Gaza that systematically provides post natal care visits). Regarding the post natal visits, the number of women who received first visit within 6 days is **821** and another second visit within 40 days was **408**, the number of postnatal visit at the center within 40 days was **639**, so the total number of the postnatal visits during 2011 was **1868** (The target of reaching **1600 visits** at the post natal period per year has been far met). The number of deliveries reported in our catchments areas during this reporting period is **1205** deliveries. Still, NECC is unique in providing postnatal care services according to the international standards and may be the only provider who regularly conducts post natal home visits in Gaza. Typically, in each post natal care visit, the nurse/midwife examines the mother and her baby and gives her the needed advice about her and her baby health such as breast feeding, hygiene, vaccination, nutrition, family planning and so on.

Table 10: Distribution of home visits during 2011:

Type of home visit	Shija'ia	Darraj	Rafah	Total	Notes
Child health Home visits	445	404	120	969	
Deliveries home visits	621	395	194	1210	
Antenatal care home visits	211	429	190	830	
Adults/others	2	6	2	10	
Psychosocial home visits	51	62	30	143	
Community workers home visits	250×2	350×2	-	1200	Community workers trained in Darraj and shijaia Clinics to fill pre and post questionnaire to evaluate the awareness of the society in Darraj and shijaia area
Total Number of visits	1830	1996	536	4362	



Table 11: Most encountered diseases among pregnant women during the reporting period:

Diagnosis	Shijaia %	Darraj %	Rafah %
Iron deficiency anemia	29.82	26.74	29.04
Candidiasis of vulva and vagina	16.02	10.84	15.39
Anemia complicating pregnancy childbirth and the puerperium	9.26	12.08	-
Maternal care for other conditions predominantly related to pregnancy	3.67	1.16	12.68
Infections of genitourinary tract in pregnancy	13.87	24.29	10.74
Acute nasopharyngitis(common cold)	4.62	3.94	3.58
Mild hyperemesis gravidarum	3.82	5.14	1.45

Activity 6: Laboratory services

Anticipated:

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

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

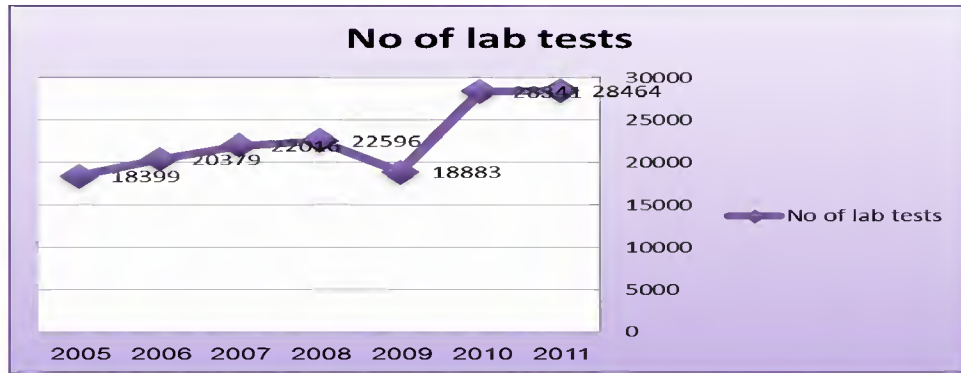
Other unavailable tests are usually referred to be performed at Al Ahli Arab Hospital and Thalassemia association.

Achieved in this reporting period:

Figure 6 shows the number of laboratory tests performed. Laboratory tests conducted in the year 2011 have reached **28,464** distributed as Shija'ia **11,880**; Darraj **9034** and Rafah **7550** (The anticipated target for one year is 23500.) , we add to them **14,107** Hb tests for the children screened and followed up for malnutrition or anemia with **hemocus portable machine**.

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

Figure 6: Yearly distribution of laboratory tests



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 :

- i) **Control the instruments:**
Preventive maintenance is done daily, weekly, and monthly as defined by the manufacturer according to the instruments catalogue. In addition, the temperature of refrigerators are monitored and charted daily.
- ii) **Maintenance:** if the equipment is out of order maintenance personnel are called and remedial actions are done.
- iii) **Calibrations:** calibrations and verification are done following manufacturer's instructions and using calibration materials.
Control of reagent: the lab. Staff prepare their list of needed reagent and supplies based on previous tests done and future plans.
It should be assured that the tests are performed on available and sufficient reagents and not outside expiration range when using a new reagent it is checked and controlled in compliance with the standards of the MoH.

- iv) **Capacity building of the staff**: continuous training according to the needs of laboratory to upgrade the skills of the lab. Technicians and upgrade their knowledge.
Dispose of laboratories wastages: waste is sent in special safety boxes to the Governments Hospital which has the proper facilities to dispose them.

Activity7: Clients examined by physician

Anticipated:

23,000 people are examined by doctor each year distributed as; children 14000, pregnant women 3,200, other adults 6000

Achieved in the reporting period:

The number of clients examined by doctors has been increased and reached **38,356** (target in one year is 23200) as detailed in table 7. The majority of them were children and adults.

Table 12: Distribution of clients examined by doctors by category and centre

Category /location	Shija'ia	Darraaj	Rafah	Total
Children	9267	10110	6268	25,645
Adults	1540	1394	3841	6775
Pregnant women	3134	2001	801	5936
Total Number of clients	13,941	13,505	10,910	38,356

NB. The number of children represents cases but not actual individual children

Figure 7: Classification of cases examined by Doctor per type and centre during 2011:

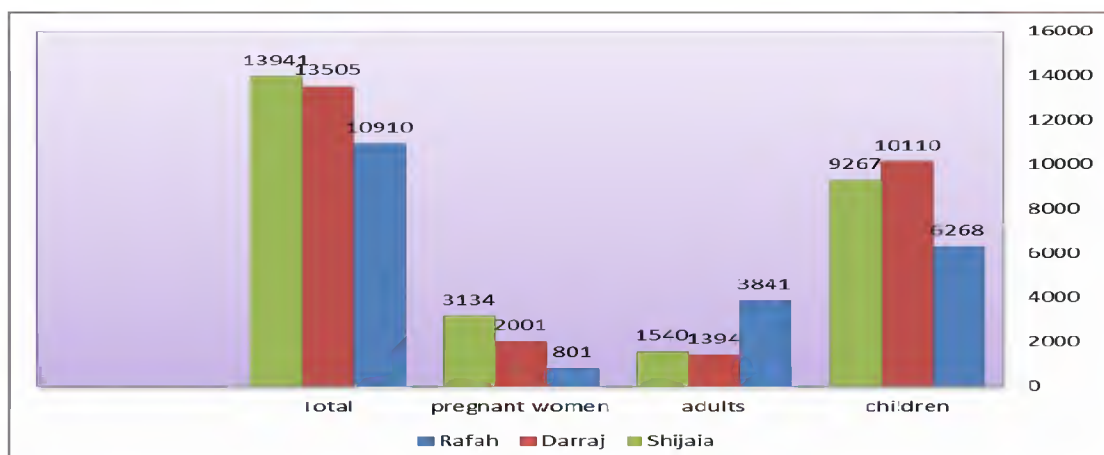


Figure 8: No. of persons examined by doctor in 2011 compared with previous years



Table 13: The percentage of most encountered diseases among children attending the clinics in the reporting period the year 2011

Diagnosis	Shijaia	Darraj	Rafah
Acute upper respiratory infections	46.74	40.30	42.64
Acute lower respiratory infections	7.28	9.95	18.29
Dermatitis and eczema	15.57	8.72	13.10
Intestinal infectious disease	4.97	5.02	4.92
Mycoses	4.40	6.83	4.54
Disorders of conjunctiva	4.12	4.64	3.56
Helminthiasis	3.90	3.73	2.20

Activity 8: Family Planning Services:

Anticipated:

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

Achieved in the reporting period:

In this reporting period, the number of women who received family planning services had reached **2494** (target 2500 per year) distributed as; Shija'ia **1117**; Darraj, **1377**. Increasingly, we noticed an increased awareness amongst the women of the communities, in particular about the benefits of family planning programme and the lack of resources at other health facilities.

As with other services, with the closures and the current political situation, health facilities are facing extreme difficulties in maintaining effective accessibility of services to their clients.

It is worth mentioning that, the family planning programme has been going on in the two centres namely Darraj and Shija'ia but not in Rafah yet. It is needless to say that family planning is a sensitive issue in certain areas of the Gaza Strip and there are variations within the area regarding how it is perceived by local people. Still, in certain areas some people have negative perceptions about it. The NECC adopted and practiced a philosophy that respects and responds to local people needs and expectations. Currently, there is ongoing dialogue with the community living in Rafah-Kherbet El Adas to establish the family planning services there if they demand to do so. This change which hopefully will result in introducing the family planning services in this area could be attributed to the efforts exerted by the NECC team such as health education.

Figure9: Yearly distribuion of no. of women attending the family planning

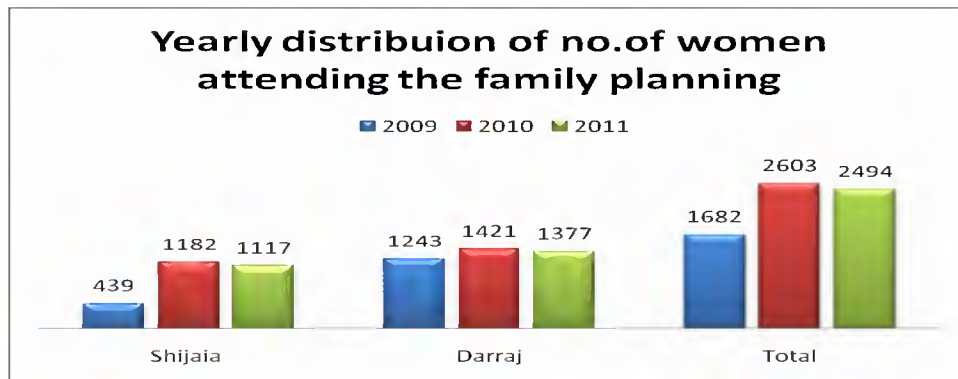
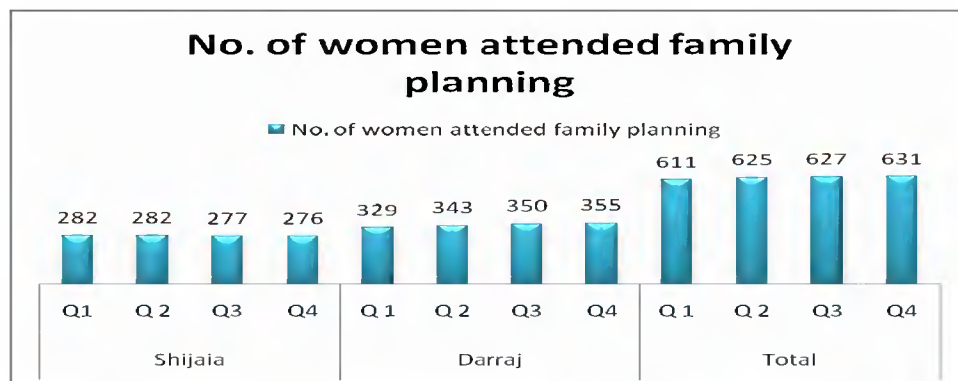


Figure 10: number of women attending the family planning clinic by quarter:



The most common used methods are the pills and condoms.

NECC is looking forward to increase the awareness about family planning in Rafah area as we are planning to add this activity to the Rafah center activities , but we have to convince the wives and husbands there about the importance of family planning to their health status, life and families, so we will focus on this topic in the health education sessions there and also we will conduct in 2012 community mobilization included family planning awareness.

Activity 9: Pharmacy services

Anticipated:

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

Achieved in this reporting period:

As usual, despite the closure imposed on the Gaza Strip, the NECC succeeded in securing the availability of the required medicines throughout this reporting period by having in stocks of all medicines being used in each centre which was reflected positively on the health of the clients. NECC never faced any drug shortage; all the commodity management practices stages are going extremely well. 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 and the International Community aftermath of the elections.



Activity 10: Dental health services:

Anticipated:

The dental clinics continued to serve the three communities in Rafah, Darraj and Shija'ia family health care centers focusing on women and children.

Since May 2011, the services are provided 4 days a week in each center. This has led to an increase in number of beneficiaries from dental health services in each center .

Beside the dental services provided, the dentists also provide screening for all pregnant women who follow antenatal care and children from 2.5 to 6 years in well baby clinics.

Achieved in this reporting period:

The number of patients examined/screened by dentists had reached **5135**(target is 3000 cases and the patient may receive dental treatment several times) distributed as Shijai'a **1404**; Darraj **1753** and Rafah **1978**. The availability of a dentist and the provision of free dental services due to the harsh economic situation prevailed, has affected the number of clients who received dental services. Regarding the increase in the demand for the dental services NECC decided to increase the days of the dental clinic in each center from 2 days to 4 days weekly, this was so appreciated from the beneficiaries in the served areas.

The most frequently performed dental procedure was Amalgam filling (**1601** cases).

The number of the children received check up for their teeth during their attendance to the well bay clinic were **874** children(the target is **700**), where the number of pregnant women received the routine tooth check up for first time pregnancy were **1074**(the target is **1200** pregnant women) , this target is approximately achieved as we have one day in Darraj clinic for the pregnant routine tooth check up , but we will change that day to be two days for the check up weekly.

The mobile dental clinic will be scheduled during 2012 for outreach preventive and curative dental services for remote and deprived areas where no such services are available as well as for screening of school children.

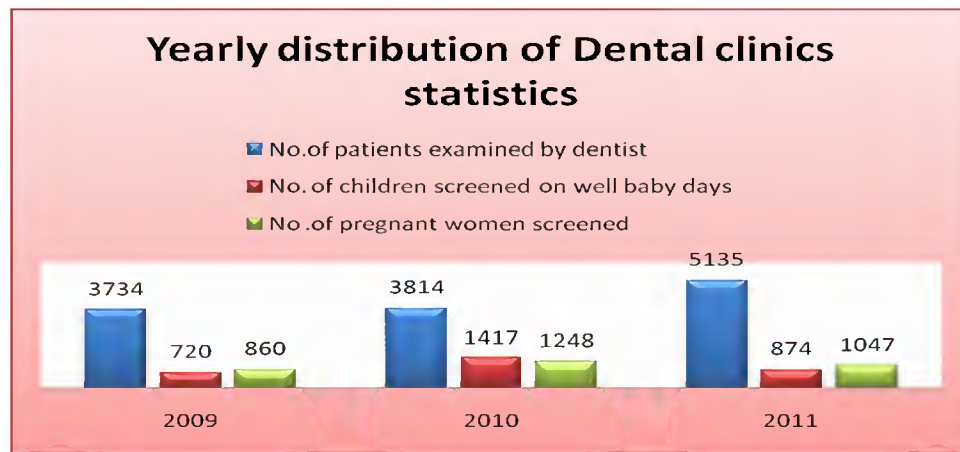
Table (14) Distribution of Dental services

	Shijaia	Darraj	Rafah	Total
No.of patients examined by dentist	1404	1753	1978	5135
No. of children screened on well baby days	582	195	97	874
No .of pregnant women screened	559	351	137	1047

Table 15:●● Yearly distribution of dental clinics statistics:

	2009	2010	2011
No.of patients examined by dentist	3734	3814	5135
No. of children screened on well baby days	720	1417	874
No .of pregnant women screened	860	1248	1047

Figure 11. : Yearly distribution of Dental Clinics Statistics:



It is noticeable the increase in number of patients in 2011 in comparable with the previous years and this can be explained by the 4 days fixed dental clinic inside each center instead of 2 days and the patients examined by 2 dentists.

Activity 11: Nutrition Project

Emergency Humanitarian Nutrition and Health Response for Vulnerable Children in Al Darraj, Shijaia and Rafah Area

Overall objective of the project:

Contributing to the reduction of children mortality and morbidity through reducing the prevalence of malnutrition and anaemia among children under 5 in the targeted areas.

Objectives

To identify and appropriately treat the moderately and severely malnourished and anaemic children living in Rafah, Shijaia and Al- Darraj family health centers' catchment areas.

To increase awareness of caregivers'/women living in the NECC three health centers' catchment's areas about healthy nutritional and appropriate sanitary practices.

To promote/sustain the nutritional status of children living in Darraj and Shijaia; the two areas which had benefited from the previously implemented two emergency nutrition projects in the last two years.

As a response to the emergency situation in the Gaza Strip, and building on the successful experience of the last two projects implemented in Shijaia and Darraj areas, thankfully DCA supported the implementation of another one year humanitarian emergency nutrition project in the three localities served by the NECC. The project aimed at decreasing the prevalence of malnutrition and anaemia among children under 5 years old and to speed up the recovery process of malnourished and anaemic children in a sustainable manner. The project utilized a comprehensive approach that incorporates carrying out house to house screening in Rafah area, identifying anaemic and malnourished cases, initiating treatment on spot, managing the identified cases at the NECC clinics, providing health education and counselling, provision of referral services when needed, provision of iron and enriched milk supplementation and possibly provision of social assistance through other agencies working in that field. For cases which were screened earlier in the last two projects, NECC teams called all children under 5 years old and assessed them again and included the diseased ones in the treatment program as mentioned above.

Although the political situation hasn't significantly improved since the start of the project late in 2010, almost, it achieved all its intended goals in a timely manner. The preparations, coordination and the rigorous planning made the project implementation effective and efficient. The project teams were timely hired and trained on using the developed field manuals, work processes and related equipment and tools. To facilitate monitoring and tracking, a set of indicators with anticipated targets and detailed action work plan were developed. Also, the previously prepared (in the previous projects) computerized database has been further developed. The developed database constituted an important element in the project success as it facilitated the follow up of cases at the operational level. Two health education brochures were printed (one about anaemia and another about malnutrition) and 60,000 copies were produced and distributed during the house to house field visits and also during health education sessions at the NECC clinics and the community based organizations.

Achieved in this reporting period :

The DCA decided to support one year project for NECC in the three centers Shijaia, Darraj and Rafah\Kherbet Eladas, to be mentioned that the project officially started on September 16th 2010. However, the NECC were notified almost 6 weeks after the official start of the project. To finalize some issues regarding monitoring with the DCA, the hiring of the staff was delayed

till reaching an agreement. The consultant and the staff deployed from the NECC were hired one month earlier (November 1st 2010) to perform the needed preparations. Preparations for the implementation started immediately after the notification (November 2010) including the preparation for procurements, mapping, planning, and designing the project related processes. However, field teams were hired on December 15th 2010; training of the project staff had been implemented within the first week of their work (mid December 2010). To compensate the un-expected delay at the start of the project, NECC requested no-cost extension and DCA approved extending the project till the end of October 2011.

Then a new one year project started from 1st of November 2011 and expected to be ended by date 31th October 2012. This project will be as follow up for all the cases in the three areas, for Darraj and Shijaia the same work will be implemented , for Rafah they will call all the cases already screened during the previous project other than the cases that can be enrolled from the well baby clinic.

Daraj:

During this reporting period, **6801** children were assessed at the well baby service delivery point. Additionally, **12550** well baby follow up visits were performed.

The revealed prevalence of anemia in this reporting period is **36.6%**. Among those anemic, **59.0%** were mildly anemia and **41.0 %** were moderately anemic and only one case is severely anemic. Of the surveyed children in this reporting period, **33.9 %** were suffering from any kind of malnutrition (**887**). Out of them, **81.4 %** were suffering from moderate malnutrition and **18.6%** were suffering from severe malnutrition.

During the reporting period of those who are anemic **1023 cases (63.8%)** were completely recovered and **127 cases (7.9%)** were improved, **394 (24.6%)** remained the same and prevented to be deteriorated, **60 cases (3.7%)** were deteriorated and referred to MOH hospitals.

In total, **2614** were found abnormal from those visiting the well baby and also from children who were assessed previously in the last projects. Those are now receiving treatment through this year project. In total, around **9289** calls were made to families of the previously enrolled children in the last two projects (First and second call). In addition, for those who didn't respond, **1920** visits were performed to bring them back for the assessment.

Shajaia

During this reporting period, **6785** children were assessed at the well baby service delivery point. Additionally, **12430** well baby follow up visits were performed.

The revealed prevalence of anemia in this reporting period is **36.9 % (2124)**; Among those anemic, **58.0 %** were mildly anemia and **41.9 %** were moderately anemic and only two cases are severely anemic. Of the surveyed children in this reporting period, **41%** were suffering from any kind of malnutrition (**1142**). Out of them, **84.6%** were suffering from moderate malnutrition and **15.4%** were suffering from severe malnutrition.

During the reporting period, Of those who are anemic **1046** cases completely recovered (**59.1%**), **141** cases (**8%**) were improved, **502 (28.4)** cases remained the same and prevented to be deteriorated **81** cases (**4.6%**) were deteriorated and referred to MOH hospitals.

In total, **2782** were found abnormal from those visiting the well baby and also from children who were assessed previously in the last two projects. Those received treatment at the clinic through this year project. In total, around **6650** calls were made to families of the previously enrolled children in the last two projects (First and second call). In addition, for those who didn't respond, **2247** visits were performed to bring them back for the assessment.



Rafah

New project of anti malnutrition and anemia program for children under five years started at 20/12/2010 at the Family Health Care Centre in Rafah till 31st of October 2011.

Regarding the project implementation in Rafah, within the project life span, and in accordance with the project plans, all the households in the targeted areas were visited (28 neighbourhoods). The number of households visited by the community workers from start of the project 15th Dec 2010 till 30th Oct 2011 was **8058** households with **45186** beneficiaries (target was 40,000). The number of children screened during the project in Rafah was **7914** (target 6000-7000) representing 17.5% of the entire surveyed population.

