

Middle East Council of Churches

Department of Service to Palestine Refugees

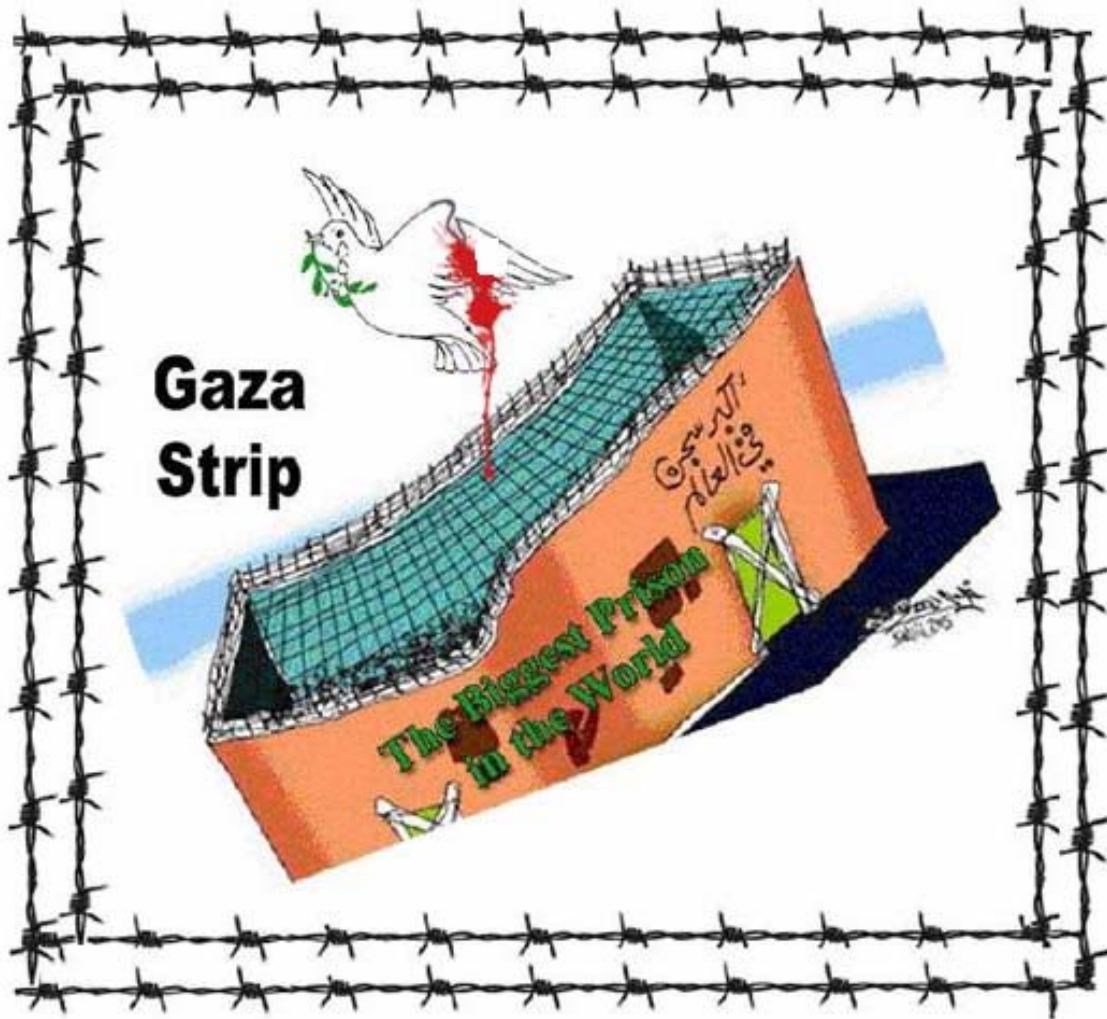
DSPR - Gaza Area

مجلس كنائس الشرق الأوسط

دائرة خدمة اللاجئين الفلسطينيين

منطقة غزة

*"Those who desire to see good days
Let them turn away from evil and do good;
Let them seek peace and pursue it."
(1 peter 3: 10,11)*



**Annual Report
2008**

Universal Declaration of Human Rights

All human beings are born free and equal in dignity and rights.

