

Middle East Council of Churches
Committee For Refugee Work
NECC / DSPR - Gaza Area



مجلس كنائس الشرق الأوسط
دائرة خدمة اللاجئين الفلسطينيين
منطقة غزة

Gaza Strip



Annual Report 2014

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Abbreviations

| | |
|---------------|---|
| AEI | Ard El Insan |
| ANC | Antenatal Care |
| CABAC | Children Affected By Armed Conflict |
| CBC | Complete Blood Count |
| CBI | Community Based Intervention |
| CBO | Community Based-Organization |
| CRS | Catholic Relief Services |
| DSPR | Department of Services for Palestinian Refugees |
| ESR | Erythrocyte Sedimentation Rate |
| EU | European Union |
| EWV | Expert Workers Workshops |
| FBS | Fasting Blood Sugar |
| GCMHP | Gaza Community Mental Health Psychosocial Support |
| GIZ | Gesellschaft für Internationale Zusammenarbeit |
| HAP | Human Accountability Partnership |
| HB | Hemoglobin |
| HH | Households |
| HT | Height |
| IDPs | Internally Displaced People |
| IUD | Intra Uterine Device |
| MCC | Mennonite Central Committee |
| MCHN | Mother and Child Health and Nutrition |
| MOH | Ministry of Health |
| MOU | Memorandum of Understanding |
| NCA | Norwegian Church Aid |
| NECC | Near East Council of Churches |
| NECCRW | Near East Council of Churches for Refugees Work |
| NGOs | Non-Governmental Organizations |

| | |
|---------------|--|
| OCHA | Office for the Coordination of Humanitarian Affairs |
| PHC | Primary Health Care |
| PMP | Pontifical Mission |
| PNC | Postnatal Care |
| PNGO | Palestinian Non-Governmental Organization |
| PPBS | Post Prandial Blood Sugar |
| PSS | Psychosocial Support |
| TOT | Training of Trainers |
| TVET | Technical Vocational Education and Training |
| UNICEF | United Nations Children's Fund |
| UNRWA | United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| VTC | Vocational Training Centers |
| VTP | Vocational Training Program |
| VW | Validation Workshops |
| WB | Well Baby |
| WHO | World Health Organization |
| WT | Weight |

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دائرة خدمة اللاجئين الفلسطينيين
منطقة غزة

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الصفحة الإلكترونية

Foreword:

Historically, the Palestinian People's right to control their lives and build their state was denied and hindered by being successively and continuously under tutelage, mandates and occupations. The consequences of this reality affected the social, cultural, as well as the mental set up of the Palestinian community, and created a unique case of complex combination of challenges due to burden of the occupation oppression, economic disadvantages and socio-cultural limitations.



The current situation in the Gaza Strip is best described as acute on top of chronic, man-made, political in origin and can only be politically resolved. The UN described the situation as chronic emergency situation and also as a protracted human dignity crisis. On ordinary situation, more than one third of those who are able and willing to work are unemployed—one of the highest unemployment rates in the world. Also 57% of Gaza households are food in-secured and about 80% are aid recipients. Coping strategies for food shortage included reducing the quality of food and number of meals which stunts the development of children. Long-term exposure to chronic malnutrition is found in 10% of children under five. Anemia is found in at least every second child and more than two thirds of pregnant women. Fertility remains high, at 5.3 children per woman. A longstanding electricity deficit, compounded by shortages in fuel needed to run Gaza's power plant, results in power outages of up to 18 hours a day. Only a quarter of households receive running water every day, during several hours only. UN reports show that over 90% of the water extracted from the Gaza aquifer is unsafe for human consumption.

The most dramatic event in the year 2014 was the launching out of the Israeli Aggression on the Gaza Strip. On July 7th 2014, Israel launched a large-scale military operation against the Gaza Strip. According to UN report released in August 2014, the scale of destruction, devastation and displacement wreaked in the 51 days of conflict that ensued is unprecedented in GS, since at least the start of the Israeli occupation in 1967. The later war on Gaza has compounded issues for the people of Gaza stemming from several years of embargo, recurrent military conflict, occupation and economic deprivation. In less than 5 years, from 1.7 million unprotected civilians living in Gaza (no safe space, no bomb shelters, no alarm/warning system, essentially no place to flee and all borders sealed), there were over 4000 Palestinian fatalities, tens of thousands of injured people including children and women, massive destruction of houses and buildings and nearly 30% of the population were displaced to shelters and collective centers.

During the 51 days of aggression on Gaza, virtually the whole population of Gaza was exposed to conflict and affected by damage to vital electricity and water infrastructure. Palestinians residing east of Salah Ald-Din Road, in northern Gaza, Shajaia, Khanounis, Rafah and certain parts of Gaza City were particularly affected. According to the MOH statistics, at least 2,133 Palestinians have been killed including 500 children (187 girls and

313 boys), 257 women. Many fatalities involved multiple family members, with at least 142 Palestinian families having three or more members killed in the same incident, for a total of 739 fatalities. According to the Palestinian Ministry of Health, over 11,100 Palestinians, including 3,374 children, 2,088 women and 410 elderly were injured. Preliminary estimates indicate that up to 1,000 of the children injured will have a permanent disability and up to 1,500 orphaned children will need sustained support from the child protection and welfare sectors.

During the aggression, an estimated 500,000 people – 28 per cent of the population – were internally displaced, including in UNRWA schools designated as emergency shelters (293,000), government schools (49,000), in informal shelters such as empty buildings, churches or mosques, and with host families (170,000). It is estimated that some 108,000 people will be long-term displaced as their homes have been rendered uninhabitable.

The siege imposed on Gaza since June 2006, together with the consequences of the repetitive conflicts, have taken its psychological toll on the population of Gaza, especially on children and families. Escalation triggered acute levels of psychosocial distress in the population, especially among women and children. Children were not sheltered from the effects of the conflict and, as parents were focused on survival, they were not able to adequately take care of their children. In addition, incidents of violence against children and child abuse increased, and family separation occurred. UN report indicates that hundreds of thousands of children are anticipated to be in need of psychosocial support, adding to the burden on service providers who many of whom have also experienced acute trauma. The inter-agency Child Protection Rapid Assessment conducted in October 2014 also found a large increase in the number of children with acute stress-related issues, such as bed wetting, eating and sleeping disorders, extreme fear, and violent behaviors.

Gaza's health system suffers from chronic shortages in medicine, fuel, electricity cuts, medical supplies and equipment, and there have been limited training opportunities for staff. During the conflict, at least 15 out of 32 hospitals were damaged and six closed down as a result (three remain closed). Out of 97 primary health centres (PHC) monitored for damage and closures, 45 reported damage and 17 were closed. Four are completely destroyed.

As an integral part of the Palestinian society, NECC/DSPR Gaza has responded through offering health services, psychosocial services, provision of livelihood resources such as food, water and hygienic kits. NECC tries to mitigate the effect and the huge consequences of the war. NECC works with partners to support vulnerable communities and intensified its intervention in health sector especially child health, nutrition, psychosocial and mother health. In addition, NECC had implemented several relief programs to assist poor and needy populations. However, the demand is huge and a lot needs to be done to rehabilitate the unbelievable damage and to support people's resilience. Urgent interventions are needed to help people recover as well as long term interventions are needed to support the livelihood conditions and development aspects in Gaza.

It could be claimed that improvement in social and 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.

Extensive thanks to our partners' valuable support that enabled NECC to sustain the provision of health, educational and other services to the intended beneficiaries as planned. With the kind support we received from partners, we succeeded to mitigate or at least to cope with the conditions associated with the most recent war, and the further imposed siege and the tight restrictions on the movement of goods and people such as, shortage of supply and medications, lack of medical equipment in the local market, decreased supply of electricity and fuel, transportation issues and so on. Again, I would like to express my thanks and appreciations to all partners, donors, the World and Middle East Council of Churches, the Chairman and members, and the Executive Director of MECC/DSPR for their stand and unlimited support provided to Gaza Area programme in solidarity with our people. I seize this opportunity to extend my heartfelt thanks and appreciation to the Chairman and Members of Gaza Area Committee for their devotion, valuable support and cooperation which enabled in the development and sustainability of the programme reflected into the interest of the people especially during this critical era of our history.

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

"The effect of JUSTICE will be PEACE,

and the result of

RIGHTEOUSNESS, SECURITY AND TRUST For ever"

"Isaiah 32:17"

Dr. Issa Tarazi
Executive Director



February 2015

Executive summary

During 2014, NECC faced many challenges due to the deteriorated situation in Gaza and to the most recent aggression/war in 2014 on the Gaza Strip, however, NECC duplicated its efforts and resources to sustain the provision of the project services and compensate any delays immediately after the war ended. NECC tried to achieve its goals as much as possible with no delay and with insist on the quality of the services provided.

Regarding **access to primary health care and medication**, the number of the newly registered families during 2014 has reached **1573** families (last year was 1048), while the numbers of the total families that currently benefitting from NECC PHC clinics during this reporting period were **9131** families (last year was 7956 families). The number of the total registered families till the end of 2014 was **30,845** families in the three served areas (since 2009 with the starting the use of electronic medical records).

The number of new pregnant women was **1350** with total of **2022** pregnant women who were already registered and followed up during the reporting period. Furthermore, the number of deliveries reported in our catchments areas during 2014 was **1200**. At least **63.58 %** of the delivered women received quality postnatal care three times after delivery. The decrease in the percentage could be related to the 51 days of war and the situation resulted after it as many families lived in the served localities are displaced outside those areas due to the damage of their houses specially in Shijaia area. This affected the access and follow up of the cases including postnatal care. In terms of family planning, the number of women who received family planning services during this reporting period was **927** women (target 800 women per year) , the program started in Rafah recently late of March 2014.

Additionally, the number of newly registered children in this reporting period has reached **3431** in the three areas. The total number of children attending the well-baby clinic has reached **10170** cases with total Well baby visits reached **23,781**. While the number of patients above 6 years old as cases examined by doctors has been **7154** while **7431** child under 6 years were examined by doctors and received treatment. The number of cases examined by dentists and received dental care services had reached **5273**.

Moreover, the total number of laboratory tests that were performed inside the three family care centers during this reporting period has reached **20166** while The total number of women attended health education sessions was **15,686** participants.

Regarding **the Technical vocational Education and training centers**, during 2014, **306** students received training through NECC VTC's in the concerned fields of carpentry/furniture making, welding and aluminum work, general electricity and motor rewinding, secretarial studies and advanced dress making. **99** students graduated (60 Males, 39 Females) from the program in 2014 while **102** second-year and third-year trainees continued and upgraded at Gaza and El Qarara VTC's for males and **106** new students (63 males, 43 females) enrolled out of 366 applicants for the 2014-2015 school year.

Regarding **psychosocial support program**; NECC was involved in implementing three emergency PSS projects funded by ACT Alliance, Pontifical Mission and CRS in addition to the regular activities. The first emergency PSS project, funded by ACT Alliance focuses on children and mothers in the three served localities through conducting 9 open fun days targeting **1260** children and their mothers by the end of November 2014. Additionally, NECC was involved in conducting several trainings for PSS staff and all NECC health staff through a consultancy service. The second emergency PSS project funded by Pontifical Mission was implemented in the three served localities to children, mothers/women, NECC staff and TVET students. It includes CABAC sessions, 16 recreational trips and 6 open days for the kindergarten children targeting **1470** children, **1000** mothers, **209** TVET students and approximately **80** staff members by mid of July 2015. The third emergency PSS project funded by CRS/USAID is implemented in Shijaia and Rafah area/Kherbet Al Adas to children, mothers, Kindergarten teachers and to mixed caregivers groups targeting **1360** children, **180** mothers, **102** teachers and **544** caregivers by end of December 2014. However the total number of beneficiaries from PSS activities during 2014 reached **12679**.

Regarding **advocacy program**, NECC worked on advocating regularly for the deterioration of all life aspects, killing of civilians, destroying the houses and everything, attacking the innocent people, displacement of families and the urgent needs for response and support. Moreover, NECC continued to mainstream the child protection policy that aims to protect our children from any kind of abuses. Also, NECC continued to collaborate and coordinate for the visits of international partners to Gaza Strip including visitation to NECC various programmes.

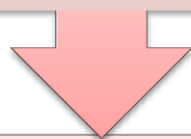
Regarding **Emergency Relief Program**, NECC responded to the crisis by distributing food and non food kits to **789** affected families whose homes were destroyed and sheltered in the Orthodox Church, nearby Katib Welaya mosque, Orthodox Cultural Church and the surrounding war houses at Zaitun area: **409** families supported by DKH and **380** ones supported with in-kind donation from Anera. Additionally, those families and others in the served localities were also assisted with distributing **11070 mineral water bottles** of 1 Litre from UNRWA. With the generous support of DKH, NECC also distributed unconditional vouchers that meet food items or school stationary to **839** affected families from Shijaia area. Foods kits are also distributed to **301** affected families include NECC TVET families and the needy ones who used to come to NECC relief aids department to receive assistance, supported by the Islamic Welfare Institute. NECC also delivered **100** new born kits from Save the Children, **350** hygiene kits and were distributed to NECC Primary Health care patients in addition to the delivery of **27** medical kits from CRSs to be distributed at NECC PHC's. Furthermore, NECC renovated its Health Program Clinics with the support of the Pontifical Mission.

BACKGROUND

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

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



NECCCRW Mission

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

The main core values NECCCRW believes in:



We are happy and proud to present the 2014 annual report and we hope that all readers, decision makers, researchers, donors and reviewers will find it useful.



We work in six key areas:

- **Primary Health Care Services**
 - **Psychosocial support**
- **Technical Vocational Education and Training**
- **Educational Loans**
- **Emergency Relief**
- **Advocacy program**

NECC Programs General Description**1. Provision of Quality Primary Health Care services**

The main objective of **NECCCRW 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, and a Well-Baby clinic to follow up children's development until the age of six years. Dental services for mothers and children, nutrition education, home visits after delivery, a psychosocial support program, malnutrition and anaemia program, and family planning services are also included. Two family health care centers in the areas of Shijaia and Darraj serve each a poor community of approximately 80,000 people, 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 12,000 at its third center. The centers have medical stocks and a laboratory, thus operating independently. However, high-risk patients and patients with special needs are referred to specialized clinics.

2. Livelihood and Trade

NECC Vocational Training Centres are located in Gaza City and Qararah Village in the Gaza Strip. Male Vocational Training Center of Carpentry and Furniture Making/Metal works and welding is located in Shijaia, Gaza City, and the other one of Electricity and Motor Rewinding is located in the town of El Qarara, 25 KM South of Gaza City. Women VTC's of Secretary Studies Center and Advanced Dressmaking Center are located in the main building in Rimal, Gaza City. The selection criteria for the VTCs differ according to the subject of the training course, i.e. women applying for the Secretarial Course should have completed 12 years of school and have a high school certificate and women applying for Advanced Dress making course should know at least how to read and write, while men applying for carpentry, welding metal and aluminium should be between 14-16 years old, and can be school drop-outs, and men applying for Electricity Course should have completed 10 years of schooling and are between 16-23 years old. For target group

selection, DSPR Gaza selects those who come from deprived families and have the highest needs. NECC Technical Vocational Educational Training (TVET) centers serve a total of approximately 205 trainees.

3. Educational Loans

Loans give opportunities addressing needy students to complete their university education by providing interest-free loans to students to pay university fees that can be renewed every academic year.

4. Emergency Relief

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

5. Psychosocial support:

NECC’s psychosocial program started after 2008 Cast Lead Operation war on Gaza 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 centers, secretarial center, advance dress making center, NECC staff and cooperation and coordination with relevant organizations.

6. Advocacy Program

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

Human resources for NECC during 2014

It is worth starting by illustrating the human resources at NECC. The total NECC Staff is approximately **123** staff and **2** volunteers. 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 down below in the **table (1)**.

| Title | No. | Title | No. |
|--|----------|--------------------------|-----------|
| Full time | | | |
| Executive Director | 1 | Psycho social Counselor | 5 |
| Executive Director Assistant | 1 | Laboratory Technician | 3 |
| Accountant | 2 | Psychosocial Coordinator | 1 |
| Health program Coordinator | 1 | Social Worker | 2 |
| Projects and Communication Coordinator | 1 | Secretary | 3 |
| Doctor | 3 | Assistant Pharmacist | 3 |
| Gynecologist | 3 | Data Entry | 3 |
| Dentist | 2 | Clerk | 1 |
| Pharmacist | 1 | Maintenance worker | 1 |
| PHC supervisor | 3 | Driver | 4 |
| Staff Nurse | 7 | Watchman | 7 |
| Registered Midwife | 5 | Cleaner | 8 |
| Engineer | 3 | Total | 87 |
| TVET supervisor | 1 | | |
| TVET Teachers | 12 | | |
| Part time | | | |
| Technical Consultant | 3 | Laboratory Technician | 2 |
| Pharmacist | 1 | Doctor | 1 |
| IT Programmer | 1 | Data Entry | 1 |
| Teacher | 8 | Community Workers | 6 |
| Psychosocial Councilors | 6 | Staff Nurses | 4 |
| Hand Crafts Trainers | 3 | Total | 36 |
| Volunteers | | | |
| Secretary | 2 | Grand Total 123 | |
| Total | 2 | | |

Context

During first 6 months of 2014, Gaza was facing a dangerous and pressing humanitarian and economic situation with power outages across the Gaza Strip for up to 16 hours a day and, as a consequence, stopping of sewage treatment plants and pumping of untreated sewage into the sea which causes pollution of sea water ($\geq 50\%$ of the sea coast is polluted, reduced access to clean water; a reduction in medical supplies and equipment; the cessation of imports of construction materials; rising unemployment, rising prices and increased food insecurity. Only a quarter of households received running water every day, during several hours only. Over 90% of the water extracted from the Gaza Strip aquifer is unsafe for human consumption (OCHA-July 2013). Gazans had 35% less electricity than they need, with all-day power cuts increasingly common as the Strip implements an eight hours on / eight hours off policy.

Around 90,000 cubical of untreated sewage were being released every day into the sea, and rubbish was building up in towns and cities as waste collection vehicles were being impacted by the shortage of fuel. Food insecurity was around 50-60% where families receiving assistance from MOSA are 71,000; 21,000 from UNRWA and around 100,000 from NGOs. Also 70% of families received food Aid mainly from UNRWA. With only one third of Gaza inhabitants living above the poverty line, over a third (38.5%) of those able and willing to work were unemployed during the first 6 months of the year (PCBS, fourth quarter 2013). The labor market in the Gaza Strip was very narrow, dominated by 98% by micro enterprises, and not sufficiently regulated. Delay of salaries payment for the Governmental employees for more than 8 months which cause more internal conflict and deterioration in economic status of Palestinians. Gaza was suffering from frequent Israeli military airstrikes mostly overnights on different areas of the Gaza Strip.

Moreover, MOH reported the shortage of 170 drugs and more than 1000 medical disposable items at zero stock level (more than 35%). The shortages crisis had been aggravated by the current Israeli incursions, and includes items necessary for treating cancer, kidney, emergency cases, operation theatres and ICU.

Under all those circumstances, Gaza lived again another horrible time during the summer of 2014 when Israel started a military operation called "Protective Edge". It continued for 51 days being the most recent and longest and most destructive war on Gaza in the last 7 years. This was the main event which has affected NECC operations. During the 51 days of the most recent Israeli operation on Gaza, virtually the whole Gazans were exposed to conflict and affected by damage to vital electricity and water infrastructure, loss of sources of income and collapse of normal living especially those residing East of Salah Al-Din Road, which goes from the north to south, northern Gaza especially Beit Hanoun, Shijaia, Tofah, Khan younis and Rafah. According to the Ministry of Health (MOH) statistics, at least 2,133 Palestinians killed including 500 children (187 girls and 313 boys) and 257 women. A considerable number of fatalities have occurred in areas served by NECC especially in Shijaia and Rafah. Many fatalities involved multiple family members, with at least 142 Palestinian families having three or more members killed

in the same incident, for a total of 739 fatalities. According to the Palestinian MOH, over 11,433 Palestinians, including 3,374 children, 2,088 women and 410 elderly were injured. Preliminary estimates indicate that up to 1,000 of the children injured will have permanent disabilities and up to 1,500 orphaned children will need sustained support from the child protection and welfare sectors.

During the acute stage of the military operation, an estimated 500,000 people—28% of the population—were internally displaced, including in UNRWA schools designated as emergency shelters (293,000), government schools (49,000), in informal shelters such as empty buildings, churches, mosques, and with host families (170,000). An estimated 18,000 housing units have been either completely destroyed or severely damaged, leaving more than 108,000 people homeless. As the number of the Internally Displaced People (IDPs) in shelters was many times more than had been anticipated in contingency plans based on previous experience of hostilities, overcrowding, lack of privacy, inadequate sanitation and hygiene, insufficient access to water for drinking and for domestic use, and a lack of electricity were some of the concerns raised. Reported health concerns included spread of communicable diseases, limited access to health services and lack of medications and health care for chronic diseases. Shelters also provided very limited privacy for women and perceived as dignity degrading. IDPs with host families also put a significant strain on the already depleted resources of host families and communities. Still, many UNRWA's collective centres accommodate thousands of IDPs many of them are from communities served by NECC clinics.

According to UN assessment report (2014) approximately half a million people were directly affected by damage to water facilities, and one million were affected due to damage to the wastewater plant and wastewater pumping stations (UN, 2014). More than 30% of water storage capacity at the household level is damaged, putting a particular strain on host families. Damage to treatment plants and energy shortages has also resulted in an increase in the discharge of raw sewage into the environment. Also, Explosive Remnants of War are widely dispersed in and around homes and public spaces and buildings throughout Gaza. It is estimated that some 1,900 non-exploded items have to be secured.

At the health front, Gaza's health system chronically suffers from chronic shortages in medicine, medical supplies and equipment, and there have been limited training opportunities for staff which has been exacerbated during the crisis. During the military operation, at least 15 hospitals and 45 PHC centers were damaged putting further restraints on the already exhausted system. Even seriously injured people were discharged prematurely from hospitals before being completely recovered.

Continuity of care and coordination among health and rehabilitation providers for those who need health care after being discharged were minimal. The already compromised psychosocial status before the military operation, had further worsened with higher distress level manifested in violence against children, gender-based violence; and increased stress and domestic violence among the affected population; separation of families in shelters. The already compromised food security has been even worsened. At least 40,000 people employed in the

agriculture/fishery sector were directly affected by the crisis. The most frequently identified stressors regarding food security and nutrition included: loss of the source of income and livelihoods due to severe damage to agricultural lands; death/loss of animals, inability to access agricultural lands, and loss of employment. Also, living in shelters and loss of assets inhibited the ability of families to cook and prepare food.

