



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

Department of Service to Palestinian Refugees

DSPR/Gaza Area

Progress Report

1st Quarter

January 1st through March 31st 2018

June 2018

Preface:

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

The purpose of this quarter report is to give comprehensive information on NECC programs implementation during first quarter of year 2018 (for period covering 1st January till 31st March), highlighting and summarizing the achievements that have been realized with regards to the stipulated and intended goals considering the different aspects of context in the Palestinian territories mainly in the Gaza Strip.

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

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

Acknowledgement

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

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

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

With respect

NECC/DSPR-Gaza

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List of Abbreviations:

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

Executive Summary

This Progress Report is covering first 3 months of programs implementation during 2018, summarizing achievements in relation to the specified goals in the picture of the deteriorated political and socio-economic situations in the Gaza Strip.

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

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

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

1. Highlights on first quarter achievements:

Regarding Access to Primary Health Care and Medication, the number of newly registered families during this reporting period has reached **599** families, while the number of the total families benefitted from NECC PHC clinics during this period was **7833** families.

The number of new women registered at preconception care was **305** women and follow up visits of those women reached 648 visits, for pregnant women the number of new pregnant was **540** distributed as following: 255 in Shijaia, 179 in Darraj and 106 in Rafah with total of **1478** pregnant women who were already registered and followed up during the reporting period. Furthermore, the number of deliveries reported in our catchments areas during this reporting period was **403** deliveries. 76.7% of the delivered women received quality postnatal care three times after delivery. In terms of family planning, the number of women who received family planning services during this reporting period was **717** women: 278 at Shijaia, 376 at Darraj and 63 cases in Rafah (target 1000 women per year).

Additionally, the number of newly registered children in this reporting period has reached **1106** in the different areas (Shijaia 471; Darraj, 309; Rafah 326), this is also could reflect an increased demand for the services. The total number of children attending the well-baby clinic has increased and reached **7307** cases distributed among clinics as follows; Shijaia 3190; Darraj 2624 and Rafah 1493 with total Well-baby visits reached **9265**.

The number of patients above 6 years old as cases examined by doctors has been **2554** while **3942** children under 6 years were examined by doctors and received treatment. The number of cases examined by dentists and received dental care services had reached **2127** distributed as Shijaia 798; Darraj 659 and Rafah 670. The total laboratory tests that were performed inside the three family care centers during this reporting period have reached **6727** distributed as Shijaia 3258; Darraj 2438 and Rafah 1031. The total number of health education sessions provided to all categories was **449** sessions for 12895 participants.

Lectures, trainings, and information events on various topics implemented inside NECC clinics activities twice per week named “afternoon activities” where 44 women benefited from embroidery, wool making courses, hair dress making and others during the reporting period.

With regards to the **Technical Vocational and Educational Training (TVET) program**, during the reporting period, a total of 237 enrolled trainees including male and female, continued to receive high quality vocational training skills in the designated fields of carpentry/furniture making, welding and metals work, aluminum work, refrigeration and air conditioning, general electricity and motor rewinding, secretarial studies and advanced dressmaking. Where about 21.3% out of those trainees are females and the rest of 78.7% are almost males.

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

Regarding **psychosocial support program**; 768 children who attended the three family care centers or kindergartens located in the three served areas received PSS activities either, group sessions or counseling or recreational activities while 1193 mothers and women received PSS either group sessions, individual counseling, group counseling or consultation. Additionally, 204 TVET students received PSS.

1.1. Summary of key findings in reference to log frame

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

Annual Indicator	Q1	% of achievement
At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits	98.8%	Achieved
At least 70% of women in targeted locality received timely quality post-natal care at least twice.	76.7%	Achieved
1,200 new pregnant women registered for ANC annually	540	Achieved
7000 antenatal care visits made annually	4113	58%
1,800 pregnant women received follow up visits, newly registered and on-going	1478	82%
1600 postnatal care visits conducted annually	1098	68.6%
12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric measurements	7307	57%
25,000 well baby visits were conducted annually	9265	37%
7,000 sick children up to 6 years old received medical examination and treatment	3942	56%

1000 partners received reproductive health services and awareness	717	72%
Over 4,000 women, children and adults in targeted areas receive dental care annually	2127	53%
Over 4,000 patients examined, tested and received treatment	2554	64%
2000 children received psychosocial support	768	38%
3000 mothers/women participated in psychosocial support activities	1193	40%
A total of 117 students receive training in carpentry/furniture making, welding and metals, Aluminum work and refrigeration and air conditioning annually	136	Achieved
A total of 48 students new and old receive training in electricity skills	56	Achieved
A total of 20 students receive training in secretary study	21	Achieved
A total of 15 students receive training in Advanced dressmaking	24	Achieved
At least 60 educational loans provided to students to complete their study at Palestinian universities	10	16%
1 to 2 policy/advocacy issues resulted in improving justices and economic status	1	50%
4 initiatives implemented with local communities	1	25%
10 visits paid by relevant internationals	8	80%

2. Introduction to NECC Organization:

2.1 Description of NECCCRW and its programs

NECCCRW Brief:

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

NECC supports the Palestinian people through six key areas: Health (Maternal and Child Primary Health Care), Technical Vocational Education and training (Empowering Youth Economic Status), Educational Loans for university students, Psychosocial Support for children, mothers, and students

to cope with the negative impact of Gaza Violence, Emergency Relief projects including cash Relief and Job Creation initiatives, Advocacy policies and activities shared with the community, and community Development program.