They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood...

Everyone has the right to life, liberty and security of person...

Everyone has the right to freedom of thought, conscience, and religion...

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing housing and medical care and necessary social services...

Everyone has the right to education

Everyone is entitled a social and international order in which these rights and freedoms can be full realised....

God



Justice

42th Anniversary of Occupation
5/6/1967 – 5/6/2009

Oh God, the chest is replete with bitterness...

do not turn that into spite.

Oh God, the heart is replete with pain...

do not turn that into vengeance

Oh God, the spirit is replete with fear...

do not turn that into hatred

Oh God, my body is weak...

do not turn my weakness into despair.

Oh God, we wanted freedom for our people...

we did not want slavery to others.

Oh God, we wanted a homeland for our people to gather them...

we did not want to destroy states of others,

nor demolish their homes.

Oh God, Our people are stripped of all things,

except their belief in their right.

Oh God, our people are weak except in their faith

and in their victory.

S O S

Boycott and Seige

**MALNUTRITION
ANAEMIA**

**No
IDENTITY
for 61 years
Why??**

Reconciliation

PEACE

Unemployment

Urgent PROTECTION

Destruction

Poverty 82%

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Middle East Council of Churches
Committee for Refugee Work
Gaza Area

مجلس كنائس الشرق الأوسط
دائرة خدمة اللاجئين الفلسطينيين
منطقة غزة

Department of Service to Palestine Refugees

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IDENTITY:

The Gaza Area Committee is part of the Department of Service to the Palestine Refugee (DSPR). The DSPR is a department of the Middle East Council of Churches. NECCCRW Gaza is an integral part of the Palestine Society and culture and operates with the support of the Churches, ecumenical and secular organizations.

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

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

VISION :

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

MISSION :

NECCCRW is a Palestinian 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.

Historical Background :

The Gaza Strip is estimated to contain about 1,5 m people, which makes it one of the most densely populated areas in the world (5,000 per km²). Of the total population, some **1,075,000** are refugees, of whom about **500,000** inhabitants live in 8 refugee camps administered by United Nations Relief and Works Agency (UNRWA). The Gaza Strip is highly urbanized, with only about 15% of the population living in rural villages.

NECCCRW Gaza Committee was established in 1952 launching a humanitarian programme to assist Palestinians who took refuge in Gaza Strip following Israel's establishment 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. Sectoral concentration has been in various areas and are focused now on Health, Education, Vocational Training, Relief work where social casework support is offered to needy families in the form of cash or other assistance, Community Development and Advocacy. In addition, some more rehabilitative distributions are conducted, providing medical aids (prosthetic devices, wheelchairs, crutches and artificial eyes etc.)

NECCCRW's programme is providing essential services to communities who neither receive them from the Palestinian National Authority or UNRWA nor from other NGOs.

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

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

Good cooperation in related activities is maintained with international and local NGOs, external and local churches, the PNA, Ahli Arab Hospital (Anglican Hospital) and National Health, Rehabilitation, Medical and Agricultural Relief Committees, Union of Health Work Committee, Women's Societies and Unions, and PNGO. NECCCRW is proud and appreciates its links with a large number of funding partners and NGOs namely: The Pontifical Mission for Palestine, Christian Aid , DanChurchAid, Diocese of Aalborg, Diakonisches Werk, Evangelical Lutheran Church in America, Norwegian Church Aid, Lutheran World Relief, ICCO, Church of Sweden, Church in Wales, Church of Scotland, Australian and US National Councils of Churches, KAIROS and NECEF in Canada, EED and Bread for the World in Germany, CCFD and a number of other ecumenical organizations and EU.



**" WHEN PEOPLE DECIDE THEY WANT TO BE FREE.....
THERE IS NOTHING THAT CAN STOP THEM."**

H/G Archbishop Desmond Tutu

Foreword:

This year 2008 marked the 61st anniversary of Nakba and the 41st of occupation. Since June 5th, 1967, the Palestinians have endured the most bitter consequences and tragic impacts on their lives as an occupied nation. The extremely cruel injustice that has befallen on our nation over this period should not have failed on the part of the Western democracies to be fair with our struggle for justice, freedom and application and protection of International law and resolutions.