Furthermore, more than half of the population of Gaza is under the age of 18. For these 800,000 boys and girls, they witness a third war during the last five years. It is worth mentioning that according to mental health workers, recovering from the nightmare of war doesn't always happen, and when it does, it may take years, depending on the age of impact. Doctors in Gaza say, while Palestinian childhood for generations has been marred by war and trauma, Gaza's children are also under siege. They are now recovering from their third war in five years.

NECC programmes context during and after war 2014

Concisely, the 2014 war has negatively affected our work at NECC. During the acute stage of the military operations, NECC as most health providers in Gaza at the PHC sector has suspended all its services due to difficult access and security concerns. However, NECC provided health services and relief support during the temporary ceasefire periods. Also, the war created additional burden on people and health services such as spread of infectious diseases, nutritional related disorders, wide spread of psychosocial issues and increased demand at our facilities because other facilities were affected or directly targeted. Also, the economic pressure on families has decreased their ability to contribute to medical fees. NECC responded by distributing emergency assistance including food, NFI and WASH related items. Also, NECC has increased the number of patients seen every day and implemented new psychosocial and health projects.

In this situation, NECC contributed largely to address the most pressing needs of population include health care services, TVET services, and Emergency relief and PSS activities to alleviate the suffering of people and ensure to meet their needs. The lack of alternative health services in the targeted areas was met by direct provision through the three NECC family health centres; filling gaps in the coverage and quality of MCHN services and psychosocial support services.

To ensure access to health-care services in the Gaza Strip, NECC provides sufficient levels of primary health care services (including quality antenatal, postnatal care, family planning, well-baby services, nutrition services, dental care, lab testing, medical diagnosis), essential medical equipment and supplies at NECC health care centres in order to respond to the increase demand caused by the shortage of similar medicines and supplies in Ministry of Health (MoH) and private clinics.

Moreover, NECC through PSS interventions was aiming to provide psychosocial support to children, mothers/women, students and staff through individual counseling, family counseling, group counseling, group sessions and open fun days.

As young people mature, the decisions they make have an enormous impact on their families and their communities, but growing up surrounded by poverty, war and unemployment increases their risks, frustration and limits their choices. For those young people faced with violence, loss of their breadwinners, loss of income and interruptions to schooling, NECC provides vocational training skills for young people in order to work and invest their energy in developing themselves, their families and rebuild their community. Gaza labour market is in need for those competent youth with marketable skills in order to reactivate it as well as Young Palestinians need the knowledge and the skills NECC course can give them to prepare for the future, to get ready and face difficulties in living and improve their social and economic status.

Furthermore, over 100,000 people whose homes were destroyed or damaged beyond repair need food and other assistance for a longer term. Also there is need for cash relief and cash for work to mitigate their economic suffering. For this NECC provided food and non food kits for vulnerable families in Shijaia and Darraj area and 3 months cash for work for 100 male and female unemployed persons in order to support their livelihood.

Health Program

Overall goal 1: Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children

Ante Natal Care (ANC):

UNFPA/MOH reports shows that after the most recent war 2014 signal a severe negative impact on reproductive health service provision in Gaza and on the wellbeing of pregnant and lactating women during and after the most recent conflict. Access to routine services such as ANC and PNC were hampered by security and/or closure of health facilities. Most collected reproductive health indicators show very concerning negative trends in the health status of pregnant women during the acute stage of the crisis and immediately after.

During this reporting period, the number of newly registered families at NECC centers has reached **1573** families, while the number of the total registered families benefitted from NECC PHC clinics during 2014 was **9131** families in the three served areas. The families in the three localities received a package PHC services to all family members including the antenatal/postnatal care for pregnant women, family planning, pediatric and general clinics, dental clinics, well baby program, malnutrition and anemia management program, laboratory tests, pharmacies, psychosocial support program , afternoon activities for women empowerment, home visits, health education, referral system, etc..... According to the standard of



No. of new high risk pregnancy during 2014 in NECC clinics was **137** cases (10.1% of all new pregnant women)

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 **1350** distributed as following: **654** in Shijaia , **480** in Darraj and **216** in Rafah with total of **2022** pregnant women who were already registered and followed up during the reporting period however during **2013** NEEC reached **1580** new pregnant with total number of **2262** pregnant women. Of those **1350** new pregnant women **340** were primigravida. The total antenatal care visits have been reached **11094** visits (**14550** ANC visits during 2013) as the pregnant woman should follow

up monthly during her pregnancy. Accordingly **97-99%** of pregnant women followed up in ante natal care clinics at least 4 times during their pregnancy. We noticed a decrease regarding ANC beneficiaries compared to 2013 and this could be correlated directly to the 51 days of the war summer 2014 where NECC three clinics were closed except days of ceasefire as no possibility to reach the clinics either for security or safety reasons of both staff and beneficiaries.

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 2014, the women received US service 3 times or more during their pregnancy reached 955 (80%) while the total numbers of US scans were 3523.

However, NECC is planning for the coming years to start working on prenatal care to avoid any complications during pregnancy and to promote the ANC program in terms of supporting anemic pregnant women according to the national protocols through provision of medication, more follow up and monitoring. Also NECC is looking forward more focus on attitude, knowledge and practice of the pregnant women before, during and after their pregnancies.

Post Natal Care

All women who follow up for antenatal care at NECC family health care centers during pregnancy used to be seen/visited twice at home after delivery by NECC staff, the first visit within six days of delivery and the second visit during the 40 days after delivery and a third one from the mother to the Family center to register her children in the well-baby clinic. During the postnatal visits, NECC staff checks the mother's blood pressure, temperature, vaginal discharge and perform uterine massage. Additionally they check the baby's weight and perform umbilical

dressing. They educate mothers about breastfeeding, family planning, nutrition, baby care, and the importance of follow up in well baby clinic.

Accordingly, NECC and in order to promote the PNC services provided years ago; started a new agreement with **UNICEF** to implement a new project *“Promoting the provision of quality postnatal care in Darraj and Rafah areas served by NECC-Gaza”* immediately after the war 2014. It was proposed to start mid of August 2014 but as open-end ceasefire wasn't announced till 26th Of August; a delay of implementation occurred and actually NECC field work started on 15th October 2014. Additionally, a delay of delivery of supplies from UNICEF to NECC also was a challenge to start the implementation. The project will continue till end of Feb 2016. The overall objective of the project: To contribute to reduce the morbidity of the targeted pregnant women and mothers and neonates/children at the postnatal period is reduced. The project is aiming to increase coverage of PNC services for registered women at the postnatal period and to reach 700 women and their babies through appropriate assessment, care provision, counseling and health education to safely pass the critical postnatal period.



Regarding the post natal visits, the total number of deliveries during 2014 was **1200**. The number of women who received first PNC visit within 6 days was **741** and another second visit within 40 days was **387**, also **186** postnatal visit conducted as first visit but after 6 days as the mother called the centers lately, the number of postnatal visit at the center within 40 days was **620**, so the total number of the postnatal visits during this reporting period was **1314** and the total visits including those of the mother with her baby to the center was **1934**.

Additionally, with the support of UNICEF as mentioned above, NECC succeeded to achieve the following results from 1st October to 31st Dec 2014 in the two localities Darraj and Rafah, NECC started achieving new indicators. NECC is planning to mainstream the promotion of PNC to Shijaia area.

The total number of deliveries was 138 mothers while the **total number of PNC visits was 346** visits.

Breast examination

Breast examination for women above 40 years from Shijaia area was started in April 2014 at NECC clinic at Shijaia. This program was planned to start this year at NECC to all women above 40 in the locality for early diagnosis of breast cancer. Actually no significant progress occurred in the development of the program as we are still developing a database program and it is worth noting that it was interrupted by the most recent war. During the first few months of 2014 only **52** women were examined, **45** were referred to MOH for mammogram, of those referred **10** women were able to have mammogram as there was no films at MOH for mammography. For the other **10** women who had mammography, **One** woman had breast abscess, **one** woman had lateral fibroadenosis, **one** woman had fibrocystic breast disease and **7** women were normal. NECC is planning to work more in developing this program to do the screening for all the women living in the three areas. A brochure was printed about the importance of physical examination regularly and of the early diagnosis of breast cancer in the cure of the cases.

Table (2) Number of newborn disaggregated by type of feeding, gender and area :

| | Darraj | | Rafah | | Total | |
|--------------------|--------|------|-------|------|-------|------|
| Exclusive BF | 89 | M 54 | 34 | M 24 | 123 | M 78 |
| | | F 35 | | F 10 | | F 45 |
| Artificial feeding | 1 | M 1 | 1 | M 0 | 2 | M 1 |
| | | F 0 | | F 1 | | F 1 |
| Mixed feeding | 9 | M 6 | 4 | M 2 | 13 | M 8 |
| | | F 3 | | F 2 | | F 5 |

Table (3) The main outputs regarding planned ones:

| Planned/year | Darraj | Rafah | Total |
|--|--|---|--|
| Direct beneficiaries | | | |
| 700 women are served during PNC | 97 | 39 | 136 |
| 700 neonates served during post neonatal period | 99 | 39 | 138 |
| 25 staff from NECC receive capacity building sessions on PNC | 15 | 4 | 19 |
| Indirect beneficiaries | | | |
| 4410 family members received health education | 530 family members received 223 sessions | 102 family members received 79 sessions | 632 family members received health education |

NECC will continue provision of PNC to all mothers and babies in the three targeted areas with more focus on the new issues which NECC learned and already were implemented during this year such as anemia among deliveries, complications, health promotion,...

Table (4): Distribution of total number of beneficiaries at NECC PHC centers disaggregated by gender and age:

| By age | More 18 years | | Less 18 years | | Total |
|---------------------|---------------|------|---------------|------|--------------|
| By gender | M | F | M | F | 21675 |
| No of beneficiaries | 1141 | 5734 | 7576 | 7224 | |
| Total | 6875 | | 14800 | | |



Family Planning Services

Family planning program was launched at family health care centre in Darraj in 1995. In 2002, family planning services were extended to Family Health Care Centre in Shijaia and recently in 2014 family planning was launched at Rafah center upon the request of the local community.



NECC is looking for increasing the number of beneficiaries during the next year. A female gynecologist and staff nurse run the three family planning clinics. Most of the family planning methods are available such as intrauterine device (IUDs), pills, injections and condoms.

The number of women who received family planning services during this reporting period was **927** women: **441** at Shijaia, **452** at Darraj and **34** at Rafah (target 800 women per year). This indicates an increase in family awareness and convince in the importance of family planning in addition to our harsh economic status. While number of the visits had reached **3139** distributed as; Shijaia **1700**; Darraj **1789** and Rafah **23**.

Table (5) Distribution of Acceptors by Type of Contraceptive in MOH Family Planning Centers by District

| | Pills | IUD | Injection | Male condom |
|---------|-------|-----|-----------|-------------|
| Shijaia | 555 | 36 | - | 602 |
| Darraj | 833 | 25 | 1 | 688 |
| Rafah | 19 | - | - | 32 |

The most used tool was the male condoms in Shijaia and Rafah and Pills in Darraj remaining the same as last year however the number of pills used this year is higher than last year and this could be due to the availability of the pills all the year. NECC is thankful to **UNFPA** which provided NECC with all family planning tools needed for the year through MOH as well as all family planning providers in Gaza.

Well Baby Program (WB)

WB 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 2014 in well baby program were as following:

- Screening **10,170** children 0-6 years old attending the well-baby services as planned in accordance with the national protocols (Target 12,000). In conclusion, the target to reach has been achieved by **85%**. Shajaia Clinic ranked first in term of the number of children seen at the well-baby services (4747). In total, **23,781** well-baby follow up visits were performed. During this reporting period, **3431** new children were assessed at the well-baby service delivery points (higher than the last year figure 3156). Rafah received the least number of new children at the well-baby service delivery points (777), but still the number of children seen at Rafah Clinic is higher than the last year number.
- **8051** laboratory tests were conducted during the well-baby services visits. The most frequently conducted test is haemoglobin level (5546 tests) due to the widely spread anemia.
- **7431** 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, **101** were referred to other facilities for more advanced management at hospitals or diagnostic centres

During this reporting period, **12,457SMS** were sent to clients which were effective and well-perceived by them in addition to 4382 SMS that were sent to bring back defaulters (in total 16,839). The use of SMS has contributed to the reduction of the number of defaulters. Unfortunately, NECC wasn't able to send SMS in Shijaia area during and after the war because of the damage of the infrastructure.

- It is worth mentioning that **Well-Baby program** includes the identification and treatment of anemic and malnourished cases by providing them with the necessary supplementation of iron/folic acid, milk and suitable treatment according to the underlying causes. In addition, all lactating mothers who have anemic children must be checked for anemia, and iron supplementation is provided accordingly.
- The total number of those examined and found abnormal and enrolled in treatment programs is **1270** child. The percentage of malnutrition among the attendants of the well-baby visits was around **16.3%** in Shajaia area while it was **9.7%** in Darraj area; the prevalence in Rafah was **13.9%**. The prevalence of anaemia was higher as it ranged from **15.9%** in Rafah to **28%** in Shajaia (in Darraj, **24.6%**).



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

| Year | Anemia | | | Malnutrition | | |
|---------|--------|-------|------|--------------|-------|------|
| | 2012 | 2013 | 2014 | 2012 | 2013 | 2014 |
| Shijaia | 22.54 | 20.57 | 28.8 | 20.09 | 16.83 | 16.3 |
| Darraj | 37.88 | 35.42 | 24.6 | 14.02 | 11.95 | 9.7 |
| Rafah | 19.63 | 19.93 | 15.9 | 26.46 | 14.37 | 13.9 |

The rate of recovery is high in anemia particularly in Shijaia (**65.8%**) followed by Darraj and Rafah (**54.7%**, **35.1%** respectively) to have total recovered cases **541**, limited number of cases had deteriorated and those now are receiving further attention (53 cases in total are deteriorated). The least reported deterioration level was recorded in Shijaia (less than **4%**).

Similar results were noticed regarding underweight with total number of cases recovered **121** cases being the highest in Darraj. Regarding wasting, the number of recovered cases reached **114**. Also, the recovered cases in Darraj were highest among wasted cases. Just **2** cases were deteriorated after enrollment.

Because stunting takes more time to recover than (chronic malnutrition), the speed of recovery was little bit slower; number of stunted cases recovered was **68**. The highest reported deteriorated cases was reported in Darraj are reached **6** cases.

Families' compliance with the treatment (iron) and the response of severe cases to the treatment also constituted a real concern. Also, referral services and counseling among the areas require more attention in future.

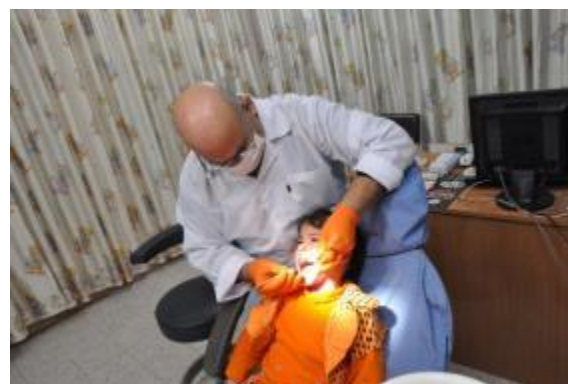
- ❖ At the well baby clinics; health education sessions are provided to the mothers about breastfeeding, nutrition and hygiene with food demonstrations to all children in the clinics.
- ❖ At least, **5025** caregivers received health education and awareness sessions about nutrition and child care. The mostly commonly delivered health education method was lecture (**381** ones)
- ❖ **117** food demonstrations distributed to **3593** attendants at well baby days.

Table (7): Summary of well baby program activities

| Variable | Shijaia | Darraj | Rafah | Total |
|---|---------|--------|-------|-------|
| Total number of children attending the treatment program at the NECC three centres (including those admitted previously from the previous projects) | 531 | 646 | 134 | 1311 |
| Total number of children attending well baby services | 4747 | 3684 | 1739 | 10170 |
| Number of new children visited well baby clinic | 1596 | 1058 | 777 | 3431 |
| Number of well-baby visits | 10825 | 9592 | 3364 | 23781 |
| Percentage of malnourished children among those visited the clinic | 16,35 | 9,72 | 13,97 | |
| Percentage of anaemic children among those examined for hg | 28,88 | 24,65 | 15,95 | |
| Total Number of those examined and found abnormal and enrolled in treatment program | 531 | 646 | 134 | 1311 |
| Number of those examined and found abnormal and enrolled in treatment program from well-baby visits | 500 | 637 | 133 | 1270 |
| Number of those examined and found abnormal and enrolled in treatment program from previous project | 31 | 9 | 1 | 41 |
| SMS | 3142 | 6050 | 3265 | 12457 |
| SMS defaulters | 1237 | 1870 | 1275 | 4382 |

Table (8) Total quantities of supplements provided to children under 5 years:

| Grand Total | |
|-------------|-------|
| Iron | 11359 |
| Vitamin A&D | 383 |



Nutrition screening activities:

NECC started the implementation of a new project “**Improving Access to Quality Nutrition and Health Services for Vulnerable Children in Gaza**” funded by “**Save the Children with DFATD**” for 12 months. The project is aiming to screen 10,000 children less than 5 years through house to house visits in order to discover anemic and/or malnourished children and refer them to NECC clinic for follow up and treatment. The **project goal**: *Contributing to the reduction of child mortality and morbidity through reducing the prevalence of malnutrition and anemia among children under 5 years old in Shijaia and East Zitoun areas*



Description of Activities

1. Conduct nutritional screening in clinic catchment areas with some socioeconomic baseline data

The preparations for conducting the screening have been completed. After completing the preparations, on **October 15th** 2014, the field work has started. So far, **3651** households (HH) from Shijaia area were visited; among them, **(59.8%) 2185** HHs were having children under 5 years old. The average HH size is **5.8** members. HH visited contained **20934** members. The mean monthly income reported by HH was **593 NIS**; the median was **200 NIS**. In total, visited HH contained **3603** children aged from 0-5 years old equally distributed in reference to gender (**50,1% are females**). The vast majority of the screened children are **non-refugees** (74.4%). Nearly **53%** of the screened children’s families reported receiving some sort of social assistance.

2. Screen children 6 months to five years for anemia and provide supplementations including iron, multivitamins and treating underlying causes of anemia particularly infections



- HH visited contained **3040 children** between **6 months up to 5 years** who were assessed for hemoglobin level using Hemocue devices.
- The prevalence of anemia among the screened children was **38.9%**; 51.2% mild anemia and **48.7%** moderate anemia.
- The number of the anemic children

discovered during the screening is **1184**.

- In addition, **124** children were discovered during their well-baby visits-not through the screening.
- Anemic children were provided at houses with **2676** bottles of iron as a part of their treatment plan.
- Although the field work has just started and anemic children didn't complete their treatment plan, **42.1%** of them had completely recovered and **10.3%** have shown improvement in their hemoglobin level but still they didn't completely recovered.

3. Provide appropriate treatment for children 6 months to 5 years old who are malnourished children (through diagnosis of the underlying cause, provide treatment such as deworming, treat infections and coordinate to provide food aid and supplements.

- HH visited contained **3603** children up to 5 years who were assessed for anthropometric measurements including weight and height.
- The prevalence of all types of malnutrition was **9.7%** among the screened children; **72%** moderate malnutrition and **28%** severe malnutrition.
- The number of the malnourished children discovered during the screening is **350**.
- In addition, **59** children were discovered during their well-baby visits
- Malnourished children were provided with their treatment according to the protocol. Although the field work has just started and malnourished children didn't complete their treatment plan, nearly **43%** of them had completely recovered and returned to normal.

4. Conduct nutrition and hygiene education / health education in the community/health education campaigns

- During home visits, **6089** persons had received health education and provided with 4 brochures about malnutrition, anemia and public health issues
- **1005** beneficiaries had received health education at the NECC Shijaia Clinic



- **86** community members had received health education at community centres-preschools-outreach
- **33** clients had received individualized counselling services

In total, **7213** beneficiaries had benefited from health education related activities and **5000 brochures** have been distributed.

5. Train health staff in nutrition techniques

To orient the staff to project, a 5 day training program has been implemented to the project staff. Currently, NECC is coordinating with Ard El Inssan to implement 5 days training program for NECC and Ard El Inssan teams.

6. Coordination with other agencies specially MOH and AEI

7. Refer severe and complicated cases to Ard El Enssan and MOH

The project has just started and it is early to refer cases as they didn't complete their anticipated treatment plan. So far, **15 cases** were referred, two for the Thalassemia society and **13** for the pediatric hospitals. It is expected that the number of referred children to other facilities will increase.

It is worth noting that from 3rd Dec to 4th Dec 2014, the 6 NECC community workers visited 4 collective centers sponsored by UNRWA in order to screen the children under 5 years old from Shijaia area who were displaced with their families after the war. The total number of families was 74 families who have 121 children under 5 years screened for anemia and malnutrition. Actually, 32% of those children are anemic (33 child) and 28.1% are malnourished (34 child). Additionally, 99 persons received health education inside the shelters and 53 iron bottles were distributed directly to the anemic children as one month treatment. The anemic and malnourished children were referred to NECC health center for more investigation and treatment.

Table (9): Distribution of MCH Activities in PHC Centers by activity & District

| District | | <i>Shijaia</i> | <i>Darraj</i> | <i>Rafah</i> |
|-----------|--------------------------------|----------------|---------------|--------------|
| Antenatal | No of new pregant | 654 | 480 | 216 |
| | No of visits /pregnat women | 5.7 | 5.7 | 4.5 |
| | No of examined pregnant women | 2459 | 1821 | 721 |
| | Total number of pregnant women | 973 | 717 | 317 |

| | | | | |
|-----------------------|----------------------|-------|-------|------|
| Postnatal | No of 1st visits | 386 | 368 | 173 |
| | No of 2nd visits | 115 | 178 | 94 |
| | No of 3rd visits | 273 | 267 | 80 |
| New babies & children | No of new registered | 1596 | 1058 | 777 |
| | No of examined | 13309 | 10558 | 5591 |
| Well baby | No of children | 4747 | 3684 | 1739 |
| | No of visits | 10825 | 9592 | 3364 |

Beneficiaries and defaulters follow up

Follow up of defaulters and bringing them back to the program constituted a real challenge. However, efforts to bring defaulters including contacting them via phone twice and then carrying out an additional home visit was somewhat successful in bringing defaulters back to the program with high success rate. The most frequently reported reasons for not coming included internal family issues, the clinic is perceived as too far from place of residency and families conduct follow up with other health providers. Since 2013 NECC started using SMS services to remind mothers and women about the appointment dates. This was highly successful.