**NECCCRW
Vision:**

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

**NECCCRW
Mission**

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

2.2 Overview on NECC Programs Description

1. Provision of Quality Primary Health Care services:

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

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

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

Two family health care centres in the areas of Shijaia and Darraj serve each a poor community of approximately 120, 000, and 80,000 people respectively, where existing provision of medical services is inadequate. In the rural area of Rafah, in Kherbet El Adas, where provision of medical services is

non-existent by other providers, NECCCRW Gaza serves a population of approximately 20,000 at its third centre.

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

2. Psychosocial support:

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

3. Livelihood and Economic Development (TVET Program):

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

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

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

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

4. Educational Loans:

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

5. Emergency Relief:

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

6. Advocacy Program:

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

7. Others:

❖ **Community Development Program**

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

❖ **Self-Help Program**

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

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

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

The Palestinian people have been exposed to a wide range of vulnerabilities since 1948 with people from Gaza being particularly affected. **PCBS 2017** report indicates that 38% of the HH in Gaza live below the poverty line and an additional 23% of the HHs in the GS live below the severe poverty line with women and children mostly affected. According to the recently released report of Palestinian Central Bureau of Statistics-PCBS (**2018**), nearly 2 million people live in a narrow, 45-kilometre-long strip of land that is divided into five administrative districts, with the urban protectorate of Gaza being the most densely populated, 66% of the total population are refugees.

The determinants of health for any population are broad: they include peace and security, economic resources, education, democracy, equity, women's empowerment, appropriate housing, access to clean water and nutritious food, and a safe and healthy environment. All these health determinants are negatively affected by the protracted conflict in Gaza, with 11 years of blockade and economic hardship, which has resulted in increased vulnerability and ill-health among Gazans, particularly women and children (Ministry of Health, 2016).

Since 2006, Gaza's gross domestic product has been cut by half, with the World Bank estimating that its gross domestic product (GDP) should be four times larger today than it is. Indeed, Gaza's real GDP is only a couple of percentage points higher than it was in 1994 – even though the population has increased by an estimated 23%. Due to this combination of depressed economic growth and rising population, the GDP per capita in Gaza was only \$1,038 in 2017, an amount 72% below 1994 levels, and real per capita income in Gaza has fallen by 31%. In addition to restrictions on the importation of raw materials, limitations on fishing rights and access to 35% of Gaza's arable land in the restricted access zone have further destroyed the territory's traditional industries, and its manufacturing sector has shrunk by 60%.

Still, the economic recession, political uncertainty, siege and poverty dominate the overall picture in Gaza. Gaza reconstruction plans are being slowly implemented through complicated procedures. Still many people are displaced and living with relatives and friends, in tents or caravans.

This has been further complicated by Donald Trump's decision in December 2017 to recognize Jerusalem as the capital of Israel, which the United Nations general assembly has voted overwhelmingly to condemn in a rare emergency session of the global. Since that decision, many Palestinians were killed or injured. The PA took a strong position against Trump decision which annoys the American administration and resulted in severe cut of UNRWA budget which serves Palestinian refugees.

Unless being compensated through other sources, UNRWA services will be severely affected including health, sanitation and education.

Gaza consequently exports only 17% of the amount that it did before 2006. Gaza now has one of the slowest rates of economic growth and highest unemployment rates in the world, according to the World Bank estimates. While the inability to find work affected 48.7% of Gaza's inhabitants in 2017, this lack of opportunity is even more concentrated among registered refugees (43.7%), the youth (57.6%) and women (65.3%) (PCBS, 2017). Over one-third (38.8%) of Gaza's inhabitants subsist below the poverty line and 21.1% are categorized as living in 'deep poverty'. Nearly half of Gaza's households

experienced food insecurity in 2017 and – because 97% of municipal water wells in Gaza produce water that does not meet World Health Organization (WHO) standards for human consumption – only 10% of Gaza’s residents have affordable access to an improved water source. Currently, 70% of HHs in Gaza are receiving food aid mainly through UNRWA and international organizations. Ministry of Social Affairs provides regular assistance to around 120,000 families, the majority are from the Gaza (76,000 families) in addition to the support provided by UNRWA and NGOs.

In May and June 2017, further restrictions on Gaza were imposed, including further reduction of electricity supply by at least 30%, early retirement of employees, reduction of PA employees’ salaries in Gaza by at least 30%, suspension of the routine supplies of drugs and disposables in addition to almost total suspension of referrals abroad.

In Gaza, the lack of drugs and medical disposables are life threatening, particularly for emergency patients, 200,000 patients across the Gaza Strip suffering from chronic diseases are furthermore severely impacted by drug shortages disrupting their treatment. In addition, 350,000 emergency and trauma cases risk death or disability due to shortages in essential life-saving drugs in the emergency departments. The gap in availability of essential life-saving drugs has reached a critical threshold of 40% in September 2017, the highest figure since 2014.

Humanitarian Needs Overview 2018 reports that in Gaza strip there are 1.46 million people in need for Water and Sanitation for Health (WASH). In terms of Nutrition, it is reported that 40 000 children are suffering from micronutrient deficiencies in Gaza. In Gaza, the only natural source of water is the coastal aquifer, and the population currently extracts almost three times the aquifer’s sustainable annual recharge, which has caused water levels to significantly drop and the intrusion of saline water. Furthermore, in the absence of adequate sewerage treatment facilities, the infiltration of raw sewage from sewage collection ponds on the surface is further adding to the rapid deterioration of the aquifer and posing a serious public health risk.