The revealed prevalence of anaemia in this project (combined) in Rafah is 25.7%; slightly less than the prevalence of anaemia in the previous projects. Among those who were anaemic, **63.7%** were mildly anaemic and **36.1%** were moderately anaemic. Of the total surveyed

children in Rafah, **11.4%** were suffering from any kind of malnutrition which is higher than the figure reported in the previous projects. Out of them, **78.5%** were suffering from moderate malnutrition and **21.5%** were suffering from severe malnutrition.

Of those who were anaemic and admitted in the program for less than 60 days at Rafah Clinic, **22.5%** had completely recovered and **12.1%** improved. The recovery rate has increased by time as it reached 56.9% at 61-90 days and 70.7% at more than 90 days. The number of anaemic cases which had deteriorated, despite of the treatment provided, for more than 90 days was only 20 cases (3%). Using the project indicator language for anaemia management, 97% of cases were recovered, improved and/or prevented from further deterioration.

Figure 12: Distribution of families visited in Rafah per quarters:

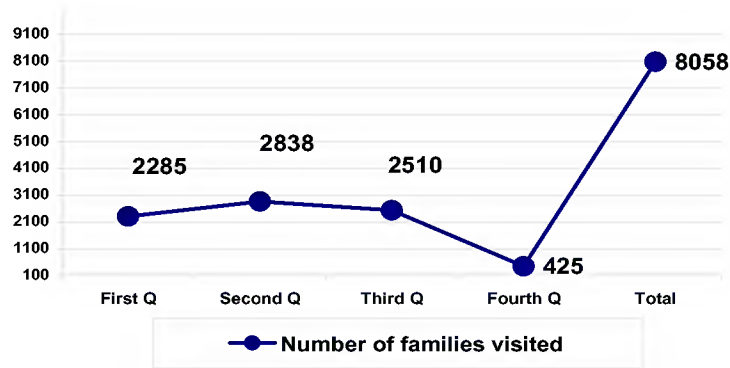
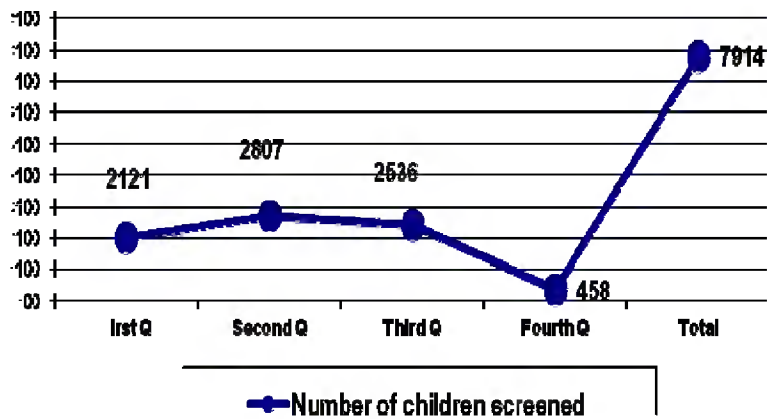


Figure 13: Distribution of children screened in Rafah by quarter



Figures 12 and 13 show that the number of families and children screened was the highest in the second quarter of the project. The work in the last quarter was the least as field work was almost completed and most efforts in the last quarter had focused on treating the already enrolled cases and bringing defaulters to the program.

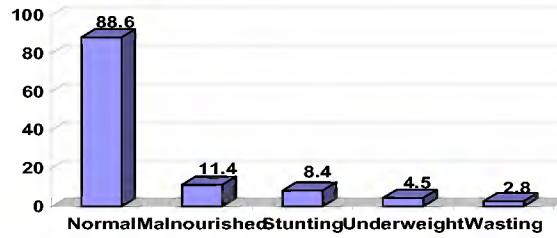
Table (16) Total results of the screened cases in Rafah during the project period:

Classification	Number	Percentage
Normal	5175	74.3
Anaemic	1792	25.7
Total	6967	100.0
Classification of anaemic cases by severity		
Mild	1142	63.7
Moderate	647	36.1
Severe	3	0.2
Total	1792	100.0
Classification	Number	Percentage
Normal	7013	88.6
Malnourished	901	11.4
Total	7914	100
Classification of malnutrition by severity		
Moderate	707	78.5
Severe	194	21.5
Total	901	100
Classification of malnutrition by type		
Wasting	221	2.8
Underweight	360	4.5
Stunting	665	8.4

Table (17): The surveyed children by anaemia and its severity in Rafah

Change period	Recovered		Improved		Remained the same		Deteriorated		Total
	No	%	No	%	No	%	No	%	
Less than 60 days	39	22.5	21	12.1	103	59.5	10	5.8	173
61 days-90	82	56.9	15	10.4	40	27.8	7	4.9	144
More than 91 days	471	70.7	55	8.3	120	18.0	20	3.0	666

Figure (14): Distribution of surveyed children by malnutrition and its types in Rafah:



Figure(15): Prevalence of anemia among children in Rafah during the project period:

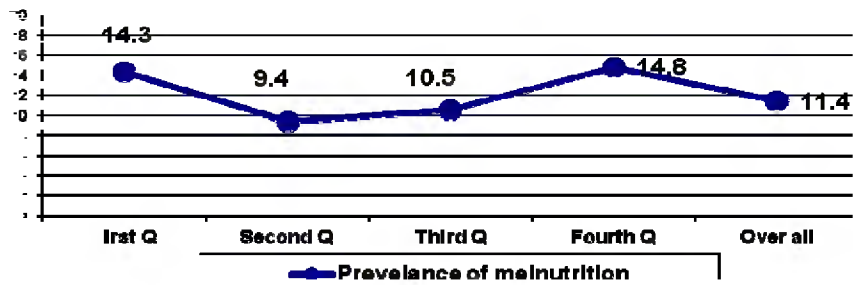


Table (18): Quantities of iron syrup and milk dispensed during the reporting period

Item	Quantity From 1/1-31/12 2011
Rafah	
Iron	7886
Milk formula-all types	5410
Ready Use Therapeutic food	5799
Darraj	
Iron	11908
Milk formula-all types	4610
Ready Use Therapeutic food	4124
Shijaia	
Iron	12241
Milk formula-all types	7658
Ready Use Therapeutic food	6079
Grand Total	
Iron	32035
Milk formula- all types	17678
Ready Use Therapeutic food	16002

Achievements (November through December 2011)

For Darraj and Shijaia , there is no difference in work , so the data included above is from 1st Jan 2011 to 31st Dec 2011.

For Rafah as the work plan changed and the screening is finished , they started calling all the cases screened in the last project to follow up these cases.

The following points summarize the key achievements within the last two months of this reporting year.

1. Preparing the specifications of the required drugs, and finalizing the procurement.
2. Start the procurement process of scales.
3. Selection of health education materials and printing out the needed copies.
4. Finalizing Performance Management Plan and agreeing with the team about how to tract it.
5. Establishing baseline readings based on secondary data available at the database.
6. Developing a detailed action plan.
7. Modifying the available database to fit the new design of the project.
8. Reaching an agreement with referral sites including Ard El Inssan and MOH hospitals about the referral process.

Rafah clinic achievements through November to December 2011 (The new project 2011-2012):

1. Number of well baby visits conducted is 1278 visits.
2. Number of children visited the well baby is 1193 children
3. Number of lab investigation conducted is 661 including the HB test via hemocue
4. Numbers of calls to bring the children previously screened were 1414 calls.

Success Story:

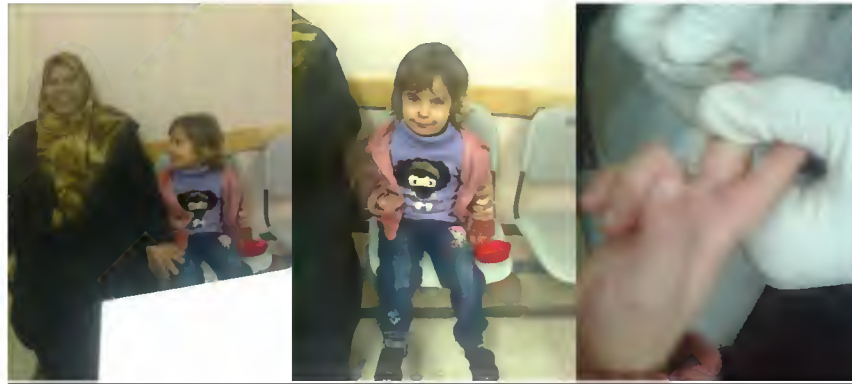
This is a story of Jannat Walid Alareer from Shijaia ,she is 4 years old , lived in a family with 10 members, her father is unemployed , her brother who is 18 years old worked in the local market to help his family to live. We called her mother to come to the clinic and we gave her an appointment date at 10-3-2011 for the well baby clinic and the mother attended the clinic at that date with her daughter , and there the community worker took the measurements for the child : weight 10.1 kg , length 94 cm and Hb 10 ...

these measurements registered in the file of the child and then the data showed that Jannat suffer from anemia , the nurse and the community worker explain the health status of Jannat to her mother and told her some advices about the good nutrition and the types of food rich in Iron and also they gave her two brochures about anemia and malnutrition also the doctor prescribe to the mother the Iron syrup as treatment for the anemia and more advices related to Jannat status , then they gave the mother a card for Jannat written on it all the measurements and the appointment date for the next visit to the clinic one month later, but the mother didn't come due to family circumstances , so the community worker called the mother again to encourage her to come to the clinic again .

I got a second dose of the Iron ,the mother said , the nurse told me that Jannat still suffering

from anemia and Hb is 10.3 and she encouraged me to follow up according to the appointment date to give Jannat the chance to improve , and when I came the third visit , the Hb was improved to 11.5 , they gave me 3 prophylactic doses of Iron syrup , after 3 months , Jannat was completely recovered and had a good health status.

At the end the mother was so appreciated to the NECC and to the efforts of the anti malnutrition and anemia project for their hard working to improve her child status.



Activity 12: Referral system for the NECC clinics

One of the success factors for project was the coordination and the integration with the relevant health providers such as the MOH, Thalassemia association and Ard El Ensan which provided back up referral sites and the Ministry of Social Affairs which provided food rations to contribute to treating the severe cases who belonged to poor families through improving food rations. UNICEF should be acknowledged for provided medications particularly iron supplementation and milk formulas.

Table (19) Distribution of referral cases outside NECC clinics:

Referral place	Shijaia	Darraaj	Rafah	Total
Ard El Ensan	38	22	15	75
Thalassemia association	61	103	35	199
MOH hospitals or other hospitals	175	129	29	333
Total	274	254	79	607

Follow up of defaulters and bringing them back to the project constituted a real challenge. However, efforts to bring defaulters including contacting them via phone twice and then carrying out an additional home visit was somewhat successful in bringing defaulters back to the program with high success rate. The most frequently reported reasons for not coming included

internal family issues, the clinic is perceived as too far from place of residency and families conduct follow up with other health providers. Families' compliance with the treatment (iron) and the response of severe cases to the treatment also constituted a real concern. Also, referral services and counselling among the areas that require more attention in future projects.

Activity 13: Preventative health measures, awareness raising of local communities

Awareness raising sessions

Anticipated:

- NECC staff will conduct health education sessions for women attending family health care centres. To promote healthy practices, health education was provided to families particularly to caregivers. Health education is provided based on the needs of families in the following topics:
- Breast feeding
- Importance of attending ANC and the contents of ANC visits
- Family planning methods
- Psychological and social issues such as trauma, family issues, violence, bed-wetting and post partum depression
- Oral health educations
- Protection of environment
- First Aid
- Women empowerment
- Self breast examination
- Menopause
- Nutritional Education :malnutrition, healthy food, anaemia preventive practices, environmental health and so on. It is worth noting that the recruited field community workers are experienced on providing health education.

Although it is difficult to precisely estimate the effect of health education, the signals are positive as explained later.

Achieved in this reporting period:

As illustrated in table 8, our staff continued to intensify their efforts in health education and increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment etc. The total number of health education sessions provided to all categories was **2476** sessions for **55,660** participants. The NECC staff far went beyond the pre-established target results of providing health education to 17,500 clients. Sessions were provided at the health centres and occasionally in local community based organizations. Participants included pregnant women, women, new pregnant women, grandmothers and influential family members.



Table (20): Distribution of health education sessions by topics and number of participants

Area of concern	Shijaia		Darraj		Rafah		Total	
	No of sessions	No of attendants	No of sessions	No of attendant	No of sessions	No of attendants	No of sessions	No of attendants
Family planning	23	364	22	805	-	-	45	1169
Pregnancy	102	3025	68	2589	9	180	179	5794
Children	30	933	75	3764	22	658	127	5355
Nutrition	229	8590	378	6151	253	876	860	15617
Public health	36	1371	54	1464	4	97	94	2932
Dental	26	743	21	785	-	-	47	1528
Afternoon activities	52	951	64	664	-	-	116	1615
PSS	278	6734	457	9931	273	4985	1008	21650
Total	776	22711	1139	26153	561	6796	2476	55660

The most frequently implemented sessions were mainly concerned on nutritional and psychosocial issues, followed by pregnancy and children. Darraj Centre elicited the highest number in terms of conducting health education sessions. However, an additional number of beneficiaries received health education sessions through the emergency nutrition project. Our reports indicate that the number of children presenting to our health centres with diseases related to hygiene such as diarrhea and skin diseases is decreasing as a result of the adoption of appropriate practices.

Although it is difficult to precisely estimate the effect of health education, one positive signal is that families are generally compliant with providing the needed medications particularly iron to their children which is manifested in the significant improvement in their haemoglobin. In the last project, the nutrition project team developed a tool to assess the change induced by health education on mothers' knowledge, attitudes and practices.

In Rafah, the project team provided health education in the field during home visits to **17,366** caregivers. Additionally, the project staff provided focused health education to caregivers of malnourished and anaemic children with food demonstration. The health education provided by the clinic team is more specifically targeted. During field visits and focused health education sessions, around 10,000 copies of health education materials were distributed in Rafah. Since the beginning of the nutrition project, 60,000 copies of health education materials were

distributed. Another 60,000 copies printed for the new project during 2012.

Also, the team will focus on the health education inside the kindergartens with the mothers and activities related to it with the children such as drawing and coloring fruits and vegetables, hygienic photos to enhance the nutrition and hygienic issues of the mothers and their children in the targeted areas.

To further enhance the effectiveness of health education, the project team prepared a set of pre-test post-test questions to be implemented for a sample of attendants in health education sessions. Questionnaires were analyzed and measures will be taken accordingly.

Table (21): Effect of health education on mothers' knowledge as demonstrated in the pre post tests during the nutrition project Dec 2010-Oct 2011

Variable	Pre-test results (%)	Post-test results (%)
Knowing the concept of anaemia	86.2	96.6
Knowing signs of anaemia	66.2	91.0
Knowing food rich in iron	52.4	84.8
Knowing the timing for complementary feeding	80.7	95.2
Knowing the concept of malnutrition	74.5	86.8

Activity 14: Afternoon activities

Anticipated:

Afternoon activities coupled with health education are also provided to women by NECC. NECC family centres act as social clubs where mothers from the served areas come to the centre in two specified days per week for approximately 3 hrs per each day at their convenience. No formal invitations are sent but generally mothers are familiar with the services provided within this evening program. The NECC encourages women to meet, talk, learn, develop fine arts and establish small income generation businesses such as sewing and socialize in such meetings. Health education activities as well as other social activities are provided at the meeting. As mentioned earlier, NECC health centres are open and provide such services twice a week regularly (around 100 meetings per year). Usually, 10-20 women attend each meeting and the number usually increases in summer.

Achieved during reporting period:

In this reporting period, community afternoon sessions were held with **2193** women attended and participated in the afternoon activities directed towards women empowerment and equally distributed between Darraj (**905** participants) and Shija'ia (**1288** participants). In average, around 10 women participated in each session. The topics of women empowerment include, women rights, sharing in the family decision making, gender and training of skills in sewing,

knitting handcrafts, hair dressing, English language and so on which could help a number of them to produce articles for sale to generate income.

Note that in August there were no afternoon activities due to Ramadan holy month of fasting.

We do not have this activity in Rafah center and it was due to the existence of other institutions and associations which provide this service to the population with financial assistance and in-kind assistance, so we are developing a plan to empower this activity during 2012 by coordination with other organizations as UNRWA, woman's affairs association, etc. Now we are going to start hair dressing course by cooperation with UNRWA- women activity center for two months for the ladies there as they asked for this course lately in 2011 and as NECC always try to implement new activities according the needs assessments we will implement this course in Rafah very soon).

English language” training course for beginners was implemented for 863 women, conducted by the Creative woman organization in Darraj center.

-A “Hair dressing” training course was conducted at Shejaja clinic by a specialist from UNRWA women’s center, the participants who graduated were 23 women.

- Another “Hair dressing” training course was conducted at Daraj clinic by a specialist from UNRWA women’s center, and expected to finish at Feb 2012, a third course will be conducted in March 2012 in Rafah too for another two months for the women attending Rafah center.



Activity 15: Monitoring and community involvement

Anticipated:

Monitoring supports the NECC staff and management to comply with their scope of work and to timely meet their objectives. Monitoring helps NECC tracking the progress of activities and achievement made in reference to the concerned and relevant health indicators and objectives. One of the key philosophies of primary health care is community involvement and involving the community in the planning, the implementation and the evaluation of services. This approach is also supportive to the concept of shared ownership of the health services and lies at the heart of quality.

Community meetings involve people from the served areas and usually include women and

men from different backgrounds and different characteristics. Additionally, community meetings are usually attended by community leaders from the area. NECC staff and senior management regularly attend the community meetings. Records and minutes of the community meetings are maintained at the NECC facilities.

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

The development of indicators and collection of data under this activity will be used to assess the achievement of the planned results for other activities.

Achieved in this reporting period:

Generally, NECC enjoys effective and rigorous monitoring system that has many facets including;

- Monitoring outcomes of the services provided by the organization
- Monitoring inputs and processes and linking that to the outcomes
- Monitoring management and administrative related processes
- Monitoring clients perspectives and the degree of clients centeredness of services

To perform the monitoring function effectively, NECC uses many monitoring tools including;

- Designing Performance Management Plan (PMP) focusing on outcomes
- Regular supervisory visits
- Effective reporting system
- Computerized database
- Regular meetings with staff and community
- Monitoring clients perspectives through questionnaires
- Monitoring staff performance through administering supervisory checklists
- Conducting pre test post test measurements
- Reviewing records and conducting audit
- Clear action plan (Gantt chart)

This year monitoring was rigorously implemented at the NECC by the senior management (Executive Director)-at least once weekly. Also, the Medical Coordinator regularly perform monitoring function . The supervisors in charge of the units/clinics are also conducting regular monitoring activities on daily basis. The available electronic database facilitates the monitoring process including the final outcomes of our work. Through a mixture of methods such as reporting, field visits, records check, meetings with beneficiaries and staff, the NECC management maintained close monitoring of its activities. Using indicators, the NECC management maintained a reflective approach and immediately intervened where needed.

Also, donors perform a monitoring role through visits, reporting and through their local field teams. The impact of monitoring is obvious and it attributes to achieving the results we are obtaining. Clients' feedback is systematically monitored and usually show positive attitudes as the satisfaction assessments reveal that over 90% of clients are satisfied. The constantly increasing number of beneficiaries indicates positive attitudes from clients and their adherence to treatment plan reflects positive perceptions.

To support the practice of monitoring as a routine activity, the previously developed monitoring tools such as the mother and child health related checklists are fully in use. Staff received training on monitoring the compliance with these checklists. Data entry models for these checklists were developed and the staff regularly enter and analyze the findings of these checklists onto the developed databases (the available checklists currently in use include Antenatal care, Post natal care, Growth monitoring, Control of diarrhea diseases, Acute respiratory infections and Infection prevention and control.

To further reinforce the monitoring practices and the use of information for decision making, this reporting year, the NECC continued the development of a computerized health information system. The newly developed system is still capable of generating reports in correspondence with the specified indicators. NECC staff received training over the last year on using the new system and currently the clients files are entered into the data base. The developed data base will make significant development in term of monitoring and using data for decision making.



Activity 16: Updating computerized medical reporting system

Interestingly, so far, data pertaining to the nutrition program, antenatal care, family planning, post natal care, home visits, well and sick baby clinics and reports are currently in use. Currently, our staff is regularly using the computer for processing data and for taking decision as needed in all the activities and the emergency nutrition project. Our IT team continued the monitoring of the efficiency and validity of the computerized health information system and edition of any new updates. Recently NECC planned to start using the mobile SMS service inside the Health centers for mothers, pregnant women or any other beneficiaries.

Activity 17: Improved quality of care in PHC services in areas covered

Since 2007, 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.

Anticipated: Percentage of clients satisfied with the services received (measured by postnatal home visits, and other follow up assessment).

Achieved: Above 90 % of clients are satisfied as measured by post natal questioner and through conducting clients exit interviews and by our own assessments at home visits.