Unfortunately, the prospects for peace have not been adequately addressed by the International Community in general and the Quartet in particular who failed to curb Israeli settlement expansion, lift the blockade of Gaza that has plunged over 80 per cent of the population below the poverty line and ease freedom of movement as well.

A truce or "Tahdi'a=period of calm" was brokered by Egypt between Israel and Hamas which officially began on June 19th, 2008, included agreement on the gradual easing of restrictions of freedom of movement for civilians inside Gaza. However, there have been no significant changes for the 1.5 million civilians who continue to be imprisoned, and under strict siege in the Gaza Strip.

Israeli forces conducted a major combined military operation in the Gaza Strip for a period of 22 days (December 27, 2008 – January 18, 2009). Where Israeli forces used aerial bombing, tank shelling and armored bulldozers to destroy houses and eliminate the productive capacity of some of Gaza's most important manufacturing plants during their military action in the Gaza Strip. A ceasefire was through on January 18th, 2009 put a temporary end to the fighting, pending the conclusion of broader arrangements to sustain a ceasefire as envisaged in Security Council resolution 1860.

The operation resulted in extensive casualties and destruction of homes, livelihoods, and infrastructure. The Government buildings and private sector were hardly affected, where most industrial establishments, agricultural and support infrastructure were either totally or partially destroyed and are currently unable to operate.

The offensive have caused severe humanitarian crisis and extensive infrastructure damage and resulted in a toll of 1434 dead including 960 civilians in addition to 5000 casualties as published by PCHR.

Initial statistics from the Palestinian side put the damage at a hefty 2 billion U.S. dollars. Moreover, given the rifts inside the Palestinian state, friction among the Arab world and Israel's intention to deter a Hamas comeback, analysts believe the reconstruction process will be no easy job for all the parties involved as well as the international community. We are worried about how long the temporary peace could last.

It is significant to note that the Gaza private sector situation prior this operation was not ideal and was heavily affected by the 18 months (June 2007 – December 2008)

constraints by restrictions on amounts and types of good allowed through the borders, and total banning of export operations, leading to the closure of an estimated 95% of industrial establishments (i.e. 3750 establishments) and laying off 94% of its workers (i.e 33 thousands) in addition to complete halt of construction works. The economic situation has been deteriorating since the year 2000 in the Gaza Strip, where private sector establishments were struggling to survive through continuous closure, stagnation and military incursions..

The suffering of Palestinian families sheltering mainly in schools of UNRWA –United Nations Relief and Works Agency for Palestinian Refugees in the Near East as a result of the destruction committed by the Israeli army over a 22 day period will continue despite the current ceasefire. The reason for this is the complete destruction of thousands of homes which have become completely uninhabitable. This also had threatened the continuation of these schools as educational institutes until a solution was found to this problem. There were people who were forced to cover themselves and sleep in the open-air as there was not enough space and the priority for sleeping in the rooms were given to the women and children.

Many of those internally displaced families whose homes were completely destroyed or damaged are now living in tents made of cloth which provide little protection are now facing new misery and are under difficult existence, and whatever care and aid that can be provided by the UN and International Organizations will certainly be below the levels required, not to mention that it is no substitute to the over 14,000 thousands of homes which have either been completely destroyed or partially damaged that these families were forced to leave. Israel continues to prevent delivery of construction materials, including cement, steel, and glass, which prevents aid agencies and individuals from starting desperately need repairs and constructions.

As of February 2008, 88 percent of Gaza’s 1.5 million people were registered to receive food aid from the United Nations, with many of them wholly dependent on this assistance according to the UN office for Coordination of Humanitarian Affairs (OCHA).

As a result of the strict closure, 60 percent of the 200,000 school children attending at UNRWA schools are still without a full complement of textbooks because it blocked shipments of paper needed to print them.

Israel’s broad restriction on the delivery of food, fuel, and other goods appear without justification by any legitimate security concern. The overall humanitarian situation in the occupied Palestinian territory continued to deteriorate, notwithstanding slight improvements in some sectors.