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

A chronic shortage of electricity – from 12 to 22 hours of daily rolling blackouts – prevents the region’s three desalination plants from meeting demand, and it drastically reduces the capacity of sewage treatment plants. Consequently, 95 million liters of partially treated or untreated sewage are

discharged into the Mediterranean Sea daily. The United Nations has predicted that Gaza may be uninhabitable by 2020 and repeatedly described the situation as a protracted human dignity crisis.

It could be claimed that improvement in social and physical health is closely linked to economic growth and security. Any kind of economic recovery in Gaza is impossible while the blockade of Gaza remains in place. Even if it is lifted, it will take years to repair the damage and to recover the economy. Despite the aid that is going to the Palestinians, yet the humanitarian situation continues to decline especially with the prevailing trend of shifting aid to other places.

Continued aid is vital to respond to the growing humanitarian crisis in Gaza but it cannot provide a solution in itself. Consequences of the above situations imply that urgent measures need to be taken to support the livelihood conditions of the population including delivery of health services, supporting economy, and social services. Because the ultimate solution is political in nature, advocacy and lobbying measures should be taken to find a political resolution to the Palestinian case.

, hearing difficulties and then problems with remembering and concentrating. While most disabilities are either congenital or driven in part by the high rates of consanguineous marriage (146 cases¹), or the result of a birth injury or illness, a substantial proportion are caused by the ongoing political conflict.

3. Major activities and achievements of NECC programs:

3.1 Health program

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

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

By age	Above 18 years		Less 18 years		Total
By gender	M	F	M	F	13540
No of beneficiaries	340	3276	5075	4849	
Total	3616		9924		

¹ Irdah, M. M., Consanguinity profile in the Gaza Strip of Palestine: Large-scale community-based study, European Journal of Medical Genetics, 57(2), pp. 90–94, 2014.

3.1.1 Preconception and Ante Natal Care

Preconception care

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

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

This approach is designed to strengthen the provision of high quality antenatal care services at the NECC primary health care premises. Already NECC provides ANC services but the challenge is to promote the provision of timely, high quality ANC care according to the approved national protocols including early booking and registration, introducing the preconception care (counselling and Folic Acid supplementation), and to promote appropriate nutritional status of pregnant women through appropriate counselling, supplementation and follow up. Mothers' knowledge about pregnancy its antecedents and consequences is limited and requires further reinforcement especially knowledge about danger signs of pregnancy, labor and post-partum affecting mothers and fetus /infant. This program aims at improving the health status, and reducing behaviors, individual and environmental factors that contribute to poor maternal and child health outcomes. Its ultimate aim is to improve maternal and child health, in both the short and long term. Preconception care is to prepare women of reproductive age to enter pregnancy in an optimal health status. Women are assessed for risk factors, screened for hypertension, diabetes mellitus, anemia, oral health diseases, given folic acid supplementation to prevent congenital malformation - in particular neural tube defects - and are provided with medical care where relevant.

During this reporting period **305** new women were registered in preconception care which exceeded the anticipated target, (anticipated target is **1000**), **648** preconceptions follow up visits were provided, of them **95 women** were newly married, **200 women** have had children before, **93** had abortion, and **44** were followed previously at NECC family planning program 377 women attended preconception care received folic acid supplementation.

From those who screened **295** women found anemic and received appropriate treatment.

Most of women received health education and awareness sessions about nutrition, preconception care, and hygiene practices, the most commonly delivered health education method was lecture, and educational films on Smart board, **27** women who received preconception care become pregnant and enrolled at NECC antenatal care program during the reporting period.

Antenatal Care

According to the standard of antenatal care from WHO followed by NECCCRW, pregnant women are expected to visit every 4 weeks until 28 weeks of gestation, and then every 2 weeks until 36 weeks, after which weekly visits are recommended until delivery. During this reporting period, number of new pregnant women was **540** with total of **1478** pregnant women who were already registered and followed up during the reporting period (Target 1800 pregnant women per year).

Among the new pregnant women, 173 women were primigravida (32%). The total antenatal care visits have been reached 4113 visits (Target: 7000 ANC visits per year) as the pregnant woman should follow up monthly during her pregnancy. Accordingly, **98.8 %** of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy. We noticed an increase regarding ANC beneficiaries and this could be correlated to the high needs to reproductive health in Gaza.

The percentage of pregnant women who registered at antenatal care through the first three month of pregnancy was **91%** which revealed high commitment

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

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

*During this quarter, the percentage of women received US service 3 times or more during their pregnancy period reached **79 %** while the total numbers of US scans were **1218**. there were no maternal mortality cases registered during this quarter.*

NECC has started introducing the preconception care to improve the pregnancy outcomes for both the mother and the baby. Details about this new service will be shared in the next reporting year

3.1.2 Post Natal Care (PNC)

All women who follow up for antenatal care at NECC family health care centers during pregnancy used to receive PNC three times, after delivery by NECC staff, the first visit within 72 hours, second visit within 6 days and third one within 6 weeks after delivery, the two visits should be at home while the third one could be at the center or home. During the postnatal visits, the midwife/nurse examine women and their babies to make sure that their conditions are normal, assess the psychological status of the mother and provide psychosocial support services to mothers, provide health awareness sessions pertaining to postnatal period such as breastfeeding, family planning, nutrition, baby care, danger signs, provide appropriate supplementation to women as needed such as Iron/Folic acid to anemic and even normal deliveries according to national protocol for 3 months, refer the severe or cases with complications and provide psychosocial support. Additionally, they check the baby's weight and perform umbilical dressing. Also, they filled a questionnaire about both mother and baby.