No of SMS during 2014 reached **16022** messages were sent as SMS as following: **4552** from Shijaia center, **7280** from Darraj center and **4190** from Rafah. In addition **2620** home visits were conducted in the three served localities. Unfortunately, NECC wasn't able to send SMS in Shijaia area during and after the war because of the damage of the infrastructure.

Dental Clinic

All clinics of NECC Gaza are equipped with fixed dental units that provide routine dental services – such as check-up, filling, extraction, scaling 4 days a week. During 2014, **5273** patients were examined by a dentist at the clinics distributed as following: **2067** in Shijaia, **2012** in Darraj and **1194** in Rafah, also **817** child were screened during well baby program(target 700 child per year), **1173** pregnant women were screened during antenatal care for their dental care(target 1200 pregnant women per year).



Mobile dental clinic:

Conducting 2 days dental examination and screening through NECC mobile dental clinic to **53** persons with cooperation with Palestine Polytechnic University as a part of the voluntary work for the community by NECC.

Total number of beneficiaries from dental services during 2014 was **7379**

Another dental examination and screening was conducted to **25**TVET female students, **38** TVET male students.



No of referred cases from dental clinics during 2014 were **465** cases.

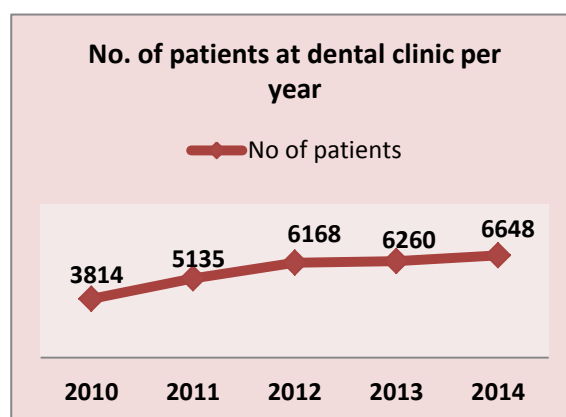
Table (10): Yearly distribution of the dental activities:

| | 2010 | 2011 | 2012 | 2013 | 2014 |
|--|------|------|------|------|------|
| No. of patients examined by dentist | 3814 | 5135 | 6168 | 6260 | 6648 |
| No. of children screened on well baby days | 1417 | 874 | 1497 | 1243 | 817 |
| No. of pregnant women screened | 1248 | 1047 | 1401 | 1477 | 1173 |

Table (11) Distribution of NECC Dental Clinic by Type of Activity & District

| District | No. of Visits | Treatment | Composite Fillings | Amalgam Fillings | Teeth extractions | Teeth scaling | Follow up visit |
|----------|---------------|-----------|--------------------|------------------|-------------------|---------------|-----------------|
| Shijaia | 2432 | 1428 | 9 | 521 | 201 | 80 | 496 |
| Darraj | 2477 | 1649 | - | 653 | 296 | 117 | 483 |
| Rafah | 1739 | 1157 | 5 | 334 | 166 | 62 | 285 |

Figure (1): No. of patients at dental clinic per year



General Clinic

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

Achieved in the reporting period:

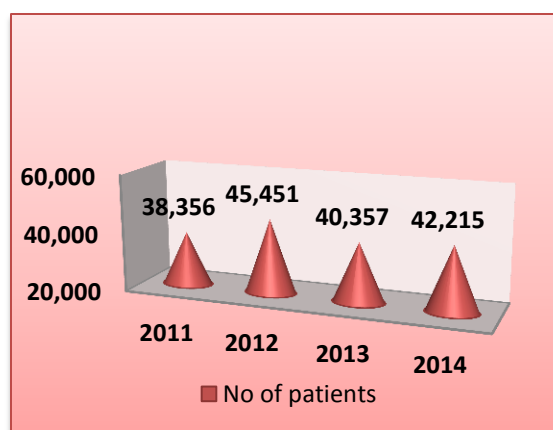
The number of patients above 6 years old as cases examined by doctors has been reached **7154 cases** (target in one year is 4000) as detailed in table below with total number of **7756** visits.

Below the table shows the distribution of all clients who were examined by doctors and received treatment by category and centre during 2014 (the table mention number of visits not cases, it means that the patient may receive the service more than once during the year)

Table (12): Distribution of all clients who were examined by doctors by category and center

| Target group | Shijaia | Darraj | Rafah | Total |
|----------------------|---------------|---------------|-------------|---------------|
| Less than 6years old | 13,309 | 10,558 | 5591 | 29,458 |
| Pregnant women | 2459 | 1821 | 721 | 5001 |
| Above 6 years old | 3208 | 2397 | 2151 | 7756 |
| Total | 18,976 | 14,776 | 8463 | 42,215 |

Figure (2) Total No. of patients per year



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 will conduct health education sessions for women attending family health care centres. To promote healthy practices, health education was provided to families particularly to caregivers. Health education is provided based on the needs of families.

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 **851** sessions for **15,686** participants, through those participants around **3593** received **117** demonstrations.

Sessions were provided at the health centres and occasionally in local community based organizations e.g. kindergartens. Participants included pregnant women, women, new pregnant mothers, grandmothers and influential family members.

Also health education materials were distributed either inside the centers or at home visits. To further enhance the effectiveness of health education, NECC used a set of pre-test post-test questions for a sample of attendants in health education sessions. Questionnaires were analyzed and measures were taken accordingly.



Table (13): Effect of health education on mothers' knowledge

| | Pre-test results (%) | Post-test results (%) |
|--|----------------------|-----------------------|
| Knowing causes of anaemia | 86.3 | 94.8 |
| Knowing the importance of breast feeding | 88.4 | 97.7 |
| Knowing the timing of complementary feeding | 84.6 | 97.3 |
| Knowing the concept of malnutrition prevention | 74.8 | 94 |

Table (14) Number of sessions disaggregated by type of health education

| | Shijaia | Darraaj | Rafah |
|----------------------|------------|------------|------------|
| Demonstration | 54 | 48 | 15 |
| Health education | 406 | 183 | 122 |
| Counseling | 5 | 23 | 1 |
| Awareness Activities | - | 12 | - |
| Total | 465 | 266 | 138 |

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 2014 approximately 2620 home visits were conducted by NECC to beneficiaries inside their houses. However the number of home visits is less than last year due to the 51 days of the most recent war and to the displacement of many families from their damaged houses to either shelters or rented houses outside the area served by NECC.

Table (15) Distribution of home visits conducted through 2014:

| Type of home visit | Shijaia | Darraaj | Rafah | Total | | | |
|--|---------|---------|-------|------------|-------------|------------|-------------|
| New born who delayed the registration at well baby | | | | 115 | 178 | 94 | 387 |
| Deliveries home visits | | | | 416 | 492 | 216 | 1124 |
| Expected deliveries | | | | 106 | 187 | 67 | 360 |
| Defaulters | | | | 147 | 161 | 356 | 664 |
| Abortion cases | | | | 28 | 17 | 12 | 57 |
| High risk pregnancies | | | | 3 | - | - | 3 |
| Chronic diseases | | | | - | 12 | 4 | 16 |
| Anemic children or referred cases | | | | - | 5 | 4 | 9 |
| Total Number of visits | | | | 815 | 1052 | 753 | 2620 |



Community Workers Training Courses

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

Community training is provided at both served communities; Darraj and Shijaia to up to 40 female trainees per year divided into two groups. Each group receives training for 4 months, 3 days per week, 4 hours per training day. The lectures are about health, social and psychosocial issues. Also they are trained about how to give a session for a group of women even about health, social or psychosocial issues. A first aid course also provided to the students with cooperation of MOH trainers. Most trainers are from NECC staff and other relevant NGO's as Al Wedad, PCHR, etc..

During 2014, two community workers training courses were organized with 18, 19 participants respectively.



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, UNICEF, ANERA, Save the children and AEI which provided back up referral sites.

Table (16): Referral sites during 2014

| Referral system | Shijaia | Darraj | Rafah | Total |
|------------------------|------------|-----------|----------|------------|
| Thalassemia center | 13 | 5 | 2 | 20 |
| MOH or other hospitals | 80 | 52 | 2 | 134 |
| MOH clinics | 9 | 5 | - | 14 |
| Total | 102 | 62 | 4 | 168 |

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.

LABORATORY SERVICES

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

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

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



Achieved in this reporting period:

The number of laboratory tests performed. Laboratory tests conducted in the year 2014 have reached **20166** distributed as Shijaia **9180**; Darraj **8256** and Rafah **2730**, we add to them **5546** HB tests for the children screened and followed up for malnutrition or anemia with hemocus portable machine.

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



Table (17): Distribution of lab tests

| Type Of Lab Tests | Shijaia | Darraj | Rafah | Total |
|--------------------------------------|---------|--------|-------|-------|
| Blood tests | 4147 | 4319 | 1388 | 9854 |
| Urine | 3830 | 3052 | 1034 | 7916 |
| Stool | 1080 | 856 | 265 | 2201 |
| Pregnancy Test (Urine Sample) | 123 | 29 | 43 | 195 |
| Total | 9180 | 8256 | 2730 | 20166 |

Accuracy of tests:

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

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

PHARMACY SERVICES

NECC offers preventive and curative services free of charge, with a focus on mother and child health care and education towards health and environmental awareness (hygiene, vaccination, etc.).

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 helminthes, etc....

Only prescriptions of the clinic medical doctors are dispensed to the patients of the particular centre. Medicines are mostly made and supplied directly by pharmaceutical companies in the West Bank 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



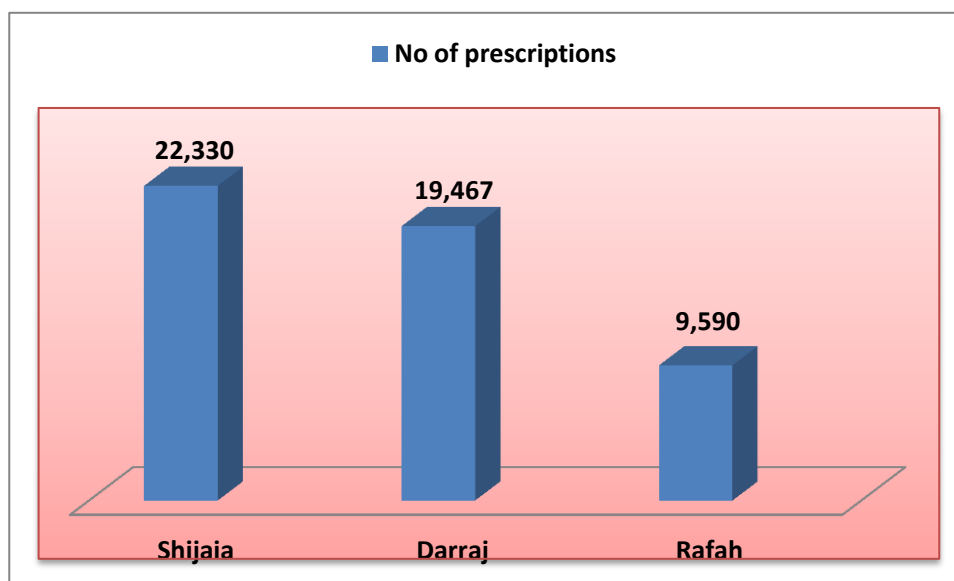
covers 12 months as the replenishment of dispensed medications replenished every 6 months through tenders. Additionally, NECC has computerized information system for the medications that facilitate and organize the work inside the main store and the pharmacies, a network connect the three pharmacies with the main office and the main store for more monitoring and supervision, regular meetings also conducted by the health programmes coordinator with the pharmacist assistants, the pharmacist responsible of the medical store and the doctors.

Achieved in this reporting period:

NECC succeeded in securing the availability of the required medicines throughout 2014 by having stocks of medicines in each centre and in the main store. However, some delay happened due to the tight closure and increase in number of patients during ceasefire days and after the war.

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

A number of items related to pregnant women and children were thankfully donated in kind by ANERA and CRS during

Figure (3) No. of Prescriptions dispensed:

Satisfaction of Beneficiaries at PHC Centers

In order to achieve high standard of quality in the services provided by NECCRW's health centers, NECC monitors clients' perspectives/satisfaction and results demonstrate a very high degree of satisfaction among clients. Satisfaction assessment and community feedback enable the NECC staff to constantly monitor weaknesses and strengths in order to maintain good quality of services both in terms of quality of facts and quality of perceptions. Interestingly, the clients' satisfaction which revealed to be very high is as validated by our internal assessment as well as by the assessments carried out by others. The satisfaction was very high regarding services provided, cleanliness, privacy and time allocated to the clients. Less satisfaction reported about waiting time mainly due early arrival of clients to our clinics. However, NECC tries to shorten the waiting time and to conduct patient flow analysis which could help in decreasing the waiting time and makes the patient flow smoother.

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

Table (18) Satisfaction level of beneficiaries

| Variable | Frequency | Percentage (%) |
|---------------------------|-----------|----------------|
| Antenatal care | | |
| Very satisfied | 592 | 96.1 |
| Satisfied | 24 | 3.9 |
| Postpartum care | | |
| Very satisfied | 584 | 94.8 |
| Satisfied | 32 | 5.2 |
| Nutrition services | | |
| Very satisfied | 593 | 96.3 |
| Satisfied | 23 | 3.7 |
| Dental care | | |
| Very satisfied | 590 | 95.8 |
| Satisfied | 23 | 3.7 |
| Child health | | |
| Very satisfied | 588 | 95.5 |
| Satisfied | 28 | 4.5 |

| Variable | Frequency | % percentage |
|-------------------------|-----------|--------------|
| Health education | | |
| Very satisfied | 590 | 95.8 |
| Satisfied | 26 | 4.2 |
| Home visits | | |
| Very satisfied | 588 | 95.5 |
| Satisfied | 28 | 4.5 |
| Laboratory | | |
| Very satisfied | 592 | 96.1 |
| Satisfied | 19 | 3.1 |
| Not applicable | 5 | 0.8 |
| Family planning | | |
| Very satisfied | 179 | 29.1 |
| Satisfied | 30 | 4.9 |
| Not applicable | 407 | 66.1 |

It is worth noting that NECC provided during the few days of ceasefire of the most recent war 2014; a package of primary health care services to a total number of 3849 individual cases and 2751 families. All families received mineral water bottles at each visit. The table (19) below shows in details the number of beneficiaries during the war (ceasefire days) disaggregated by type of service, age and gender:

| Service | More than 18 years | | Less than 18 years | | Total |
|-------------------|--------------------|-------------|--------------------|-------------|-------------|
| | M | F | M | F | |
| ANC | 0 | 448 | 0 | 28 | 476 |
| Dental clinic | 39 | 120 | 76 | 93 | 328 |
| Family planning | 0 | 88 | 0 | 0 | 88 |
| General clinic | 135 | 449 | 166 | 216 | 966 |
| Pediatric clinic | 0 | 0 | 505 | 445 | 950 |
| WB | 0 | 0 | 585 | 552 | 1137 |
| Nutrition program | 0 | 0 | 250 | 212 | 462 |
| Total | 174 | 1105 | 1582 | 1546 | 4407 |

Success story from Rafah:

Rafah is located at the border between the Gaza Strip and Egypt. It has a strategic geopolitical location which makes it more exposed to Israeli incursions than other places. Rafah Border Crossing is the only crossing between the Gaza Strip and not only Egypt, but also the external world as well. In total, 202777 inhabitants were living in Rafah in the mid 2012 (12.3% of the total GS population). The population structure of Rafah is overwhelmingly made up of refugees (87%). The population density in 2012 was 3168 inhabitant per square kilometre which reaches up to 10,000 inside refugee camp.

The average illiteracy rate in Rafah is 5.6% and the average household size is 6.5. Most ladies marry at young age (median marriage age for females is 20.2 years). At Rafah governorates, the average housing density is 1.8. Around 40% of the population were living in houses, 57% in apartments and 95% of houses were tenured by the households themselves. Almost all households are connected to electricity and water networks but nearly half of households are connected to porous and tight cesspits (no sewage network). Rafah Refugee camp is located at the central part of the governorate and is regarded as the second mostly populated Camp in Gaza after Jabalia (104,000); more than half of the Rafah residents are living in this camp. As in other places there is wide spread of unemployment among residents of Rafah,

Sheikh Eleid Family lives in Rafah and consists of seven members; Zeyad the father is 36 years old, he completed secondary school; Butheina the mother is 36 years old and completed her secondary school in addition to five children; four daughters and one son. They are living in a small house located in Shabora refugee camp-part of the larger Rafah camp, one Km far away from the NECC health center located in Rafah. It consists of two small bedrooms, a hall, a kitchen and a bathroom. The house is appropriate, poorly furnished and sanitary conditions are not health. Its walls are peeling and it is humid most of the time.

The family's source of income is intermittent, not adequate to meet the basic needs as Zeyad doesn't have a permanent work; he is more of a casual labour. The family mainly depends on assistance provided by UNRWA and also by Boutheina's family. Their usual daily meals consist of dry cereals such as beans and some vegetables but rarely fish or meat.

Living in Gaza, the family witnessed the most recent war in summer 2014. It was horrible time for the family, the house was partially damaged during the Israel aggressions on Rafah.

Boutheina family which consists of 35 persons flee during the war from their houses and came to her house and it was so difficult to stay altogether in a very small house where no electricity, no enough food, lack of water, no movement to outside and no safety at all.

Unfortunately, Boutheina's brother was killed during the war as he was a rescue and when he was going to save some injured people, the ambulance was attacked and he died. This added more sadness to the family.

The family has heard about NECC center for the first time from their neighbours in 2007 and then they started to attend the clinic regularly.

During her pregnancy, Boutheina attended the antenatal care program at NECC center regularly till her delivery in July 2013. She had a baby girl called Tala.

When Tala became one month old, the mother brought her to register and follow-up in the well-baby program in August 2013.

Boutheina made regular visits every month with Tala in the well-baby clinic according to the protocol for her growth monitoring and development and the anthropometric measurements of the child was as follows:

| Date of visit | HT/cm | WT/Kg |
|---------------|-------|-------|
| 17-08-2013 | 54 | 4 |
| 17-09-2013 | 54 | 4.5 |
| 22-10-2013 | 56 | 4.9 |
| 19-11-2013 | 58 | 5.2 |
| 14-01-2014 | 61 | 6 |
| 18-02-2014 | 63 | 6 |
| 18-03-2014 | 64 | 6.7 |
| 15-04-2014 | 65 | 6.8 |
| 30-04-2014 | 65 | 6.8 |
| 17-06-2014 | 67 | 7 |

In her 10th visit to NECC centre on 17-06-2014, Tala's HB level was 9.1 g/dl which means that she is anaemic. The staff nurse enrolled Tala in a management program at the NECC which included medical examination, in-depth investigations and treatment. She received 2 bottles of iron supplement and the staff nurse explained to the mother the instructions for using the Iron treatment and also health education about the nutrition of Tala and she had an appointment date for the next visit. In addition, psychosocial support was provided to her to help her cope with life difficulties

The follow up visits for Tala in the nutrition program are showed at this table

| Date of visit | HB | Care provided |
|------------------------------|------|--|
| 24-06-2014 | 9.1 | She had urine and stool analysis that showed negative results, but she also had Otitis media, she received normal saline nasal drops and Amoxicillin 125 mg as antibiotic. |
| Interruption due to War 2014 | | |
| 14-10-2014 | 10.1 | She received another 2 bottles of iron and also she had Otitis media and flu, she received Parafly syrup and Amoxicillin 125 |
| 11-11-2014 | 11 | She received a prophylactic dose of 2 bottles of iron |
| 13-12-2014 | | She received a second dose of prophylactic dose of iron syrup |

| | | |
|------------------------|-----------|---|
| 10-01-2015 | Discharge | She received third prophylactic dose and was discharged from the anaemia management program She was also sick , she had Allergic dermatitis, candida stomatitis, she was examined and received Miconazol oral gel and a skin cream |
| Cross cutting services | | 6 health education sessions were provided throughout her visits to the health centre Also, psychosocial support was provided to the mother |

Boutheina appreciated the program and she wishes it continues as it was very useful for her child who had been diagnosed by the NECC team and recovered from anaemia completely in a short time. The provided prophylactic doses will maintain the child healthy for long period of time. The mother said that she learnt many good things about nutritious food, hygiene practices and breastfeeding through health education sessions and counselling. She is now keener to feed her children with health yet affordable food.

Boutheina finally thanked NECC very much about the quality health services they provided to the community. She is happy that her child had recovered and now thrives normally.



NECC is so thankful to all partners and donors (see annex2) who supported the provision of the health services to the vulnerable groups in Gaza.

PSYCHOSOCIAL SUPPORT PROGRAM

Overall objective:

To promote the psychosocial status of the served community particularly women and children is promoted

Every year, children around the world suffer tremendous psychosocial stress due to, poverty wars, and conflict. Worldwide the children who consider the most vulnerable group age face material hardship, socioeconomic disadvantage, social stigma, emotional isolation and psychological trauma. This is not just an individual catastrophe for the child it also has far-reaching social and economic implications for their extended family, community and country, posing threat to the region's longer-term developmental vision.

Gaza's prolonged unresolved conflict and political situation continue to have a negative impact on the social, cultural, and mental makeup of the Palestinian community. The conflict is creating a unique case of complex and chronic challenges that have caused economic disadvantages and socio-cultural limitations for war-impacted communities.

The ongoing blockade on Gaza Strip has been widely described as "collective punishment" resulting in a humanitarian crisis. Gaza situation is still grim and deteriorating at all levels. The movement of Palestinians out of Gaza and access to basic utilities, housing, education, work, health and an adequate standard of living continued to be severely restricted due to Israel's closer and siege.

The increase in psychological distress is directly linked to the current conflict, psychosocial support presents a range of approaches intended to stabilize the life of vulnerable children and young people by promoting their psychological health and self-esteem so that they may live an independent life. In the last few years, the situation for more than 1.6 million Palestinians in the GS became worse than it has ever been since the start of the Israeli occupation in 1967. Occupation, conflict, siege, closures and the frequent wars have left the high densely populated the GS in a state of severe susceptibility. The current isolation has taken the humanitarian situation to an unprecedented level, with coping mechanisms exhausted, widespread absolute poverty and an inability of civil society organizations and formal authorities to meet even the basic needs of the population. The collapse of the economy has left little money to buy food, and little food in the local market to buy. The ability of local communities to purchase required medicaments, contribute to medical fees and pay for transport to reach health facilities is dramatically decreasing (PNGO, 2009). The situation in Gaza is best described as acute on top of chronic.

As mentioned before, on 7 July 2014, the Israeli army launched a military operation code-named "Protective Edge", in the Gaza Strip, following several weeks of escalation.