The humanitarian situation is particularly desperate in the Gaza Strip, where the already fragile space of human rights and dignity is narrowing. Palestinians in Gaza are confronted with interference in their normal social and political lives and also daily degradations like reduced access to water, electricity, proper sanitation and garbage collection, and adequate health care. They face increased violence and casualties, extended closures of crossings, server limitations on basic supplies, shortages of spare parts, raw materials, and other commercial and agricultural supplies, and the economy failed to recover from 2006 contraction. The private sector

is virtually paralyzed and the physical and administrative divisions between Gaza and the West Bank and East Jerusalem remain in place.

Severe shortages of fuel and electricity due to restrictions, causes also environmental problems to exacerbate the human misery. Some pumps at Gaza's water stations, so an estimated 77 tones of raw sewage flows into the sea every day.

As European Union High Representative for the Common Foreign and Security Policy Javier Solana Said, "the ceasefire is still fragile and every effort must be made to ensure that it is solid, durable and lasting." I wonder how this could be achieved without complying with International law and the interference of the International Community to achieve a just and durable peace but not a fragile ceasefire only.

It goes without saying that we are very grateful to our supporters and therefore we would like to convey our heartfelt thanks and sincere appreciation to all our donors and partners who over the years have generously contributed towards the support of our people through NECCCRW programme. This Diakonia goes further than response to charitable and humanitarian deeds but an expression of love and in a real sense of solidarity through sharing a fulfillment of JUSTICE in compliance with UN resolutions and International law that will bring PEACE, Reconciliation and Harmony that we justly deserve.

We are grateful to our partners at CA, DCA and ICCO who secured support through EU co-financing of the Health programme during the last three years (2006-2008) which Christian Aid has unfortunately not succeeded in renewing this vital support for a further period especially in view of the great needs arising nowadays.

I seize this opportunity to express our appreciation to every person at the various levels of WCC and MECC, and DSPR for all the exerted efforts to support our people in the Gaza Strip in particular.

I wish to extend my respect and sincere thanks to the Chairman and Members of Gaza Area Committee for their devotion and encouragement which provided inspiration for the implementation and success of the programme.

At last but not least, our staff are to be commended for their commitment in performing their duties in spite of the tensions and difficulties which continued to prevail in the Gaza Strip. Their hard work, enthusiasm, open mindedness and adaptability are greatly appreciated

**“Blessed are the peacemakers:
For they shall be called children of God”**

**Constantine S. Dabbagh,
Executive Secretary**

February 2009

"Prevention is better than cure"

I. PROJECTS PROMOTING HEALTH OF THE COMMUNITY:

Although the situation was extremely politically unstable during this reporting period, our organization "the NECC" had sustained the provision of health services to the intended beneficiaries and met almost all the designated project targets as planned, even exceeded the targets in most of concerned areas. We succeeded to overcome or at least to cope with the conditions associated with the further imposed siege and the tight restrictions on the movement of goods and people such as, shortage of supply and medications, lack of medical equipment in the local market, decreased supply of electricity and fuel, transportation issues and so on.



Erez crossing, May 2008



North of Gaza, June 2008



War on Gaza, Rimal area, December 2008



Demolished Shijai'a Clinic- January 2009

However, the complete destruction of Shija'ia Clinic on January 10th, 2009 during the last aggression on Gaza constituted a traumatic event which resulted in depriving the

population served by the clinic from receiving health services, loss of all equipment and commodities, loss of medical records and so on. Currently, our teams have already started some activities such as the emergency nutrition program in an alternative place. Additionally, our staff jointly with the local community actively engaged in searching for an alternative place.

Building on our experience in the area and learning the lessons from the last two years, the NECC major emphasis for this reporting period was on reinforcing the achievements of the last two years and achieving the remaining unmet results. The expected results were achieved as planned in most areas such as, the number of beneficiaries who benefited from health education, the number of newly registered families and children as well as the number of newly registered pregnant women. Progress has been made not only in the quantitative indicators which reflect the number of beneficiaries who received the services but also in the indicators that reflect the quality of services such as the timely Antenatal care, timely Postnatal care and client satisfaction. This progress has been made through recruiting the needed resources, proper follow up and monitoring as well as using the indicators as a tool for taking appropriate decisions.