Table (22) Clients' satisfaction level about services provided in NECC clinics

<i>Variable</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Antenatal care		
Very satisfied	821	99.8
Satisfied	2	0.2
Postpartum care		
Very satisfied	786	95.5
Satisfied	1	0.1
Not applicable	36	4.4
Nutrition services		
Very satisfied	799	97.1
Satisfied	21	2.6
Not applicable	3	0.4

<i>Variable</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Dental care		
Very satisfied	794	96.5
Satisfied	28	3.4
Not applicable	1	0.1
Child health		
Very satisfied	754	91.6
Satisfied	20	2.4
Not applicable Total	49	6.0
Health education		
Very satisfied	818	99.4
Satisfied	5	0.6
Home visits		
Very satisfied	807	98.1
Satisfied	16	1.9
Laboratory		
Very satisfied	796	96.7
Satisfied	23	2.8
Non satisfied	1	0.1
Not applicable	3	0.4

Activity 18: Coordination and integration


NECC is known as an effective player in coordination in order to maximize coordination and eliminate as much as possible duplication of services. As with the previous years, the NECC coordinated with the relevant parties and stakeholders at different levels including:

- Officially informing the MOH about the programmes activities.
- Using the MOH health and referral protocols and guidelines.
- Sharing the Nutrition project plans with the MOH and Ard El Enssan- a specialized NGO in nutrition. Agreements were reached with Ard El Enssan to refer severe malnourished cases to them as it is specialized organization in this field. Unfortunately, due to financial crisis, the number of cases referred to Ard El Enssan has been reduced as the organization lack resources.

- Coordination with the MOH to conduct further investigations and appropriate management of the referral cases at their hospitals is taking place. This includes carrying out cultures, advanced lab tests and specialized care even hospitalization. The MOH agreed to free of charge treat the severe cases referred from the NECC clinics in the MOH premises (Al Nasser Hospital, Rantisi Hospital, Gaza European Hospital and for MOH laboratories).
- Contacting UNICEF to receive support in terms of iron supplementations (they provided milk formulas and ready use therapeutic food)
- Contacting ANERA to get special milk formula (around 7000 cans received).
- Coordination with the MOSA resulted in providing food rations and financial assistance to the needy families. Monthly, NECC provided the MOSA with a list of needy families who fulfilled the following criteria;
 - Having one child with anaemia and/or malnutrition
 - Household with more than 3 members
 - Monthly income is less than NIS 500
 - Not receiving regular assistance from other agencies
 - Field workers observations indicate the needs for assistance
- Coordination with WHO – Health nutrition cluster regular meetings
- Child protection regular meetings with UNICEF
- GMHP conducted a study day for all the clinics staff , NECC and GMHP are planning to have more cooperation between the both organizations in terms of PSS.
- Attending training course for the staff nursing about the breast cancer and self examination with the AAH(Ahli Arab Hospital)
- Cooperation with Afaaq association in terms of PSS activities for the kindergartens in the NECC served areas.

Key lessons learned

- Building good relationships with the local community is very helpful in providing responsive high quality services.
- Achieving quality of care is possible when using appropriate means and follow up.
- Coordination and integration is possible and it resulted in excellent working relationships among health organizations.

- Raising community awareness and enabling them is a crucial factor for improving health status of a given population. This should be accompanied by meeting population demands for services-working on demand need chain
 - Capacity building followed by supervision is an effective approach to improve quality of services.
 - Providing comprehensive integrated services is well appreciated and positively perceived by clients and effective in improving health status of population.
 - Conceptualizing health as a social rather than as a medical concept and integrating medical services with social aspects such as empowerment, gender and awareness is an appropriate model to improve the health status of a given population
 - Using indicators is very helpful in managing and improving services; using information and data for decision making is helpful tools.
 - Computerized health information system is very helpful at both operational and managerial levels.
 - Follow up and monitoring is essential in implementation.
 - Responsiveness to clients opinions and perspectives is essential
- 

Main Constraints Faced in the Reporting Period

- 1) The tight closure and siege imposed on Gaza had sharply restricted movements of goods and people and this affected health providers' ability to maintain sufficient strategic storage of drugs and disposables.
- 2) The current frequent and long electricity cuts have many consequences on individuals, families, health organizations not only from humanitarian points of view but also from financial and management perspectives as well. For instance, the electricity cut leads to:
 - a. Inability to pump water to houses
 - b. Inability to pump sewage to the dumping sites
 - c. Decreasing working hrs at organizations
 - d. Increasing costs for electricity generators (for fuel)
 - e. Psychological effect
- 3) The closure, siege , restriction of movement and continuous political division between the Gaza Strip and West bank have led to unprecedented poverty rates and unemployment. This has the following effects;
 - a. Increased rates of poverty related diseases such as malnutrition and anaemia
 - b. Increased rates of sanitary related diseases (shortage of water, sewage disposable problem, garbage collections in streets, inability to buy detergents)
 - c. Decreased ability of clients to contribute in covering the costs of health services
 - d. Decreased financial accessibility such as transportations, fees, drugs and so on.
- 4) Health is a social concept that is largely underpinned by socioeconomic and political factors; therefore our efforts in improving health status to our served populations will not be effectively achieved unless the general situation improves. For instance, our efforts in health education are unlikely to achieve the intended results if poverty continues and food is not adequately secured.

Table (23) The Main Achievements of the Primary Health Care Clinics during 2011:

Activity	Indicator	Achievements
New pregnant registered in the ANC clinic	1200 new pregnant	1592
Checkup and follow-up pregnant women during pregnancy.	1200 pregnant (average 4 ANC visits at least during pregnancy)	12,591
Do lab examination for pregnant women, children and adults.	23,500 lab. Tests for the pregnant women	28,464
Carry out group of health education lectures for pregnant women at family care centers.	200 lectures in cooperation with relevant organizations for 4500 women.	179 lectures for 5794 women
Treat/medicate pregnant women.	3200 cases (a pregnant may receive treatment several times).	5936 cases
Perform routine tooth checkup for first time pregnancy.	1200 women	1074 pregnant women
Visit all women after delivery.	1600 postnatal visits: the first during six days and the second one during 40 days of delivery.	1868 visits
Follow-up well babies aged 6 months to 6 years.	18000 follow-up/visit (a well baby may receive several follow-up visits)	29,696 visits
Checkup well babies' tooth (2.5-6 years).	700 checkups.	874 checkup
Provide medical treatment services for children up to 6 years with symbolic fees.	14,000 cases (a child may receive more than one treatment)	25,645 cases
Provide counseling, awareness, medical services and family planning by method to women	2500 cases.	2494 cases
Medicate people who have dental problems.	3000 cases (A patient may receive treatment several times)	5135 cases

Activity	Indicator	Achievements
Treat sick people at the out patient clinic.	6000 cases excluding pregnant, children under 6 years old and people with dental problems.	6775 cases
Implementation of PSS activities for school children aged 6-10 years attending NECC PHC clinics	(Community Based Intervention) CBI for 750 children.	856 children
1.5.1.2 Implementation of PSS activities for 4-6 years old children of kindergartens located in the vicinity of PHC clinics	CBI For 750 children	936 children
Implementation of home visits for special cases of children and in need of PSS	120 home visits	148 home visits
1.5.2.1 Organizing awareness lectures and guidance on child protection, mental health, life skills for mothers attending the centers	480sessions for 10000 participants of mothers.	343 sessions for 11,467 participants
Individual counseling to mothers who attend the centers	400 counseling to mothers who attend the centers	408 counseling
Implementation of collective guidance for a group of women attending the centers	9 groups of women receive collective guidance	27 group sessions
Organize recreational trips for the children with their mothers	6 recreational trip (one for every participant)	6 trips for 672
Afternoon activities: implementation of PSS sessions for a group of women attending our centers twice weekly by our TOT team of PSS	Capacity Building for 450 female participants attending PSS team afternoon activities.	2151 participant women

Table (24) Statistics of the activities in the three clinics:

Family Health Care Centres

1/1 - 31/12/2011

No.	Activity	* Shija'ia	Darraj	Rafah	Total
1	No. of registered families	5904	14874	3529	24307
2	No. of new families	2359	2000	1018	5377
3	No. of registered children	8817	37879	5551	52247
4	No. of new children	3932	4146	1560	9638
5	No. of children attended well-baby clinics	12451	12559	4686	29696
	5.1 No. of new under weight children	874	572	422	1868
	5.2 No. of repeated under weithgt children	4287	816	380	5483
	5.3 No. of Children become normal	0	0	0	0
6	No. of registered pregnant	1970	22229	1095	25294
7	No. of new pregnant	799	548	245	1592
8	No. of antenatal care	6628	4338	1625	12591
	8.1 No. of antenatal follow in the last week befor delivery	560	329	83	972
	8.2 No. of new high risk pregnancy	78	69	34	181
	8.3 No. of repeated high risk pregnancy	607	561	176	1344
	No. of deliveries	619	392	194	1205
9	9.1 No. of postnatal visit within 6 days	391	319	111	821
	9.2 No. of second postnatal visit at home after 6 days until 40 d	158	197	53	408
	9.3 No. of postnatal visit at the center within 40 d	314	231	94	639
10	No. of abrotions	24	36	4	64
11	No. of Ultrasound Scan	2031	1360	601	3992
12	No. of cases examined by doctors	13941	13505	10910	38356
	a- Children	9267	10110	6268	25645
	b- Adults	1540	1394	3841	6775
	c- Pregnants	3134	2001	801	5936
13	No. of laboratory tests	11880	9034	7550	28464
14	No. of home visits	1330	1296	536	3162
	a- home visits of deliveries	621	395	194	1210
	b- home visits of pregnancy	211	429	190	830
	c- home visits of children	445	404	120	969
	d- home visits of adult	2	6	2	10
	e- home visits of psycho social	51	62	30	143
15	No. of Health education	608	994	193	1795
16	No. of women attended Family planning	1117	1377	0	2494
17	No. of afternoon women's activities	1288	905	0	2193
18	No. of refered cases	295	128	31	454
19	No. of psycho social counseling	191	126	89	406
20	No. of psycho social session for group of women	150	139	65	354

* Noting that the centre was shelled on Saturday, 10/1/2009

* Various activites were resumed on 2 May 2009

Table (25): Statistics of the dental health services in the three clinics:

Activities of Dental Health Clinic
1/1 - 31/12/2011

No.	Activity	Shija'ia	Darraj	Rafah	Total
1	No. of persons examined by dentist:	1404	1753	1978	5135
	a- First Visit	480	672	774	1926
	b- Repeated Visit	247	430	823	1500
	c- Consultation	672	738	381	1791
2	Scaling	98	130	143	371
3	Extraction	100	209	194	503
4	Amalgam Filling	547	614	440	1601
5	Composite Filling	0	3	3	6
6	Fisher Sealant	0	0	0	0
7	Minor Surgery	0	0	0	0
8	Follow Up	423	454	322	1199
9	Medication	666	983	1367	3016
10	Referrals	66	117	150	333
	10.1 Specialist	62	117	150	329
	10.2 X-ray	9	0	0	9
11	No need for treatment (mixed)	8	6	21	35
12	Screening of Children on Well-Baby Clinic days (2.5-6 years)	582	195	97	874
	12.1 No Need for Treatment	667	126	43	836
	12.2 Needed Treatment	125	69	54	248
13	Screening of pregnant	559	351	137	1047
	13.1 No Need for Treatment	108	33	16	157
	13.2 Needed Treatment	451	318	121	890
14	X ray in the center	0	0	1	1



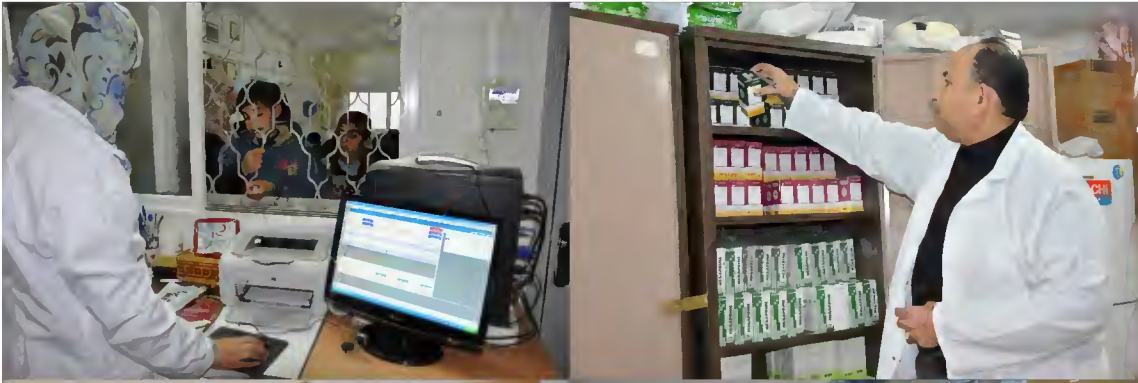


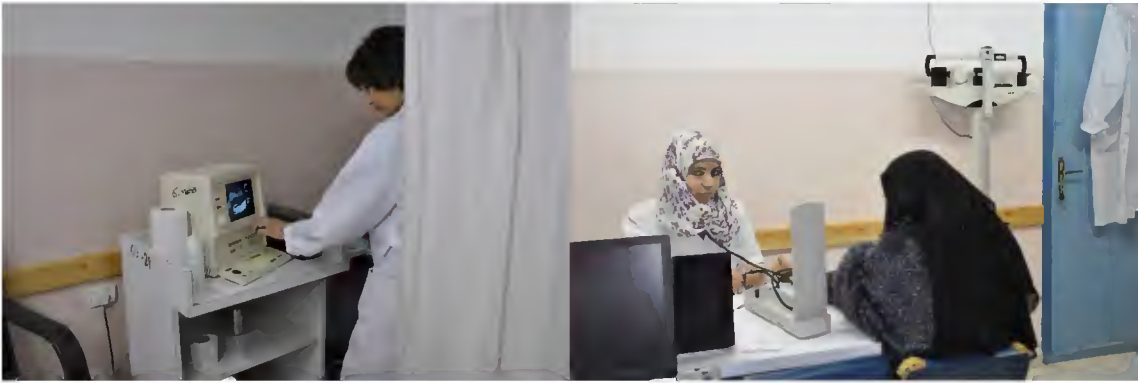
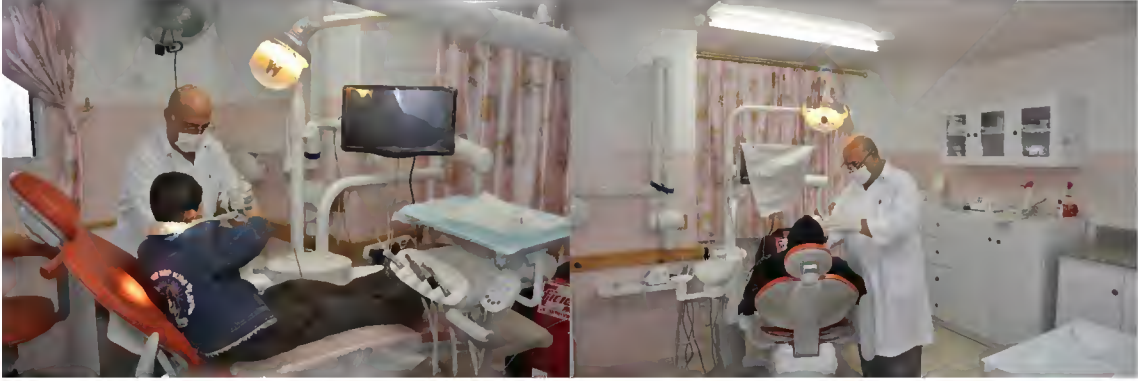


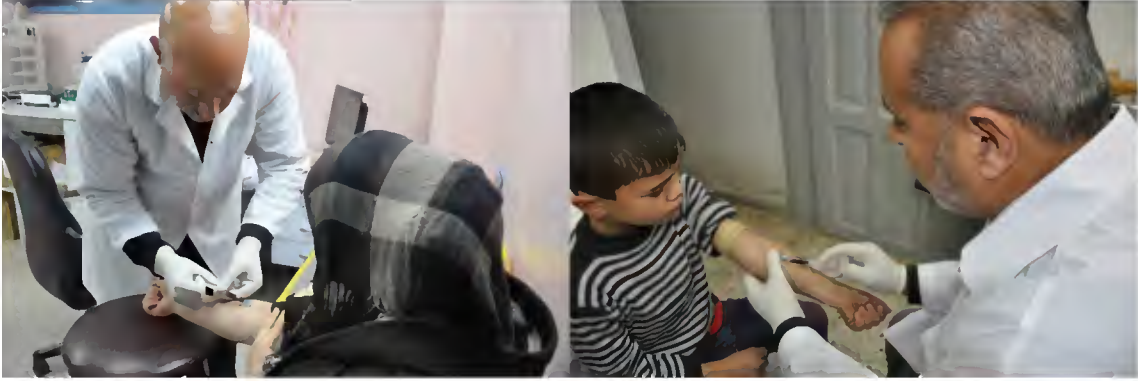


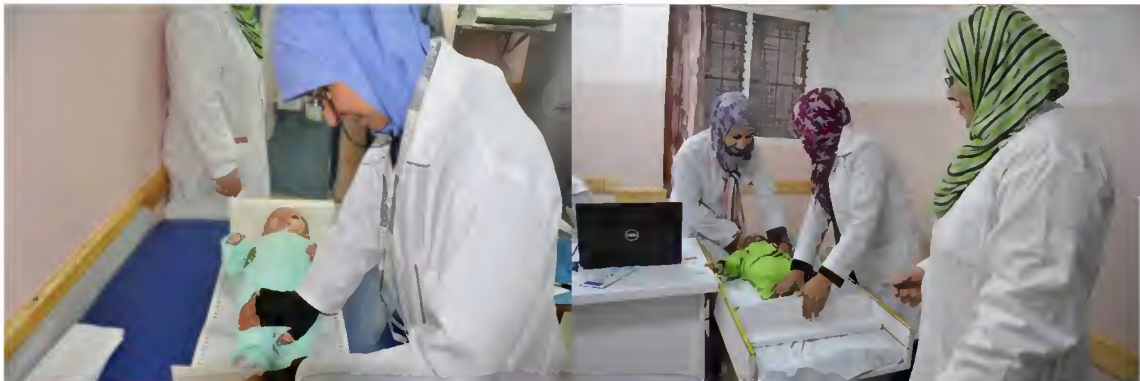
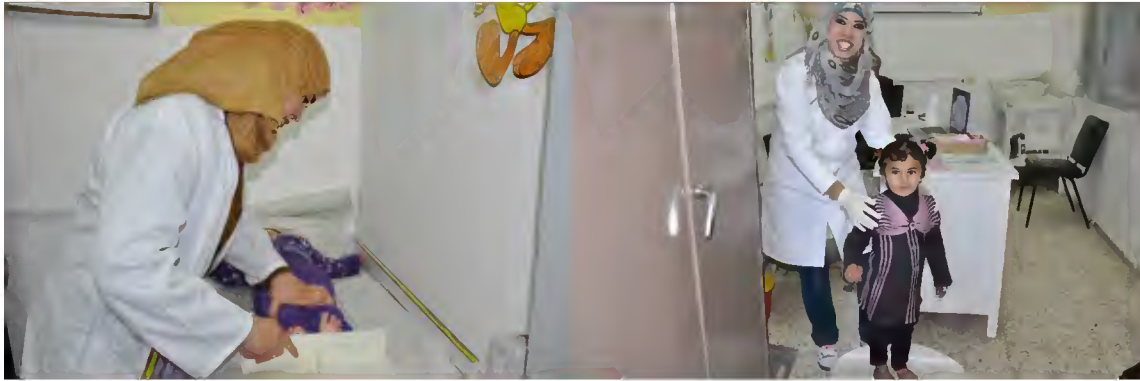
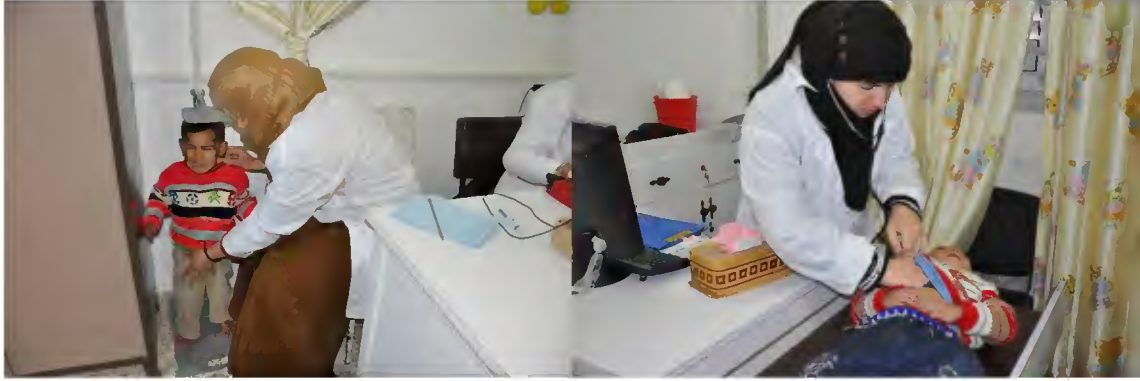




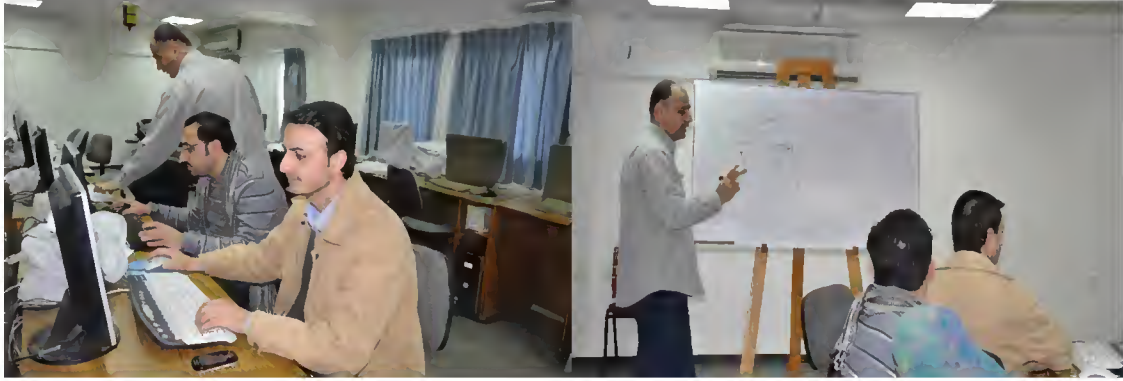


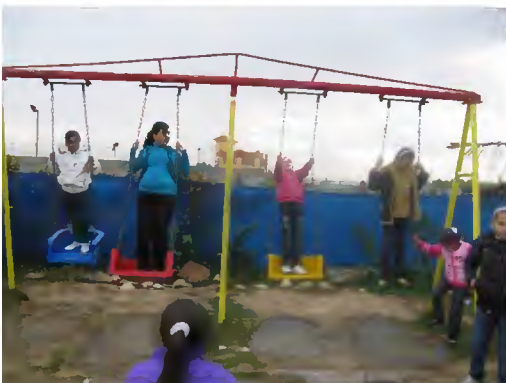












Vocational Education and Training program

Program's overview

One of Near East Council of Churches' (NECC) main program is the Vocational Training and Education; which seeks to eliminate the suffering of poor male and female students and enable them enjoy their basic human rights, through providing adequate vocational training and education opportunities along with supporting them to create decent career life. In addition, helping the dropped out students to be able to fit in the society in particular, and to contribute in ensuring the students' life with dignity in general . The program was originally launched in the fifties and sixties and additional department was developed in the eighties to contribute to sustainable economic development; and to prepare specialized technical and vocational program to meet the needs of local markets and to cope with the latest developments and to provide youth with the desired knowledge, skill, and attitudes to secure suitable job opportunities.