This war destroyed the life's main necessities, where it did not exclude nor humans nor stone nor trees, leaving no safe place for the Palestinian citizens. The seven weeks of escalated hostilities that started on 7 July 2014 entailed intensive bombardments, rocket, mortar fire and

ground operations across the Gaza Strip. This resulted in a record number of civilian casualties, the devastation of civilian buildings and infrastructure, and large scale displacement. Following the ceasefire there was a sharp decline in the number of internally displaced persons, but figures have gradually risen again in UNRWA shelters, and an estimated 110,000 are still displaced, including with host families(based on OCHA report Sep. 2014)

According to MOH assessments, there are more than 2,137 Martyrs and 11,100 wounded who are civil in General and 10,620 totally destroyed houses and mosques. Huge number of Palestinian people faced terrible traumatic events, especially children who had immature coping strategies and resiliency. They are now recovering from their third war in five years.

Based on OCHA and MOH situation report Aug and Sep 2014; at least 373,000 children require direct and specialized psychosocial support (PSS). Children are showing symptoms of increasing distress, including bed wetting, clinging to parents and nightmares. Specifically, there is a need to increase the number of structured activities and specialized PSS support, as opposed to PSS first aid, for children and families identified as requiring a referral to such services.

As young people mature, the decisions they make have a massive impact on their families and their communities, but growing up surrounded by poverty, war and unemployment increases their risks, frustration and limits their choices. For those young people faced with violence, loss of their breadwinners, loss of income and interruptions to schooling.

NECC ongoing psychosocial support program

After The Cast Lead Operation in 2008; NECC launched a psychosocial (PSS) program to alleviate the suffering of our population including children, women, VTC's students and NECC staff. Thus NECC is aiming to provide psychosocial support through individual counseling, group counseling, group sessions, open days and recreational trips. The program objectives planned to be accomplished by offering psychosocial services and support to mainly children and mothers.

Preventive Services:

Appropriate PSS services are provided to the mothers/women or children attending the Family care centers or the kindergartens located in the three served areas

Letting kids be kids

Through the implementation of PSS activities various skills have been refined

- Teach children concrete skills and provide an opportunity to retreat them.
- Develop children's potential across a broad range of activities that stimulate mental, physical and emotional well-being; and,
- Inspire children, their parents, and the wider community by providing hope in an environment of uncertainty and fear.

Involve children in a wide array of fun activities offering sports, art, drawings, theater, music and dabka dance. Benefitted child created a mixture of hope, happiness, and entertainment for children.

The psychosocial activities encourage important social values such as leadership, respect and cooperation, friendship, and creativity.

Crucially, the, psychological relief for the children from the circumstances in which they live, and most importantly a chance just to be children; free of the adult-sized worries and pressures so prevalent in Gaza. The provision of psychosocial support for children at a time when it is most needed, after the recent conflict, providing an opportunity for the children of Gaza to enjoy themselves and learn new skills.

The main interventions are

| | |
|---|---|
| Children 6-12 (In the center) | CBI for children of age(6-12 years):drawing, puppets, psychodrama, de-briefing, recreational activities as playing, dancing, singing... |
| Children 10-14 In the center | Ten sessions of Mind and body medicine for children of age 10-14 years old |
| Children 4-6 (in the selected Kindergartens) | CBI for kindergartens children that suit the age of those children : expression through drawing ,story telling, coloring ,playing |
| VTC Students | CBI and psychosocial sessions for VTC’s students for both gender. |
| Children of both age groups and VTC students | Recreational trips and summer camps. |



Counseling Services:

The counselors offer diverse services including individual and group counseling, recreational trips, awareness sessions for parents such as dealing with aggressive behavior, dealing with bedwetting, and dealing with stress.

The counselors offer diverse services including individual and group counseling, recreational trips, awareness sessions for parents such as dealing with aggressive behavior, dealing with bedwetting, and dealing with stress.

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

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

Capacity Building for NECC Staff

Within the integration of mental health into primary health care it should be carried out by improving the ability of the staff to detect and manage mental health problems.

- The health team attended 4 days training for integration of mental health into primary health care. NECC assumed this approach through the concepts of mental healthcare that can be provided by primary care workers who are skilled, able and supported to provide mental healthcare.

- PSS team also attended 5 days training implemented by psychosocial consultant on common mental disorders, psychosocial measures tools, psychosocial counseling, individual and group counselling techniques and cognitive behavioral therapy.

Summary of PSS Activities:

Children suffer and live in stressful environment with no place for recreation. They find themselves in the center because they get to know new people and exchange ideas. The majority of women attending afternoon activities indicated that participation in afternoon activities represent an opportunity for them to vent their stressors, shake off stress and anxiety, emotionally expressing their problems, and to get social connections with other women. Furthermore, a large portion of women indicated that the main reason that motivated them to attend the afternoon activities is to help them overcoming the psychosocial problems. The relevancy of the psychosocial component of the NECC health program is very high as it focused on the promoting mental health and increasing psychological wellbeing of Palestinians, NECC should continue implementing psychosocial activities in the future as Gaza still suffering the scourge of war.

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

Indirectly this initiative is good opportunity for NECC to mitigate and alleviate children suffering within our prolonged conflict and enhance NECC capacity in PSS intervention and being visible in the areas we served.

Table (20) No. of Psychosocial Activities and Target Groups

| Target group /Activity | Achieved |
|--|----------|
| School Children 6-15 years received CABAC group sessions | 641 |
| Kindergartens children received CBI sessions | 1164 |
| Mothers received psycho education sessions at centers | 6054 |
| Women received group counseling | 55 |
| Women received Individual counseling either for herself or for her child | 375 |
| Individual counseling sessions | 962 |
| Mothers/women received Consultations | 563 |
| Psycho education Sessions provided | 248 |
| Home visits conducted for special cases | 163 |

Lectures, trainings, and information events on various topics implemented by professionals from women's organizations. These were held during **afternoon activities**, **220** women benefited from embroidery, wool making courses, hair dress making and others during the 2014.

During 2014, the number of female and male students benefitted from PSS was **202** students, they also received **223** sessions. **51** mothers and fathers also were benefitted from PSS program.

In working with children and mothers we ask ourselves "Are we making a difference", this is an appropriate tool for measuring psychosocial impact at child level, we noticed that the psychosocial status of most of the served community particularly women and children who benefitted from the projects was promoted, NECC has several success stories about cases got improved or their psychological problems solved. Also the children wellbeing is promoted in the three vulnerable areas especially through the open days as they are related to poor families who couldn't provide for their children such support.

Emergency response PSS activities

It is worth mentioning that NECC started providing intensive emergency immediately after the last recent war in 2014 psychosocial support through three projects funded by ACT Alliance, Pontifical Mission and CRS respectively: Many thanks to their generous support to serve our needy and traumatized people in Gaza to alleviate their suffering.

Psychosocial Project Funded By ACT Alliance

NECC Implemented an emergency PSS project funded by **ACT Alliance** for children and mothers in the three served localities through 9 open fun days the project targeted **1260** children and their mothers at the end of November 2014.



Developing the capacity of psychosocial counselors

Furthermore training for psychosocial counselors about common mental disorders, cognitive behavioral therapy and individual and group counseling technique .The integration of psychosocial support program within the PHC is one of the most effective ways to overcome the social stigma of mental illness. This integration is one of the key factors that helped the team achieve the expected outcomes and develop a system for primary health care teams in meeting agreed standards protocols for mental health care. Additionally, involving mothers with the psychosocial support has contributed substantially to the effectiveness of this program.

Integration of Mental Health in Primary Health Care

NECC is involving in conducting four training for PSS staff and health staff respectively through a consultancy service. The training of health staff includes 6 days of training event; 24 days on job training and 6 days case conference, four days training were conducted for all health team about the integration of mental health concepts within primary health care. NECC assumed this approach through the concepts of mental healthcare that can be provided by primary care workers who are skilled, able and supported to provide mental healthcare.

Developing the monitoring system for psychosocial program

The integration of mental health within PHC added value to psychosocial support program through adopting standardized measures which include measures of psychosocial wellbeing, mental health and beneficiary satisfaction with services and service providers such as pre and post **(SDQ)** for children and parents, **(PHQ)** and **(GAD7)** for PHC screened cases, **(CRIES-8)** for PTSD cases and **(Edinburgh scale)** for post natal depression cases. Additional indicators for adherence to child protection policies and code of conduct will be used. Indicators relevant to national and local priorities will be used. The monitoring system also includes client satisfaction for children and general beneficiaries.



Providing psychosocial services

The three centers provide an integrated and effective various services in the three marginalized areas in which there is an urgent need for psychosocial support services, as there are no other institutions that offer such service. Along with providing children and mothers with a comfortable and welcoming environment, the counselors respect children and mothers and deal with them in a very caring way. Additionally, home visits strengthened the relationship between program staff and parents. Implementing joint child-parent activities through running 9 open fun day's trips was a very effective way in engaging mothers in improving the physical well-being

of their children. Also, for women such activities were much needed to vent stressors. Women have a strong desire to communicate outside the closed frame of their families, to break the silence, fear and shyness, and to create new friendships.

From children's point of view, this program helped them share their experiences with other friends, brothers and mothers, and it helped them making new friends. In other words, this program is effective in reconnecting children socially and increasing their social skills. The psychosocial program has positive impact on children's behavior as it reduced the level of violent behavior (especially among boys), and improved their academic achievement.

Psychosocial Support Project Funded By Pontifical Mission

A second emergency PSS project funded by **Pontifical Mission** is implemented in the three served localities to children, mothers/women, NECC staff and TVET students. It includes CABAC sessions to the different categories, 16 recreational trips and 6 open days for the kindergarten children. The project targets 1470 children, 1000 mothers, 209 TVET students and approximately 80 staff members by mid of July 2015. NECC started implementing PSS sessions to the 24 of NECC staff. They received 7 sessions including feelings, dealing with fear, dreams, safe environment and dealing with sadness.



Preparation phase

The preparations for implementing the project started immediately after the most recent war 2014 including:

- Meeting with the staff to discuss the implementation plan especially after the hard times we lived in Gaza during the most recent war, so NECC decided to start implementing the PSS group sessions to the staff first as a part of staff care to be able to support the traumatized and affected cases in the three served localities.
- Identifying roles and responsibilities for each one of the team.
- Preparing specifications for items to be procured such as tables, chairs, fans, coolers, materials used for PSS activities, ...
- Procurement and delivery of most of the needed items, the procurement continued later on Jan 2015.
- Carrying out coordination with others including referral sites

- Hiring a trainer to conduct the staff care sessions
- Preparing the list of NECC staff divided into 6 groups for the 7 sessions that should be received by each one and preparing the schedule for each group
- The 7 sessions are: Build the group, feelings, deal with sadness, deal with fear, dreams, safe environment/place and close the sessions.
- Start working with the children, mothers and TVET student on September 2014.
- Providing 15 CABAC sessions for children of school age and 2 sessions for KG age and still in process.
- Providing 2 PSS stress management sessions to mothers and still in process: it was observable that providing stress management sessions without relaxation and stress management had a negative effect so we add stress management.
- Providing 15 CABAC sessions to TVET students and still in process

Main anticipated outputs:

- **1470** children 3-15 years old received 15 CABAC sessions
- **1000** mothers received 2 PSS stress management sessions
- **209** TVET students received 15 CABAC sessions
- **100** NECC staff received 7 sessions of staff care

Table (21) The main achievement during the period

| Group activity | Shijaia | Darraj | Rafah | Total |
|-------------------------------|---|-----------------------|---|-----------------------------|
| Children of school age | 3 groups: 30 child : 10 boys and 20 girls | 2 groups: 30 girls | 3 groups: 45 child: 9 boys and 36 girls | 105 child: 19 boys 86 girls |
| KG children | 250 child: 149 girls, 101 boys | 20 child | 95 child | 365 |
| Mothers | 12 groups :100 mothers | 5 groups: 100 mothers | 5 groups: 72 mothers | 272 |
| TVET students | 162 male students | | | |
| NECC staff | 77 of NECC received 7 sessions, each session was up to 2 hours: Note that the number of staff was estimated to be 100 but actually 77 who received the sessions , 4 of them were at maternity leave , others were not able to join the sessions | | | |

This PSS project is highly accepted by the beneficiaries and easily accessible. Based on the UNICEF report October 2014 indicates vast majority of Gaza's children are struggling to cope with war trauma and PTSD and according to mental health workers, recovering from the

nightmare of war doesn't always happen, and when it does, it may take years, depending on the age of impact. Doctors in Gaza say, while Palestinian childhood for generations has been marred by war and trauma, Gaza's children are also under siege. They are now recovering from their third war in five years.

CRS/USAID PSYCHOSOCIAL SUPPORT PROJECT

A third emergency PSS project funded by **CRS/USAID** is implemented in Shijaia and Rafah area/Kherbet Al Adas to children, mothers, kindergarten teachers and to mixed caregivers groups. The intervention includes CBI sessions and open fun days for kindergarten children. The project targeted 1432 children, 180 mothers, 90 teachers and 249 caregivers by end of December 2014. We have great trust of our Palestinian facilitators and activators who, are well trained and have the mature experience in dealing with children problems and suffering.

Gaza Emergency Response funds under CPP are partially to provide immediate and essential psychosocial services "PSS" to Gazans affected by the military operations conducted in July-August 2014.

The anticipated interventions are launched to support the most affected and the most vulnerable households with a focus on children and women. The beneficiaries came from all governorates in the Gaza Strip, with special focus on underserved populations in East of **Rafah** and **Shijaia** neighborhoods.

NECC used the Community Based Intervention (CBI) method to offer the agreed PSS services. The Counselors team was trained on activation techniques and methods and how to facilitate activation session using (CBI) approach. Six activators from ten were chosen through several criterions (Professional, personal, cultural and sharing and interaction).

The project objectives were accomplished by offering psychosocial services and support to mainly children and mothers.

The main activities for this project were as following

- 1- Provision of the PSS services in the selected areas.
- 2- Conducted training/orientation to the field staff.
- 3- Identified vulnerable households from Rafah and Gaza governorates for PSS.
- 4- Advertised the PSS and called people from the local community to join the group sessions.
- 5- Coordinated the PSS activities through NECC clinics, friends committees, and other CBOs in the targeted neighborhoods.
- 6- NECC coordinated rent of secure, private, and safe places to serve beneficiaries

- 7- NECC notified beneficiaries (participants) about the project, the donor source and the project's main objectives.
- 8- NECC reached 1951 persons including 180mothers, 369children 6-15 years old and 1063 children KG age, 90 teachers of KG and 249mixed caregivers groups.
- 9- NECC provided PSS services to the identified cases and referred cases to NECC clinics
- 10- Distributed 370 training suit for school children as winterized protected clothes .
- 11- NECC contributed to monitoring and evaluation of the PSS and cooperated with CRS staff to develop and track the achievement indicators.

With regard to children, the project offered services in selected kindergartens for **1063** children, implemented four(CBI) sessions including(fear, how to protect ourselves ,how to take care of myself, express feeling through drawing activity, safety place ,and planning for the future).More over the implementation of five open fun days as recreational activity.



The project targeted as well **369** schoolchildren ages from 6 to 15yearswho received eight (CBI) sessions and two joint sessions for those children and their mothers. The (CBI) sessions were provided for school age children with including eight subjects (fear, place, feeling, what mastered I am, loss, help during threat, and planning for future)With regard to mothers and teachers the psychosocial counselors provided eight(CBI)sessions for 180 mothers and 90 teachers focusing on stress management, feeling checkup ,loss, behavioral problems ,stress management, planning for the future. Provided stress management session for mix caregivers group from Bedaya project.

Identified cases and referred 23 cases of children from both Shijaia and Rafah areas to NECC clinics who were complaining of bedwetting, post-traumatic stress disorders (PTSD), stammer in speech, and low concentration at school.

NECC measured the improvement of cases through an appropriate tool for this purpose. This happened in cooperation with CRS and the project consultant the comparative analysis revealed72.6% improvement of cases

Khaled, 4 years

This is a story of a 4 years old child called Khaled, he is living in Rafah/Kherbet Aladas with his mother, father, brother and two daughters in a non-habitable house , his father is unemployed and they are suffering from poverty. During summer 2014, khaled and his family lived a horrible time for 51 days like all Palestinians in Gaza who witnessed a new war and more killing and massacres. Khaled family left their house to a safer place as Rafah was one of the most affected areas by the most recent war. Khaled came to NECC clinic in Rafah after the ceasefire announcement; he was suffering of fear, bed wetting, attachment to parents and nail biting. Soha(NECC counselor) started individual counseling with Khaled and his mother. He was gradually improved, then after receiving 7 sessions he returned to normal. Now Khaled is followed up by Soha through home visits and individual counseling with his mother. He will be engaged later in a recreational trip during the next period.

**Lian, 4 years**

Hadeel the psychosocial counselor told the story of Lian. 'While I'm working with Majdy Younis kindergarten, and in the first (CBI) session (Fear), I noticed that (Lian) seemed withdrawn and fearful. During introduction, Lian totally refused to talk, she was scared, and started the session crying, and refused to share in activities and games. After I talk to her teacher, I knew that these signs appear as a result of exposure to terrible events during the war. Her house was exposed directly to tank shillings while she and her family were inside. Lian also lived behind Yousif El. Najar hospital which was exposed to heavy shillings. Lian saw martyrs' bodies on the ground with her naked eyes. Her family was forced to leave their home and they moved to UNRWA school shelter. She was exposed to massive psychological trauma resulting in transient muteness and poor communication with others.



I started to offer Lian more attention and asked for her name, and I intentionally integrate her in special activities including (touch and gather activity), and lego building in the first session, and (social atom) in the second session. I noticed slightly improvement on the child as she became more active and shared in the activities, and was happier. Then I offered her a leadership role, she better react and looking forward my coming, and asking me: what shall we play today?

Lian shared her drawings with the children, while she was



refusing drawings in the kindergarten. In the last session (planning for future), and through (pleasure and joy activity) I felt that she improved. She played with her age group and talked to me about her feelings. The pre and post questionnaires showed the improvement. Her teacher also noticed this improvement, she was so happy saying that no one help this child since war ended.

Jana, 5 years

Jana is a female child 5 years old , lives in Rafah -AL Jnena neighborhood ,with family consists of 7 members, her order in the family is the fourth child. She lives with good economic status .The counselor noticed that Jana suffered from shy, withdrawal and prolonged silence, attached to her teacher. At the first (CBI) session with the counselor, the counselor asked her to join to her classmate group, but she kept silent and refused to participate. At the second day, she starts spontaneously joining the group. It was the safe place session, and she responded in a low voice, her sharing was little. At the third day she shared with the group in the plays and activities, her smile was big and lovely in her beautiful face. She told us how she lost her bag in the kindergarten and how children helped her in finding it.

At the last activity, which was full of happiness and joy, she participated in all activities and games. She danced and played in a circle with her friends. Jana's teacher told the counselor that her condition getting better and she liberated from her small shell, and always play with her playfellows.



Nadia, 25 years

Nadia was pregnant in her eighth month. She was still grieving for her husband who was killed in the war. She was very sad that her baby will not have a father. I observed during her antenatal visit that she was not happy and was hiding her tears. While talking to her, I asked her the two screening questions for depression: she said that she was not feeling interest and pleasure in er daily activities, and her mood was down. The doctor examined her and found that she and her baby were physically doing well, but she scored 10 on the PHQ-9 the test scale for depression.

When I explained to her what depression she was worried at first, but when I explained that depression is a common problem and that it can be treated, she was interested to hear more. I

also explained that Mild depression is managed by the medical team, with no need to refer to psychiatry. In our center, we use guided self-help and behavior activation to treat mild depression. I taught her breathing and relaxation exercise to help her deal with the tension and worry.

She practiced the relaxation and breathing exercise daily. She learned that physical exercise that is appropriate for her was also helping improve her mood. She also learned the healthy diet and sleep hygiene, which helped her manage and organize her daily routine.

The next month later, her score on the PHQ-9 decreased, and she was happier and more active. She was preparing for her baby. Although she could not walk very often, she started to do light physical exercise at home, and involved herself more in pleasurable activities. Because depression is common in the postnatal period, I planned to visit her more often after delivery and assess her mood.

Note: Nadia refused to post her photo just her story.

TVET PROGRAM

Overall goal 2:

Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions

NECC continues to operate four vocational training centres for both genders to empower our Palestinian youth economic conditions through adopting the following vocational training centres:

1. **The Gaza City Vocational Training Center (Gaza City VTC)** offers three-year courses that target disadvantaged boys aged 14-16 who have dropped out of school. They can choose to train in carpentry and furniture making or metal/aluminum works and welding. They are provided with theoretical skills topics including Math, , Arabic, industrial studies, Engineering Drawing , in addition to sport and library classes . Practical skills in Carpentry and Furniture Making, Metal/ Aluminum Works and Welding were also offered to the 1st, 2nd, and 3rd year students. Furthermore, in coordination with Red Crescent Society, **Illiteracy classes** are provided for the boys Gaza Center “drop-out schools”, attended by 1st, 2nd, and 3rd students. Through these classes, the students learn how to read and write in Arabic and Math. Teachers continued to work with the trainees in eliminating their illiteracy at the Gaza Boy’s Center. Each course conducted twice weekly to enhance their education.
2. **The Vocational Training Center at El Qararah** conducts two-year courses in general electrician skills and motor and transformer rewinding that is offered to young men aged 16-23 who finished grade ten. The trainees are provided with high quality skills and professions in the areas of theoretical topics including Electrical Science, Math, English Language, sport, drawing electrical Circuits, Trade calculations, and practical skills including Generators and Engines, Air Networks..
3. **The Secretarial studies and English Language Center** offers a one year intensive course to young women who have finished their secondary studies (Tawjihi) to prepare them for secretarial positions. the course starts with an intensive English Language course runs for 3 months. then the ones who pass the final English exams join the secretary course. they are provided with high quality secretarial skills that covers theoretical and practical lessons in the areas of English language, Simple Bookkeeping, Management Principles, Arabi Correspondence, Office Practice, Arabic and English languages, Typing (letters, fax, invitations, advertisements, tables, brochures, cover letters, curriculum vitae, typing the title on the stamps, merging the mail on the papers , typing both languages Arabic and English with a speed not less than 35 words per min).

TVET in Numbers:

In 2014, 306 students received training through NECC VTC’s as follows:-

- 99 students graduated (60 Males, 39 Females) from the program in 2014
- 102 second-year and third-year trainees continued and upgraded at Gaza and El Qarara VTC’s for males.
- 106 new students (63 males, 43 females) enrolled out of 366 applicants for the 2014-2015 school year.

Computer lessons, included but not limited to (word 2007 and 2003, DOS, Excel 2007,PowerPoint 2007, outlook 2007, the telephone use , the printers, fax and scanners use, internet use) .