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

Regarding the post-natal visits, the total number of deliveries during this quarter in the three localities who were registered in ANC was **403**. NECC conducted **1098** PNC sessions/visits in three served localities were provided to 444 mothers, **804** were at home and 294 at the health center.

Also **76.7%** of mothers who passed 6 weeks after delivery received 3 PNC sessions, and **85.5%** passed the 6 weeks after delivery without complication while 8.8% of children (40 children out of 451) during 6 weeks of their born had specific medical conditions and received appropriate treatment or referred.

Also, one of the main objectives of the project is to enhance the exclusive breastfeeding, the percentage of children who are exclusively breastfed during the 6 weeks after delivery was **91.5%**.

3.1.3 Family Planning Services (FP)

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

During this quarter, the number of new acceptors was 91 as following: 35 in Shijaia, 38 in Darraj and 18 in Rafah. The total number of beneficiaries of Family Planning and visits disaggregated per area are shown in **table (3) below**.

Center area	No of beneficiaries	FP Visits
Shijaia	278	401
Darraj	376	613
Rafah	63	74
Total	717	1088

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

3.1.4 Well Baby Program (WB)

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

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

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

- Screening of **7307** children 0-6 years old attending the well-baby services as planned in accordance with the national protocols (Target 12,000 per year). Shijaia Clinic ranked first in term of the number of children seen at the well-baby services (3190).
- In total, **9265** well-babies follow up visits were performed (Annual target 25,000 well-baby sessions). During this quarter, 1106 new children were assessed at the well-baby service delivery points: 471 in Shijaia, 309 in Darraj and 326 in Rafah.
- **3942** sick children have been provided with medical examination and needed medications and supplementation.
- In addition to those who joined a treatment program inside NECC premises, **33** children were referred to other facilities for more advanced management at hospitals or diagnostic centers as following: 11 children were referred to Thalassemia center and 22 to the pediatric hospitals.
- The total number of those examined and found abnormal and enrolled in nutrition treatment programs is 447 children. The percentage of malnutrition among the attendants of the well-baby visits was distributed as following: 7.59% in Shijaia area while it was 4 % in Darraj area; 7.37% in Rafah.
- The prevalence of anemia discovered through well baby screening ranged from 24.6% in Rafah to 23.1% in Shijaia and 18.3% in Darraj.
- At the well-baby clinics; health education sessions are provided to the mothers about breastfeeding, nutrition and hygiene with food demonstrations to all children in the clinics.
- Also **3951** caregivers received **156** health education and awareness sessions about nutrition, breastfeeding, and hygiene Also, health education materials were distributed to caregivers.
- It's worth mentioning that **United Church of Canada** supported NECC in medications needed for the treatment of anemic, malnourished and sick children, this support used to complement an ongoing program supported by the **Embrace the Middle East**.

Early childhood detection and intervention

EDUS with UNICEF BiH, supported by the (**Bosnia and Herzegovina**) BiH government has developed an innovative model of a system for early childhood detection (ECD) and intervention (ECI) in order to recognize children at risk and with developmental delays and disorders as early as possible and introduce

services that will enable them to catch up with their typically developing peers and prevent in many cases life-long disability and exclusion.

The main objectives of this trans disciplinary training were to support government of SOP to create a system of early detection and intervention in their country and implement the priorities defined under the National ECD and ECI strategy 2017-2022, as well as to provide professionals with a diversified knowledge and competencies training in how to use standardized instruments for harmonized “whole child” assessments and interventions in ECD and ECI particularly focusing on most vulnerable families with young children with developmental delays and disabilities Near East Council of Churches Gaza (NECC) adopted this strategy with the support from UNICEF . as NECC developed ECD corner in the clinic, to detect children with developmental delays and disabilities. During this reporting period, **236** of children were screened, **15** children of them found they had developmental delays and disabilities according to standardized assessment tools, and **221** found normal. Thus, this approach is very important because Palestine endorsed the National ECD and ECI Strategy 2017-2022 and one of the key priority is introduction of the early detection of children with developmental delays and disability and intervention services.

3.1.5 Dental Clinic

All clinics of NECC Gaza are equipped with fixed Dental units that provide routine dental services – such as check-up, filling, extraction, scaling 4 days a week, as well as the mobile dental clinic which is also used to screen client’s teeth and to detect oral health problems. During this quarter, **2127** patients (annual target 4000) were examined by a dentist at the clinics, also **460** children were screened during well baby program (target 700 child per year), **480** pregnant women were screened during antenatal care for their dental care (target 1200 pregnant women per year).

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

District	No. of Visits	Treatment	Composite Fillings	Amalgam Fillings	Teeth extractions	Teeth scaling	Follow up visit
Shijaia	648	199	-	158	45	40	223
Darraj	743	413	2	185	101	47	159
Rafah	490	224	-	98	67	24	119

3.1.6 General Clinic/Medical examination

through general clinic the physician treated children, adolescents, adults, and women about 60 patients per day were treated and received proper medicines, in each clinic there are four days for general clinic, during the reporting period the number of patients above 6 years old as cases examined by doctors has been reached 2554 cases including those attended dermatology clinic.