More than anytime before, our staff are more able to track progress and use indicators as monitoring tools. This has been supported through appropriate training on monitoring and reporting and the closer involvement of staff in this task. Few intended results were not achieved such as the training of community workers and the key reasons for that were contextual resulting from the impact of the political and social factors such as difficult transportation, lack of fuel and so on.

It is worth noting that as with previous reports, in this report, the activities of the project were reported in reference to the project indicators and expected results as outlined in the project logical framework.

Activities and Results

Activity 1. Capacity building in provision of primary health care services:

a. Community workers

Anticipated:

Community training will be provided at the three served communities; Kherbet El Adas (Rafah), El Darraj and El Shija'ia. Community work training will be provided to up to 40 trainees per year divided into two cohort groups. Each group will receive training for 6 months, 3 days per week, 6 hours per training day.



NECC premises, community training and awareness activities November 2008

Achieved in this reporting period:

During this reporting period two training courses were organized with 46 participants. The first course started in August 2008 and the second course in October 2008. To complete the two courses within the year 2008, the number of training days has been increased to 4 days per week. In this year, 46 community workers were graduated 18 in the first course and 28 in the second course (Table 1). This makes the total number of trained community workers during the three years is 102. It is worth mentioning that during the first half of this reporting year, no training were carried out due to the difficult political situation resulted in severe lack of electricity, the massive disruption of the transportations resulted from the unprecedented shortage of fuel caused by the embargo on the Gaza Strip. NECC compensated that by organizing two training sessions in the second half of the year which manifested the agreed upon truce and the partial opening of boarders and crossing points. Unfortunately, 10 participants were dropped out from the first course as they joined new jobs after the governmental employees strike.

Table 1: Distribution of community training organized during the reporting year

Cohort group	Target area	Number of graduates	Starting date	Graduation	Dropped out	Notes
Group one	From all areas of the Gaza Strip	18	August 12 th 2008	December 31 st 2008	10	Three days a week
Group two	including areas served by NECC in collaboration with community based organizations	28	October 25 th 2008	December 31 st 2008	-	Four days a week to compensate the shorter period

NECC monitors the graduates and many of them are either working or volunteering in community base organizations. For example, currently three community workers are

working on the NECC emergency nutrition project in Shijai'a area. Additionally, 12 of them are providing volunteer assistance in the emergency response provided by the NECC to the community donated by DanChurch Aid and ACT. Moreover, out of the total number of graduates from the community workers training, 27 are currently working in local community based organizations either staff members or volunteers.

b. Training for medical staff

Anticipated:

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

- Antenatal care
- High risk pregnancy
- Postnatal care
- Family Planning
- Breastfeeding
- Nutrition
- Health education

Trainees will include General Practitioners, Gynaecologists, Midwives, Nurses, Laboratory technicians, Dentists, Pharmacists, Assistant Pharmacists, Health Educators, Social Workers and Clerks. Most will be staff at the three clinics, though further staff will be trained from other local NGOs and the Ministry of Health.

Achieved in this reporting period:

As a response to the increase in malnutrition and anaemia cases, seven long study days were organized for the NECC medical and paramedical staff in addition to 7 community workers working on this field. Additionally, to support measures aiming to prevent and control infections, one day training course were organized focusing on infection prevention and control in primary health care settings.



Intensive training course on nutrition- NECC office , May 2008

Table 2: Study days organized by the NECC by topics and participants:

No	Day	Topic	NECC participants	Other participants
1	May 18 th 08	Malnutrition concepts, types, diagnosis	24	7
2	May 21 st 08	Anaemia concepts, types, diagnosis	24	7
3	May 25 th 08	Management of malnourished children at community and health facility level	24	7
4	May 28 th 08	Management of anaemic children at community and health facility level	24	7
5	June 1 st 08	Malnutrition prevention practices	24	7
6	June 4 th 08	Anaemia prevention practices	24	7
7	June 8 th 08	Danger signs of childhood illnesses	24	7
8	August 17 th 08	Infection prevention and control	24	8