NECC in Gaza Strip supervises four training centers; two of which are exclusively technical and vocational training and education centers, while other ones are Advanced Dress Making center and Secretarial Studies and English Language. As NECC believes and promotes for gender equity, Gaza and Al Qarara centers targeting male students and the other two centers targeting female students.

Table 26

The four NECC vocational training centers are listed in the following table:

#	Vocational and Education Center	Year of Establishment	Location	Course Duration
1.	Carpentry and Furniture Making/ Metal/Aluminum Works and Welding	1958	Gaza City, Al Shyja'ya area	3 years
2.	Secretarial Studies and English Language	1964	Gaza City, Rimal, NECC building	One year
3.	Advanced Dressmaking	1964		One year
4.	General Electricity and Motor Rewinding	1982	Khan Younis, south of Gaza city, Al Qarara Area	2 years

The participants at each program are requested to pay a nominal contribution not a fee as a mean to promote the participant's ownership of the program and ideals of shared responsibility.

Program's purpose

Contribute to improving the economic and living conditions of the poor, graduates, and professionals working in the vocational sector.

Program's objectives

- Provide high quality education and training in a variety of designed skills and professions to target groups in accordance with the requirements of the society and market needs.
- Improve and enhance the performance of the workers in the vocational and technical sector.
- Assist NECCCRW's graduates in finding job opportunities.

Target groups

- 1- Female secondary school graduates (Secretarial and English Language center) .
- 2- from 16 years old female students and older, irrespective of educational level (Advanced Dress Making Center)
- 3- Dropped out male school students; 14-16 years old (Carpentry and Furniture Making/ Metal/Aluminum Works and Welding vocational training center)
- 4- 10th grade male school students; 16-23 years old (Electricity vocational training center)

Activities under the program umbrella

- Dropped out school students receive training on carpentry/furniture making, welding and aluminum work
- Young men receive training on general electrical skills and motor and transformer rewinding.
- Female secondary school graduates receive training on secretarial and office management.
- Female preparatory school graduates receive training on sewing and dress making.
- Establishing communication mechanism and follow up between NECC's vocational centers and graduates
- Building the capacity of the vocational sector employees.

Gaza Vocational Center

1. Center overview

1.1 Center Summary

The Gaza vocational center for carpentry and furniture making, metal and aluminum works and welding started its activities in 1958; targeting drop out school students to provide them a space for adequate educational opportunities, open the path for a decent career life and to link their skills and capabilities to labor market. The vocational center gives the opportunity for 35 students to enroll the center per year.

1.2 Overall objective

To increase the technical skills and potential for employment for poor and marginalized male students in the Gaza Strip

1.3 Specific Objectives

- Enhance the capacities and skills of dropped out male school students aged 14 to 16 ; either in carpentry and furniture making or metal works and welding through their enrollment for three years course at the centre.
- Create a communication mechanism to link the graduates with the local market.
- Monitor the graduates to find decent job opportunities.
- Create an active and healthy youth sector through the psychosocial interventions; who will serve the community in a better way by using their gained skills and knowledge.
- Increase general health awareness.

1.4 Main Activities

The following are the main activities of the center:

- 1- Announce about the courses and distributing applications.
- 2- Study applications, short listing and conduct interviews.
- 3- Enroll new candidates to the first-year and upgrade the old ones to second and third-year and collect contributions.
- 4- Distribute second and third-year students on external workshop to be trained and evaluated.
- 5- Prepare raw materials for training.
- 6- Distribute incentives on third-year students.
- 7- Provide lectures for illiterates.
- 8- Conduct health and cultural lectures, recreational activities and cultural trips.
- 9- Conduct regular meetings with parents and local community leaders to create positive attitude towards the vocational training.
- 10- Practical training.

- 11- Prepare the final exams, certificates and ceremony and evaluate the courses by graduates.
- 12- Monthly staff meetings.
- 13- Submitting monthly reports
- 14- Follow-up graduates after one year of graduation
- 15- Maintenance of the center's machines.
- 16- Renovation of the centre

1.5 Target Group(s)

Dropped out male school students; 14-16 years old

1.6 Course Duration

The course runs for 3 years.



1.13 Table 27: Activities timetable in 2011

#	Activity	Jan.	Feb.	March	April	May	June	July	August	September	October	November	December
1	Course announcement and distribute applications												
2	Study applications and conduct interviews												
3	Enroll new candidates to the first-year and upgrade the old ones to second and third-year												
4	Distribute second and third-year students on external workshop												
5	Prepare raw materials												
6	Distribute incentives on third-year students												
7	Provide lectures for illiterates												
8	Conduct health and cultural lectures, recreational activities and cultural trips												
9	Conduct regular meetings with parents and local community leaders												
10	Practical training												
11	Renovate the center's machines												
12	Maintenance of the centre												
13	final exams and graduation												
14	Monthly staff meetings												
15	Submitting monthly reports												
16	Follow-up graduates after one year of graduation												

2. Preparation Phase

- 2.1 Announce about the courses and distributing applications
Once the vocational training course opened the registration processes; several organizations, municipalities, clubs and schools were informed as the following table shows:

Table 28 Distribution of the courses and announcements:

#	Institution	Gaza City	Middle Area	South	North	Sub-total
1.	Schools	29	9	30	10	78
2.	Clubs	7	9	6	4	26
3.	Organizations	5	4	6	1	16
4.	Municipalities	2	1	5	2	10
Total						130

The applications were available at the NECC's vocational centers in Gaza and Al Qarara; as well as at the three clinics Al Daraj and Al Shyja'y at Gaza City and Khrbit Al A'das at Rafah

- 2.1.1 Criteria of selecting students

The students were selected based on the following criteria

- 1- The priority is given to the students whom their social and financial situations are deteriorated
- 2- The ability to undertake the responsibilities and duties related to this field
- 3- The student's motivation and ambition beyond applying
- 4- The eligible age is 14 year old to 16 year old
- 5- The target students are those who dropped out their educational system

2.2 Personal interviews

The interview committee was formed as the following table shows to ensure selecting the most qualified students in relevance with the identified criteria

Table 29 Distribution of the interview committee members

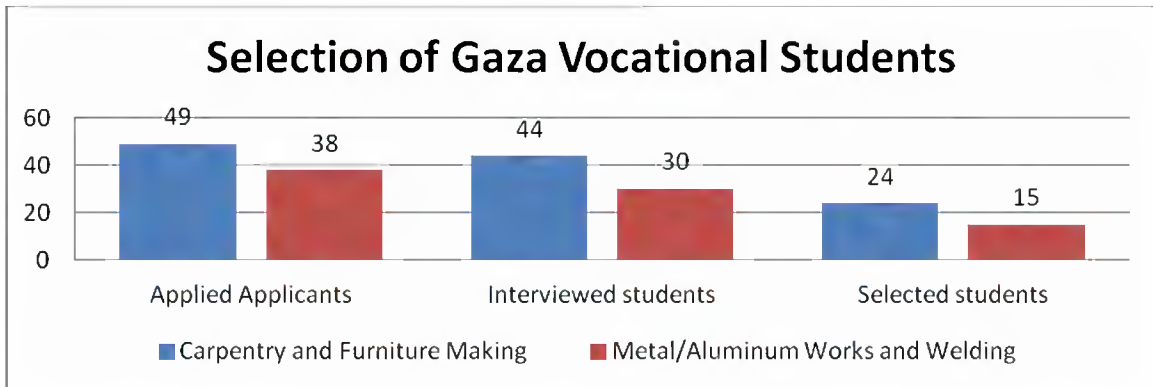
#	Position	No. of committee members
1.	Center Manager	1
2.	Trainers	4
3.	Psychosocial specialist	2

Personal interviews for the eligible candidates from each department were conducted by the interviewing committee; the following table and chart give details about the number of applied applicants, place, and number of interviewed students and selected ones for the year 2011:

Table (30) The number of applied applicants, place, and number of interviewed students and selected ones for the year 2011

Department	Applied Applicants	Interviewed students	Selected students	Place
Carpentry and Furniture Making	49	44	24	Gaza Vocational Center
Metal/Aluminum Works and Welding	38	30	15	

Figure (16) Selection of Gaza Vocational Students:



N.B: After the selection process of the students, all of them go under medical examination at the NECC's clinics to check up on their health and provide them with needed help if required.

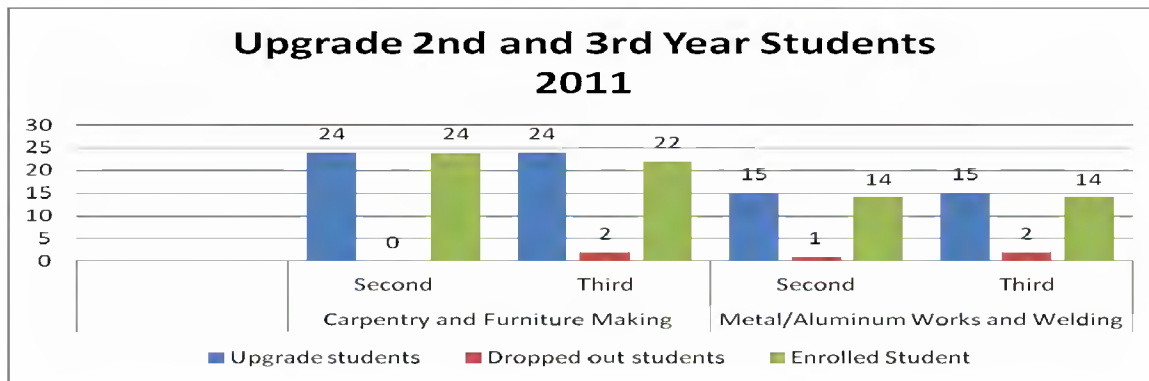
2. 3 upgrade first and second year's students to second and third-year and collect contributions
The following table and chart give details about the number of second and third-year upgrade students, dropped out and enrolled until 31/12/2011.

Table (31) The number of Second and Third Year upgrade students, dropped out and enrolled until 31/12/2011

Department	Year	Upgrade students	Dropped out students	Enrolled Student
Carpentry and Furniture Making	Second	24	-	24
	Third	24	2	22
Metal/Aluminum Works and Welding	Second	15	1	14
	Third	15	2	14



Figure (17) Upgrade Second and Third Year Students in 2011



After selecting first year students and upgrade the old ones; the trainers started to collect a nominal contribution from the students to promote the participant's ownership of the program and ideals of shared responsibility. To facilitate the paying process to the students, they were allowed to pay the money on monthly basis as installments, 12 students couldn't pay the fees and were supported by the center management as their families received financial assistance through our Welfare and Relief program and they were allowed paying less than the required amount of money.

2.4 Distribute third-year students on external workshop to be trained

The following table shows the dates and number of distributed third year students on external workshops

Table (32) The dates and number of distributed third year students on external workshops

Department	No. of students	Start date	End date	No. of work shops	Geographical location
Carpentry and Furniture Making	23	30 th April 2011	30 th June 2011	12	Gaza City
				1	Middle Area
				2	North
Metal Works	16	30 th April 2011	31 st May 2011	11	Gaza City
				2	North
				1	South
Aluminum Works and Welding	16	4 th June 2011	30 th June 2011	9	Gaza City
				3	North

During the training period the trainers conducted field visits to monitor and follow up the students' performance; each trainer implemented two visits to each student. At the end of the training period; the workshops owners filled an evaluation sheet to evaluate the performance, attitude and commitment to each trainee as point 6.2 shows.

2.5 Enrolled students in 2011

Table (33) The enrolled and upgrade students from each department in 2011

Department	1 st Year	2 nd Year	3 rd Year	Sub-total
Carpentry and Furniture Making	24	24	22	70
Metal/Aluminum Works and Welding	15	14	14	43
Total	39	38	36	113

2.6 Prepare raw materials for trainees

To facilitate the educational and training process; the trainers identify the needed raw material for the theoretical and practical education for the three years and make sure to be on time according to the required specifications.

3. Implementation phase

3.1 Provide lectures for illiterates

The first, second and third year students in both departments "Carpentry and Furniture Making and Metal/Aluminum Works and Welding" were enrolled to illiteracy lectures. The students learnt writing and reading in Arabic and Mathematics; each course was conducted twice weekly.

On April 2011 an evaluation was conducted to measure the illiteracy improvements to the third year students; and on July 2011 the same evaluation was conducted to the first and second year's students.

Table (34) The students' results out of 100%

Average	90-99	80-89	70-79	60-69	50-59
No. Students	21	33	19	23	18

The illiteracy improvement for eighteen students was low (50-59); and they were supported by catch-up classes to provide them with the needed help.

Table (35) The number of weak students and their educational year

Department Educational Year	First Year	Second Year	Third Year
Carpentry and Furniture Making	8	1	1
Metal/Aluminum Works and Welding	5	1	2

3.2 Training

The following schedule gives details about the theoretical and practical training the Carpentry and Furniture Making students and Metal/Aluminum Works and Welding students were involved in 2011

Table (36) Theoretical and practical training of the students:

Educational Year		First Year		Second Year		Third Year	
#	Subject	No. of classes per week	No. of classes per year	No. of classes per week	No. of classes per year	No. of classes per week	No. of classes per year
1.	Practical Training	31	1426	31	1426	31	1178
2.	Theoretical Industrial	2	92	2	92	2	76
3.	Engineering Drawing	1	46	1	46	1	38
4.	Non-curriculum activities	2	92	2	92	2	76
5.	Sports	2	92	2	92	2	76
Total		38	1748	38	1748	38	1444

3.3 Distributing incentives on third-year students

The center distribute financial incentives to the third year students on monthly basis to cover their transportation and minimal personal needs; to support and encourage them to complete their study and reflect a concept of the how hard worker you are how lucky you are.

3.4 Health and cultural awareness

Table (37) The health awareness sessions and psychosocial related issues

#	Subject	Month	No. of participants	Target Students	Implemented party
1.	Protection and Safety Methods	February, March & April	124	1 st , 2 nd & 3 rd years	Protection and Safety Society
2.	First Aid	March	117	1 st , 2 nd & 3 rd years	
3.	Accepting Others	January	75	2 nd & 3 rd years	NECC
4.	Fear	January	39	1 st Year	
5.	Stress	March	38	3 rd Year	
6.	Trauma	May	39	2 nd Year	
7.	Fear and Sadness	October	39	1 st Year	
8.	Family Problems	December	115	1 st , 2 nd & 3 rd years	
9.	Anger	February & April	75	1 st & 2 nd years	
10.	Anxious and Stress	February	39	2 nd Year	
11.	Emotions	June	38	3 rd Year	

Table (38) Details about the cultural awareness sessions

#	Subject	Month	No. of participants	Target Students	Implemented party
1.	Volunteerism	February	38	3 rd Year	Ministry of Youth and Sport
2.	Crisis Management	March	75	1 st & 2 nd years	
3.	Gender	February	39	1 st Year	NECC
4.	Relations with others	April	38	3 rd Year	
5.	Intellectual intolerance	July	39	2 nd Year	
6.	Life Skills	November	39	1 st Year	Ministry of Labor
7.	Labor Law and Workers	April	38	3 rd Year	

4. Monitoring and following up

4.1 Meetings with parents and local community leaders

During 2011, eight meetings with the students' parents and local community leaders were conducted with the presence of the center's social workers, trainers and manager to discuss several social and psychological issues related to the students; as the following table shows

Table (39) Meetings with parents and local community leaders

#	Subject	Date of meeting	No. of participants
1.	How to support your sons educationally at home	January	18
2.	Family problems and sons participation	February	20
3.	Anger management	March	15
4.	Enhancing the relationship between the students and workshops owners	April	35
5.	Impact of negative behaviors among the students	May	18
6.	Presenting students' projects	June	12
7.	Son's safety and security following up at the external workshops	October	20
8.	Students' difficulties encountered	November	23

Parents and local community leaders' meetings impact

The parents and trainers realized the following improvements upon the students' attitudes and behaviors

- 1- Decrease level of roughness among the students' behaviors
- 2- Improvement of students' relationship with their friends, neighbors and family.
- 3- Improvement of students' illiteracy level.
- 4- Students became more committed to their educational schedule and family responsibility.

4.2 Maintenance and renovation

A. Machines maintenance

Gaza Vocational Center has 214 devices and machines in 2011 distributed as the following table shows:

Table (40) No. of Devices and Machines in Gaza Vocational Centre

#	Department	No. of devices & machines	No. of purchased machines	No. of renovated machines
1.	Carpentry	86	9	12
2.	Metal	62		
3.	Aluminum	22		
4.	Administrative and educational machines	10		
5.	In store	34		

B. Maintenance of the centre

On June 2011 the Gaza vocational center was renovated by painting the whole center. This activity affected positively the behavior of the students as they started to pay attention to the center's hygiene more than previous times; as well as their personal hygiene.

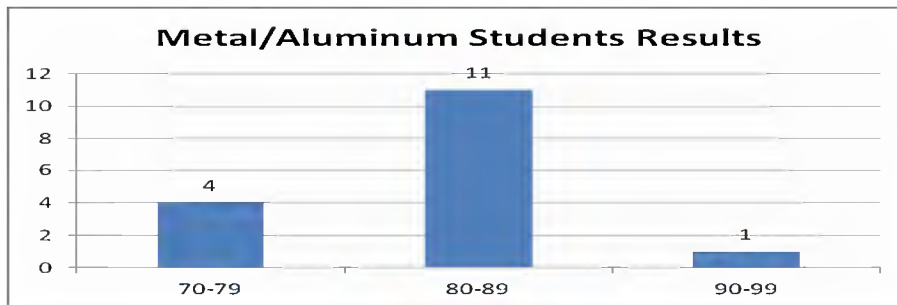
5. Examination and Graduation

The following table and chart show the number of Metal/Aluminum Works and Welding graduates and their final results out of 100%.

Table (41) Graduated Metal/Aluminum Students Results

#	Percentage	No. students
1	70-79	4
2	80-89	11
3	90-99	1
Total		16

Figure (18) Graduated Metal/Aluminum Students Results

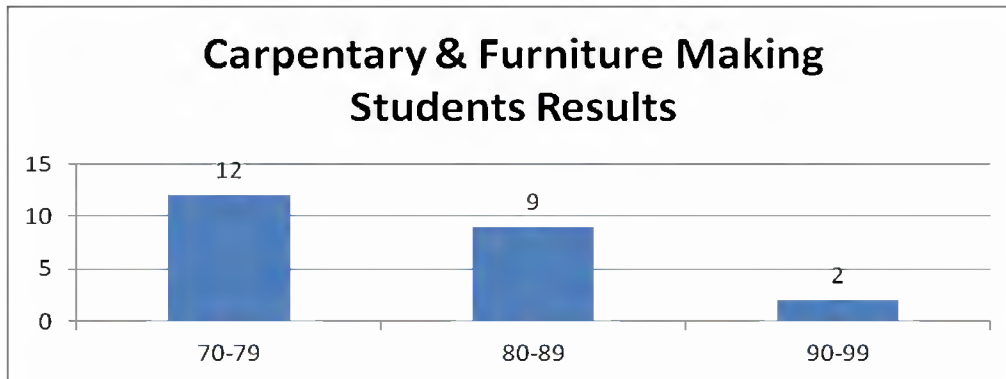


The following table and chart show the number of Carpentry and Furniture Making graduates and their final results out of 100%.

Table (42) Graduated Carpentry and Furniture Students Results

#	Percentage	No. students
1	70-79	12
2	80-89	9
3	90-99	2
Total		23

Figure (19) Graduated Carpentry and Furniture Students Results



6. Evaluation and performance appraisal

6.1 Course evaluation

The students who enrolled the Gaza Vocational Center in September 2008 were 24 Carpentry and Furniture Making students, 23 students graduated in July 2011; and one case dropped out. And 15 Metal/Aluminum Works and Welding students; 15 students graduated in July 2011. Before the graduation ceremony an evaluation sheet was distributed among the students to evaluate the strengths and weaknesses of the three year training course and provide us with their suggestions and feedback to develop the theoretical and practical curriculum based on the student's perceptiveness, and in a manner that fit the needs of labor market.