During this reporting period, **14,114** SMS were sent to clients which were effective and well-perceived by them and to bring back defaulters The use of SMS has contributed to the reduction of the number of defaulters.

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

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

Target group	Shijaia	Darraj	Rafah	Total
Less than 6years old	3182	3373	2510	9065
Pregnant women	897	574	375	1846
Above 6 years old	652	458	461	1571
Dermatology clinic	651	252	357	1260
Total	5382	4657	3703	13742

3.1.7 Health Education

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

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

Achieved in this reporting period: NECC continued to intensify its efforts in health education and in increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment, etc... The total number of health education sessions provided to all categories was **449** for **12895** participants. The main subjects of health education were nutrition, hygiene practices, child health care, pregnant women care, infectious diseases, newborn care, child protection, breast feeding, and complementary feeding. Also, health education materials were distributed either inside the centers or at home visits.

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

3.1.8 Home Visits

Home visits are a part of health services provided by NECC to the community either for PNC, bringing defaulters and special cases. During this quarter approximately **1047** home visits (annual target 1500) were conducted by NECC to beneficiaries inside their houses. The main cause of home visits is to check the health of mothers, newborns, patient/case inside the house, the purpose of not coming if defaulter, to check the improvement of the case and feedback if referred cases.

3.1.9 Referral System

One of the success factors for NECC health program was the coordination and the integration with the relevant health providers such as the MOH hospitals, Thalassemia association and AEI which provided back up referral sites. NECC referred 59 cases to relevant sites as needed.

During the reporting period; 59 referral cases including 34 children, 10 pregnant women, 15 adults were referred for more investigation or because they had complications. The following table shows the referral sites;

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

Referral system	Shijaia	Darraaj	Rafah	Total
Thalassemia center	5	4	2	11
MOH or other hospitals	31	15	-	46
MOH clinics	1	1	-	2
Total	37	20	2	59

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

3.1.10 Laboratory Services

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

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

Other unavailable tests are usually referred to be performed outside NECC to MOH, Thalassemia association and Ahli Arab Hospital and MOH. NECC has a coordination system with the mentioned places. The number of laboratory tests performed during this quarter have reached **6727** distributed as Shijaia **3258**; Darraaj **2438** and Rafah **1031**. Unlike other health organizations in Gaza, the available strategic storage of laboratory kits needed for the lab services helped NECC to continue the provision of the needed lab services despite the closure.

Table (7): Distribution of lab tests

Type Of Lab Tests	Shijaia	Darraaj	Rafah	Total
Blood tests	1505	1150	503	3158
Urine	1416	1003	442	2861
Stool	217	221	74	512
Pregnancy Test (Urine Sample)	120	64	12	196
Total	3258	2438	1031	6727

3.1.11 Pharmacy Services

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

Only prescriptions of the clinic medical doctors are dispensed to the patients of the particular center. Medicines are mostly made and supplied directly by pharmaceutical companies in the West Bank and Gaza. Stocks are replenished from the main “warehouse” under the supervision of a pharmacist twice a month while the balance of medicines at each clinic covers a period of six weeks and the balance of medicines at the main store covers 12 months as the replenishment of dispensed medications replenished every 6 months through tenders. Additionally, NECC has computerized information system for the medications that facilitate and organize the work inside the main store and the pharmacies, a network connect the three pharmacies with the main office and the main store for more monitoring and supervision, regular meetings also conducted by the health programs coordinator with the pharmacist assistants, the pharmacist responsible of the medical store and the doctors.

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

UPA thankfully agreed to support NECC in terms of purchasing medication for the year 2018; also, ANERA continues providing NECC medical store with in-kind donations (medicines and medical supplies), IMC also supported NECC in terms of offering drugs and medical supplies to be dispensed during emergency. In addition to NECC regular partners who continue supporting the purchasing of medication to patients. During this quarter the number of prescriptions dispensed to patients reached 13,503 in the three localities.

Table (8) No. of Prescriptions dispensed per area

Clinic	No. of prescriptions
Shijaia	6108
Darraj	6062
Rafah	1333
Total	13503

3.2 Psychosocial Support Program

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

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

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

Moreover, 11,231 Gazans, including 3,436 children, were either injured or left permanently disabled. Psychological injury proved even more extensive, with assessments conducted by various NGOs indicating that between 50-70% of Palestinian children need psychosocial counselling (UNRWA, 2017).

With regards to NECC psychosocial support program , the integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post (SDQ²) for children and parents, (PHQ³) and (GAD⁴) for PHC screened cases, (CRIES-8⁵) for PTSD children cases and (PCL) for PTSD⁶ adults (Edinburgh scale) for post-natal depression cases.

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

² SDQ: strength and development questionnaire.

³ PHQ: patient health questionnaire.

⁴ GAD: Generalized anxiety disorder.

⁵ CRIES-8: Children impact of Event scale.

⁶ PTSD: Post traumatic stress disorders.