- 4. **The Advanced Dress Making Center** offers a one year course to young women, promoting their participation in the Palestinian community, helping them to support their families and to become financially independent. The students are provided with comprehensive Course covers theoretical and practical subjects including Measurement, preparing patrons and sewing of all kinds of dresses for children and adults mainly for women and produce well-prepared pieces.





Table(22): Distribution of TVET students currently enrolled by age and gender

| By age | More than 18 years | | Less than 18 | | Total |
|----------------|--------------------|----|--------------|----|-------|
| By Gender | M | F | M | F | 203 |
| N. of students | 74 | 19 | 87 | 23 | |
| total | 93 | | 110 | | |

Table(23):Summary of TVET Courses Participants :

| # | Program | Duration Year | Graduates 2014 | Dropout | Current Enrolment | | | Total |
|---|--|---------------|----------------|----------|-------------------|-------------------|-------------------|------------|
| | | | | | 1 st Y | 2 nd Y | 3 rd Y | |
| 1 | Carpentry and Furniture Making | 3 | 22 | 2 | 24 | 22 | 23 | 69 |
| 2 | Metal and Aluminum Works | 3 | 14 | 1 | 15 | 13 | 14 | 42 |
| 3 | General Electricity and Motor Rewinding | 2 | 24 | 0 | 24 | 26 | - | 50 |
| 4 | Secretarial Studies and English Language | 1 | 24 | 1 | 23 | - | - | 23 |
| 5 | Advanced Dress Making | 1 | 15 | 5 | 19 | - | - | 19 |
| | Total | | 99 | 9 | | | | 203 |

GRADUATION AND FINAL EXAM

The NECC Vocational Training Program (VTP) celebrated the graduation of its trainees with music, awards, and well-earned diplomas by the Ministry of Labor. **93.4% (99 students out of 106 students)** who followed the test have graduated. Each of male and female vocational graduates receiving diplomas had successfully completed one to two to three years of theoretical and practical external training in the field of their



choice. These students are ones who passed the final exam and had excellent attendance and good behavior. The percentage is actually less than the total number of participants as 2 male trainees left to work with their fathers due to their bad economic situation and 5 females left due to private reasons.

Conducting the final exams for the trainees in the 5 fields of Carpentry and Furniture making/Metal works and Aluminum, electricity and motor rewinding, Secretary Studies and dressmaking was during August and September 2014. Delay of TVET students' final exams and their graduation that was supposed to be in July 2014 but delayed to be in September 2014 due to the most recent war.

Table (24) The final examination results of graduates in NECC VTC’s departments:

| # | Department | No. of graduates | 90-99% | 80-89% | 70-79% | 60-69% | 50-59% |
|---|--|------------------|--------|--------|--------|--------|--------|
| 1 | Carpentry and Furniture Making | 22 | 2 | 14 | 6 | - | - |
| 2 | Welding and Aluminum Work | 14 | 3 | 4 | 7 | 0 | 0 |
| 3 | Secretarial Studies and English Language | 24 | 10 | 7 | 4 | 2 | 1 |
| 4 | Advanced Dress Making | 15 | 6 | 6 | 3 | 0 | 0 |
| 5 | Electricity and motor rewinding | 24 | 1 | 4 | 4 | 7 | 8 |

Figure (4) Distribution of graduates by year

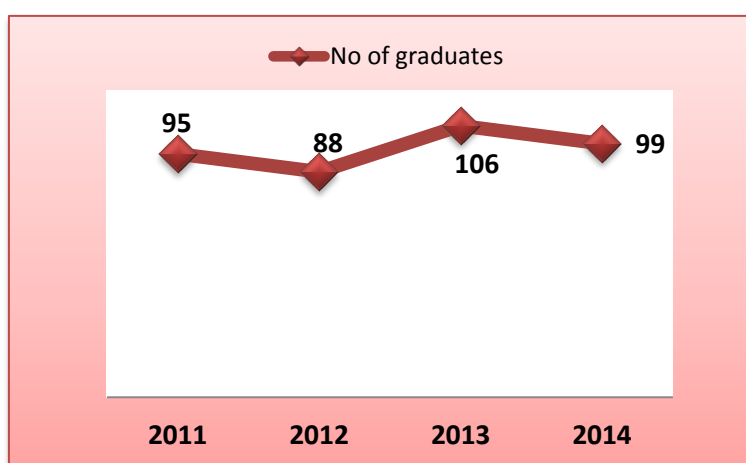
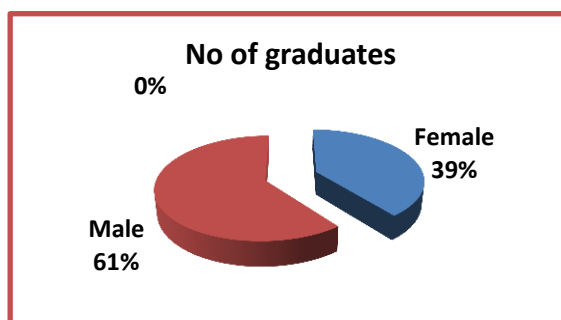


Figure (5) % of TVET graduates by gender



NEW ENROLLMENT:

The new school year was scheduled to start on the 1st September but delayed and started on the 15th of September except for electricity started on November, NECC was working hard to compensate and avoid any more the delay in the operation of TVET centers and its instructions. For the new term year 2014-2015, NECC advertised about its TVET training courses in the local Newspapers and distributed them to related organizations, clubs, universities, women and youth centers, and municipalities to be informed. The registration door was opened for these courses. The condition to join is that the male/female students apply enrolment applications not later than the deadline and should meet the criteria of the course clarified in the announcement. NECC opens new chance for students of both genders to apply and get benefit from NECC TVET courses. All courses which are open to the public for application is available also on the website.

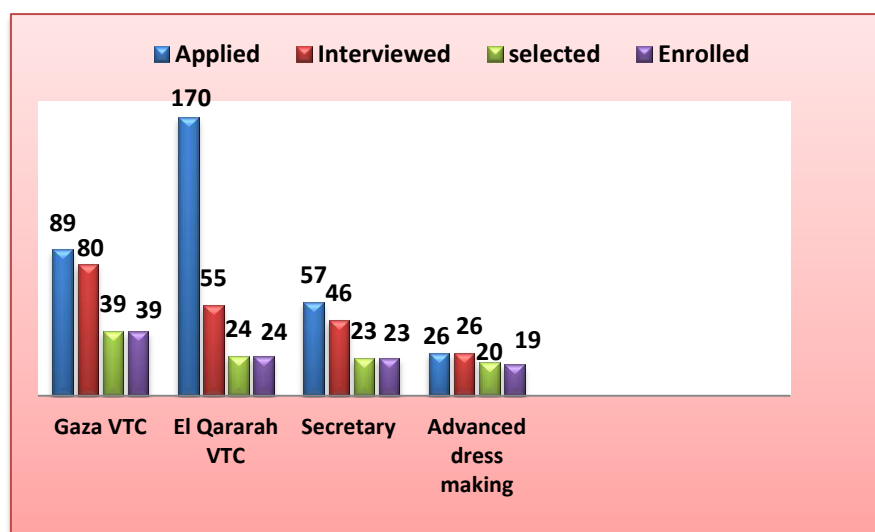
Out of 342 applicants, 105 new enrolled trainees including (42 females and 63 males) in the 5 fields were accepted to receive

According to the NECC enrolment procedures, trainee-places are offered to applicants who meet the selection criteria. Taking effective measures to ensure that only applicants who meet the entry requirement are placed, entrance exams and personal interviews were conducted with applicants by an interview committee. The appropriate applicants were selected adopting our selection criteria that differ according to the subject of the training course as follows: -

- Women applying for the Secretarial Course should have completed 12 years of school and have a high school certificate (Tawjihi).
- Women applying for the advanced dress-making course should know at least how to read and write.
- Boys applying for carpentry, welding metal and aluminum should be between 14-16 years old, and can be school drop-outs.
- Men applying for the electricity course should have completed 10 years of schooling and should pass the entrance exam and are between 16-23 years old.

For beneficiary selection, DSPR Gaza takes into consideration giving priority for those who come from deprived families and those who are the neediest.



Figure (6): New enrollment of TVET students

*Under the enrollment of secretary studies, 24 female trainees received an intensive English course for 3 months, then the ones passed the final English exam, joined the secretary course N. 23.

*Under the enrollment of advanced dress making, one female left due to her family specific reason.

NECC TVET HELPS GRADUATES TO FIND CAREERS

A trainee's journey with the NECC Vocational Training Program does not end when they graduate from the program. The VTP continues to cultivate relationships with its graduates to link with the labor market. The VTP provides support to graduates through market connections, upgrade courses, and occasionally job creation initiatives and small grants by other organizations to start or improve their own businesses.

During 2014, NECC VTP provides on-the job training opportunity to the graduates. To facilitate joining labor force after graduation, the trainees attended internship in various offices, companies, workshops for period of six-eight weeks to practice their skills and build social and professional relations with the labor market with follow-up made by social workers and their instructors. All of 2014 graduates have been placed at various workshops which have comparatively some work to do in order to expose them to the market conditions and provide them on the job training.

Implemented by NECC, on-the job training / external practical training for male and female youth in coordination with the Palestinian Federation of Industries - Private sector is implemented in order to distribute them in to different workshops, NGO's and CBO's to establish good connections with the labor market as follows:

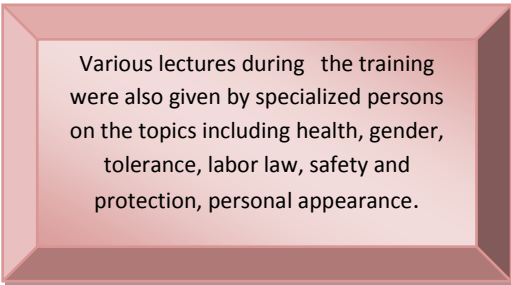
- The second and third year students at GAZA VTC (carpentry and furniture making, Metal works and aluminium; **36** students from third year and **37** students from second year)

were distributed on various workshops and followed by NECC trainers in coordination with the Palestinian federation of industries; the satisfaction of employers about the third year students was mostly very good ranging from 91% to 57%.

- 15 dressmaking females have been attached to the Dress Making Cooperative which operates on self-support basis under our umbrella and to Al-Bait Sammed Association.
- 25 secretary trainees were distributed in to different NGO's, CBO's, ministries and companies.
- 26 of the 2nd year male trainees of electricity trade started their external training as well for a period of six to eight weeks.

Whenever the fund and support is available, NECC creates temporary job opportunities for our graduates to help them even for short time with respect to their humanity and dignity. In2014, NECC nominated **10** of our unemployed secretary female former graduates for temporary job opportunity as data entry for 3 months, implemented by One-UNIT organization.

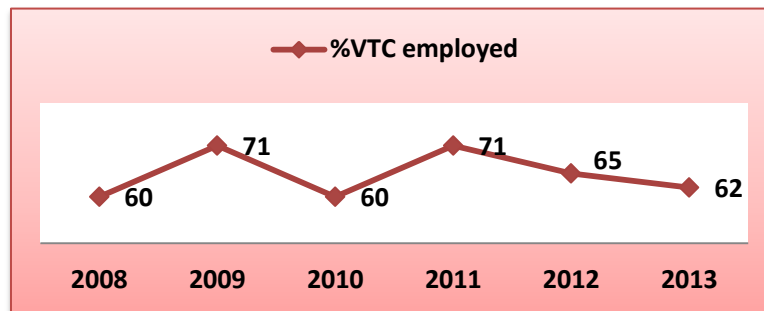
Moreover, in coordination with Mercy Corps; International organization; NECC provided a list of **150** TVET unemployed experienced graduates including males and females from NECC TVET graduates data- base to be integrated within the Mercy Corps' Job Creation Project , funded by USAID under the Economic Development Program with the private sector.



Various lectures during the training were also given by specialized persons on the topics including health, gender, tolerance, labor law, safety and protection, personal appearance.

NECC VTP 2013 GRADUATE EMPLOYMENT STATISTICS

The NECC VTP 2013 employment rate of our graduates is good. Overall, **62.3%** of all VTP graduates are employed or self-employed within one-year of graduation (a total of 66 out of 106 got employed),the unemployment rate in Gaza Strip increased from 40.8% in the 1st quarter 2014 to 45.1% in the 2nd quarter 2014 while it decreased in the West Bank from 18.2% to 16.0% during the same period. And the unemployment rate for males in Palestine was 22.8% compared with 39.6% for females in the 2nd quarter 2014.

Figure (7) VTC employment rates by year

As the graph above indicates, the VTC employment rates remained over 50% for the fifth years in a row. These are good rates compared to our general difficult situation and the high level of unemployment in Gaza Strip. The VTC employment rates have fallen this year to 65% from 62%, due to more deterioration of economic status in the Gaza Strip.

The VTP continued to cultivate relationships with its former graduates to link them with the labor market. The VTP provides support to graduates through market connections, upgrade courses, and occasionally job creation initiatives and small grants by other organizations to start or improve their own businesses. **During 2014**, NECC nominated 10 of our unemployed secretary female former graduates for temporary job opportunity as data entry for 3 months, implemented by One-UNIT organization.

Moreover, in coordination with Mercy Corps; International organization; NECC provided a list of 150 TVET unemployed experienced graduates including males and females from NECC TVET graduates data- base to be integrated within the Mercy Corps' Job Creation Project , funded by USAID under the Economic Development Program with the private sector.

UPGRADING CAPACITIES OF NECC/TVET CENTERS PROJECT:

In 17th , September 2013, MOU was signed between NECC and Gesellschaftfür Internationale Zusammenarbeit (GIZ) for the implementation of TVET development project entitled "**Upgrading Capacities of NECC TVET Centers**" in the fields of Carpentry, Welding and aluminum work, electricity and motor rewinding, advanced dress making and secretary. The agreement is part of EU Program " EU Support to the TVET Sector in Gaza Strip" which aims to improve the quality of TVET in line with demands identified by the private sector and so empowering TVET youth employability in the labor market.

The main project objectives:

- Upgraded curricula and learning / teaching resources
- Fully equipped labs and other facilities

- Qualified instructors and other staff
- Interfacing mechanism with labor market setup and operational

Funded by EU and implemented with GIZ, the project has duration of two years encompassing curricula development, training of trainers and teachers, equipment upgrading, infrastructure renovation and synergizing the linkages with the private sector. Consequently, TVET institutions will turn to more effective and attractive learning places and relevant to the labor market demand.

This project supports establishing new partnership with the private sector as written TOR agreements were signed between NECC and Palestinian Federation of Industries “PFI” and another one with the Palestine Federation of Trade Union “PFTU”. Together as partners we are working on developing the newly training package under GIZ guiding.

The project is implemented in a challenging difficult situation that is mostly affected by the ongoing closures and the most recent aggression/ war 2014 on Gaza. This affects negatively on the operation of the project activities. Thus during 2014, the progress towards objectives was achieved as following even some of the objectives was delayed:

Regarding the curricula development component/Experts workers workshops (EWW) and Validation workshops (VW) with the local private sector partner “ Palestinian Federation of Industries “ were conducted as good methodology in the 5 concerned fields of NECC including carpentry , Metal works and welding, and the secretary studies (targeting in this field our VTC former female graduates who have been linked and worked in the labor market) , dressmaking and electricity and motor rewinding and so obtained from them the main tasks and competences required for the graduate to join the labor market based on its demands and requirements. Additionally, TOR were signed with NECC teachers and trainers to work with the external experts on the development of the curriculum, focusing on modules, learning situations and certification procedures to be completed by the end of January 2015.

Regarding the rehabilitation and equipment upgrading /the Center of Engineering and Planning (CEP – Gaza) was contracted by GIZ to perform the needed assessment and tendering documents for Rehabilitation and Furnishing Works in addition to the supervision of the implementation phase. Consultancy and training services was advertised by GIZ and the recruited experts assessed the required procurement of equipments and consultancy firms as well made visits to NECC TVET centers to assess the infrastructure renovation.

Additionally, procured by GIZ, NECC received the IT equipments for the secretary center in accordance and sewing machines, equipments, mannequins, tools and accessories for dress making center with what was proposed. Moreover, the renovation of the dress making centers has completed by end of 2014. However, the component of the other NECC TVET centers renovation has been interrupted due to the unavailability of the construction materials.

Regarding the system for interfacing / liaisoning with business and industry set up and operational/ implemented by NECC, on-the job training / external practical training for 139 male and female youth (40 females and 99 males) in coordination with the Palestinian Federation of Industries - Private sector is implemented in order to distribute them in to different workshops,

NGO's and CBO's to establish good connections with the labor market. Besides, GIZ is organizing for a study tour to Germany next January 2015; the purpose of the study tour is to see the mechanisms of incorporating the private sector and different stakeholder with the TVET institutions for the purpose of developing the training and the relation with the private sector.

Regarding the Promotion of TVET and LM Program communication strategy / PR expert made a site visit for NECC Gaza VTC; they discussed with us the proposed activities for communication and visibility of TVET project. We agreed to conduct career day, brochure and film documentary in coordination with the private sector.



I am the student **Nada Hussain Abu Nada** I am 21 years old, live in Al Zaitoon neighborhood, I've enrolled to Near East Council of Churches **NECC** secretarial Center, because I was up to get divorced. I returned to live with my family which consists of 8 individuals, we have very difficult situation in the house, socially and financially. But, to seize time until I get totally divorced I wanted to continue my education. I was determining to go on in my life even if I left a child behind with his father.

During the first four months of studying, I was focusing seriously and working very hard to get high marks in my studying, but in another hand I was rushing up to get split.

Though community leaders were frequently visiting my family to convince me to return back home, to my family, to my child. I agreed (after long conflicts with myself) carrying one condition is to continue my education at NECC secretarial center. I've returned home, and got pregnant that makes me stronger and determined to get the certificate. Now after spending few months in the secretarial center, I gained so much benefit on both social and educational levels.

During the most recent war 2014 on Gaza I was so scared to lose my baby, or my child, especially I flee from my house two weeks to be temporary safe in another place.

When life started to be fine again, we returned to our lives. Time to the external training which lasts 45 days started after studying and doing exams after the open-ended ceasefire announcement. During that I gave birth to my second baby whom was my joy, but I have to continue to achieve my goal. I've continued training till the end.

Finally and happily I got the certificate with a very good grade, which let me be accepted to have a three months contract – unemployment record- at the fishermen Union.

I would like to say thanks to my teachers and every one helped me to get this certificate into real. Also glad I learned Computer and typing that means I can beat my colleagues and be up-to-date person, especially with the wide spread of social media networks and high speed of technology.



Mohammed, 22 years describes the impact of his enrolment at the General Electricity and Motor Rewinding course at NECC.

I'm Mohammed, 2014 graduate student from the vocational training course of General Electricity and Motor Rewinding at El Qarara Center. I'm living with my family that consists of 5 members in Deir El-Balah area middle of Gaza Strip. My father is a farmer who could hardly afford the expenses of my sisters as one of them is a university students and the other is a high school student since his income is limited as the economic situation is really harsh.

I conjoined El Qarara center of Near East Council of Churches (NECC) late 2012 launching from my interest in electricity scope of work and even got a continuous encouraging from my father.

During my two-year training, I gained theoretical and practical experience in electricity works as well, I knew new trainers and friends and this encouraged me to continue my passion and willingness in learning this avocation.

I got good experience for two years qualified me to work in the electricity profession holding a diploma certificate. I feel powerful that I have a profession and I can join the labor market by getting a decent job. Additionally, I established good relations with new friends and with owners of number of workshops' where I was getting my outdoor training during the external practical training offered by NECC.

In the outdoor training period I selected the Company of Signs in Gaza city where I got a solid experience in electricity tuples as the company is specialized in control and all kinds of tuples.

After one month of my graduation in October 2014, I got a job in the aforementioned company and continued working there up till now. I feel satisfied that I can both gain an income and improve my practical experience. I hope that I develop myself in electricity work, gain more income to get enrolled in a similar specialty at the university so that have a better future for my family and myself and I'm working hard to achieve this dream.

As well, I am advising my friends and who I know to join such avocations to get better opportunities to jobs as there is a demand on labors in electricity avocations.

Finally, I appreciate NECC role in providing me the high quality vocational skills that qualified me to establish my career path in such a profession.



EDUCATIONAL LOANS PROGRAM

Overall objective: To provide educational loans to students to complete their study at Palestinian universities (60-70 students)

The economic situation in Gaza is critical and harsh due to the most recent war 2014 and the continuous closures; Youth and bread winners lack proper and adequate job opportunities to support their families and education expenses. The students want to improve their knowledge but they cannot afford for the educational expense, they need to find the financial aid. Thus NECC continued the implementation of educational loans program to provide educational loans to needy students with zero interest in order to complete their university study. The educational loans program launched in 1975. The program proved its effectiveness and success through its solid continuous cycle; as the students are fulfill to their loans payments which supported the project to become a self funding. Loans give opportunities addresses needy students to complete their university education.

It is worth mentioning that 45 students have settled their loans despite the harsh economic situation. Regularly 119 students are still paying their loans.

Regarding the educational academic year 2014-2015; **92** students were provided with educational loans with no interest rate in an average ranges between \$750 for Bachelor students and \$1000 for master. The repayment started after 3 months of graduation, and continued for 1-5 years. For the first semester during the year 2014; the total number of the provided loans was 85 (77 bachelor and 8 master), for the second semester during 2014, the total number of the provided loans was 7 (2 bachelor and 5 master) to have a total of 92 loans (79 bachelor and 13 master).



During first quarter of 2014: **8** applications for new loans have been taken for the second semester of the academic year 2013/2014 (2 bachelor, and 6 for master); but 4 applications were received and fulfilled the program criteria.

Due to the recent aggression/war 2014 on Gaza Strip, the start of the university new academic year 2014-2015 was postponed for one month. This affects on the provision of new or renewed educational loans. Thus during September 2014, only 6 students renewed their loans for the new academic year 2014-2015, who could bring the needed approved papers. (5 for bachelor: 2 females and 3 males and 1 male for master).

Additionally, during 2014, 135 applications were received for new educational loans, and 56 out of them delivered their applications with the needed papers.

The rate of repayment of loans which have been issued during the last years continued at the level of 100% despite the harsh economic situation. During 2014, 45 students have settled their loans despite the harsh economic situation. Regularly 119 students are still paying their loans.