Twenty three students filled the evaluation sheet and the results were as following:

- 1- All graduates stated that their enrollment to the Gaza Vocational Center was based on their desire.
- 2- All graduates clarified that the center's education and training methodologies are convenient to them.
- 3- 22 graduates explained that they are ready to start working in the field; one of them explained that the external training period at the workshops was short.
- 4- 22 graduates explained that the curriculum was easy to understand; except one student found difficulties in understanding "CO2 welding".
- 5- 22 graduates stated that they have the ability to use all the carpentry machines exciting in the center, and think that the practical training pried to use these machines is convenient; except one student found difficulties in using the "Rope Saw and Kint Machine".

- 6- 16 graduates think that their training period on the profession of painting furniture is enough; while 7 of them think it's not.

Students' suggestions

The graduates explained the importance of involving the following subjects in future trainings:

- 1- How to deal with customers!
- 2- Expansion feasibility study.
- 3- Expansion wood engraves.
- 4- Aluminum 7000 and how to collect it.

6.2 Student's performance appraisal

During the students' educational and training process, their performance appraisal was evaluated by their trainers in the center and the workshops owners during their external training period.

Carpentry and Furniture Making Students

Table (43) The results of the Carpentry and Furniture students' performance appraisal by the workshops owners

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Student's Commitment to supervisor directions	23	100	0	0	0	0	0	0
2.	Handling tasks	20	86.95	3	13.05	0	0	0	0
3.	Observing the rules of public safety	20	86.95	3	13.05	0	0	0	0
4.	punctuality	17	73.91	6	26.09	0	0	0	0
5.	Ability to work alone	15	65.21	7	30.44	1	4.35	0	0
6.	Precision in executing work	17	73.91	5	21.74	1	4.35		
7.	Interaction with others	16	69.56	7	30.44	0	0	0	0
8.	Customers' treatment	15	65.21	7	30.44	1	4.35	0	0

Other Comments

The workshops owners realizes that the students are weak in some point, and in need to be trained on the following subjects

- 1- How to use the type of machines existing in the external workshops, locally made, undeveloped and machines non-linked to prevention programs.
- 2- They need more training on the profession of painting furniture; and some suggested that the training could be in external workshops.
- 3- Some workshops owners explained that the students need more practical experience in the field.

Table (44) The results of the Carpentry and Furniture students' performance appraisal by the trainers

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Mastering the Job	11	47.82	12	52.18	0	0	0	0
2.	Educational progress	0	0	23	100	0	0	0	0

Table (45) Evaluation of Carpentry and Furniture students' personal behaviors

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Activeness	23	100	0	0	0	0	0	0
2.	Laziness	0	0	0	0	0	0	0	0
3.	Cooperation with colleagues	0	0	23	100	0	0	0	0
4.	Health	0	0	23	100	0	0	0	0
5.	Hygiene	0	0	23	100	0	0	0	0
6.	Commitment	6	26	17	74	0	0	0	0
7.	Ethics	6	26	17	74	0	0	0	0

Metal Works

Table (46) The results of the Metal Works students' performance appraisal by the workshops owners:

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Student's Commitment to supervisor directions	15	93.8	1	6.3	0	0	0	0
2.	Handling tasks	12	75	4	25	0	0	0	0
3.	Observing the rules of public safety	12	75	2	12.5	2	12.5	0	0
4.	punctuality	9	56.2	7	43.8	0	0	0	0
5.	Ability to work alone	7	43.8	7	43.8	2	12.5	0	0
6.	Precision in executing work	10	62.5	6	37.5	0	0	0	0
7.	Interaction with others	12	75	3	18.75	1	6.25	0	0
8.	Customers' treatment	9	56.25	5	31.25	2	12.5	0	0

Table (47) The results of the Metal Works students' performance appraisal by the trainers

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Mastering the Job	12	75	4	25	0	0	0	0
2.	Educational progress	12	75	4	25	0	0	0	0

Table (48) Evaluation of Metal Works students' personal behaviors

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Activeness	16	100	0	0	0	0	0	0
2.	Laziness	0	0	0	0	0	0	0	0
3.	Cooperation with colleagues	16	100	0	0	0	0	0	0
4.	Health	0	0	16	100	0	0	0	0
5.	Hygiene	0	0	16	100	0	0	0	0
6.	Commitment	4	25	12	75	0	0	0	0
7.	Ethics	3	18.75	13	81.25	0	0	0	0

Aluminum Works and Welding

Table (49) The results of the Aluminum Works and Welding students' performance appraisal by the workshops owners:

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Student's Commitment to supervisor directions	11	68.75	3	18.75	2	12.5	0	0
2.	Handling tasks	11	68.75	5	31.25	0	0	0	0
3.	Observing the rules of public safety	8	50	6	37.5	2	12.5	0	0
4.	punctuality	8	50	8	50	0	0	0	0
5.	Ability to work alone	5	31.25	10	62.5	1	6.25	0	0
6.	Precision in executing work	10	62.5	4	25	2	12.5	0	0
7.	Interaction with others	12	75	4	25	0	0	0	0
8.	Customers' treatment	10	62.5	5	31.25	1	6.25	0	0

Table (50) The results of the Aluminum Works and Welding students' performance appraisal by the trainers

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Mastering the Job	13	81.25	3	18.75	0	0	0	0
2.	Educational progress	12	75	4	25	0	0	0	0

Table (51) Evaluation of Aluminum Works and Welding students' personal behaviors:

#	Evaluation	Very Good		Good		Medium		Weak	
		#	%	#	%	#	%	#	%
1.	Activeness	16	100	0	0	0	0	0	0
2.	Laziness	0	0	0	0	0	0	0	0
3.	Cooperation with colleagues	16	100	0	0	0	0	0	0
4.	Health	0	0	16	100	0	0	0	0
5.	Hygiene	0	0	16	100	0	0	0	0
6.	Commitment	4	25	12	75	0	0	0	0
7.	Ethics	3	18.75	13	81.25	0	0	0	0

Other Comments

The workshops owners explained that the students' practical experience is good, and suggested some ideas to enhance the center's future trainings. The following points summarize their suggestions:

- 1- Expansion the external training period for the Metal and Aluminum works and Welding.
- 2- Familiarize the student with all kinds of Aluminum existing in the Palestinian market.
- 3- Enhance and develop the existing system related to measurements and appreciation of the large artifacts
- 4- Train the students on of modern aluminum cyclones

7. Graduates employment and follow up

7.1 Link the graduates to the labor market

The 2011 graduate students will be followed up in 2012 to reflect their career and financial status.

7.2 Follow-up graduates after one year of graduation

The following table and chart show the number of employment and unemployment of 2010 graduates; these information were collected in August and November 2011

Table (52) Number of employment and unemployment of 2010 graduates

Department	No. Graduates	Employed Graduates on the same field	Unemployed Graduates	Working on other fields	Percentage of Graduates working on the same field
Carpentry and Furniture Making	24	12	4	8	50%
Metal/Aluminum Works and Welding	14	7	1	6	50%

Figure (20) Number of employment and unemployment of 2010 graduates from Carpentry and Furniture Making department

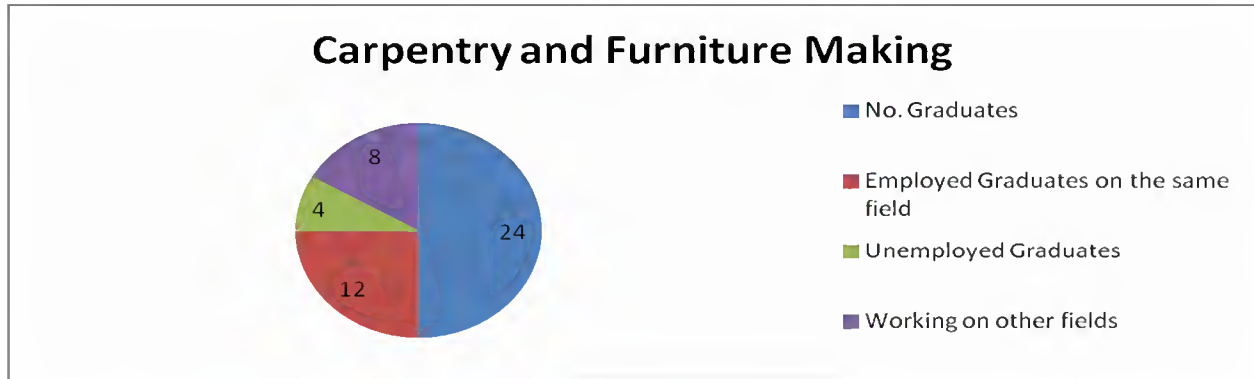
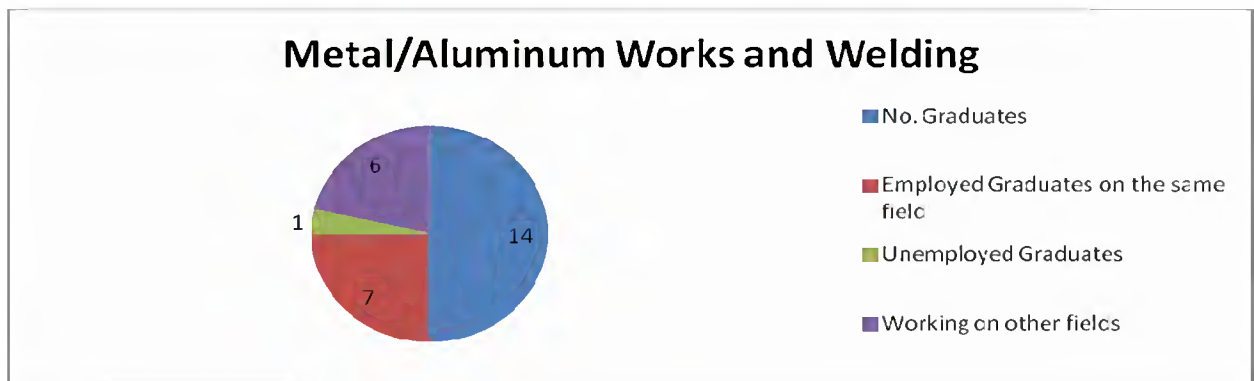


Figure (21) Number of employment and unemployment of 2010 graduates from Metal/Aluminum Works and Welding Department



8. Difficulties Encountered

- Shortage of some raw materials needed for training such as transparent plastic boards.
- High price of some raw materials
- Electricity cut.
- Unavailability of electricity generator fuel in some times.

9. Success story

Ahmad Nafeth Hammad was born in 19 June 1991, lives with his eight individuals' family in Gaza City. His father is an employee at Al-Azhar University.

Ahmad was unable to complete his preparatory school, so he was unable to register at the UNRWA Gaza Vocational Center; and a member of his neighborhood guided him to NECC vocational center. After his enrollment, his supervisors encouraged him to complete his preparatory school through home studying. At the end he succeeded in both the vocational center and passed his preparatory school; he was creative in achieving his practical assignments. His father supported him on continuous basis and

Ahmad became so active at the center's different programs. He had a good reputation, was fully commitment and supportive to his colleagues.



He graduated in July 2009 and had a job opportunity at Moshtaha workshop in Gaza; he used to visit our center to get the advice from our consultants and trainers and be updated about issues related to his work field. After one year of his graduation in 2010, he started to purchase some equipment and store them at his house. In 2011; he became able to open his own workshop; and currently he started to pay his debt of purchasing the equipments. The work at his workshop is active and flourishing as he asked the center to nominate a graduate to work with him as he needs support.

Workshop address Gaza city- Al Shekh Redwan- Third Street

Mobile No. 00972597210



AlQarara Vocational Center

1. Center overview

1.1 Center Summary

AlQarar vocational center for electricity and motor rewinding started its activities in 1982; targeting 10th grade male school students to provide them a space for adequate educational opportunities, open the path for a decent career life and to link their skills and capabilities to labor market.

1.2 Overall objective

To increase the technical skills and potential for employment for poor and marginalized male students in the Gaza Strip

1.3 Specific Objectives

- Enhance the capacities and skills of the students through their enrollment for two years course at the centre.
- Create a communication mechanism to link the graduates with the local market.
- Monitor the graduates to find decent job opportunities.
- Create an active and healthy youth sector through the psychosocial interventions; who will serve the community in a better way by using their gained skills and knowledge.
- Increase general health awareness.

1.4 Main Activities

1.4.1 The following are the main activities of the center:

- 1- Announce about the courses and distribute applications
- 2- Study applications, visit applicants and conduct interviews.
- 3- Enroll new candidates to the first-year and upgrade the old ones to second year and collect fees/contributions.
- 4- Distribute first and second-year students on external workshop to be trained and follow-up them.
- 5- Prepare the materials purchase order
- 6- Conduct health and cultural lectures, recreational activities and field visits to organizations.
- 7- Maintenance of the center.
- 8- Maintain the equipment and machines of NECC's centers.

9- Prepare the monthly reports

10- Prepare and organize the final exams and evaluate the course by graduates.

11- Follow-up graduates after one year of graduation.

1.5 Target Group(s)

10th grade male school students; 16-23 years old

1.6 Course Duration

The course runs for 2 years



1.14 Table (53) Activities timetable in Al Qararah 2011

#	Activity	Jan.	Feb.	March	April	May	June	July	August	September	October	November	December
1	Announce about the courses and distribute applications												
2	Study applications, visit applicants and conduct interviews.												
3	Enroll new candidates to the first-year and upgrade the old ones to second year and collect fees/contributions												
4	Distribute first and second-year students on external workshop to be trained and follow-up them										1 st Year		
										2 nd year			
5	Prepare the materials purchase order												
6	Conduct health and cultural lectures, recreational activities and field visits to organizations												
7	Maintenance of the center												
8	Maintain the equipment and machines												
9	Prepare the monthly reports												
10	final exams and graduation									1 st Year		2 nd Year	
11	Follow-up graduates after one year of graduation												

2. Preparation Phase

- 2.1 Announce about the courses and distribute applications
Once the vocational training course opened the registration processes; several organizations, municipalities, clubs and schools were informed as the following table shows:

Table (54) Distribution of the courses and announcements in VTC Qararah

#	Institution	Gaza City	Middle Area	South	North	Sub-total
1.	Schools	29	9	30	10	78
2.	Clubs	7	9	6	4	26
3.	Organizations	5	4	6	1	16
4.	Municipalities	2	1	5	2	10
Total						130

The applications were available at the NECC's vocational centers in Gaza and Al Qarara; as well as at the three clinics Al Daraj and Al Shyja'y at Gaza City and Khrbit Al A'das at Rafah

2.1.1 Criteria of selecting students

The students were selected based on the following criteria

- 1- The priority is given to the students whom their social and financial situations are deteriorated.
 - 2- The ability to undertake the responsibilities and duties related to this field.
 - 3- The student's motivation and ambition beyond applying .
 - 4- The eligible age is 16 year old to 23 year old
 - 5- The target students should have at least 10th grade certificate
- 2.2 personal interviews

The interview committee was formed as the following table shows to ensure selecting the most qualified students in relevance with the identified criteria

Table (55) Distribution of the interview committee members in VTC Qararah

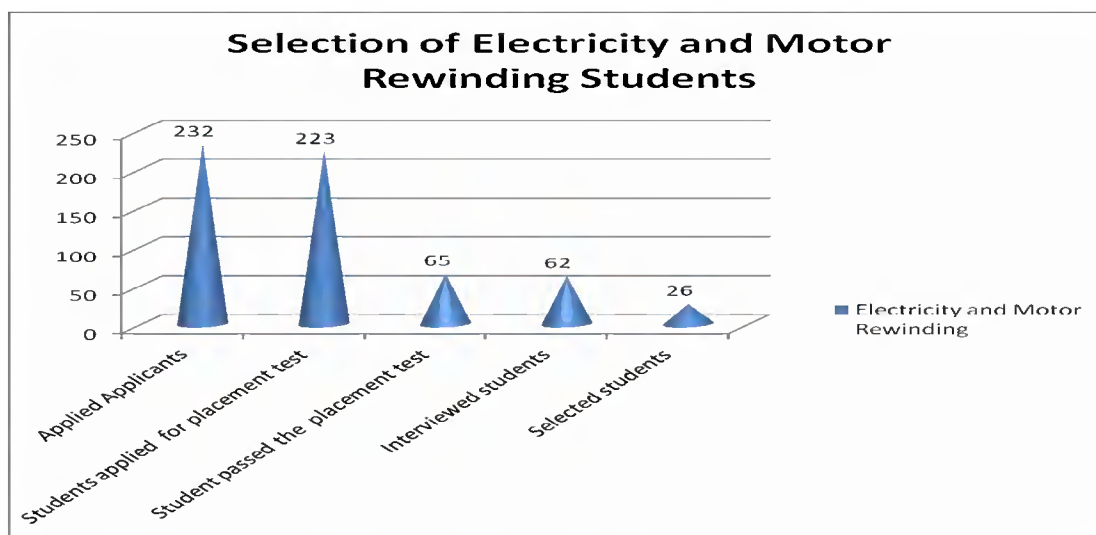
#	Position	No. of committee members
1.	Center Manager	1
2.	Trainers	3
3.	Training consultant	1

Personal interviews for the eligible candidates were conducted by the interviewing committee; the following table and chart give details about the number of applied applicants, place, and number of interviewed students and selected ones for the year 2011:

Table (S6) The number of applied applicants, place, and number of interviewed students and selected ones for the year 2011

Vocational center	Applied Applicants	Students applied for placement test	Student passed the placement test	Interviewed students	Selected students
Electricity and Motor Rewinding	232	223	65	62	26

Figure (22) Selection of Electricity and Motor Rewinding Students



N.B: After the selection process of the students, all of them go under medical examination at the NECC's clinics to check up on their health and provide them with needed help if required.

2.3 Upgrade first year students to second year and collect contributions.

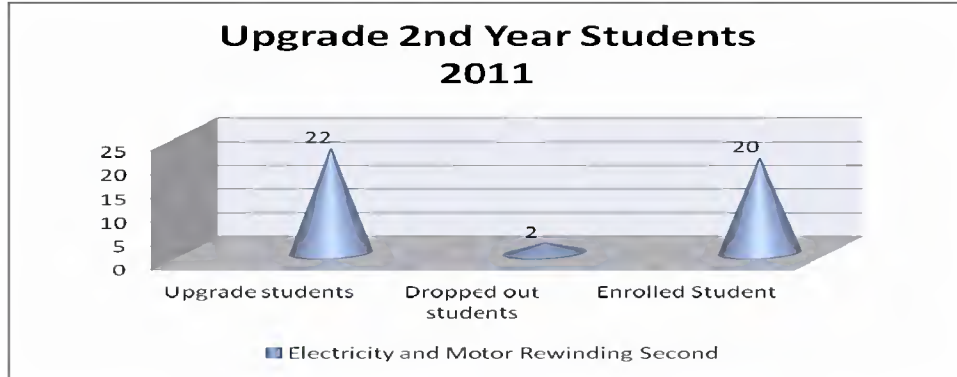
The following table and chart give details about the number of second upgrade students, dropped out and enrolled until 31/12/2011.

Table (S7) The number of Second and Third Year upgrade students, dropped out and enrolled until 31/12/2011 in VTC Qararah

Al Qarara Vocational Center	Year	Upgrade students	Dropped out students	Enrolled Student
Electricity and Motor Rewinding	Second	22	2	20

All the students could pay the contribution, no one faced financial obstacle in paying the money as most of them have work afternoon.

Figure (23) Upgrade second year Electricity and Motor Rewinding students in 2011



2.4 Distribute first and second-year students on external workshop to be trained and follow-up them.

The following table shows the dates and number and of distributed first and second years students on external workshops.

Table (58) The dates and number of distributed third year students on external workshops in VTC Qararah

Electricity and Motor Rewinding Center	No. of students	Start date	End date	No. of work shops	Geographical location
First Year	21	1 st October 2011	2 nd October 2011	2	Gaza City
				1	Middle Area
				2	North
				10	South
Second Year	24	13 th September 2011	13 th October 2011	3	Gaza City
				1	Middle Area
				1	North
				8	South

2.5 Enrolled students in 2011

Table (59) The enrolled and upgrade VTC Qararah students in 2011

Al Qarara Vocational Center	1 st Year	2 nd Year	Total
Electricity and Motor Rewinding	26	20	46

2.6 Prepare the materials purchase order

To facilitate the educational and training process; the trainers identify the needed raw material for the theoretical and practical education for the two years and make sure to be on time according to the required specifications.

3. Implementation phase

3.1 Training

Table 60: The theoretical and practical training of the Electricity students in 2011

Educational Year		First Year		Second Year	
#	Subject	No. of classes per week	No. of classes per year	No. of classes per week	No. of classes per year
1.	Practical Training (1)	20	840	26	1092
2.	Practical Training (2)	2	84	-	-
3.	Electronic Science	4	168	4	68
4.	Laboratory Experiments	2	84	2	84
5.	Drawing Electrical Circuits	2	84	2	84
6.	Science	2	84	-	-
7.	Industrial Drawing	2	84	-	-
8.	Mathematics	3	126	3	126
9.	English Language	3	126	3	126
10.	Sport	2	84	2	84
Total		42	1764	42	1764

3.2 Health and cultural awareness

Table (61) The health awareness sessions and psychosocial related issues in VTC Qararah

#	Subject	Month	No. of participants	Target Students	Implemented party
1.	Protection and Safety Methods	February, March & April	46	1 st & 2 nd Years	Protection and Safety Society
2.	Trauma	May	45		
3.	Sadness	June	45		
4.	Stress	July	45		
5.	Anxious and Stress	March	46	1 st & 2 nd Years	NECC
6.	Fear and Emotions	January	46		
7.	Anger and Sadness	February	46		
8.	Family Problems	December	115		
9.	Accepting Others	February	46		

Table (62): The cultural awareness sessions in VTC Qararah

#	Subject	Month	No. of participants	Target Students	Implemented party
1.	Intellectual intolerance	April	46	1 st & 2 nd Year	NECC
2.	Labor Law and Workers	April	46		Ministry of Labor

4. Monitoring and following up**4.1 Meetings with parents and local community leaders**

During 2011, two meetings with the students' parents and local community leaders were conducted with the presence of the center's social workers, trainers and manager to discuss several social and psychological issues related to the students; as the following table shows

Table (63): Meetings with parents and local community leaders in VTC Qararah

#	Subject	Date of meeting	No. of participants
1.	How to support and monitor your sons and create the sense of commitment	March	15
2.	Family problems and sons participation	December	12

4.2 Maintenance and renovation**A. Machines maintenance**

Al Qararah Vocational Center has 327 devices and machines in 2011, 14 machines were purchased and 2 machines were renovated.