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

Activities and target groups	Shijaia	Darraj	Rafah	Total
School children (6-15) years targeted through problem solving approach	120 children	105 children	101 children	326 children
Kindergarten children serve through cognitive behavioral therapy	120 children	120 children	100 children	340 children
Individual counselling for school children	8 children	3 children	4 children	15 children
Individual counselling for women /mothers	24 women/mother	32 women/mothers	5 women/mothers	61 women/mothers
Family counselling for mothers with children suffer from psychological disorders	56 Family counselling	19 Family counselling	24 Family counselling	99 Family counselling
Psycho education sessions for PHC beneficiaries	10 sessions for 179 women/mothers	14 sessions for 400 women/mothers	16 sessions for 338 women /mothers	40 sessions for 917 women/mothers
General psychosocial consultations	68 consultations	58 consultations	41 consultations	167 consultations
Group counselling for mothers and or/women with similar psychological problems	12 mothers/women	7 mothers/women	0 mothers/women	19 women/mothers
Screening and detection of mental health problem in PHC patients managed by health staff	25 mild cases from PHC who screened and detected, received guided self help 224 EPDS scale filled for postnatal cases to detect postnatal depression, 7 were discovered complained of depression that's mean 3.1% were suffered from depression during postpartum period			

3.3 TVET Program

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

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

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

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

During the reporting period (January – March 2018), **237** students (**192 males** and **45 female** students) received training through NECC-VTC's. The total figure of 237 youth includes the following:

- ▶ **86** of second-year trainees continued their training at Gaza Shijaia (61 students) and El-Qarara VTC's (25 students) for males respectively.
- ▶ **151** of first-year students (106 males, 45 females) received training at Gaza Shijaia (75 students), El-Qarara (35 students), Secretary (21 students) and dressmaking (24 students).

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

#	Program	Duration (Year)	Graduates (2018)	Current Enrolment		Total number of existing students (March 2017)
				1st Y	2nd Y	
1	Carpentry and Furniture Making	2	-	20	25	45
2	Metal and Welding Works	2	-	16	18	34
3	Aluminum Works	1	-	19	-	19
4	HVAC	2	-	20	18	38
5	General Electricity and Motor Rewinding	2	-	31	25	56
-	Sub-total (males)		-	106	86	192
6	Secretary and English Language	1	-	21	-	21
7	Advanced Dressmaking	1	-	24	-	24
-	Sub-total (females)		-	45	-	45
-	Total		0	151	86	237

3.3.1 AutoCAD approaching and training:

In a related context on the outcome level, in terms of the curricula development, a new approach was commenced as of inserting the CAD software learning inside the TVET delivery for students in the "industrial" professions/trades of carpentry, metals and welding and electricity starting from the current scholastic year and on. Giving the knowledge of CAD software to our students inside the designated VTCs will open wider horizons for them to better understand the architecture of the industrial products/exercises and afterwards, providing them with skills and practices to likely getting easier to enter the labor market and get jobs based on the industrial background they gain.

As well, NECC has already applied for a proposal to GIZ through their EU funded program in 2017 aiming at the provision of a full-equipped computer lab at Shijaia VTC; the proposal was approved by GIZ. NECC has finished the installment of network and connections as well as refurbishing the computer lab.

In cooperation with Palestinian Federation of Industries (PFI) and the private sector entities, the NECC trainees who graduated late 2017 had been placed in various offices, companies and workshops for a period of six-eight weeks to undertake external training. Closed follow-up was run by the social workers and NECC-TVET instructors and supervisors for those trainees. The trainees were distributed to those workshops and companies on the basis of the diplomas and trades they follow.

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

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

- ▶ According to GIZ⁷ and Ministry of Labour conditions, the training period for a person to become officially qualified in carpentry or metals works is optimum to be two years so accordingly, the training period for this diploma at NECC-VTCs was reduced from three years to two years.
- ▶ Likewise, in terms of GIZ and MoL conditions, the Aluminium department was separated from welding and metals so, Aluminium works became a separate profession with a one-year training program.

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

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

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

The evaluation was launched in February and will be finished in April 2018, the results will be properly presented and discussed in the coming report.

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

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

3.3.2 Curricula Development:

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

⁷ GIZ: German Technical Cooperation Agency.

technical skills and knowledge of a trainee in the process of training and response to clients and service demanders.

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

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

3.3.3 Follow-up assessment (late 2017):

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

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

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

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

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

- Subsequently, NECC has recently conducted the annual employment follow-up assessment (in October 2017) for graduates of year 2016. The assessment results revealed that overall 71.7% of all NECC-TVET graduates of the year 2016 are employed or self-employed either in their careers or other ones within one year of graduation (a total of 71 out of 99 graduates), which exceeds the target of 50% of graduates from the TVET program noting that 63.6% are working in their careers (63 out of 99). The figures below show the employment trends among the graduates. Table (19) below.