Figure (8) Disaggregation of educational loans by gender

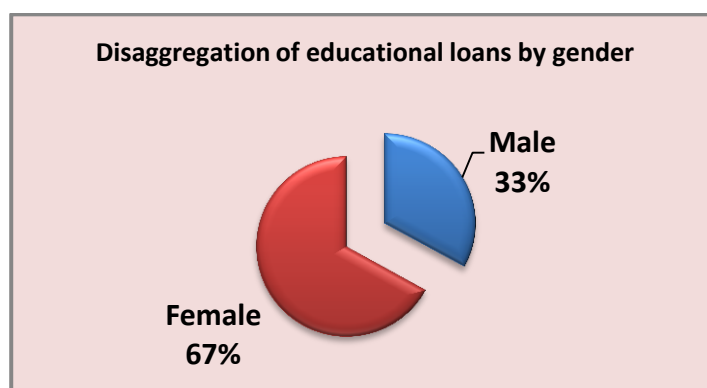


Table (25) Total Number of educational loans during 2014:

| No. of loans in 2014 | | |
|----------------------|----|------|
| Bachelor | 79 | M 23 |
| | | F 56 |
| Master | 13 | M 7 |
| | | F 6 |
| Total | 92 | M 30 |
| | | F 62 |

Table (26): Summary for educational loans program:

| Academic Year 2014-2015 | Achieved |
|---|----------|
| N. of loans issued during the first semester 2014/2015 | 135 |
| N. of received applications for the second semester (new loans + renewed) | 56 |
| N. of students settled their loans during | 45 |
| N. of students are still paying their loans | 119 |

NECC is so thankful to partners and donors (see annex 2) who support Palestinian youth in Gaza through NECC TVET and Educational loans programmes.

EMERGENCY RELIEF

Overall objective: Provide emergency assistance to alleviate the impact of emergency humanitarian situations when required

NECC Gaza operates an emergency program serving vulnerable population from both genders. It addresses the immediate and longer-term consequences of protracted conflict in support of individual and community coping strategies. Our humanitarian assistance focuses on mitigating the negative effects of the violent environment, giving special attention to those most affected and vulnerable, and the poorest of the poor.

NECC seeks through this program to alleviate the suffering of the vulnerable Palestinians and mitigate the impact of emergencies through attaining cash Relief, Cash for work, medications and educational services to secure their basic life. **During first and second quarter of 2014**, no fund was transferred and available to NECC in order to implement new relief initiatives even though the situation in Gaza was still grim and chronic at all levels of life.

Meanwhile in coordination with **MERCY Corps**, an international NGO's, NECC provided a list of 150 TVET unemployed experienced graduates including males and females from NECC data base to be integrated within the Mercy Corps' Job Creation Project, funded by USAID under the Economic Development Program with the private sector. Thus NECC seize every opportunity for relief and assistance.

Following to the ongoing suffering associated lastly with the Israeli incursions and air strikes on the Gaza Strip **summer 2014**, NECC targeted a pioneering emergency project aiming at relief to meet part of the insufficiency of basic humanitarian assistant/need (food and NFI) Support. NECC started working on the ground during the war by doing rapid assessment of families displaced at Orthodox Church, nearby mosque and surrounding places at Zaitun area other than UN schools who didn't receive any support from UN, NECC purchased food and non food items from local market and distributed food, hygiene and mineral water kits.

Approximately **789** families received food and non food items during the war inside the shelters: **409** funded by **DKH/ACT** Appeal benefitted **2732** HH's members and **380** donated as in kind donation from **ANERA** benefitted **2530** family members whose homes were destroyed and sheltered in the Orthodox Church, nearby Katib Welaya mosque, Orthodox Cultural Church and the surrounding area houses at Zaitun area.

Moreover, **839** affected families who were displaced at shelters living in Shijaia and Darraj areas were assisted with vouchers values approximately \$60 to buy HH requirements in terms of food and or stationary depending on their needs. This was supported by DKH benefitted **6243** family members from the most affected damaged areas (Shijaia, Darraj and Tufah areas) where houses were completely damaged. Furthermore, NECC distributed **foods kits** to **301** affected families, benefitted **2098** family members include NECC TVET families and the needy ones who used to come to NECC relief aids department to receive assistance, supported by **the Organization of**

Islamic Cooperation. Thus, the total number of beneficiaries reached during the life of the emergency relief project implementation during and after the war are **1929 families**.

Those beneficiaries were selected through house to house screening paid by NECC social workers to the most affected targeted damaged areas. An important element contributed largely towards the project effectiveness is the participation of the related stakeholders (community leaders, NGO's, local market...) A number of the related stakeholders played an efficient role in identifying the most affected families. **The community leaders** contributed largely to informing NECC and ensuring the appropriateness of the needed intervention and involving them in identifying the most affected beneficiaries. Also, other stakeholders like **CHF and Ma'an Center for development** were so cooperative with NECC in filtering the names of targeted beneficiaries to avoid any duplication of services. Furthermore, the cash trickles down to the local economy, benefiting non-participants such as local traders or shop owners.

Food package contained canned meat 3 pieces, Tuna 3 pieces, canned beans 4 pieces, Marmalade 2 pieces, cheese 2 packs, Milk Powder one pack of 800 gm, Sugar 2 kg, salt one kg and tea bags one pack. In addition, each HH has also received mineral water 12 bottles, chocolate wafer pack of 24 pieces, towel 2, tooth Brush 5, soap 2 pieces, two hair comp and shower gel one bottle.

Our beneficiaries managed to secure at least their basic food requirements. People used the money to mainly purchase food items, and spent the on basic items that are needed to protect their livelihood. **808 coupons** were spent on purchasing food items and **31 coupons** were spent on the school stationary. The low number of people who spent the resources on stationary could be attributed to seasonal issues, availability of other sources to secure stationaries such as UNRWA and UNICEF and also reflected families demand for food which is a top priority for them.

Geographic Distribution of Beneficiaries

As an effective intervention, the project supported by DKH covered all of the Gaza Strip Governorates.

Beneficiaries of cash relief support in the form of vouchers were targeted covered in the areas of Shijaia ,Tuffah and Darraj as follows **table (27)**:

| Governorate | N. of households | N. of individuals benefited |
|-------------------|------------------|-----------------------------|
| Shijaia | 643 | 4821 |
| Tuffah and Darraj | 196 | 1422 |
| Total | 839 | 6243 |

In addition during the war days, NECC distributed: **100** new born kits received from **Save the Children**, **350** hygiene kits and **27** medical kit received from **CRS**, **11070** mineral water bottles of 1 Litre received from **UNRWA**.

Moreover, NECC received support from **Pontifical Mission** not only supporting operating costs, but also providing Emergency Health care to affected Children, Women and Youth in Vulnerable Areas in the Gaza Strip. The support included fuel, medications, medical supplies and medical fees for approximately **12,293** cases benefitted from primary health care services provided in the three NECC health Centers as well as renovation of NECC premises during the implementation period from August to end of October 2014.

Recently NECC started to implement 3 months cash for work project targeting: 46 males and 54 females who are unemployed. They will start on Jan 2015. Moreover, a cash assistance project will be implemented during the first quarter of 2015. Both projects are supported by the emergency ACT Appeal PSE 141.

Renovation of NECC Health Clinics and TVET centers that were partially damaged due to the most recent war was implemented with the support of Pontifical Mission

It is worth noting that NECC implemented **three emergency psychosocial support** projects funded by **CRSs, PMP and Act Alliance** to alleviate the suffering of our targeted children, women, staff and TVET students at NECC Programs include the main interventions of CBI, CABAC, open fun days, recreational trips, individual counseling and group counseling (more details in the section of PSS program).





Story from the field

Nadia, married with 3 daughters and one son, lives at Al Nazzaz Street in Shijaia area, they were inside their house during the massacre of Shajaia from 19th to 20th of July, they were on the ground floor with another 5 families of her husband relatives, the warplanes attacked the mosque in front of her house, the two houses of her neighbors were totally destroyed and sadly those two families were killed under the rubble of their houses.

Nadia said that she didn't hear anything just sounds of shells and missiles and sounds of ambulances. At 6 am, Nadia left the place with all her relatives, her children and husband, she added that during their flee they watched dead bodies on the streets, injured who asked for help but nobody could help as everyone was running to save himself from the indiscriminate bombing. Nadia said that her 3 daughters; 9, 8 and 6 years old respectively and her son 13 years old; were running too for a long distance with no stop watching all the mentioned images of dead bodies and injured, Rafif her 6 years old; when I talked to her

she told me that she saw many people who were running and holding their babies and children and screaming due the shells and missiles everywhere and she saw many houses totally destroyed. Rafif was playing with her toy during our talk, I asked her about it , her mother answered me that during the announced ceasefire on 1st of August, she went to look for her house but the ceasefire was breached, she could find Rafif's preferred toy and brought it back to Rafif.

Now Nadia and her small family are staying with her father family in a small house with around 30 other relatives where no access to drinkable or tape water, no electricity and no enough food but she thanked a lot NECC who did support her family and provide them with food, hygiene and mineral water kit. Nadia reported that she has faced severe shortage of food, water and the needed resources to secure these items. The support provided enabled her to sustain the livelihood conditions during the war.

At the end, Nadia said that she hopes this war comes to end soon.



Sara, 30 years old woman, has a midwifery diploma; she also was one of community workers trainees graduated from NECC, Sara lives in Shijaia, Hassaneen Street with her family; father, mother, 3 sisters and 2 brothers. She also has worked for NECC for a 3 months project during the previous year, Sara and her family were separated as they forced to leave their house after the horrible night and day of Shijaia massacre on 20th of July 2014 , Sara said how her brother was so closed to death when a missile attack the door when he was going

to flee, she added that during their running on the streets and watching dead bodies and injuries with no help or rescue, she stopped suddenly asking about her little nephew 4 years old who was not with them, Sara as crazy returned back under all shells and missiles running and looking for her little nephew, she



found him crying and shaking from terror alone didn't know where to go, she hold him and go back to run away of the hell inside Shijaia, she reached a more safe place with her family and stayed first at an office for a man who allowed them to stay until they could find another place, but being more than 10 members , Sara father decided to be dispersed into 3 groups and to go to their relatives houses, Sara now is staying at her uncle house with her sister while her father and mother stayed with another



relatives and her brothers with a third one relative family.

Sara who I met inside NECC clinic in Shijaia area during the last ceasefire was shocked and crying as she went with her father to look for their house but they didn't find it, it was totally damaged by F16 attacks, her mother couldn't stand this fact and passing out for a while, Sara now didn't know what to do and where to go, Sara as many Palestinians lost her house and lost her memories there with her family. She used to help others being a midwife but now she is in need of help.



Recently NECC hired Sara to work for a nutrition screening project. This gave her an opportunity to support herself and her family too.

Table (28) SUMMARY OF ALL RELIEF RECEIPTS DURING 2014:

| Type of service provided | No. of beneficiaries | Type of beneficiaries | Donor |
|---------------------------|----------------------|--|---------------------|
| Job creation | 150 | NECC-TVET unemployed graduates | Mercy Corps |
| Food and non food kits | 409 | IDP's families | DKH |
| | 380 | IDP'S families | ANERA |
| Food kits | 301 | TVET students families | Islamic cooperation |
| Vouchers | 839 | Families lost their houses during the war | DKH |
| New born kits | 100 | Deliveries at NECC health centers localities | Save the Children |
| Hygiene kits | 350 | Families at NECC health centers localities | CRS |
| Mineral water bottles | 11070 bottles | Beneficiaries attending NECC health centers | UNRWA |
| Medical fees and medicine | 12,293 cases | Patients attending NECC health centers | PMP |

Projects Promoting Community Development

Self -Help

10 women at the self support sewing continued their performance in producing garments of all kinds including TVET Youth uniform and doctors uniform and earned monthly income of \$150 by NECC. This program assists those women to secure their life.



Youth activities and Societies

During 2014, NECC continued its support to 2 external local NGO's " Cultural Orthodox Center and Martyr Yasser Arafat's School to the talented (Boys-Girls) ", besides to NECC three health primary care clinics and dressmaking center to facilitate their mission in the form of subsidies made towards various items of furniture produced by trainees at our vocational training center.

Additionally, during the recent winter storm in December 2014, NECC provided 350 pullovers to Al- Nusairat Charity to be distributed to 350 male and female students of age 7-12 years old. Those pullovers were made by NECC self-support sewing women. Moreover, NECC supported the Closing ceremony of the sports championship for youth at Al- Bureij municipality in terms of footballs, 25 sport suits, 4 cups and 30 medals.



ADVOCACY PROGRAM

Overall objective: Mobilize and empower Palestinian and other relevant communities to seek just and equal social and economic rights for Palestinians.

Child Protection Policy

In Gaza around 800,000 children (51% of population) living under one of the most complex political and economic situations in the world. The many risks facing these girls and boys have a devastating impact on their well-being, physical security, and future. The protection of children from violence, exploitation, abuse and neglect is an urgent priority for all those working in humanitarian situations, including NECC. NECC believes that a child should have the rights, confidence and environment in which they are safe guarded and can make their own choices.

During 2014, with the generous support of Act for Peace, NECC continued to mainstream our child protection policy to the local community. An orientation workshop was held by NECC key staff at NECC Premises to our local partners including ministries and NGO's to describe policies, standards, guidelines and procedures to protect children from both intentional and unintentional abuse. They were satisfied, signed and accepted its code of conduct for working with children and all participants assured as well the importance of such policy for our Palestinian children who live under ongoing suffering and violence. Furthermore, a new brochure for child protection was designed and printed by NECC team. The brochure was funded by ACT for Peace/ Australian Aid to advocate the rights of children in protection from any kind of abuse. The brochure was specified for children using simple words and images.

Gender Policy

NECC is still committed deeply in gender equality policy. It focuses on the principles of promoting gender balance in staffing and representation, access to health quality system and promoting gender equality in socio-economic empowerment.

In reflection to this constituency during 2014, NECC has strived to create gender parity in the hiring of men and women to NECC. Currently, 49.4% of NECC staff is males and 50.6% are females.

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.

Additionally, NECC provides equal opportunities for male and female as students to develop their career to be able to hire decent job employment opportunity. The enrolled female students percentage is 40% and 60% are males.



NECC DSPR-Gaza has passed the required standard for the Palestinian NGO's Code of Conduct and was granted a certificate of Compliance for one year from NDC (NGO Development Centre) –

Advocacy Regular Activities

- During 2014, NECC participated in the **International Women's Day** conducted on 8th March 2014 where NECC TVET female Youth and staff launched in a march that began at the square of the unknown Soldier and ended at the office of the United holding a banner to advocate women struggle for the freedom of their nation, the end of internal divisions between Palestinian political parties, and for full equality for women and men in both rights and duties.
- NECC continued to collaborate and coordinate for the visits of the international partners to Gaza Strip including visit to our various programs. The number of visitors hosted during 2014 was **52** visitors.
- NECC continued to release its progress reports, Success Stories and policies development downloaded on NECC Website, and Health Education and Awareness publications.
- NECC continued to participate and attend Coordination meetings with relevant organizations.
- 2 of NECC Key staff were involved in HAP and Complaint response mechanism training at Antalya/Turkey that was conducted by CA and funded by NCA/COS and some contribution from ACT members. NECC worked on developing a complaint response mechanism. Also NECC staff was involved in needs assessment in emergencies training for 3 days funded by FCA.
- A new initiative about **"Streets cleaning"** was implemented by NECC with coordination with local community and Gaza municipality in order to advocate a participatory approach for the community. NECC TVET male students and trainers participated in this initiative.
- NECC participated in the **Captive Day** conducted on 17th of April 2014 where NECC TVET male youth and trainers launched in a march from NECC premises to Red Cross holding banners to advocate the right of captives' freedom from Israel jails.

APF Annual Meeting and Field Visit to Gaza from 28th to 30th September, 2014 were conducted. Approximately 43 persons attended this meeting from different ACT members organizations: NCA, CA, COS, DCA, AAH, DKH, DSPR-Gaza, DSPR-jerusalem, DSPR west bank, ELCJHL, FCA, IOCC, LWF and the Chairman of DSPR Central Committee Dr. Audeh Quawas.



Advocacy activities during and after the most recent war 2014:

- NECC worked on regular advocacy messages, stories and situational reports from the first day of the war for the deterioration of all life aspects, killing of civilians, destroying the houses and everything, attacking the innocent people, displacement of families and the urgent needs for response and support.
- NECC started Health initiatives of nutrition and postnatal care including breast feeding through two new projects implemented in the three targeted areas. The initiatives aims to increase the awareness among the community and promote the quality of the nutrition and postnatal care services provided.
- NECC provided several PSS activities to affected children, mothers, youth and staff.

Success story

Jamila, aged 13 years old. She is living in Shijaia area with her family that consists of 9 members (3 brothers and 3 sisters), five of them are school students and the youngest one is a kindergarten student. Their house is small consists of two rooms. Her father is a tower guard with a monthly salary of \$170 only that is not enough to meet their daily life basics. so, he decided to open a small shop as a second income source.

Being the eldest one, Jamila was forced to sell in the shop after return from the school while her father is engaged in his first work. Meanwhile, Jamila used to attend psychosocial support sessions inside NECC Health care clinics in Shijaia area. She was enrolled in Mind and Body medicine sessions. During the 4 drawings session: the children are asked to choose one of the drawings that reflect their feelings. Jamila chose a sad drawing and said "I'm not living like other children".

The counselor observed that and decided to seat with her for an individual counseling and knew that this child is suffered from child labor. The counselor called the child mother and invited her to visit the clinic as soon as possible. During that meeting, the counselor explained to the mother the danger effects of child abuse such as physical, emotional, sexual and neglect as well as the main problems that may affect Jamilas' future life as school-dropout, low performance at school study, health and psychological problems and loss of self-respect and family relations. She gave her also a copy of child protection brochure and the mother continued to attend the clinic for individual counseling.

After three individual counseling, the mother was totally convinced not to send Jamila for selling in the shop and she said "I didn't know where was my mind when I decided to send my daughter to sell inside the shop; I didn't realize that she may face all those kinds of child abuse and threaten her life". She thanked the counselor for her advices and information. Later on, the counselor continued to follow-up Jamila case and assured from the girl that she didn't work at the shop again.

Currently, Jamila continues attending the Mind and Body Medicine sessions with her friends. she becomes active at her school study and she said " I'm feeling satisfied and happy and I'm waiting the days of PSS activities inside NECC center and I learnt a lot from the Mind and Body medicine and now I apply them among my siblings " .



Cross Cuttings

Sustainability

Sustainability has a different meaning in areas characterized by high degree of uncertainty such as the Gaza Strip. NECC programmes mainly focused on promoting the health and psychosocial wellbeing status of the mothers, women and children benefited from the implemented program in Darraj, Shijaia and Rafah through rigorous follow up of cases enrolled as well as enrolling new cases which present to NECC clinics. However, despite the concern towards the sustainability of NECC's operations, it must also be recognized that there were and still limitations to sustain all the aspects of the NECC programmes due to financial constraints. The underlying causes of the poor health and psychosocial status of Gaza children and the difficulties faced by the health and psychosocial support services are not under the control of NECC as the root causes of those problems in Gaza are mostly political in nature.

NECC is a well-established organization with solid structure and strong foundation. The provided primary health care services and psychosocial support program aimed to strengthen and improve the health and psychosocial wellbeing status of the cases and to promote the services provided in the NECC clinics which will continue as a part of the regular activities within the clinics with some support. Meaning that the strategies used to examine, treat and support the beneficiaries will continue and services provided at the clinics will continue with the support from the donors. The beneficiaries of the program were encouraged to continue receiving the NECC services.

Training in vocational centers contributes to developing sustainable skills and these promote autonomy and self reliance of the trainees enabling them to start their career and lead a reproductive life.

One of the NECC objectives was to build the capacity of the staff and to develop appropriate working strategies pertaining to health and psychosocial support. The NECC health program included a health education component where thousands of caregivers received health education about child nutrition, awareness, healthy eating practices, hygiene and healthy sanitary conditions. Enabling communities to rely on themselves is a sustainable approach. Benefited communities are the most sustainable.

Last but not least, NECC health program served a needy population and addressed important health problems which fitted within the overall health plan of the Palestinian population, through an integrated approach of services provision and strengthening communities' abilities to meet their needs.

Environment

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

handling NECC disposables in coordination with the Gaza Municipality regularly to collect and treat NECC wastes including hazardous medical wastes. The three clinics use disposable containers for sharp disposals, family planning disposals such as used IUD , swap , gloves, laboratory tubes the disposable containers weekly sent to incinerator of MOH. NECC implements the national infection prevention and control protocols of the MoH that includes a component about effective waste management. Also we have checklist to ensure the proper use of the infection prevention and control protocols by the staff.

Health education sessions are conducted through the clinics with emphasis on general health and hygiene awareness principles. Also, printed Information, Education; Communication materials are available to support these messages and are distributed to the mothers/women who attend the three clinics. Moreover, NECC conducts 2 community enlightenment and advanced courses for 30-40 women yearly, the trainings include sessions related to environmental considerations.

Futhermore, NECC's TVET centres adopt the costly effective 3R approach where the minimal amounts of the raw materials in the centres are consumed due to the reuse of the old projects conducted by the student in the formation of new project. Small pieces of wood are used to produce architecture handcrafts. Sawdust also is mixed with paints to be used in other projects. Wastes especially from metal, aluminum and motor rewinding workshops are subject to recycle by recyclers other than the workshops.

NECC will focus during the coming year on upgrading the curricula, workshop infrastructure and new technological equipments' procurement by our new partner GIZ, taking in consideration to maintain workshop safety. Best Practice Manual will be developed by GIZ to ensure the good use and safe performance of machines and equipments.

MONITORING AND EVALUATION

Monitoring supports the NECC staff and management to comply with their scope of work and to timely meet their objectives. Monitoring helps NECC tracking the progress of activities and achievement made in reference to the concerned and relevant indicators and objectives. NECC constantly monitor the implementation of its interventions through performing a clear action plan, effective reporting system (monthly and periodic (interim and final narrative and financial reports), supervisory visits, staff meetings on a regular basis, beneficiaries and clients perspectives through questionnaires and checklists. NECC programmes coordinators supervise the overall progress of the programmes 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 clinic and TVET center overall manage the field work. The technical consultants oversight 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 programmes operations.

COORDINATION:

Coordination with other organizations depends on the nature of the activity undertaken. In Gaza, 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.