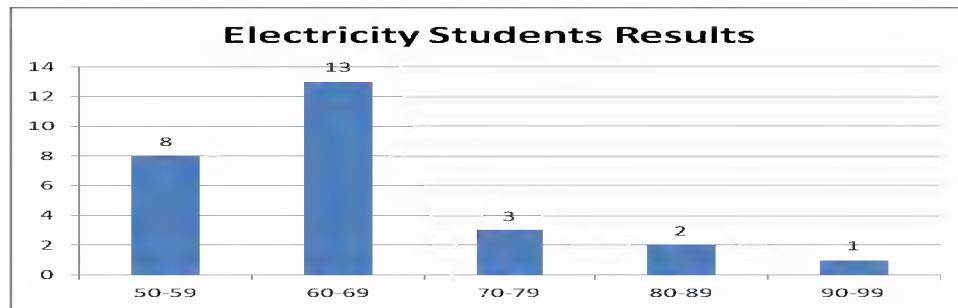
B. Maintenance of the centre

On November 2011 Al Qararah vocational center was renovated by painting the whole center and renovation of the centre's furniture. This activity affected positively the behavior of the students as they became more committed to the center's activities.

5. Examination and Graduation**Table (64) The number of Al Qararah graduates and their final results out of 100%**

#	Percentage	No. students
1	50-59	8
2	60-69	13
3	70-79	3
4	80-89	2
5	90-99	1
Total		27

Figure (24) The number of Al Qarara graduates and their final results out of 100%



6. Evaluation and performance appraisal

6.1 Course evaluation

The students who enrolled AlQarar Vocational Center in November 2009 were 27 (24 who enrolled in 2009 and 3 who failed in 2008). Before the graduation ceremony an evaluation sheet was distributed among the students to evaluate the strengths and weaknesses of the two year training course and provide us with their suggestions and feedback to develop the theoretical and practical curriculum based on the student's perceptiveness, and in a manner that fit the needs of labor market.

Only twenty Four students filled the evaluation sheet and the results were as following:

- 1- All graduates stated that their enrollment to the Gaza Vocational Center was based on their desire.
- 2- 20 students stated that the training was very good, and the other three stated that the training was good.
- 3- 16 graduates explained that the curriculum was easy to understand; and the other 8 students found difficulties in understanding the English course, 5 of them due to their poor English language and the other 2 couldn't understand the teacher's explanation.
- 4- 20 graduates explained that they are ready to start working in the field; the other three explained that the theoretical experience they gained from the center is more that the practical one.
- 5- 8 students faced transportation problem to get to the center, 5 students faced financial problem to get to the center and the other 11 students faced no obstacles to get to the center.

N.B Al Qarar center locates at Khan Younis, South Gaza Strip.

Table (65) Number of VTC Qararah students and their geographical location

Geographical Location	Gaza City	North Governorate	Middle Area	South Governorate	
				Khan Younis	Rafah
No. Students	5	2	2	11	4

6- All graduates explained that the period of the training course is enough.

7- 23 graduates explained that the external training period is enough while one graduate stated that it is not enough.

Students' suggestions

The graduates suggested the following issues

- 1- Develop the existing machines
- 2- Renovate and enlarge the training premise
- 3- Develop the recreational activities

7. Graduates employment and follow up

7.1 Link the graduates to the labor market

The 2011 graduate students will be followed up in 2012 to reflect their career and financial status.

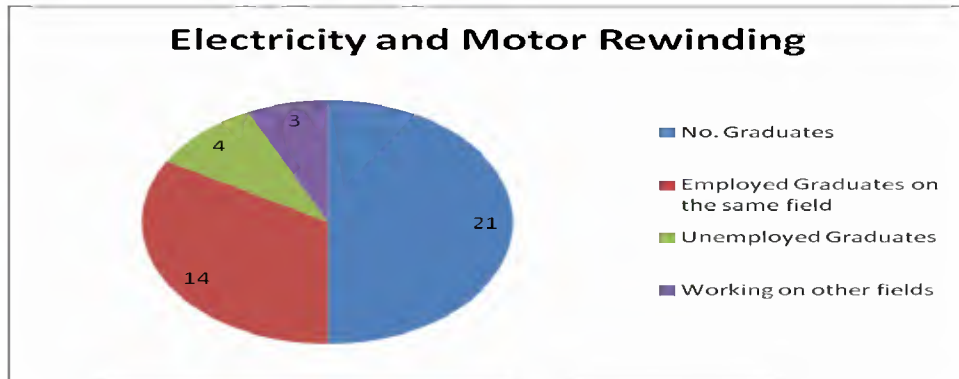
7.2 Follow-up graduates after one year of graduation

The following table and chart show the number of employment and unemployment of 2010 graduates; these information were collected in August and November 2011:

Table (66) Number of employment and unemployment of 2010 graduates in VTC Qararah

Al Qarara Vocational Center	No. Graduates	Employed Graduates on the same field	Unemployed Graduates	Working on other fields	Percentage of Graduates working on the same field
Electricity and Motor Rewinding	21	14	4	3	66.7%

Figure (25) Number of employment and unemployment of 2010 graduates from Electricity and Motor Rewinding Department



8. Difficulties Encountered

- High price of some raw materials
- Electricity cut.
- Unavailability of electricity generator fuel in some times.
- A huge number of applicants applied this year but we only select 26 as the center has no capacity for more students.

9. Success story

Mahrous Abu Nasira 21 year old, graduated in 2010, lives with his five individuals family in Khan Younis. His father is unemployment for a long time because of the continuous deterioration of the economic situation in the Strip.

According to Mahrous, the programs of the vocational training center helped him to shape his skills and abilities; and gave him the chance to gain new ones. Based on these gained and developed skills he had the chance to be know a lot of people and helped him to build his own social network.

After his graduation he was able to find a job at the electricity company; Mahrous and his family feel very grateful and pleasure for having this chance.



Secretarial Studies and English Language Center

1. Center overview

1.1 Center Summary

The Secretarial studies and English Language Center launched its activities in 1964 to train qualified and skilled secretaries as a means to support the Palestinian women and provide them with a chance to be an active participated, self independent and women advocator.

1.2 Overall objective

To increase the technical and language skills t for poor and marginalized women in the Gaza Strip

1.3 Specific Objectives

- 1- To graduate qualified secretaries.
- 2- To promote the role of women in the community.
- 3- To pay attention to building up and enhance self reliance and capacity of women in order to find and occupy jobs to support themselves and their needy families.

1.4 Main Activities

- 1.4.1 The following are the main activities of the center:
- 1- Announce about the courses and distribute applications
 - 2- Short listing and conduct personal interviews.
 - 3- Enroll students and collect fees/contributions.

- 4- Conduct health and cultural lectures, recreational activities and filed visits to organizations.
- 5- Prepare and organize the final exams.
- 6- Execute the external training and distribute certificates.
- 7- Assessment of course by graduates.
- 8- Maintenance of the center's machines.
- 9- Follow up graduates after one year of graduation
- 10- Prepare the monthly reports.

1.5 Target Group(s)

Female secondary school graduates

1.6 Course Duration

The course runs for one year



Table (67) Activities timetable in the Secretarial Studies and English Language Center in 2011

#	Activity	Jan.	Feb.	March	April	May	June	July	August	September	October	November	December
1	Course announcement and distribute applications												
2	Personal interviews												
3	Enroll students												
4	Conduct health and cultural lectures, recreational activities												
5	Final exams and graduation												
6	Execute the external training												
7	Course assessment												
8	Maintenance of the center's machines												
9	Follow up graduates after one year of graduation												
10	Monthly reports												

2. Preparation Phase

2.1 Announce about the courses and distribute applications and conduct interviews.

Once the vocational training course opened the registration processes; several organizations, municipalities, clubs and schools were informed as the following table shows:

Table (68) Distribution of the courses and announcements for Secretarial Centre

#	Institution	Gaza City	Middle Area	South	North	Sub-total
1.	Schools	29	9	30	10	78
2.	Clubs	7	9	6	4	26
3.	Organizations	5	4	6	1	16
4.	Municipalities	2	1	5	2	10
Total						130

The applications were available at the NECC's Head Quarter; as well as at the three clinics Al Daraj and Al Shya'y at Gaza City and Khrbit Al A'das at Rafah

2.2 Criteria of selecting students

The students were selected based on the following criteria

- 1- The eligible age is 16 year old
- 2- The target students should have at least 9th grade certificate
- 3- Good knowledge about the minimum principles of dress making
- 4- Pass a practical entry test

2.3 Personal interviews

Before conducting the personal interviews, 40 students applied English based test and only 33 were selected. The students' English level was lower than the required; as a result an intensive English Language course was conducted for three months during September, October and November 2011.

The interview committee was formed as the following table shows to ensure selecting the most qualified students in relevance with the identified criteria

Table (69) No. of Interview Committee Members in the Secretarial Centre :

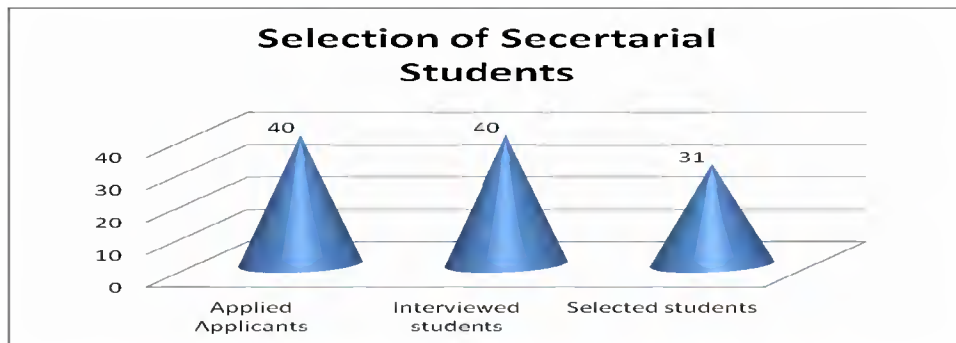
#	Position	No. of committee members
1.	Center Supervisor	1
2.	English Teacher	1

Personal interviews for the eligible candidates were conducted by the interviewing committee; the following table and chart give details about the number of applied applicants, place, and number of interviewed students and selected ones for the year 2011:

Table (70) The number of applied applicant and number of interviewed students and selected ones for the year 2011 in Secretarial Centre

Center	Applied Applicants	Interviewed students	Selected students	Place
Secretarial Studies and English Language Center	40	40	33	NECC Head Quarter

Figure (26) The number of applied applicant and number of interviewed students and selected ones for the year 2011 in Secretarial Centre



During the intensive English Language course 2 students dropped out of 33. At the end of the course, another English based test was conducted and the selected students were 23 ones.

3. Implementation phase

3.1 Training

Table (71) The theoretical and practical training the Secretarial studies and English Language students were involved in 2011

#	Subject	Hours
1.	Office Management	60
2.	English Language	320
3.	Accounting	60
4.	Arabic Language	32
5.	English and Arabic Typing	120
6.	Word Processing	51
7.	Computing	345
8.	Extra Curriculum	15
9.	Internal Training	21
Total		1024

In addition the students were distributed among several organizations to practice the skills and knowledge they gained during the course, each student spent 6 weeks for external training.

3.2 Health and cultural awareness

Table (72) The health awareness sessions and psychosocial related issues in the Secretarial Centre:

#	Subject	Date	Implemented party
1.	Positive & Negative Acquired behaviors	23rd January	NECC
2.	First Aid	30th January	
3.	Teeth Care	6th February	
4.	Breast and women's disease	28th March	

Table (73) The cultural awareness sessions in the Secretarial Centre

#	Subject	Date	Implemented party
1.	Field Visit to NECCCRW Centers	19th November	NECC
2.	Palestinian Traditions and Culture	16th January	
3.	Mother's Day Celebration	21 st March	
4.	Visit to El Amal Orphan Society	9 th April	
5.	Labor law	20 th June	Ministry of Labor

4. Monitoring and following up

Maintain of the center's machines

The Secretarial Studies and English Language Center has 16 machines, in 2011 fifteen machines were renovated.

5. Examination and Graduation

Table (74) The No. and percentage of Secretarial Studies and English Language graduates and their final results out of 100%

#	Subject	Percentage	No. students
1	Office Practice	50-59	3
2		60-69	2
3		70-79	3
4		80-89	3
5		90-99	8
Total			19

#	Subject	Percentage	No. students
1	Management Principles	50-59	4
2		60-69	1
3		70-79	2
4		80-89	4
5		90-99	8
Total			19
#	Subject	Percentage	No. students
1	Arabic Language	60-69	3
2		70-79	1
3		80-89	6
4		90-99	9
Total			19
#	Subject	Percentage	No. students
1	Arabic Correspondence	60-69	1
2		70-79	0
3		80-89	4
4		90-99	14
Total			19
#	Subject	Percentage	No. students
1	English Language	50-59	7
2		60-69	2
3		70-79	2
4		80-89	6
5		90-99	2
Total			19
#	Subject	Percentage	No. students
1	Book keeping	60-69	0
2		70-79	6
3		80-89	5
4		90-99	7
5		100	1
Total			19

6. External training

Table (75) The dates and number of distributed Secretarial students on external organizations for training

Department	No. of students	Start date	End date	No. of work shops	Geographical location
The Secretarial studies and English Language Center	19	6 August 2011	17 September 2011	19	Gaza City

7. Course Evaluation

Table (76) The students' evaluation for the Secretarial and English Language course
(A stands for excellent and E stands for weak):

#	Subject	A		B		C		D		E	
		#	%	#	%	#	%	#	%	#	%
1.	English Language	4	21.05	6	31.58	4	21.05	5	26.32	0	0
2.	Arabic Typing	6	31.58	8	42.10	3	15.79	2	10.53	0	0
3.	English Typing	7	36.84	6	31.58	2	10.53	4	21.05	0	0
4.	Office Management	3	15.79	9	47.36	5	26.32	0	0	2	10.53
5.	Accounting	5	26.32	12	63.15	2	10.53	0	0	0	0
6.	Computing	12	63.15	3	15.79	4	21.05	0	0	0	0
7.	E-mailing	11	57.89	3	15.79	4	21.05	0	0	1	5.27
8.	Arabic Correspondence	11	57.89	5	26.32	3	15.79	0	0	0	0
9.	Extra Curriculum	7	36.84	4	21.05	2	10.53	1	5.27	5	26.32

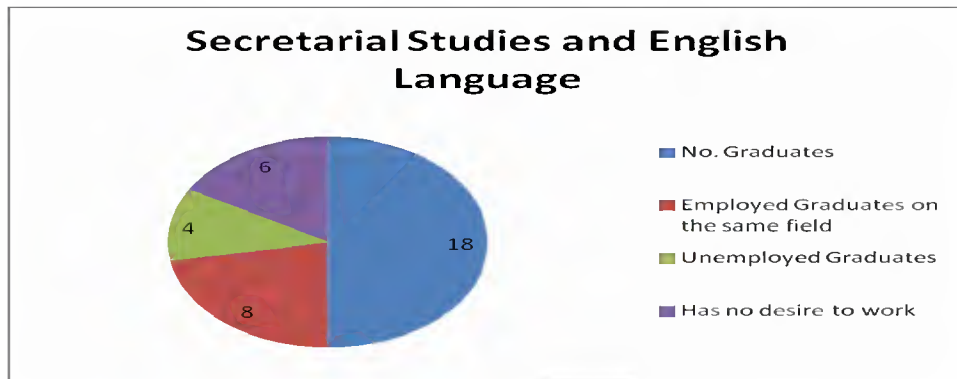
8. Graduates employment and follow up

- 8.1 Link the graduates to the labor market
The 2011 graduate students will be followed up in 2012 to reflect their career and financial status.
- 8.2 Follow-up graduates after one year of graduation
The following table and chart show the number of employment and unemployment of 2010 graduates; these information were collected in August and November 2011.

Table (77) Number of employment and unemployment of 2010 graduates in the Secretarial Centre

Center	No. Graduates	Employed Graduates on the same field	Unemployed Graduates	Has no desire to work	Percentage of Graduates working on the same field
Secretarial Studies and English Language	18	8	4	6	44.4%

Figure (27) Number of employment and unemployment of 2010 graduates in the Secretarial Centre



9. Success story

My name is Kholoud Salman Mesleh, 25 years old lives in Gaza city/ Al Nasser Street; with my 13 individual families. My father has two wives now. We are facing very difficult situations, socially and financially, especially he is unemployment now, and we have no other resource to cover our basic needs.

I am divorced and have a baby girl, and came back to live with my family. It is so hard for me to continue my university education under these critical financial circumstances.



I joined the NECC secretarial center based on the advice of my relatives and friends. As I pay nominal fees and the certificate is recognized by the Ministry of Labor. I look forward to be an active woman; raise my daughter, and help my family.

Before joining the center, I lacked self confidence but after having new friends I gained it back with a bright smile to my future.

I feel grateful to my teachers and NECC for everything and I hope I will pass this year and get a decent job to support myself and my daughter.

Advanced Dressmaking Center

1. Center overview

1.1 Center Summary

The Advanced Dress Making Center launched its activities in 1964 to train qualified and skilled women to promote their participation in the Palestinian community and to help them to support their families and be financially independent.

1.2 Overall objective

To develop and enhance the livelihood conditions for poor and marginalized women in the Gaza Strip; through developing their tailoring skills.

1.3 Specific Objectives

- 1- To train qualified and skilled tailors.
- 2- To promote the role of women in the community.
- 3- To pay attention to building up and enhance self reliance and capacity of women in order to find job opportunities to support themselves and their needy families.

1.4 Main Activities

The following are the main activities of the center:

- 1- Announce about the courses and distribute applications and
- 2- Short listing and Sewing based test.
- 3- Enroll students and collect fees/contributions
- 4- Prepare and organize the final exams and evaluate the course by graduates.
- 5- Monthly reports
- 6- Follow-up graduates after one year of graduation.
- 7- Maintenance of the centre's machines

1.5 Target Group(s)

Female secondary school graduates

1.6 Course Duration

The course runs for one year

Table (78) Activities Timetable in Advanced Dressmaking Centre

1.7 Activities timetable

#	Activity	Jan.	Feb.	March	April	May	June	July	August	September	October	November	December
1	Course announcement and distribute applications												
2	Short listing and Sewing based test												
3	Enroll students												
4	Final exams , graduation and course evaluation												
5	Monthly reports												
6	Follow-up graduates after one year of graduation												
7	Maintenance of the centre's machine												



2. Preparation Phase

2.1 Announce about the courses and distribute applications and conduct sewing based test

Once the vocational training course opened the registration processes; several organizations, municipalities, clubs and schools were informed as the following table shows:

Table (79) Distribution of the courses and announcements for Advanced Dressmaking:

#	Institution	Gaza City	Middle Area	South	North	Sub-total
1.	Schools	29	9	30	10	78
2.	Clubs	7	9	6	4	26
3.	Organizations	5	4	6	1	16
4.	Municipalities	2	1	5	2	10
Total						130

The applications were available at the NECC's Head Quarter ; as well as at the three clinics Al Daraj and Al Shyja'y at Gaza City and Khrbit Al A'das at Rafah.

2.2 Criteria of selecting students

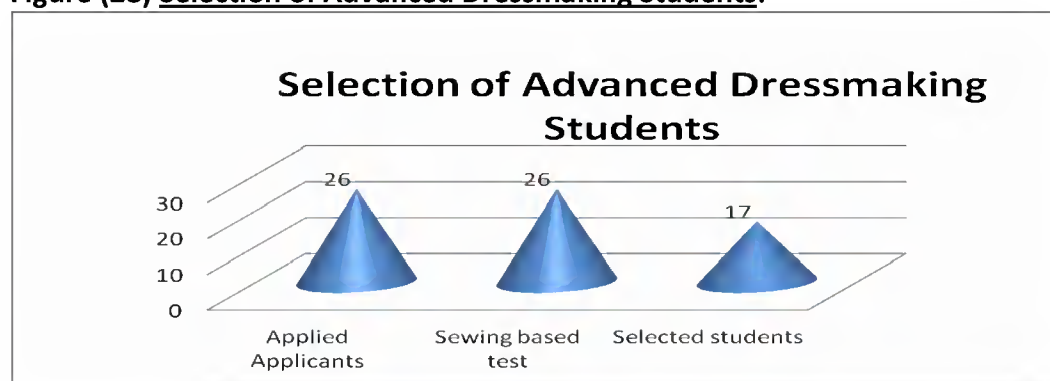
The students were selected based on the following criteria

- 1- Know the minimum knowledge of reading and writing
- 2- Principles of accounting
- 3- Principles of sewing

2.3 Sewing based test

Twenty six applicants applied for the 2011 training course, seventeen applicants enrolled a sewing based test and were accepted.