To avoid duplications (efficiency wise) and also to increase interactions with other health care providers, the NECC is keen to send participants to the relevant trainings organized by other parties such as the MOH and the Hanan Project-closed in June 2008. Around 38 NECC staff members including doctors, nurses, paramedical and administrative staff have also attended 51 days of capacity building workshops organized by other parties such as the Ministry of Health, the HANAN Project in a variety of technical and administrative subjects related to our activities i.e Child Health, management of ARI and DD antenatal Care, postnatal care and Newborn Neonatal Resuscitation (Table 3). Training sessions were evaluated through pre and post tests which indicate remarkable progress in the level of knowledge of participants of training and were required to share the skills learned with their colleagues and also to apply the acquired skills in the field. Evaluation tools such as checklists confirm the improvement of performance as a result of the training received.

Table 3: Workshops organized by other parties and attended by the NECC staff

Date	Organizing body	Topic	Number of days	NECC participants
January 1 st 2008	Hanan Project	Child health management of ARI & DD	4	2
January 14 th 2008	Hanan Project	Child Health –Nutrition and growth Monitoring	4	2
January 20 th 2008	Hanan Project	Antenatal Care	4	2
February 2 nd 2008	Hanan Project	Antenatal Care	4	2
February 16 th 2008	Hanan Project	Postnatal care	3	2
March 1 st 2008	Hanan Project	Postnatal Care	3	2
February 19 th 2008	Hanan Project	Newborn	2	2
March 3 rd 2008	Hanan Project	Newborn	2	2
March 23 rd 2008	Hanan Project	Antenatal Care	4	2
April 29th	Hanan Project	Closing down Hanan	1	3

2008		Project		
March 30 th 2008	Hanan Project	PNC	3	2
April 2 nd 2008	Hanan Project	Newborn –NR	2	2
February 10 th 2008	Hanan Project	Communication and counselling skills training	3	3
March 26 th 2008	MoH	Avian Flu	2	1
June 2 nd 2008	MoH	Mother and Child Health record	1	1
June 9 th 2008	MoH	Mother and Child health record	1	1
January 27 th 2008	MoH	Growth monitoring chart and MCH handbook	4	1
February 6 th 2008	Ahli Arab Hospital;	Surgical Pre -operative preparation	1	2
February 27 th 2008	Ahli Arab Hospital;	Hematuria causes and management	1	2
February 7 th 2008	Ard El Insan society	Psychological problems in primary health care	1	1
March 18 th 2008	PRC& MoH	Medical ethics	1	1
Total			51	38

c. Training on monitoring and evaluation

Anticipated:

NECC with the help of consultants will develop pilot performance success indicators. Staff orientation and consensus building workshops will be carried out to support the NECC staff ownership and commitment to these newly proposed indicators. To support the process of monitoring of these indicators, six workshops will be conducted, three at the clinic level to support data collection and three to support data storing, analysis, reporting and using findings in decision making.

Achieved in this reporting period:

Building on the previous work done in the previous years, on-the-job training sessions were provided to the NECC staff on monitoring and evaluation by a consultant who previously developed the pilot indicators (the pilot indicators address antenatal care, postnatal care, growth monitoring, client satisfaction and counselling). Using the logical framework of this project, more indicators were extracted and now are regularly monitored by the NECC staff and the program management. Training provided in this reporting period had focused on using the logical framework as a tool for monitoring, using data analysis software such as the SPSS, data entry, data storing, analysis and reporting. Data collection tools were developed and staff received training on using them both formal training and on the job training.

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



Al-Shijai'a Clinic database for nutrition project, July 2008



Darraj Clinic, computerization of medical records, October 2008

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

So far, data pertaining to the nutrition program, antenatal care, family planning, post natal care, home visits, well and sick baby clinics are currently in use. Although it took longer than what was anticipated, our staff are regularly using the computer for processing data and for taking decision as needed particularly in the activities pertaining to the emergency nutrition project. In the last year, two sessions were organized to discuss the reports generated by the data base in the presence of the NECC Medical Committee. However, with the demolition of Shijai'a Clinic associated with losing most of the medical records there, the NECC management are stressing more and more in computerizing all the data pertaining to health program. The plan is to computerize all the data pertaining to the health program activities retroactively since 2007. With the presence of backup of data, we succeeded to restore work normally in the nutrition project.