- In the Primary Family Health Care Centers, NECC has good coordination with Ministry of health to get licence of the family care centres and to provide the legal coverage of the programmes operations.
- NECC used to contact ANERA for donating some items of medications or milk formula for malnourished cases
- Coordination with WHO in terms of attending Health nutrition cluster regular meetings to share updates, experiences and knowledge.
- MOH provides advanced diagnostic and therapeutic interventions even hospitalization to complicated cases.
- Coordination with the Ministry of Social Affairs and CHF to ensure the provision of assistance to families suffering from food insecurity discovered through house to house screening project.
- The technical aspects of the screening work are being coordinated with the MOH, UNRWA and Ard El Enssan.
- Coordination with the local and international organizations takes place as much as possible to obtain drugs, humanitarian assistance and other assistive modalities.
- Coordination with community structures and CBOs takes place to promote acceptance, access to households and ensure their buying in of NECC strategies which is important for sustainability.
- Coordination with preschools and CBOs to screen children and to provide outreach health education activities and PSS activities at these organizations
- Coordination with UNRWA to screen children from Shajaia area hosted at UNRWA schools and collective centres (Internally Displaced People)
- Coordination with the Thalassemia Society to do hemoglobin electrophoresis for cases that don't show improvement in hemoglobin level.
- Coordination with nutrition sectoral committee organized by UNICEF
- Coordination with the Ministry of Labor to follow-up final exams and accredit the TVET Diploma certificates.
- Signing partnership agreement with GIZ to upgrade VTC's centers to fit more the labor market needs.
- Coordination with the Red Crescent Society to conduct illiteracy lectures for students in Gaza Vocational Center.
- Partnership agreement was signed with the Palestinian Federation of Industries" PFI" to assess our TVET facilities relevance with the labor market and with the Palestine General Federation of Trade Union to conduct awareness sessions for trainees on labor rights.

- Coordination with various organizations of civil society and private sector are involved in enabling our students to gain first- hand knowledge and to practice in their respective fields.
- Moreover, NECC attended all child protection working group (CPWG) and mental health psychosocial support (MHPSS) cluster meetings regularly in order to share skills, information, knowledge, discussion and experiences.

CAPACITY BUILDING

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 2014, at least **35** trainings and /or workshops were attended by NECC staff for capacity building. The trainings were conducted by different organizations national and international.

The main topics of trainings:

- Humanitarian Accountability Partnership(HAP) phase 2 training by (Norwegian Church Aid) NCA
- Postnatal care by UNICEF/MOH
- Project management diploma
- National Strategic plan for TVET by Islamic Relief
- Public Relations Measures for TVET by GIZ
- Monitoring and evaluation to the key staff by NECC
- Curricula development process for TVET by GIZ
- Needs assessment in emergencies training for key staff of NECC by ACT Alliance
- Integration of mental health into primary health care services through intensive training to all NECC health staff by a psychiatrist consultant supported by ACTAlliance



Table (29) No. of employees who participate in Training/Workshops

| | Training/workshop subject | No of staff participated | No. of days | Trainer center/person |
|----|---|--------------------------|-------------|--|
| 1 | Impact of the floods on Gaza | 1 | 1 | MOI |
| 2 | Project management professional diploma | 2 | 8 | Consultants/Edaad Development center |
| 3 | Family Planning :Insertion of IUD /Practical training | 1 | 8 | MOH/UNRWA |
| 4 | Cooperation with Families | 1 | 1 | UNICEF |
| 5 | Bad Dreams Treatments | 1 | 1 | Aysha Association/UNICEF |
| 6 | Drug Abuse | 1 | 1 | UNICEF |
| 7 | Intensive training program of developing TVET trainers : 3 modules | 4 | 3 | Islamic Relief |
| 8 | Introduction to the curriculum development standards process | 2 | 3 | GIZ |
| 9 | Facilitators workshop-EU support to TVET sector in Gaza | 1 | 2 | GIZ |
| 10 | Activation of center of competence/ Curricula development working group | 1 | 3 | Islamic Relief |
| 11 | HAP and Complaint Response Mechanism training in Turkey | 2 | 4 | Victoria Murtagh + Diana Mangeli / Christian Aid |
| 12 | Needs assessment in emergencies training | 4 | 3 | Graziella / RedR-UK |
| 13 | TVET new management | 1 | 3 | Islamic Relief |
| 14 | Palestinian dress between tradition and modernity | 1 | 1 | University college of Applied sciences /Gaza |
| 15 | Media freedoms in Palestine | 1 | 1 | PCHR |
| 16 | National Strategic plan for TVET | 1 | 1 | Islamic Relief |
| 17 | Public Relations Measures for TVET | 2 | 1 | GIZ |
| 18 | Intensive training program of developing TVET trainers : 4 modules | 4 | 6 | Islamic Relief |
| 19 | Curricula development process | 7 | 6 | GIZ |
| 20 | Maintenance of vehicle of persons with disabilities | 10 | | Mennonite |
| 21 | Maintenance of electronic control panel DC motors | 1 | | Islamic Relief |
| 22 | Labor market needs for dress making | 1 | 1 | Palestine Technical college |
| 23 | Monitoring and evaluation | 9 | 5 | Dr. Bassam Abu Hamad |
| 24 | CAPAC psychosocial sessions | 5 | 6 | NahedhHarrarah/ CTCCM |
| 25 | PMER 4 days training | 2 | 4 | MCC/Beit Jala |
| 26 | Postnatal care 2 days training | 19 | 2 | UNICEF/MOH |
| 27 | Maintenance of electronic control panel DC motor straining | 10 | | MCC/Gaza |
| 28 | Psychological first aid | 1 | 1 | GCMHP |
| 29 | Assessment for PSS | 5 | 8 | ACT Alliance/Dr. Mustafa Almasri |
| 30 | Staff orientation sessions for new nutrition project | 11 | 5 | Save The Children/Dr. Bassam Abu Hamad |
| 31 | National conference for DM | 2 | 1 | UHCW |
| 32 | Integration of MH into PHC for 6 days | 24 | 6 | ACT Alliance/Dr. Mustafa Almasri |

CHALLENGES

- The only certain thing is uncertainty with unstable Political situation, difficult to read/forecast the future. The most likely scenario to happen is to go towards more conflict which causes more fear and worries among Gaza people and organizations too.
- Deteriorated livelihood conditions of the population; emergence of health, psychosocial and poverty associated problems. NECC tried through its implemented programs to contribute to alleviate the vulnerable population suffering either health, social or economic problems.
- Due to the most recent aggression/war in 2014 on Gaza Strip that lasts for 51 days, the most severe escalation on Gaza Strip, all of NECC services were actually stopped during the war (only the health clinics operated during the humanitarian truce).
- After the war ended, NECC services were immediately re-operated working hard to compensate any delay with more efforts and more resources needed
- NECC contacted more donors in order to increase provision of its activities to meet the high demand of population living in Gaza specially after the most recent war 2014.
- Moreover, NECC is investing further efforts in advocacy to solve the root causes of the prevailing situation and to secure additional support –keep donors interested in the Palestinian case
- Increased number of beneficiaries on NECC health Clinics services after the most recent war. This made more load on NECC administration and staff to cover all cases and to provide medications. NECC worked hard on covering all needs and to be supported with medications and medical supplies that were in severe shortage to meet all needs of patients. NECC looked for more resources to buy medications and medical supplies and the staff is working hardly to meet all the needs of patients who attend the centers. NECC hired more staff nurses and a pharmacist for a part time contract to meet the increased demand of the services inside the health centers.
- Moreover, NECC sustain the provision of PHC services for free for all ages to both gender to cover the increased needs for Health in the three targeted areas.
- Huge damage occurred in Shijaia area leads to the displacement of people who evacuated their homes and sheltered in other areas. This affected the access and follows up of cases in field.
- The fluctuation of the electricity status and the frequent power cuts (only 4-6 hours regular supply of electricity daily) might also affect the work and the use of the computers. NECC clinics are equipped with reliable generators for rational (limited) use during electricity cuts. Also, NECC has already procured laptops for the clinics use. Due to frequent power cuts, NECC consumption of fuel needed for electricity generators is constantly increasing. The availability of fuel in the local market and its high prices remains a challenge. However, NECC maintained adequate strategic stock of fuel and it is not anticipated that the organization will face acute shortage in seen future.
- Also, an important challenge is keeping the regularity of clients' visits and reducing defaulters.
- Inability of the local authorities to meet population needs that is more exaggerated due to the most recent aggression/war 2014 on Gaza Strip; even if the political situation improves resulting in increasing demand for NGO services, NECC tried to fill the gap by the provision of its services in the targeted areas.
- Shortage of essential medications at MOH facilities leading to clients shift to NGOs. In this issue, NECC had maintenance of reserve medical supplies and medication for emergencies and judicious use of available supplies based on needs.

- More support and focus is needed for improving the PSS of the population includes mainly women and children who witnessed the last severe escalation along with the impact of the previous wars on Gaza strip (witnessed three severe wars in only 5 years).NECC is working hard in this regard to alleviate the suffering of our Palestinian population in our targeted areas.
- Delay of TVET students' final exams and their graduation that was supposed to be in July 2014but delayed to be in September 2014 and succeeded to conduct them. Moreover, the new school year was scheduled to start on the 1st September but delayed and started on the 15th of September.
- The unavailability of the raw materials in the labour market that was greatly affected by the most recent aggression/war in 2014 even the available is purchased with double prices. Thus NECC has good strategy in maintaining stock of materials to be used.
- Minor damages include broken windows and doors were happened in NECC health and TVET centers. However, NECC renovated those minor damages with support of PMP.
- Tight closure and closed borders made delay in delivery of medical devices, medications and raw materials which affected negatively the provision of NECC services.
- Internet, electricity and water lines damaged in Shijaia area and are still not renovated that made difficulty to contact the clinic and to contact the beneficiaries too. With the loss of communication and power infrastructure, NECC wasn't able to send SMS messages as a reminder to cases. NECC is now proactive in finding wireless access to the internet to ensure the delivery of the needed messages to clients.

Lessons learned

- NECC health program emphasis on nutrition is very relevant and appropriate, thus, it is very important to continue implementing such program as nutritional problems remain prevalent in the Gaza Strip. This will help to discover, treat and follow up anemic and malnourished unknown cases.
- Although the psychosocial component of NECC health program is achieving its outcomes, counselors are in need for professional supervision and training. Thus NECC contacted a psychiatrist consultant to conduct several professional trainings for the counselors and the health staff including training events, on job training and case conferences in order to integrate mental health into primary health care services and to start measure the change of the interventions through using standard assessment tools such as SDQ.
- The prevalence rate of Iron Deficiency Anemia among lactating women is very high. Given the fact that the interval between pregnancies is short, tackling the issue of anemia during lactation might reduce the burden of anemia during pregnancy and shortly after delivery. NECC is involved in promoting quality postnatal care services including not limited to the provision of iron supplement to all deliveries.

- Based on increase rate of breast cancer among women in Gaza, NECC started developing a new screening program for all women above 40 years old in the three localities in order to early diagnose breast cancer and early intervention with cooperation with MOH in terms of mammography even there is still a gap in this regard. There is still need to do more awareness campaigns and strengthen coordination system with relevant organization and also to increase the capacity building of NECC health staff about this issue.
- There is an increased demand and desire from youth of both genders to enroll in NECC TVET centers in order to meet the existing job demand of our occupations in the market. The majority of our youth beneficiaries are university and diploma graduates who enroll our TVET centers in order to find employment. Thus there is need to sustain the provision of our TVET services and to increase the capacity of our centers to accept more enrolment.
- Based on NECC experience in generating reports and statistics of TVET work, there is need to establish computerized system for TVET centers to facilitate their work, to maintain well-organized database, to keep all data instead of using papers , to save their times and efforts as well as to update the technology .
- NECC annual tracer study in 2014 appeared around 62 % of NECC vocational training graduates of 2013 were successfully employed or self-employed working in carpentry workshops, metal and aluminium workshops , electricity company and workshops , tailoring workshops and secretaries in local and international organizations. This indicates how important the TVET is as a master key that can transform the world of work, the economy, alleviate poverty and improve the quality of life. Within our general grim situation and the financial crisis, NECC needs to focus on sustaining the provision of TVET services.
- The challenge is to scale up the program as research show that Gaza Strip needs more skilled labour, rather than more academically trained graduates from universities. Based on the private sector technical visit to our centers, they assured that the centers are in need of upgrading facilities and equipments to be relevant with the labour market. NECC is proud of its collaboration with GIZto upgrade the 5 professions curricula and centers.
- The Continuous capacity building of our TVET trainers and staff support the provision of high quality vocational skills to our trainees to meet the labor market needs and develop their gained skills using new methodologies and techniques.
- More needs for PSS activities encouraged NECC to increase coverage of PSS through more partnerships and projects.
Develop and Integrate the MIS management information system of the psychosocial program with the Center (data entry screens, reports, forms)

Future plan

- Continue the implementation of Promoting the postnatal care in Darraj and Rafah areas through partnership with UNICEF.
- Continue implementation of house to house screening project for improving Access to Quality Nutrition and Health Services for Vulnerable Children in Gaza”funded by “Save the Children with DFATD” in Shijaia and East Zaytoon areas. NECC is planning to reach 10,000 child.
- NECC is planning to promote the antenatal care services through contacting our main donors during 2015-2016, this will include more support and follow up of anemic pregnant women due to the high percentage of anemia among women during pregnancies, more focus on change knowledge, attitude and practice of pregnant women regarding their health care, nutrition and hygiene practices.
- NECC is looking for more mainstreaming about launching of family planning in Rafah in order to increase number of beneficiaries and improve their awareness about importance of such service.
- Continue the implementation of “Upgrading capacities of NECC -TVET centers” in the coming year in terms of continuing renovation of TVET centers, improving infrastructure including provision of equipments, TOT and capacity building, curricula content upgrading , establishing learning resource centers and building up the relation between TVET centers and private business sector.
- As NECC succeeded in developing database information system for all health services, we are planning for 2015 to move this success to TVET program and PSS program.
- NECC will do more coordination with relevant organizations including UNRWA and NGO’s.
- Develop the new strategic plan for the coming 5 years 2016-2020.
- Start a new job creation and a cash relief project in order to alleviate the suffering of Palestinians in Gaza from their harsh economic situation. the job creation will target both NECC TVET graduates and universities graduates and the cash relief will target the most needy and vulnerable families.
- NECC integrates psychosocial service as a core component of the Family Health Care centers. In the Gaza Strip, most psychosocial and psychiatric services are provided through vertical programs that only provide psychosocial and psychiatric services. The main drawback of this is that vertical programs may be ineffective in reaching a wide range of the population. Thus, the integration of psychosocial service in the NECC Family Health Care Centers is a great value added. The NECC integrated approach is consistent with international approach in offering psychosocial services through integrating them with health services through a network of family centers. In 2015 NECC will develop the progress strategic plan to work towards meeting the national and international Standards for Safer Better services, launched by the Health Information system Based on international and national evidence, the Standards describe a vision for high quality, safe healthcare and provide a framework for services to organize, manage and deliver safe and sustainable healthcare consistently. Implementing the standards will represent a significant challenge to all service providers across the care spectrum.

Annex 1:

NECC Results based Logframe**Health program**

| | Intervention logic | Indicators | Achieved |
|-------------|--|--|--|
| Gaza | <p>Overall Goal/Impact</p> <p>Provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children./ Health status of Palestinian mothers and children improved through the provision of quality primary health care services.</p> | 5% reduction in neonatal mortality rates in targeted areas | The infant (0–12 months) mortality rate has not declined for more than 15 years and remains at 20 deaths per 1000 live births; the child(12–59 months) mortality rate was 25–28 deaths per 1000 live births in 2010 (PCBS, 2011). Around 74% of infant deaths occur during the first 28 days after delivery, mostly within the first six days of life. The percentage of deaths among the admitted neonates reaches around 25% (Shifa Hospital Records, 2012). |
| | | 5% reduction in maternal mortality rate in targeted areas | The overall MMR in the GS ranges between 20-40 per 100,000 live births which is still within the acceptable range by the WHO (50)-in Lebanon 23, Syria 52, Egypt 55, Morocco 112). |

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| | | <p>50% of served population received appropriate care and their health status improved</p> | <p>Regarding malnourished and/or anemic children up to 5 years diagnosed :more than 52% were recovered</p> <ul style="list-style-type: none"> - 80 % of pregnant women got ultrasound services 3 or more times - No maternal mortality among all pregnant women who follow up during their pregnancy in our clinics and gave birth during this year -60% of pregnant women received folic acid in the three trimester |
| | | <p>20% reduction in the prevalence of anaemia and malnutrition among the served population</p> | <p>Anemia:</p> <p>Shijaia 28.8% (Baseline 20.57%)</p> <p>Darraaj 24.6 % (Baseline: 35.42%)</p> <p>Rafah 15.9 % (Baseline: 23.6%)</p> <p>Malnutrition:</p> <p>Shijaia: 16.3% (Baseline: 16.83%)</p> <p>Darraaj: 9.7% (Baseline: 11.95%)</p> <p>Rafah: 13.9% (Baseline: 14.37%)</p> <p>The target achieved for both Rafah and Darraj, but Shijaia we noticed an increase as we started the house to house screening after the war 2014 where we discovered more cases than expected</p> |
| | | <p>90% of pregnant women received quality antenatal care services</p> | <p>97-99% of pregnant women received quality antenatal services</p> |

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| | 70% of women received standardized postnatal care | 63.58% of women received standardized postnatal care and this indicator not achieved because of the effect of the last war 2014 which delayed the visits due to the displacement of families |
| | 70% of children received appropriate growth monitoring services | 70.26% new registered children attending well baby regularly according to appointment date given by NECC while 49.53% of total children attending well baby regularly according to appointment date given by NECC |
| | 50% of anaemic children timely recovered | % anemic children recovered Shijaia 65.8%, Daraj 54.7%, Rafah 35.1% |
| | 50% of malnourished children timely recovered | % of malnourished children recovered during 60-120 days of treatment according to the protocol Darraj : UW 62.2, S 62.5%, W 71.2.9% Shijaia : UW 60.7%, S 17.4%, W 70.6% Rafah : UW 43.3%, S 27.8 %, W 68.2% |
| Specific Objectives/Outcome | Indicators | Achieved |
| <ul style="list-style-type: none"> 1.1 Provide adequate primary health care | <ul style="list-style-type: none"> At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits | 97-99% of pregnant women in targeted locality received timely ANC at least 4 visits |

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| <p>services in the poor and overcrowded localities according to priorities/ Women, Children and Youth in the poor and overcrowded localities enjoy improved health conditions</p> | <ul style="list-style-type: none"> At least 70% of women in targeted locality received timely quality post natal care at least twice. | <p>63.58% of women in targeted locality received timely quality post natal care at least 3 times.</p> |
| | <ul style="list-style-type: none"> 20-30% improvement in the knowledge level based on pre test post test (nutrition, danger sign for mother and baby during ANC, NC, PNC). | <p>28.7% improvement in the knowledge level based on pre-test and post test</p> |
| <ul style="list-style-type: none"> 1.2 The public and environmental health in the targeted areas is promoted and enhanced | <ul style="list-style-type: none"> At least 20% reduction of clients presented with diseases resulted from bad sanitation, and in appropriate practice (diarrhea, parasites, skin diseases). | <p>7.08% decrease in parasitic infections 8.31 to 8.69% increase in skin diseases (this was due lack of water, and hygiene practice in shelters or crowded houses where displaced families were living and in addition to very poor conditions of the families living)</p> |
| <ul style="list-style-type: none"> 1.3 The level of malnutrition including anaemia in the target areas is reduced. | <ul style="list-style-type: none"> Reduce prevalence of anaemia amongst registered pregnant women, breastfed mothers and children by 30%. | <p>(see above) for children For the expected mothers we are developing the database to measure the reduction of anemia among pregnant women</p> |
| <ul style="list-style-type: none"> 1.4 Achieve high standard of quality in the services provided by NECCCRW's health centers. | <ul style="list-style-type: none"> 60% of health care providers practice appropriate practices | <p>423 checklist were filled and 94.04% of health care providers practice appropriate practices.</p> |
| | <ul style="list-style-type: none"> 60-90% of clients received standardized services according to protocols. | <p>Achieved</p> |
| | <ul style="list-style-type: none"> Level of satisfaction amongst beneficiaries reaches over 85% for the protocols and systems followed | <p>Level of satisfaction amongst beneficiaries reaches over 90% for the protocols and systems followed</p> |

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| | <ul style="list-style-type: none"> 1.5 The psychosocial status of the served community particularly women and children is promoted | <ul style="list-style-type: none"> At least 30% of clients with psychosocial problems improved after receiving support from NECC staff as verified by objective assessment | <p>NECC developed the approach of integration of mental health into PHC and newly started using monitoring tools to measure the outcome of intervention so we expect to have results by 2015.</p> |
| | <ul style="list-style-type: none"> 1.6 Cooperation and collaboration with relevant organizations is enhanced | <ul style="list-style-type: none"> At least 6 reports produced, disseminated, and discussed among stakeholders | <p>More than 10 reports produced, disseminated, and discussed among stakeholders</p> |
| | | <ul style="list-style-type: none"> At least 10 coordinating meetings or workshops conducted with relevant organizations | <p>At least 22 coordinating meetings or workshops conducted with relevant organizations</p> |
| | | <ul style="list-style-type: none"> 200 severe cases referred to specialized institutions | <p>168 severe cases referred to specialized institutions</p> |
| | <ul style="list-style-type: none"> 1.7 The needs of persons with disabilities from medical apparatus and devices is fulfilled | <ul style="list-style-type: none"> 30 persons with disabilities received medical apparatus and devices and lead more reproductive life | <p>15 persons with disabilities received crutches and 1 received a walker</p> |
| | <p>Expected Results/Outputs</p> <ul style="list-style-type: none"> 1.1.1 Pregnant women received adequate primary and | <p>Indicators</p> <ul style="list-style-type: none"> 1,200 new pregnant women registered for ANC annually 7000 antenatal care visits made annually | <p>Achieved</p> <p>1350 new pregnant women registered for ANC annually</p> <p>11094 visits made annually</p> |

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| procreation health care services | <ul style="list-style-type: none"> 1,800 pregnant women received follow up visits, newly registered and on-going | 2022 pregnant women received follow up visits |
| | <ul style="list-style-type: none"> 10,000 lab tests for pregnant made women. | 12,287 lab tests for pregnant made women |
| | <ul style="list-style-type: none"> 4500 mothers received health education activities | 8625 mothers received health education activities |
| <ul style="list-style-type: none"> 1.1.2 Deliveries received appropriate postnatal care services | <ul style="list-style-type: none"> 1600 postnatal care visits conducted annually | 1934 postnatal visit conducted |
| <ul style="list-style-type: none"> 1.1.3 Children received adequate primary health services | <ul style="list-style-type: none"> 12,000 children registered at the well baby clinic and screened for anemia and anthropometric measurements | 10,170 children 0-6 years old attending the well-baby services as planned in accordance with the national protocols |
| | <ul style="list-style-type: none"> 25,000 well baby visits were conducted annually | 23,781 well-baby follow up visits were performed |
| | <ul style="list-style-type: none"> 7,000 sick children up to 6 years old received medical examination and treatment | 7431 sick children have been provided with medical examination and needed medications and supplementation |
| | <ul style="list-style-type: none"> 150 demonstrations presented for mothers to feed their children | 3593 mothers and children received 117 demonstrations. Sessions were provided at the health centers and occasionally in local community based organizations. |