Figure (28) Selection of Advanced Dressmaking Students:



3. Implementation phase

Table (80) The theoretical and practical training of the Advanced Dress Making students were involved in 2011

#	Subject	No. of classes per week	No. of classes per month
1.	Principles of Sewing (Theoretical)	1	4
2.	Practical education	4	16
Total		5	20

4. Monitoring and following up

Maintenance of the center's machines

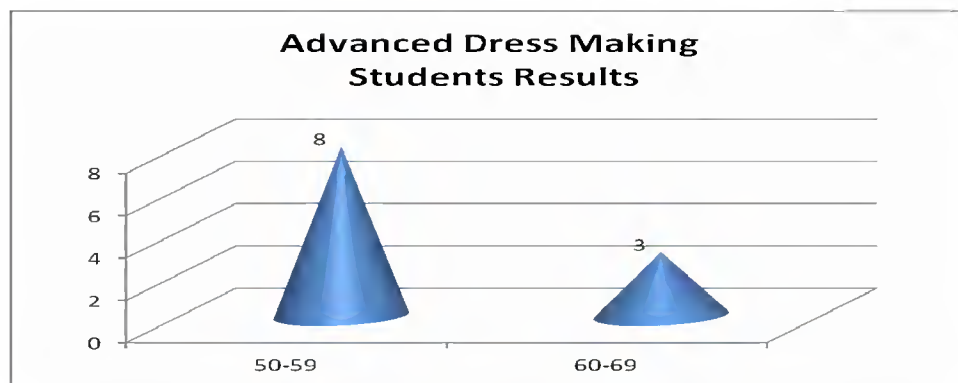
The Advanced Dress Making Center has 24 machines, but unfortunately most of them are very old devices and need to be renovate on monthly bases. During 2011, the machines were renovated twice; the first time the 24 machines were maintained and the second time 5 ones.

5. Examination and Graduation

Table (81) The number of the Advanced Dress Making graduates and their final results out of 70%.

#	Percentage	No. students
1	50-59	8
2	60-69	3
Total		11

Figure (29) Advanced Dress Making Students Results



6. Course Evaluation

Eleven students filled the evaluation sheet and the results were as following

1. 8 students stated that the training level is very good, 2 students stated that it is not that good.
2. All graduates stated that their enrollment to the Advanced Dress Making Center was based on their desire.

Graduates' suggestions develop the center

- 1- Providing a refrigerator and air condition
- 2- Purchase new machines
- 3- Develop the curriculum
- 4- Increase the course time
- 5- Renovate the place and create a cleaning system to the center.

7. Graduates employment and follow up

- 7.1 Link the graduates to the labor market

The 2011 graduate students will be followed up in 2012 to reflect their career and financial status.

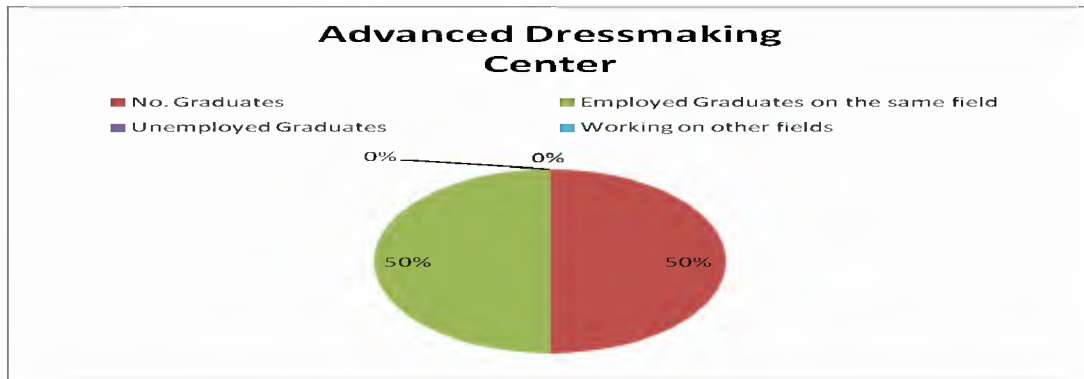
- 7.2 Follow-up graduates after one year of graduation

The following table and chart show the number of employment and unemployment of 2010 graduates; these information were collected in August and November 2011.

Table (82) The number of employment and unemployment of 2010 graduates

Center	No. Graduates	Employed Graduates on the same field	Unemployed Graduates	Working on other fields	Percentage of Graduates working on the same field
Advanced Dressmaking Center	13	13	0	0	100%

Figure (30) The number of employment and unemployment of 2010 graduates for Advanced Dressmaking Centre



8. Success story

Maha Samir Bakron 16 years old, live with her eleven individual's family in Tal Al Hawa; Gaza city.

She only passed her first year of high school, 10th grade. She dropped out her school as her educational level was low due to the bad treatment of her step-mom. Her mother was divorced since she was little baby, leaving her with the father.

She knows the minimum knowledge of sewing and used to do simple tailoring issues since childhood; that's why she decided to enroll the NECC's Advance Dress Making course. She says this course is providing her with new skills, lessons and practices. Now she is able to use the sewing machine and having one at home; and as she started to fix clothes to her friends, neighbors and other people with nominal fees to support herself . The reason beyond applying at this center is to find an appropriate job opportunity to support her and protect her dignity.

She is a very ambitious lady and planning to have a Wool training course to have multi-skills and to open a wider chance to find job in the future.



Table (83) Summary of VTCs Courses

There were 196 trainees attending the VTC (159 Men and 37Women) as follows:

Course	Start Date	No. of Applicants	No. of Accepted Students	No. of Dropouts		Enrolled Student 31/12/2011	Date of Graduation	No. of Graduation 2011
				Last years	During 2011			
Carpentry and Furniture Making	1/9/2008	48	24	1	-	0	31/7/2011	23
	1/9/2009	57	24	1	1	22	31/7/2012	
	1/9/2010	52	24	-	-	24	31/7/2013	
	* 1/9/2011	50	24	-	-	24	31/7/2014	
Metal/Aluminum Works and Welding	1/9/2008	57	15	-	-	-	31/7/2011	15
	1/9/2009	36	15	-	1	14	31/7/2012	
	1/9/2010	34	15	-	1	14	31/7/2013	
	* 1/9/2011	38	15	-	-	15	31/7/2014	
General Electricity and Motor Rewinding	1/11/2009	148	27			-	31/10/2011	27
	1/11/2010	184	22	-	2	20	31/10/2012	
	*1/11/2011	223	26	-	-	26	31/10/2013	
Secretarial Studies and English Language Course	7/9/2010	26	21	1	1	-	15/9/2011	19
	* 5/9/2011	40	31	-	-	23	15/9/2012	
Advanced Dressmaking	1/9/2010	25	15	1	3	-	31/7/2011	11
	*5/9/2011	26	17	-	3	14	31/7/2012	
Community Worker	* 2/5/2011	23	18	-	3	-	31/8/2011	15
	* 8/9/2011	27	20	-	1	-	30/11/2011	19
Total		1094	353	4	16	196		129

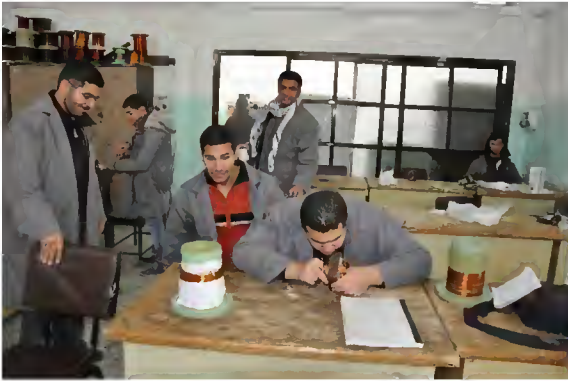
Note:

* Accepted Student for year 2011 = 151

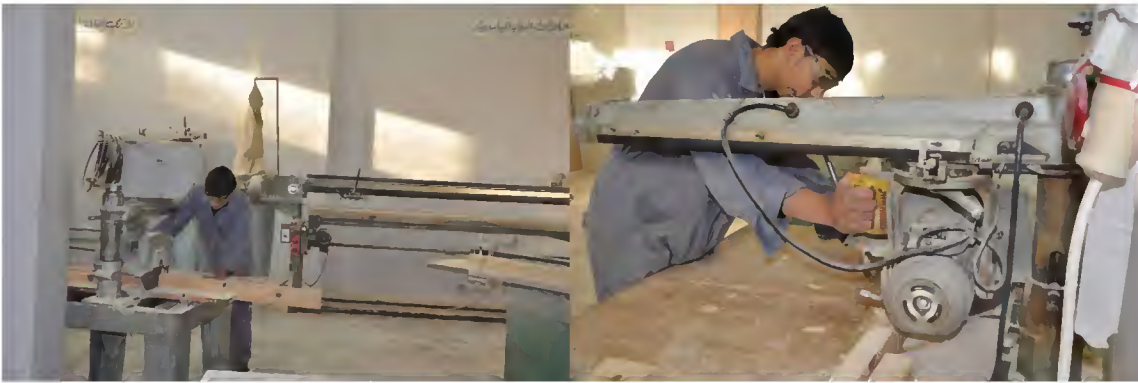
No. of enrolled student until 31 December 2011 = 196
 = 159 Men
 37 Women

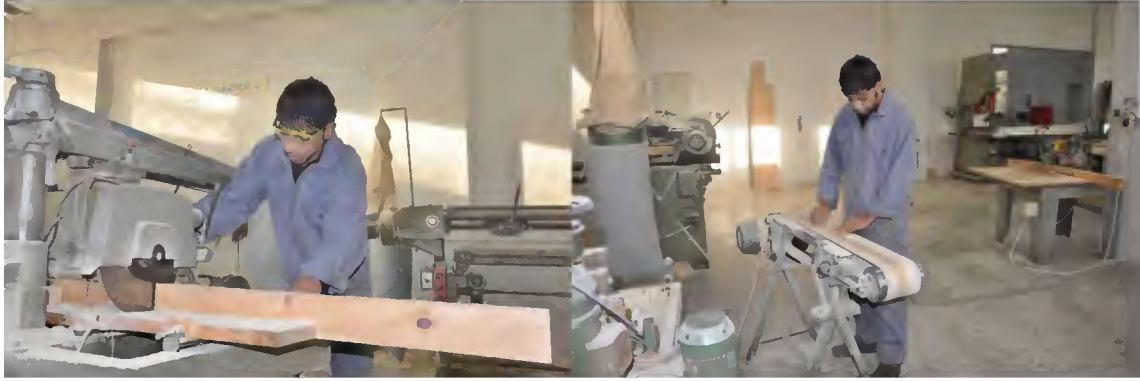
No. of Graduations for the year 2011 = 129
 = 65 Men
 64 Women



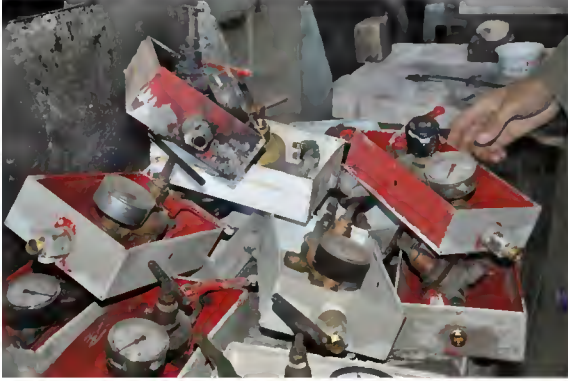






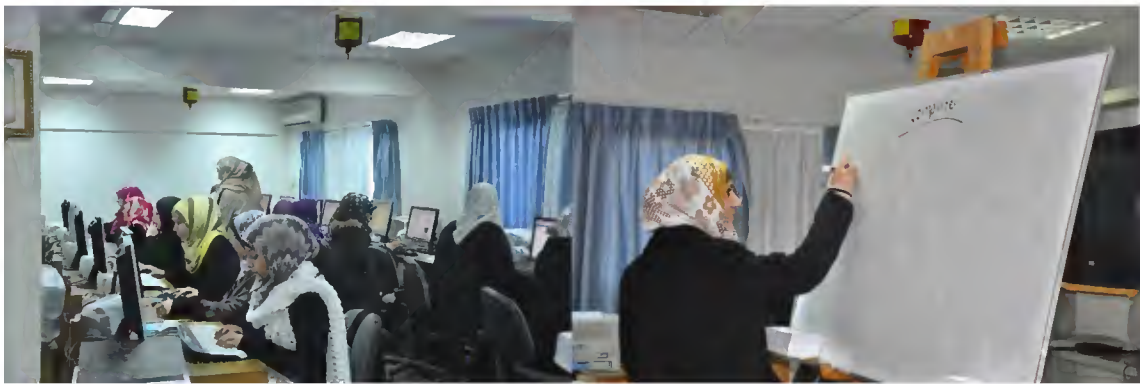
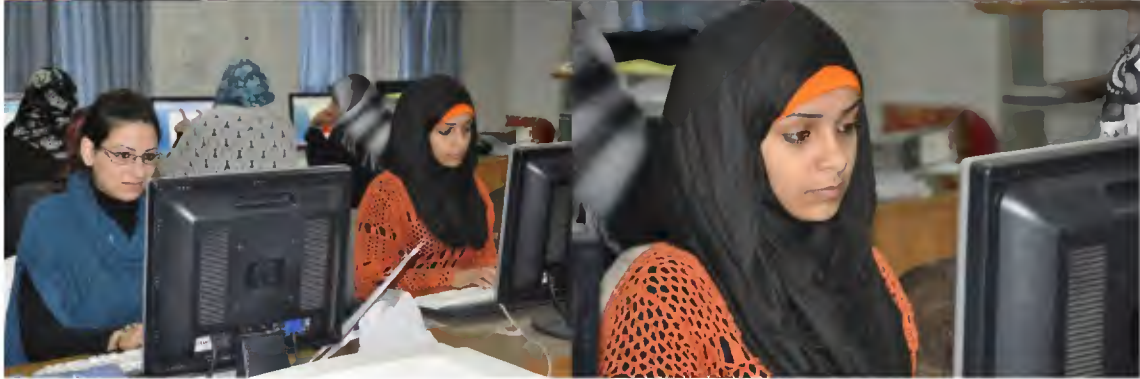


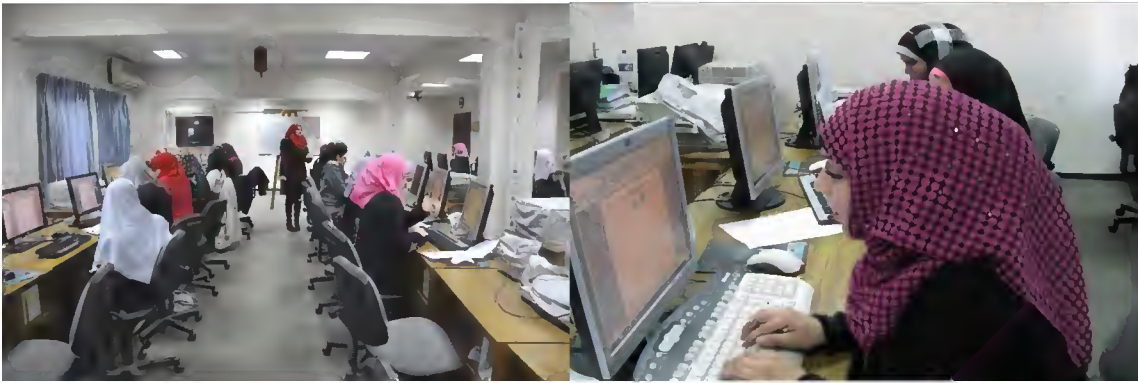
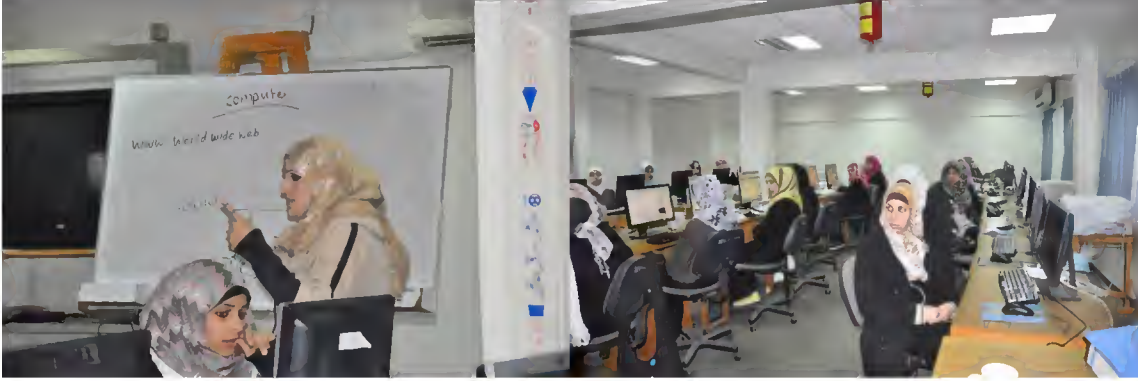
















Psychosocial Interventions common to Health and Educational Programs

1- Program overview

One of Near East Council of Churches' core activities is the **Psychosocial** Program which seeks to help children develop into healthy, productive adults. The well-being of children requires attention to all areas of their growth needs: physical (health, nutrition), social, cognitive, emotional and spiritual. Children's health and nutrition determine whether their physical and neurologic development is normal which influences their psychological health. A depressed child may lose their appetite and stop eating, and may be prone to more illnesses. Our program addresses basic needs of children for health and normal development. However, it is not only the minimum package of services we place around children, but also the way in which those services are delivered. We believe that talking about "good enough mothering" for a child or adolescent to achieve healthy development, and shore up their ability to cope and recover from adversity; that's why NECC's psychosocial program targets the whole family , epically women, mothers and their children.

The program was originally launched in 2009 after the offensive "Cast Lead Operation" against Gaza Strip, to enhance the capacities and skills of young psychosocial specialists and social workers. So, those specialists and social workers will play an active and vibrant role to reduce the stress and trauma of the Palestinian families, they will become human rights defenders and advocators for child rights and protection.

At the beginning there was no solid design strategic plan for this program, effective monitoring and evaluation tools and reporting mechanism, as it merged as an emergency need. The next year we utilized an effective strategy that fulfilled the gaps revealed previously in relation to certain indicators.

Even the period of launching this program is short but it proved its importance through the successful and positive impact of the initiatives and projects undertaken under its umbrella, due to the necessity need of such activities.

The program focused on the Palestinian families through the health centers, vocational centers, secretarial center, advance dress making center, NECC staff and cooperation and coordination with relevant organizations.

- After the end of the last war on Gaza, NECC started focusing on psychosocial interventions. As a consequence of the continued bombardment and blockade, the Gaza Strip has witnessed a terrifying growth in mental health problems with victims suffering from stress related conditions including post-traumatic stress disorder.

2. Program's Purpose

To contribute in developing and enhancing the psychosocial health for our beneficiaries (children, mothers, females, male and female students, parents) .

3. Program's objectives

- 1- To provide psychosocial support for the mothers and children who constantly visit the family caring centers and the residents around the centers.
- 2- To provide psychosocial support for the male and female vocational training center students and their parents.
- 3- To enhance and improve the capacity of the specialists working under the umbrella of the psychosocial program.
- 4- To enhance the coordination and cooperation mechanism between the specialized organizations on how to provide adequate services for the beneficiaries.

4 Target groups

Children, mothers, male and female students and their parents, NECC staff, females living around the centers.

5. Target areas

Shija'yah, Daraj and Rafah, Qarrarah

6. Types of activities

Psychological support sessions, home visits, awareness sessions, recreational and educational activities, providing gifts, milk and biscuits, implementing community based interventions projects, counseling, group guiding, emotional discharge courses for the staff, capacity building, referral mechanism, exchange knowledge and experiences, preparing questionnaires to evaluate the program.

7. Main achievements during 2011:

We have arranged for our social workers, doctors and staff nurses to attend courses which were organized mainly by ACT/NCA Consultant and Coordinator in Gaza in addition to our ToT team in order to enable our organization contributes towards the elimination of post-war psychosocial effects on the various communities through the provision of psychosocial assistance to restore hope, dignity, mental and social well-being while mainly focusing on students of our VTCs, mothers and their children who attend at our family health care centres. A special one-day psychosocial support programme was organized for 60 children of the Shijaia and Darraj area on the request of ACT Consultant who delivered toys , gifts and recreational activities in that day in Crazy Water resort and paid for by ACT International.