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

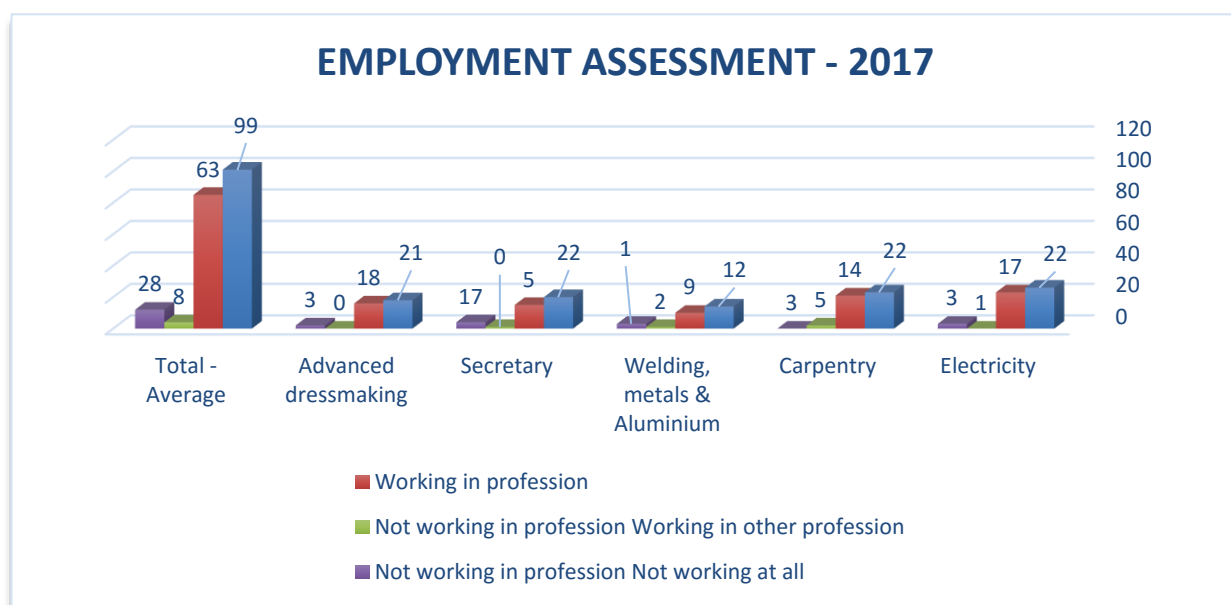


Figure (07): Employment assessment for NECC-TVET graduates of 2016 (Conducted in November 2017).

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

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

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

3.3.4 Relations and Networking:

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

3.3.5 LET-Council:

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

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



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

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

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

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

- NECC is coordinating as well with training provider institutions from the private sector such as "INJAZ Palestine" in order to conduct training courses for benefit of our VTC trainees in several topics; many courses were conducted by their trainers regarding topics like “my path to professionalism” at our female VTCs and “Be an Entrepreneur” at the male VTCs.

⁸ LET-Council: Local Employment & TVET Council.

3.3.6 Capacity building courses for TVET staff:

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

3.3.7 Training program with INJAZ Palestine:

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

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

3.3.8 “Industrial Automation” training course:

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

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

3.3.9 “First-aid” training:



First aid training course at dressmaking and secretary



First aid training course

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

3.4 Educational Loans Program

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

For the reporting period (Jan-March) in the academic year 2017-2018, 10 university student masters-degree received application and returned back the full eligible application for loans including 2 bachelor, 6 masters and 2 PHD applicants.

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

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

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

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

3.5 Job Creation

A new project has been running in partnership and co-fund from AFD and Secure Catholique - Caritas France (SCCF). The project will take place starting from July 2017 and last for June 2020.

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

NECC has been involved in implementing the project activities, the first on-job training was run starting from mid of August 2017 and ended mid of February 2018 (6 months) benefiting 50 beneficiaries and then, business management training and business startup will run consequently.

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

3.6 Advocacy program

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

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

NECC continued to collaborate and coordinate for the visits of international partners to Gaza Strip including visits to NECC various programs. The number of delegations representing many different organizations hosted during this reporting period was 8. It is worth noting that there was difficulty for visitor to get permits to enter Gaza through Erez crossing.

4. Cross cutting issues:

4.1 Human resources

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

The breakdown of human resources by category is illustrated below in the table below. The total NECC Staff during the reporting period is approximately **111** staff members. These committed people work in fields such as administration, fundraising, communications, human resources, finance, information technology, health, and education service. **Table (13)** below declares the human resources of NECC.

NECC Programs staff	Male	Female	Total
Number of full-time staff	46	40	86
Number of part-time staff	6	15	21
Number of other staff ⁹		4	4
Total number	52	59	111

⁹ Volunteers

4.2 Capacity building and trainings

Capacity building is an ongoing process through which individuals, groups, organizations and societies enhance their ability to identify and meet development challenges. NECC role is to facilitate learning. This is partially accomplished by providing resources and training but is most effectively done with a partner. During this reporting period, **10 days** of different trainings were attended by NECC staff for capacity building. The trainings were conducted by different national and international organizations at different locations within Gaza Strip.

Table (14): Main trainings and workshops attended by NECC for capacity building from 1st January-31st March 2018:

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

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

4.3 Gender

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

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

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

Recent trends show that labor force participation has remained almost constant for males but increased significantly among females, rising 70% from 2001 to 2014 for those 25-54 years of age. Many males and females who are willing to work cannot access the labor market. This is especially true for youth aged 15-24, for whom the unemployment rate was 41% and for women, with 39% unemployment. **(UNFPA,2016)**

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

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

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

4.4 Supervision, Monitoring and Evaluation

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

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

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

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

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

The technical developed balanced score card indicators.

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

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

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

4.5 Communication and Coordination

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

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

- In the Primary Family Health Care Centers, NECC has good coordination with Ministry of health to get license of the family care centers for the New Year and to provide the legal coverage of the programs operations.

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

External relations and communication:

- NECC implemented all its programs activities in accordance with the local protocols of MOH either for MCH care, nutrition, PSS.
- On the partnership level, NECC continues partnership with UNICEF to promote postnatal care to mothers and newborns by receiving at least three PNC sessions two at home and one at the health center, and management of moderate and severe acute malnourished cases.