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| | | <ul style="list-style-type: none"> Awareness lectures for 3,000 mothers conducted annually | 920 awareness sessions conducted for 21,692 mothers |
| | | <ul style="list-style-type: none"> At least 10,000 calls, home visits and sms done to ensure follow up of children at well baby program | 12457 sms messages were done in the year 2014 to ensure follow up |
| | <ul style="list-style-type: none"> 1.1.4 Couples received reproductive health services and awareness. | <ul style="list-style-type: none"> 800 partners received reproductive health services and awareness. | 927 women received family planning and health awareness |
| | | <ul style="list-style-type: none"> 500 breast exams carried for women annually and 100 women referred for mammogram | Only 52 breast exams were conducted for women in Shijaia clinic and 45 women were referred for mammogram, NECC postponed the implementation of this program to 2015. |
| | <ul style="list-style-type: none"> 1.1.5 Clients received appropriate dental care | <ul style="list-style-type: none"> Over 4,000 women, children and adults in targeted areas receive dental care annually | 5273 women, children and adults in targeted areas receive dental care |
| | | <ul style="list-style-type: none"> 1,200 pregnant women receive routine dental check up for the first time pregnancy. | 1173 pregnant receive routine dental check up |
| | | <ul style="list-style-type: none"> 700 children receive tooth check up during well baby clinic. | 817 children checked-up during well baby clinic |

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| <ul style="list-style-type: none"> 1.1.6 Patients physically examined, appropriately investigated and received treatment | <ul style="list-style-type: none"> Over 4,000 patients examined, tested and received treatment | <p>7154 cases examined , tested, and received treatment</p> |
| <ul style="list-style-type: none"> 1.2.1 Inhabitants received consultative, awareness and creational health services. | <ul style="list-style-type: none"> 1500 beneficiaries were annually visited at their homes | <p>2620 home visits were conducted by NECC to beneficiaries inside their house</p> |
| | <ul style="list-style-type: none"> 40 women participates in 2 trainings per year | <p>Community training is provided at both served communities; Darraj and Shijaia to up to 40 female trainees per year divided into two groups.</p> |
| <ul style="list-style-type: none"> 1.2.2 Local communities received minor assistance to support their environmental health context | <ul style="list-style-type: none"> At least 100 families of beneficiaries received social assistance. | <p>2379 households received social assistance in terms of food, non food kits and vouchers</p> |
| <ul style="list-style-type: none"> 1.3 Adequate treatment in matters related to nutrition best practices has been extended | <ul style="list-style-type: none"> At least (2,000) anaemic children and\or (500) malnourished treated recovered or improved or prevented from being deteriorated annually | <p>The total number of those examined and found abnormal and enrolled in treatment programs is 1270 child.</p> |
| <ul style="list-style-type: none"> 1.4.1 Information system enhanced | <ul style="list-style-type: none"> Functional management system were promoted: protocols , information system | <p>Achieved</p> |

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| <ul style="list-style-type: none"> 1.4.2 Regular reporting and communication enhanced | <ul style="list-style-type: none"> Regular quality reporting is received from health centers on time | <p>Achieved</p> |
| <ul style="list-style-type: none"> 1.5.1 Appropriate psychosocial services are provided to women and children attending the PHC. | <ul style="list-style-type: none"> 1,500 children received psychosocial support 10,000 women participated in psychosocial support | <p>4967 children received psychosocial support</p> <p>8369 women participated in psychosocial support</p> |
| <ul style="list-style-type: none"> 1.5.2 Women participating in activities and training to support their livelihood | <ul style="list-style-type: none"> 200 women attending afternoon activities received psychosocial support | <p>220 women attending afternoon activities received psychosocial support</p> |
| | <ul style="list-style-type: none"> Percentage of women trained get income after one year | <p>Still not developed</p> |
| | <ul style="list-style-type: none"> 40 women attending community workers training course received psychosocial support | <p>37 women attending community workers training course received psychosocial support</p> |
| <ul style="list-style-type: none"> 1.5.3 Appropriate psychosocial services are provided to male and female students and parents of VTC. | <ul style="list-style-type: none"> 220 male student and 40 parents received psychosocial support 70 female students, and 45 parents received psychosocial support | <ul style="list-style-type: none"> 225 male student students and 42 parents received PSS sessions. 82 female student and 9 parents received psychosocial support session |

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| <p>1.5.4 Raise and improve the capacity of professionals working in programs of psychosocial support.</p> | <ul style="list-style-type: none"> • 8 team members, those 8 participate in capacity building programs. • 8NECC staff received capacity building on professionals working in programs of psychosocial support | <p>Achieved</p> <p>Achieved</p> |
| <p>1.6 Cooperation mechanism to increase capabilities are adopted and followed with relevant parties.</p> | <ul style="list-style-type: none"> • 20 participants from NECC staff participates in relevant workshops and trainings | <p>28 of NECC health and PSS staff participated in relevant workshops , training and meetings</p> |
| | <ul style="list-style-type: none"> • At least 2 visits and meetings with health partners are conducted monthly by the supervisors of the clinics | <p>Achieved</p> |
| | <ul style="list-style-type: none"> • 20 NECC staff participate in external activities outside NECC | <p>Achieved</p> |

TVET Program

| Gaza | Overall Goal/Impact | Indicators | |
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| | <ul style="list-style-type: none"> 2. Provide professional skills training and access to education to empower marginalized Palestinian youth to improve their own economic conditions / marginalized Palestinian youth are empowered to improve their own economic conditions | <p>At least 50% of graduates and supported youth are employed or self-employed within one year of graduation and service (achieving better than national numbers of same age group)</p> | <p>62.3% of graduates and supported youth are employed or self-employed within one year of graduation and service</p> |
| | <p>Specific Objectives/Outcome</p> <ul style="list-style-type: none"> 2.1 Provide high quality vocational training in a variety of designed skills and professions to target groups in accordance with the requirements of the society and market. / female and male youth have gained skills and professions that are relevant to the market and society | <p>At least 95 graduates accomplished their vocational training and graduated annually in 5 fields, 38% of which are females.</p> <p>At least 90% of students enrolled in training have graduated</p> | <p>99 out of 108 graduates accomplished their vocational training and graduated in 2014 in the 5 fields, 39.4% of which are females</p> <p>97.2% of students enrolled in training have graduated</p> |
| | <ul style="list-style-type: none"> 2.2 Quality of vocational training and associated professional skills development provided to youth and women entering the job market is enhanced | <p>At least 60% of NECC trainers received TOT and implement the gained skills during the Training sessions.</p> | <p>100% of NECC VTC's trainers received TOT in 2014 and implement the gained skills during the Training sessions.</p> |
| | <ul style="list-style-type: none"> 2.3 Needy students are assisted to complete their education in fields that respond to the community and market needs | <p>At least 95 needy students completed their training without having financial constraints (subsidizing training fees for needy trainees)</p> | <p>99 students completed their training without having financial constraints through installment of training contribution for all students</p> |

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| | <ul style="list-style-type: none"> 2.4 NECCCRW's graduates are assisted in finding employment and self-employment opportunities. | <p>Over 50% of graduates were assisted to find jobs within a year after graduation</p> | <p>62.3% of graduates and supported youth are employed or self-employed within one year of graduation and service</p> |
| | <p>Expected Results/Outputs</p> <p>2.1.1 Male youth received vocational training in carpentry/furniture making, welding and Aluminum work</p> <p>2.1.2 Male youth received Vocational training in general electrical skills and motor and transformer rewinding</p> <p>2.1.3 Female youth received Vocational training in secretarial and office work</p> <p>2.1.4 Female youth received Vocational training in advanced sewing</p> <p>2.2.1 Advanced vocational training for NECC staff is provided</p> | <p>Indicators</p> <ul style="list-style-type: none"> 39 new male youth joined the vocational training courses in carpentry/furniture making, welding and Aluminum work A total of 110 students new and old receive training in carpentry/furniture making, welding and Aluminum work annually 24 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding annually. A total of 48 students new and old receive training in electricity skills 20 new female youth joined the vocational training in secretarial and office work A total of 20 students receive training in secretary study 15 new female youth joined the vocational training in advanced sewing A total of 15 students receive training in Advanced sewing 15 NECC staff received capacity building on vocational training disaggregated by type, location of training and duration | <p>39 new male youth joined the vocational training courses in carpentry/furniture making, welding and Aluminum work</p> <p>111 students new and old receive training in carpentry/furniture making, welding and Aluminum work during 2014</p> <ul style="list-style-type: none"> 24 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding during 2014. 50 students new and old receive training in electricity skills 23 new female youth joined the vocational training in secretarial and office work 23 students receive training in secretary study 19 new female youth joined the vocational training in advanced sewing 19 students receive training in Advanced sewing 15 NECC staff received capacity building on vocational training |

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| | <ul style="list-style-type: none"> 2.2.2 Linkages with Alumni and market enhanced and feedback integrated into training programs | <ul style="list-style-type: none"> Number of coordination meetings with domestic market. (private sector) Number of graduates who got employment after one-year of graduation. | <ul style="list-style-type: none"> 11 coordination meetings with domestic market and relevant organization 66 out of 106 of graduates who got employment after one-year of graduation |
| | <p>2.3.1 Educational loans to students to complete their study at Palestinian universities were provided</p> | <ul style="list-style-type: none"> At least 60 educational loans provided to students to complete their study at Palestinian universities | <ul style="list-style-type: none"> 92 educational loans provided to students to complete their study at university for the year 2014 |
| | <p>2.4.1 Follow-up graduates; one year of graduation is conducted.</p> | <ul style="list-style-type: none"> Annual Follow-Up is conducted At least 70% of graduates were followed/contacted after one-year of graduation. | <ul style="list-style-type: none"> Annual follow-up was conducted 100% of graduates were followed after one year of their graduation |
| | <p>2.4.2 A mechanism to connect students with labour market is established</p> | <ul style="list-style-type: none"> At least 50% of those connected through NECC joined the labour market through the link after one-year of graduation from vocational training | <p>62.3% of graduates and supported youth are employed or self-employed within one year of graduation and service</p> |

Emergency Relief Program

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| GAZA | <p>Overall Goal/Impact</p> <p>3. Provide emergency assistance to alleviate the impact of emergency humanitarian situations when required./ Impact of emergency situation has been alleviated through the provision of humanitarian assistance</p> | <p>Indicators</p> <p>Targeted Palestinians and communities are able to attain cash for work “ temporary jobs”, cash relief for one time to secure food , medicine, and daily needs, and health and education services comparable to pre-emergency status¹(when funds are available).</p> | <p>Approximately 789 families received food and non food items during the war 2014 inside the shelters: 409 funded by DKH/ACT Appeal benefitted 2732 HH’s members and 380 donated as in kind donation from ANERA benefitted 2530 family members</p> <p>Moreover, 839 affected families who were displaced at shelters living in Shijaia and Darraj areas were assisted with vouchers values approximately \$60 to buy HH requirements in terms of food and or stationary depending on their needs supported by DKH.</p> <p>Furthermore, NECC distributed foods kits to 301 affected families, benefitted 2098 family members include NECC TVET families and the needy ones who used to come to NECC relief aids department to receive assistance, supported by the Organization of Islamic Cooperation.</p> <p>In addition during the war days, NECC distributed: 100 new born kits received from Save the Children, 350 hygiene kits and 27 medical kit received from CRS, 11070 mineral water bottles of 1 Litre received from UNRWA.</p> |
| | <p>Specific Objectives/Outcome</p> <p>3.1 Enhance NECC's ability to mitigate the effects of, and respond to emergencies</p> | <p>Indicators</p> <ul style="list-style-type: none"> • NECC have scenario analysis, plans and possible resources, | <p>NECC is well-prepared humanitarian ground to mitigate the negative effects of the violent environment, giving special attention to those most affected and vulnerable, and the poorest of the poor through its emergency relief program including needs and context assessment , strategic and contingency plans , capable staffing, and</p> |

¹ Due to unpredictable emergency status, indicators would be set and measured pre and post emergency support

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| | <p>updated quarterly</p> <ul style="list-style-type: none"> 70% of applied appeals are granted (ACT) | <p>relevant publications including quarterly and annual narrative and financial updated reports.</p> <p>-We applied Emergency appeals to Act Alliance, PMP, CRS during and after the most recent war 2014. PMP, CRS AND ACT Alliance appeal were totally granted and implemented immediately after the war. ACT Alliance appeal is still implemented till end of March 2015 and PMP till mid of August 2015. CRS emergency project had been completed by end of Dec 2014.</p> |
| 3.2 Families affected by the on-going emergency situation have enhanced their humanitarian status | <ul style="list-style-type: none"> Over 90% of assisted families humanitarian status is at least temporarily enhanced | <ul style="list-style-type: none"> All of the assisted families were enhanced as they expressed their satisfaction of being able at least to secure their basic needs including food. |
| 3.1.1 NECC active in ACT Forum meetings. | <ul style="list-style-type: none"> All ACT form meetings attended. | All of the monthly ACT forum meetings were attended |
| 3.2.1 Needy households were assisted through cash assistance | <ul style="list-style-type: none"> 4,000 households assisted through cash support | <p>1929 families assisted through Food, non food kits and vouchers.</p> <p>More families will be assisted through cash relief during next quarter in 2015.</p> |
| 3.2.2 Job opportunities for individuals were created. | <ul style="list-style-type: none"> 90 jobs created for unemployed of 3,500 working days | 100 jobs created for unemployed but actually started in Jan 2015 till end of March 2015. |

Advocacy Program

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| GAZA | <p>Overall Goal/Impact</p> <ul style="list-style-type: none"> Mobilize and empower Palestinian and other relevant communities to seek just and equal social and economic rights for Palestinians. | <p>Indicators</p> <p>1 to 2 policy/advocacy issues resulted in improving justices and economic status</p> | <p>NECC continued mainstreaming its child protection policy. Growth monitoring for up to 6 years though well baby program is also continued at NECC centers</p> <p>Recently, NECC started a house to house screening project in order to discover anemic and malnourished children under 5 years in Shijaia and east Zitoun areas after the most recent war, the project also aims to increase community awareness about nutrition and health care of children</p> <p>Also NECC promote PNC for mothers and new born in order to decrease MMR and NMR and complications after delivery.</p> |
| | <p>Specific Objectives/Outcome</p> <ul style="list-style-type: none"> To enable and empower the local community to advocate its issues to achieve social equality./ Palestinian refugees and marginalized | <p>Indicators</p> <p>3 social issues raised by local communities</p> | <p>4 Health programs were raised by local community including family planning, Breast Examination, postnatal care and Nutrition program</p> <p>Child protection raised by local community</p> <p>Economic initiatives raised “food and NF kits, cash assistance and</p> |

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| <p>communities in Gaza are advocating their issues to achieve social equality</p> | | <p>job creation</p> |
| | <p>At least 70% of social issues raised, and advocated are achieved</p> | <p>75% (3 out of 4 issues) raised were achieved, still breast examination and early diagnosis of breast cancer need more work in the future</p> |
| <p>Expected Results/Outputs</p> <ul style="list-style-type: none"> • Network and coordinate with local, regional, and international organizations to defend the rights of NECCCRW's beneficiaries. | <p>Indicators</p> <ul style="list-style-type: none"> • 3 Functional networks established. | <ul style="list-style-type: none"> • First one with Gaza municipality to implement streets cleaning initiative in Shijaia area. • 2nd one with MOH and UNICEF to promote PNC • 3rd one with ANERA during the war to distribute food and NF kits |
| <ul style="list-style-type: none"> • Involve communities in planning , implementation and evaluation of health initiatives | <ul style="list-style-type: none"> • 2 initiatives implemented with local communities | <p>4 initiatives were implemented with the community</p> <p>An initiative to clean the streets was conducted with cooperation of Gaza municipality through NECC TVET students</p> <p>Another initiative to promote PNC for delivered and new born in order to decrease the complications during postpartum period though conducting home visits</p> <p>Third one was during the war to support the displaced families through distributing food, non food, hygiene, new born kits and</p> |

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| | | | <p>mineral water.</p> <p>A fourth initiative to screen all children under 5 years through house to house visits in Shijaia and east Zitoun after the war to discover the anemic and malnourished children and to treat them appropriately.</p> |
| | | <ul style="list-style-type: none"> • 2 programs/activities at which beneficiaries had participated in planning, implementation and evaluation | <p>Beneficiaries participated in planning and implementation of Family planning in Rafah and screening project for anemic and malnourished children in Shijaia and east Zitoun</p> |
| | <ul style="list-style-type: none"> • Raise the awareness of international communities towards the Palestinian issue and rights and consequences of occupation. | <ul style="list-style-type: none"> • 10 visits paid by relevant internationals • 4 Relevant publications released | <ul style="list-style-type: none"> • 52 visits paid by relevant internationals • At least 6 relevant publications released two of them were Situational reports submitted to ACT Alliance |
| | <ul style="list-style-type: none"> • Coordination with human rights organizations | <ul style="list-style-type: none"> • 10 coordination meetings attended with the relevant organizations | <p>At least 12 coordination meetings with relevant organization to advocacy were attended</p> |

Annex 2:

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

(Philippians 1:4-6)

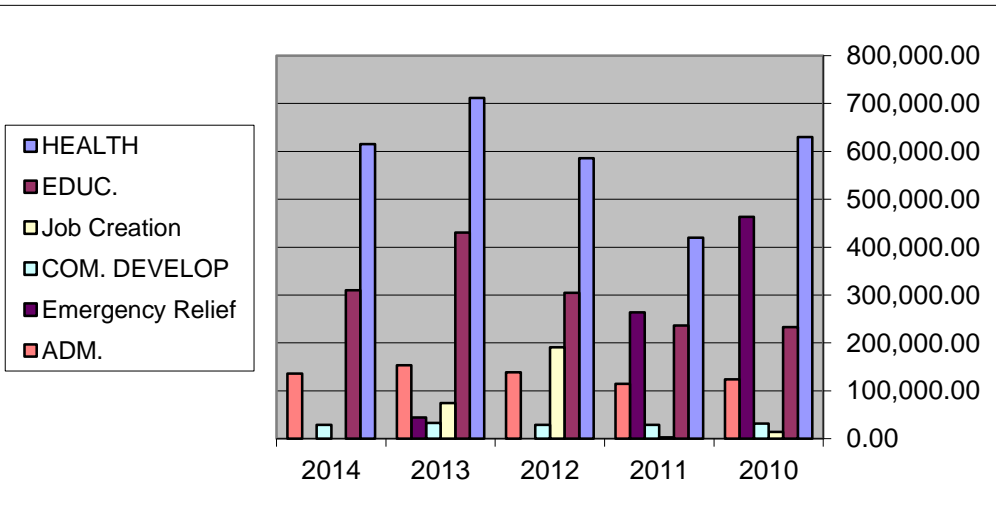
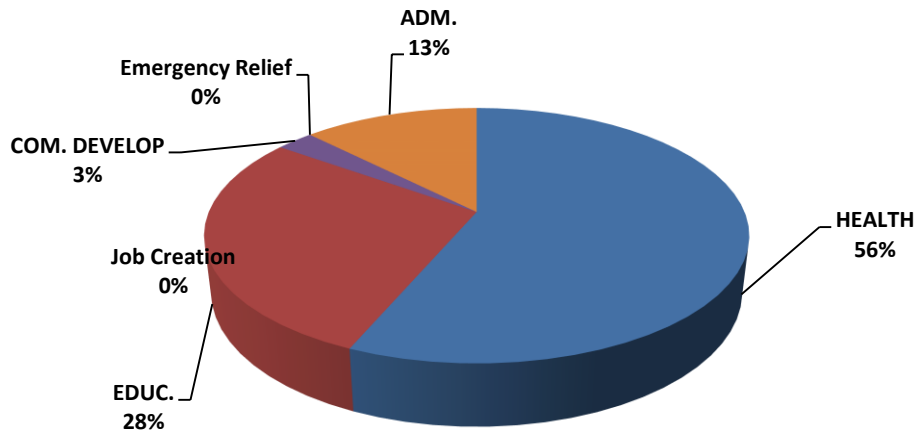
ACKNOWLEDGEMENT TO OUR SUPPORTERS:

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

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

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

How the money was spent in the year 2014



Public Informaiton Office
Gaza Field Office

*Total Registered Populaiton 1,319,056 as of 31 December 2014**

| Registered Refugees: 1,276,929 | | | | | Other Registered Persons | | |
|--------------------------------|----------------|----------------------------|----------------|---------------------|----------------------------|-----------------------|------------------|
| Area | Camps | Registered camp Populaiton | Not in camps | Total Reg. Refugees | Other Registered Persons** | MNR family Members*** | Total Persons |
| Jabalia | Jabalia | 115,932 | 116,711 | 232,643 | 3,300 | 2,837 | 238,780 |
| Rimal | Beach | 87,103 | 131,598 | 218,701 | 4,965 | 4,859 | 228,525 |
| Zeitun | ---- | - | 142,998 | 142,998 | 14,202 | 11,358 | 168,558 |
| Nuseirat | Nuseirat | 73,374 | 38,126 | 150,087 | 2,002 | 1,776 | - |
| | Bureij | 38,587 | | | | | |
| Deir El-Balah | D/Balah | 23,266 | 54,584 | 106,252 | 2,082 | 2,672 | 111,006 |
| | Maghazi | 28,402 | | | | | |
| Khan Yunis | Kh/Yunis | 79,925 | 138,722 | 218,647 | 7,359 | 8,686 | 234,692 |
| Rafah | Rafah | 114,375 | 93,226 | 207,601 | 3,902 | 2,544 | 214,047 |
| Total | 8 Camps | 560,964 | 715,965 | 1,276,929 | 37,812 | 34,732 | 1,349,473 |

** Other registered Persons:- are those who do not fully meet UNRWA's Palestine Refugee criteria . While registered for the purposes of receiving UNRWA services , Other Registered Persons include : Jerusalem poor ,Gaza poor, Frontier villagers , compromise cases , kafaleh (adopted)

*** MNR family members are also part of the Other Registered Persons category , but their numbers are seperated for tracking and monitoring purposes

**Informaiton is based on UNRWA Registratoin Statistical Bulletin No. (04/2014) by Department of Relief & Social Services - UNRWA - HQ (Amman)*

Middle East Council Of Churches Committee For Refugee Work

DSPR/NECC

Mediterranean
Sea

GAZA STRIP