The main psychosocial activities as implemented in 2011:

- -A full psychosocial support day was implemented for the family care centers staff in cooperation with Gaza Community Mental Health, **36** employees participated in this day.
 - **4** training courses were implemented in cooperation with the ACT included (Men and Disaster, Life Skills, Problem assessment and project management, MHPSS ISAC Guideline)
 - **6** training courses were implemented in cooperation with MHPSS related organizations, **27** participated in these training courses.
 - **14**-meetings were implemented.
 - **2**-extra meetings were conducted due to the emergency need to activate the evening activities program, and due to the urgent need to enhance and develop our MHSSP monitoring and evaluation tools.
 - **11** internal training courses were implemented.
 - **1** external training course was implemented, **2** employees participated in “ Emergency Preparedness Workshop” in Turkey
- a. **In 2011, NECC clinics almost targeted the following:**

Table (84) The Main Psycho Social Support Programme Activities 2010-2011

<i>Category</i>	<i>Shija'ia</i>	<i>Daraj</i>	<i>Rafah</i>	<i>Total 2011</i>	<i>Total 2010</i>
Children from clinic	340	258	258	856	882
Mothers	5202	4335	1930	11467	12467
Home visits	54	62	32	148	215
Children from Kindergarten	264	337	335	936	1486
Recreational trips for children and mothers	180	332	160	672	575
Afternoon activities	1288	863	0	2151	2289
Lectures	132	141	70	343	420
Individual counseling	191	126	91	408	534
Group sessions	6	13	8	27	13

- b. NECC Vocational Training and Educational Gaza Center targeted the following in 2011:**
- 1267 participants;
 - 80 parents;
 - 33 lectures; and
 - 7 implemented projects.
- c. NECC Vocational Training and Educational Al Qarara Center targeted the following in 2011:**
- 427 participants;
 - 6 parents;
 - 34 lectures; and
 - 1 implemented projects.
- d. NECC Secretarial Center targeted the following in 2011:**
- 427 participants;
 - 10 parents;
- e. NECC Advanced Dress Making Center targeted the following in 2011:**
- 95 participants;
 - 9 parents;
- f. NECC conducted the following trips in 2011:**
- 390 children;
 - 200 mothers;
 - 77 male students;
 - 28 female students;
 - 56 NECC staff





Success Story:

My name is Doha Habeeb, 11 year-old living in Shija'aya with my eight members family. I am at my sixth grade, preparatory school. I spent my spare time drawing, watching T.V and playing computers games. Narrating poems, writing stories and theater are my best hobbies; my future dream is to be a famous poet and fabulous actress. Near East Council of Churches, family caring center provides me with several services. I really liked the psychosocial support program's activities; these activities helped me to:

- * enhance my self-confidence;
- * not feeling shy and breaking the ice;
- * stimulate the power of theater and histrionic; and helped me to manage my time and invest my spare time in useful things.

I feel so happy because I meet new friends at the NECC and would love to share them with the implemented activities. In my point of view, I believe that this program is perfect and doesn't need any additions; so I called it the tremendous. Acting and practicing the recreational activities make me feel so glad.



Welfare and Relief program

Program's overview

Near East Council of Churches Committee for Refugee work (NECCCRW) launched its Welfare and Relief program since 1952, to provide assistance to Palestinian refugees and their families.

The program offers help in the form of financial support for approximately 4000 family each year; covering all the geographical areas in the Gaza Strip; this financial assistance is available to parent(s) with children who cannot provide for their family's basic needs. And through assist unemployed graduates of the Palestinian families through securing temporary job opportunities to create more efficient means to employment seekers with respect to their humanity and dignity. In addition; the welfare and relief program provides educational loans for both Bachelor and Master students. This project is designed to help students pay for university tuition; it differs from other types of loans as the rate of interest is zero (revolving funds).

The following table summarizes the projects implemented under the umbrella of this program:

Table (85) Summary of the projects implemented under the umbrella of Welfare and Relief program

#	Project	Year of Establishment	Location
1.	Financial support for poor families	1952	The Gaza Strip
2.	Job opportunities for graduates	1965	
3.	Educational loans for university students	1975	

Program's purpose

Contribute to improve and enhance the livelihood conditions of the local community in a sustainable way.

Program's objectives

- Improve the likelihoods conditions of needy family.
- Provide temporary job opportunities for graduates.
- Assist needy students to complete their university study in the fields that respond to the community and market needs.

Target groups

- Poor and needy families whom their socioeconomic condition is deteriorated.
- Bachelor and Master degrees university students who can't secure their educational tuition
- Unemployment graduates seekers who lack decent job opportunities.

Projects under the program umbrella

- Providing financial assistance for needy families.
- Creating temporary job opportunities for university graduates.
- Providing educational loans for university students to complete their study.

Financial Assistance project

1. Overview

The financial assistance project launched in 1952 as a response to relief the Palestinian refugees in 1948. At first; a youth committee was formed and involved churches and it was called Near East Council of Churches, to receive and distribute assistance to the refugees.

2. Criteria of selected poor families

As long as welfare is associated with poverty, our financial assistance is commonly provided to individuals who are unemployed, those with illness or disability, the elderly and those with dependent children.

3. Identifying poor families

NECC communicated several humanitarian non-governmental and community based organizations all over the Gaza Strip to inform them about the project. These organizations submitted lists of poor and needy families based on the identified criteria; then NECC social workers checked the eligibility criteria and provided the financial support for the selected families.

4. **Major achievements**

Near East Council of Churches contributed to eliminate the financial suffering of the poor and marginalized families in the Gaza Strip through distributing financial assistance supported by Actions by Churches Together international (ACT) and Act Palestine Forum (APF); thanks to their continuous efforts and support . On February and March 2011; 1235 needy families received financial support through ACT PSE 101 Appeal and on December 2011; 2420 needy families received financial support through ACT PSE 111 appeal.

Table (86) The geographical distribution of No. of families, members in Relief and Welfare Program

Month	Rafah Area		Khan Younis Area		Middle Area		North Governorate		Gaza City		Total	
	No. family members	No. of families	No. family members	No. of families	No. family members	No. of families	No. family members	No. of families	No. family members	No. of families	No. family members	No. of families
February	467	62	1941	252	1037	130	821	110	2201	326	6467	880
March	362	47	586	61	470	56	579	83	827	108	2824	355
December	2351	330	3393	477	2203	317	2424	330	6416	966	16787	2420
Total	3180	439	5920	790	3710	503	3824	523	9444	1400	26078	3655

5. **Success story**

Hani Ahmad Abd Al Rahmaan, 51 years old living with his seven individuals' family in Jabalia camp, he suffers from poor vision.

He used to work as tailor at Israeli and he is unemployment since 2005. He has a daughter and a son who suffer from cerebral palsy retardation; and another son who suffers from hearing disability and ear disaster. This son went under a surgery on October 2011 at Egypt and has to go back to Egypt on February 2012 for medical check; and due to their critical financial situation the father couldn't afford the transportation and travel costs and NECC's financial assistance project provided him with financial assistance to help his son.

Job Creation project

1. Overview

The job creation project started in 1965 to provide short-term cash-for-work opportunities for the unemployment Palestinian refugees and whom their economic insecurity rate is high.

2. Project's purpose

To alleviate poverty in Gaza while reducing refugees' dependence on emergency assistance and improving their livelihoods

3. Project's objectives

1. Provide university graduates and family households with proper job opportunities in respect to their right of work, humanity and dignity.
2. Develop the socio-economic situation of the Palestinian graduates, households and their families through cash for work.
3. Enhance and develop the skills and capacities of the graduates.

4. Project implementation

During the project implementation, NECC provided job opportunities for 67 individuals; 37 females and 30 males. The premise of NECC had no available space for all workers, so some of them were distributed among various organizations in the Gaza City from January to December 2011; as the following table shows:

Table (87) No. of individuals benefited from Job Creation Project:

#	Gender	NECC premise	Other premises
1.	Female	19	19
2.	Male	11	18
Total		30	37

Table (88) The number and gender of selected workers, and number of working days during February and March 2011

Gender Month	February		March		Total working days
	workers	Days	workers	Days	
Female	4	68	4	40	108

Table (89) The number and gender of selected workers, and number of working days during November and December 2011

Gender Month	November		December		Total working days
	workers	Days	workers	Days	
Female	1	15	28	519	1139
Male	2	38	28	567	
Sub-total working days		35		1086	

Educational Loans project

1. Overview

The Educational loans project launched in 1975 funded for only four years. The project proved its effectiveness and success through its solid continuous cycle; as the students are fulfill to their loans payments which supported the project to become a self-funding.

At first the project only offered educational loans for the Bachelor students who live in the Gaza Strip; targeting the Palestinian universities in the Gaza Strip and the West Bank.

On 1997 the project started to offer educational loans for Masters and PhD students. Nowadays, the project only provide educational loans for the Gazans universities as the Israeli Occupation Forces splits the Gaza Strip and the West Bank and imposed movement restrictions.

2. Educational loans Announcement

Once the educational loans project started several organizations, municipalities, clubs and universities were informed as the following table shows

Table (90) The Educational Loans announcement:

#	Institution	Gaza City	Middle Area	South	North	Sub-total
1.	Universities	5	1	-	-	6
2.	Clubs	7	9	4	6	26
3.	Organizations	5	4	1	6	16
4.	Municipalities	2	1	2	5	10
Total						58

3. Offer loans for students (males and females) for the first time.

The following table shows the number and gender of bachelor and masters students who get educational loans for the first time from March 2011 to July 2011:

Table (91) Number and Gender of Bachelor and Master Students got Educational Loans

#	University degree	Male	Female
1.	Bachelor	1	1
2.	Master	1	1
Total		2	2

The following table shows the number and gender of students who applied for educational loans for the first time; and number of accepted applicants from July to September 2011:

Table (92) No. of applied and accepted applications of educational loans:

Applied applications		Total	Accepted applications				Total
Bachelor	Master		Bachelor		Master		
95	40	135	41		22		63
			M	F	M	F	
			11	30	17	5	

N.B: Even 63 applications had been accepted, but unfortunately NECC couldn't release the educational loans due to an urgent problem raised from Bank of Palestine (BoP). As on 1st June 2011 the bank informed NECC that the educational loans agreement freezed as the bank issued new procedures; NECC board of directors conducted several meetings with the management of the bank to find a quick solution to release the loans and modify the agreement according to the new procedures. It is expected that the students will get their loans soon.

4. Renew the loan for the students (males and females) who complied with the conditions.

Table (93) The number of Bachelor and Master Students who renewed their loans from March 2011 to December 2011

#	Loans issued	No.	Bachelor	Master
1.	Loan for the first time	-	-	-
2.	Renewed for the first time	12	9	3
3.	Renewed for the second time	5	5	-
4.	Renewed for the third time	2	3	-
5.	Renewed for the fourth time	-	-	-
Total		19	17	3

5. Collect the installments due from debtors.

Table (94) The number of students who already paid their loans and the mechanism they used to pay from January 2011 to December 2011

#	Mechanism of paying loan	Per person
1.	Through NECC office	31
2.	Through Bank of Palestine	14
Total		45

Table (95) The number of current students who still pay their loans and the mechanism they used to pay

#	Mechanism of paying loan	Per person
1.	Through NECC office	101
2.	Through Bank of Palestine	6
Total		107

6. Success story

Maha Hassan Al A'tawna, 24 years old living with her eight individuals' family in Gaza city, Al Tufah area.

Her father passed away few years ago and they have no one to support them; mainly they depend on the Social Welfare Assistance. After finishing her first educational year, she couldn't afford her second year payments and submitted an application applied at the NECC's educational loan department asking for an educational loan.

NECC's educational loan department supported her for three educational years until she graduated. After her graduation, she had a job opportunity as a nurse at Al Quds Hospital, this job helped Maha to support her family and herself. On January 2012 Maha paid her last loan payment.

Maha expressed that this loan opportunity gave her the chance to achieve her dream and increase the livelihood situation of herself and family.

Employment and Income generating co-operative:

There are twelve women at the self-help and six seamstresses at the self-support sewing co-operative who continued their performance in producing garments of all kinds and earned an average monthly income of NIS 500-700.

Advocacy:

It was noticed that more restriction had been imposed on the entry of foreigners to Gaza and many had been denied entry including a number of donors' agencies representative, church delegations and even diplomatic corps. During this period only **39** persons (compared to **42** persons over similar period of last year) including representatives from a number of our partners' agencies, journalists have been met with and paid visits to our programme.



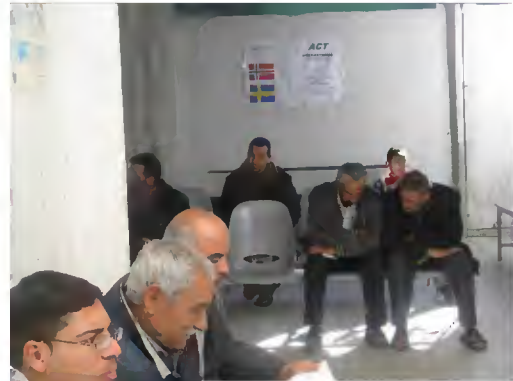








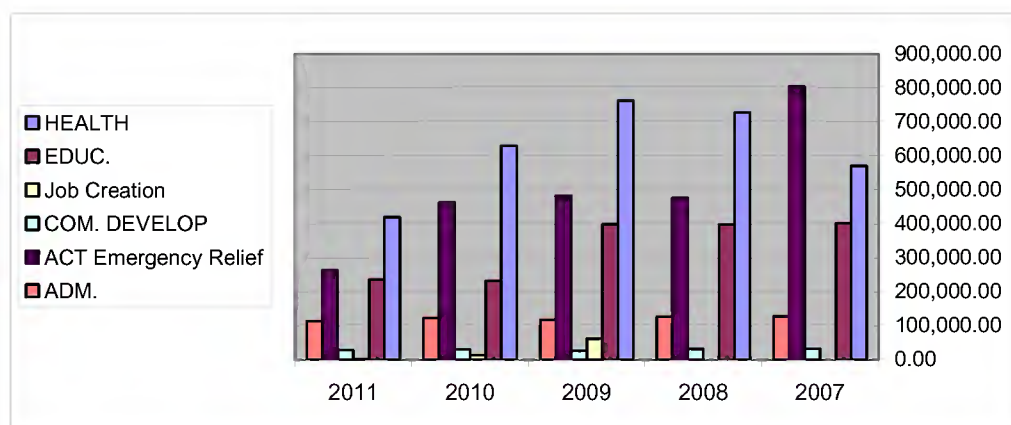
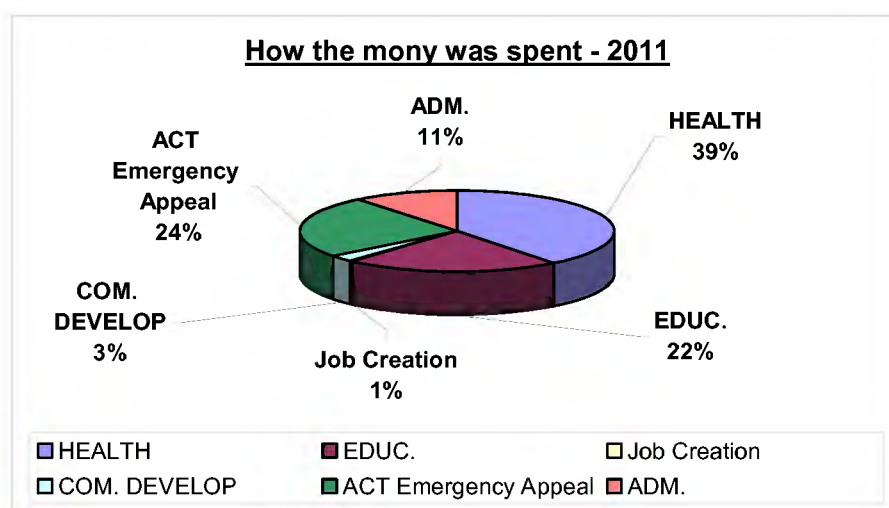
Table (96) No. of Palestinian Refugee Camps in Gaza Strip as registered in UNRWA

The Gaza Governorates have a population of approximately 1,5 m including over 1,204,850 Palestinian refugees registered with UNRWA defined as follows:

Area	Camp	In Camps	Not in Camps	* Total
Jabalia	Jabalia	109,601	106,661	216,262
Rimal	Beach	87,871	110,914	198,785
Zeitun	-	0.00	154,898	154,898
Nuseirat	Nuseirat	67,135	36,495	138,020
	Burejj	34,390		
Deir El Balah	D/Balah	21,348	52,070	99,297
	Maghazi	25,879		
Khan Younis	Kh/Younis	71,948	133,583	205,531
Rafah	Rafah	104,939	87,118	192,057
Total	8 Camps	523,111	681,739	1,204,850

The figures as on 31/12/2011 courtesy of UNRWA.

How the Money Was Spent in the Year 2011



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

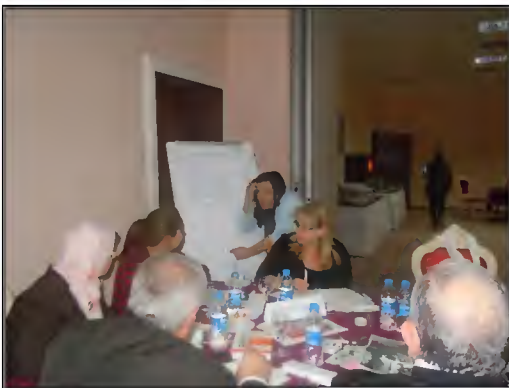
(Philippians 1:4-6)

VIII. ACKNOWLEDGEMENT TO OUR SUPPORTERS:

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

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

1. ACT International (Action by Churches Together)
2. Bibleland (UK)
3. CARITAS in France, Switzerland, Luxemburg & Jerusalem
4. CCFD
5. CFOS (Canada)
6. Christian Aid, UK
7. Church in Wales, UK
8. Church of Sweden
9. Danchurchaid, Denmark
10. Danida, Denmark
11. Diakonisches Werk, Germany
12. Diocese of Aalborg, Denmark
13. Evangelical Lutheran Church in America
14. Evangelischer Entwicklungsdienst e.V (EED), Germany
15. FinChurchAid
16. Interchurch Organization for Development Cooperation (ICCO), Holland
17. KAIROS, Canada
18. Lutheran World Relief, USA
19. Mennonite Central Committee
20. Middle East Council of Churches
21. National Council of Churches, Australia & AusAid
22. NECEF, Canada
23. Norwegian Church Aid
24. Pontifical Mission for Palestine
25. St. Patrick's Cathedral, Dublin
26. The Bromages, UK
27. The Church of Scotland
28. The Reids, Australia
29. The Mission Covenant Church of Sweden
30. World Council of Churches



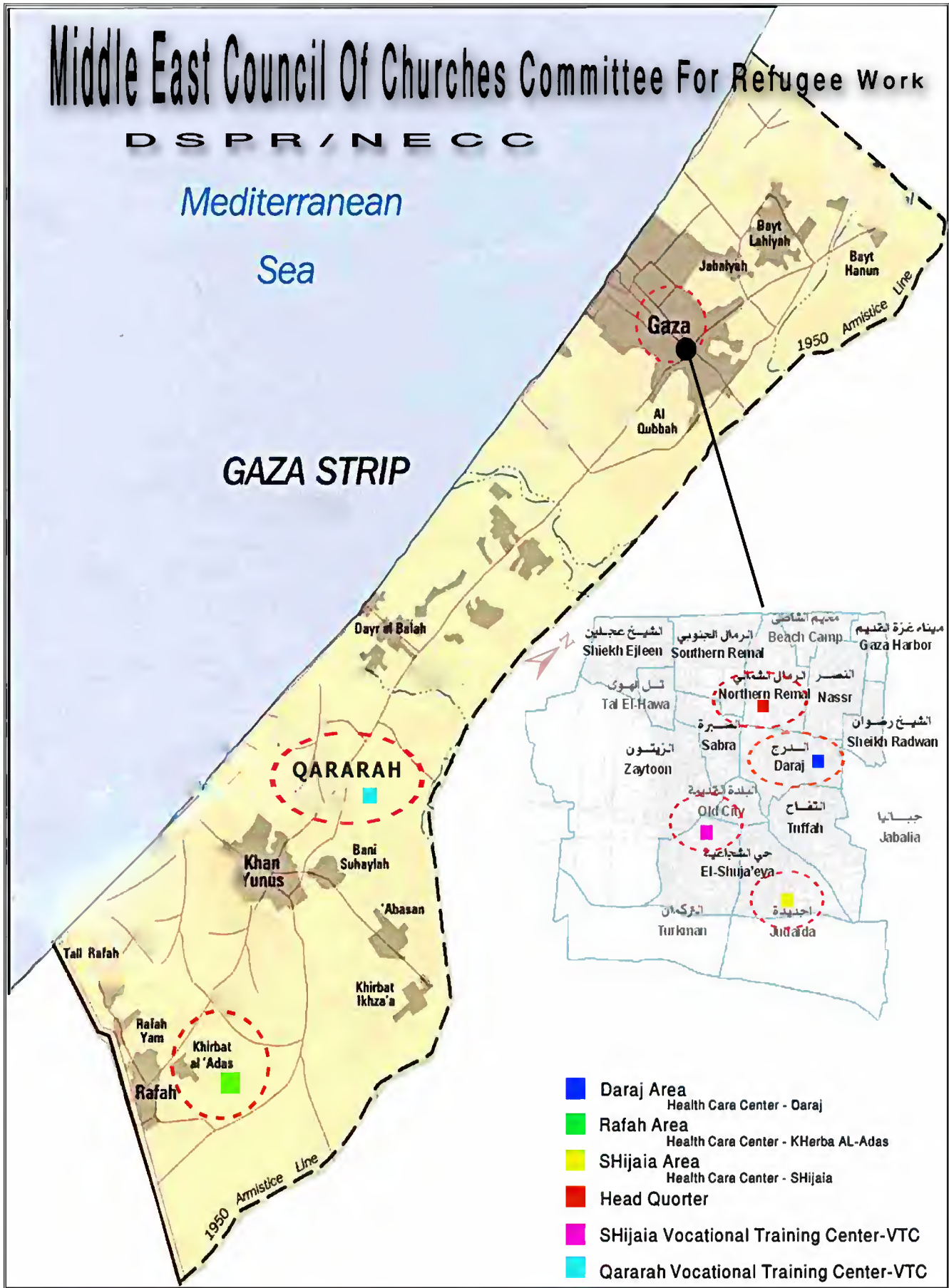


Middle East Council Of Churches Committee For Refugee Work

D S P R / N E C C

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