- Additionally, NECC succeeded to get approval from EME to get a fund to promote the antenatal care program through focusing more on high risk pregnancies and starting provision of preconception care at NECC centers.
- A proposal was submitted by NECC and accepted by IMC for the 2017-2018 years ". This is may continue as a part of 5-years USAID-funded project: Envision Gaza 2020: Health Matters, starting from 2016 till 2020.
- Continue the project implemented with UNICEF for PNC provided to mothers and new-borns and early child hood development (ECD).
- New proposal was submitted to DAN Church AID and Norwegian Church Aid (DCA -NCA) and approved for project titled "Wash and Nutrition Humanitarian response in Gaza strip " which will take place in Al Shoka area.
- NECC succeeded to get approval from Embrace the Middle East (EME) to get a fund to promote the antenatal care program through focusing more on high risk pregnancies and to start provision of preconception care at NECC centres.
- New project started in November 2017 supported by Pontifical Mission for provision of psychosocial and protection services to children and their caregivers.
- proposal was submitted to DCA-NCA for TVET program as a part of Joint Country Program funded by NORAD, the project was approved and actually started early 2018.
- Regarding TVET, NECC is running its TVET program in full engagement and partnership with all related stakeholders; on the governmental level, Ministry of Labor is accrediting our TVET trades annually and certifying our vocational training diploma provided to our TVET graduates once graduated.
- New proposal was submitted to **DCA-NCA** for TVET program funded by NORAD in 2018.
- NECC in cooperation and partnership with "Secure Catholique France" prepared a joint proposal in the topic of economic empowerment for NECC -TVET graduates took place in period 2017-2020.
- In the prospect of our partnership with Islamic Relief, the NECC has recently ended a job creation project with Islamic Relief.
- On the civil society level, NECC is securing strategic and sustained relationships with TVET providing institutes, NGOs, colleges and universities etc.
- NECC has a membership in the in the LET-Council; a framework gathering all TVET providers and stakeholders in Gaza Strip (and one in the West Bank) currently led by GIZ with a general coordinator elected and introduced by the participant institutions and conjoining 4 sub-committees, NECC is a member in two of them (Sub committees of TVET capacity building and donor funding).
- On the other hand, NECC is running its TVET program with the full cooperation and integration of the private sector in the whole process so that NECC has signed cooperation agreements with Palestinian Federation of Industries "PFI" the Palestine Federation of Trade Union "PFTU".

- The relationship is encompassing issues of cooperation in encountering barriers that hampering the implementation of the program and accessing it into the labor market and approaching the outdoor training for NECC students within the workshops fulfilling the PFI and PFTU.
- As well, the NECC is initially considering the labor market needs when it intends to either open the new TVET professions or develop its current curricula and that's why it convened with all stakeholders including labor market while currently developing the training curricula.
- Moreover, NECC has good coordination with private sector in terms of external practical training for TVET students and graduates, also in terms of job creation projects when implemented NECC contacts the private sector. It is worth adding that NECC is well trusted and asked regularly from the private sector to nominate graduates from its centers in order to work in private companies, workshops, etc.

4.6 Policies

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

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

4.7 Current problems and constraints

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

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

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

As a result, the exposure of those people to health risks has increased including the spread of communicable diseases, increased food insecurity, nutritional related disorders, wide spread of psychosocial issues and spread of sanitary related conditions which increased the burden on NECC clinics and increased demand at our facilities because other facilities (especially MOH) were affected by the siege

or directly targeted during the war. Also, the economic pressure on families has decreased their ability to contribute to medical fees.

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

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

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

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

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

- Continue the partnership with UNICEF in terms of a new project for PNC promotion in the three served areas
- New proposal was submitted to **DCA-NCA** for TVET program as a part of Joint Country Program funded by NORAD, the project was approved.
- Continue partnership with International Medical Corps (**IMC**) in 2016 -2017 as a part of a 5 years project "Gaza 2020: Health Matters"/USAID fund. It aims to strengthen the primary health care services, nutrition services, secondary health care and emergency preparedness in Gaza.
- NECC in cooperation and partnership with **Secure Catholique France** prepared a joint proposal in the topic of economic empowerment for NECC -TVET graduates took place in 2017-2017, the project was approved and was launched in July 2017.
- Developing new strategic plan for the next 5 years 2017-2021.
- Developing fund raising strategy for NECC.
- Strengthening communication and networking to secure fund.

5. Photo Gallery

- Health program







TVET Program

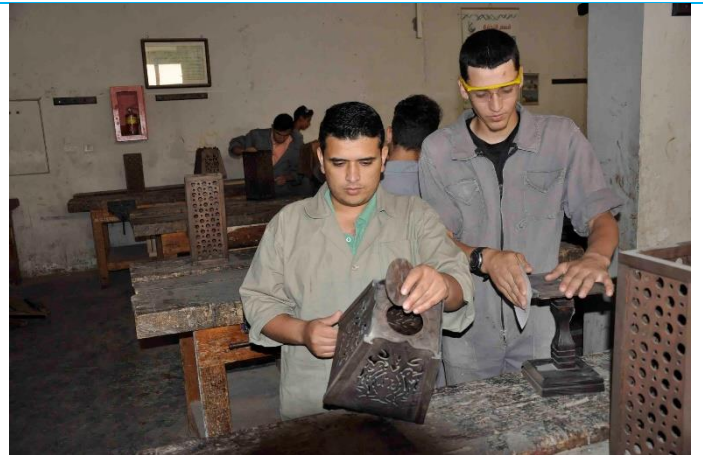


Fashion design training for dressmaking students



Dressmaking department







TOT training course for TVET trainers

TOT training course for TVET trainers



"My path to professionalism" training



Secretary department



End of report..

Thanks and gratitude..

NECCRW – DSPR/Gaza Area Committee