d. Training on growth monitoring

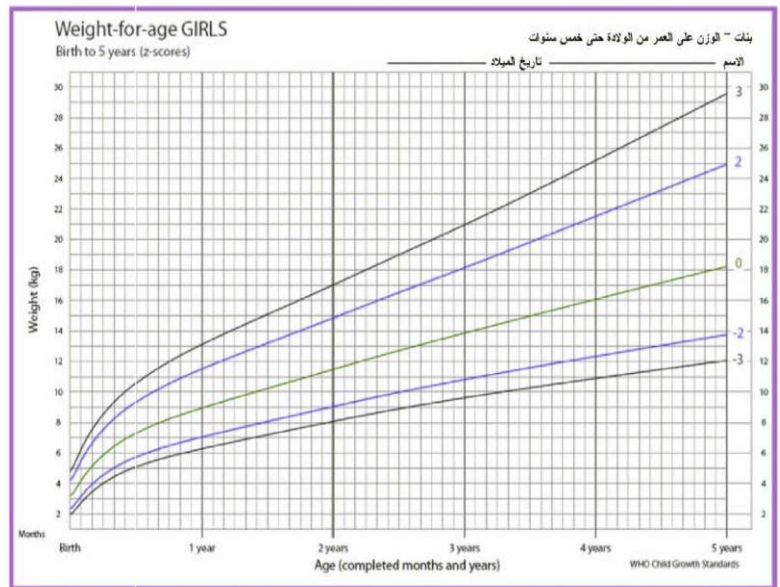
Anticipated:

Training on growth monitoring involves orientation of the NECC health personnel on the newly adopted standardized growth-monitoring chart which covers the age group 0-5 years (the currently used chart covers 0-2 years). Training involves providing orientation about the newly adopted chart, how to plot it focusing not only on the process and procedure of using it but also on how to use it for diagnosis and

intervention. To standardize the training process, two workshops will be carried out which include all the concerned staff followed by in the field training (inside the clinic), follow up and supervision.

Achieved in this reporting period:

This target has been fully achieved since 2007. The new growth chart which covers the age group 0-5 is currently in use. Refresher training courses are provided on growth monitoring (see the table above) and regular follow up is provided. The NECC represents a model for providing growth monitoring according to the international standard and other local organizations currently adopt the NECC approach for this particular service. As aforementioned in the table above, extra training sessions were provided in growth assessments and this process is



now computerized in the NECC clinics. To respond to the current trend of using the WHO Z score curves as the MOH recommends, NECC started piloting the use of the new curves which facilitates the identification of cases and moving the growth monitoring to growth promotion. This year, NECC printed 3000 copies of the each of the eight new growth monitoring curves (four for boys and four for girls).

Activity 2. Mother and Child Health service provision:

Anticipated:

There are two family health care centres in Shij'ia and Darraj areas, each of them potentially serving a poor community of about 70,000 people where existing provision of medical services are at low level. The third centre is located in Rafah in Kherbet El Adas rural area, serving a population of about 10,000 people where provision of medical services is non-existent.

Achieved in this reporting period:

Until the demolition of Al-Shijai'a Clinic, the three family health care centres operated intensively during this reporting period to provide medical and awareness services with emphasis is placed on the preventive sector meanwhile meeting the curative aspect as well. Although the security situation had dramatically deteriorated during this reporting period, NECC continued the provision of health services even in more intensive way. It was noticed that an increased numbers of patients/clients requested treatment at the centres. This increase could be explained by the positive perceptions from the clients' side about the quality of services and also the availability of free services and availability of medicines without interruptions. Additionally,

among the contributing factors the noticeable shortage of medicines at governmental health institutions noticed this year and the harsh economic conditions of beneficiaries. Moreover, the political and security situation affected the abilities of other health providers to provide their routine services and this led to client's shift to the NECC clinics. Another contributing factor was the newly established NECC policy of increasing the number of patients seen by a doctor each day from 40 patients to 50 patients which has been implemented since August 2007.

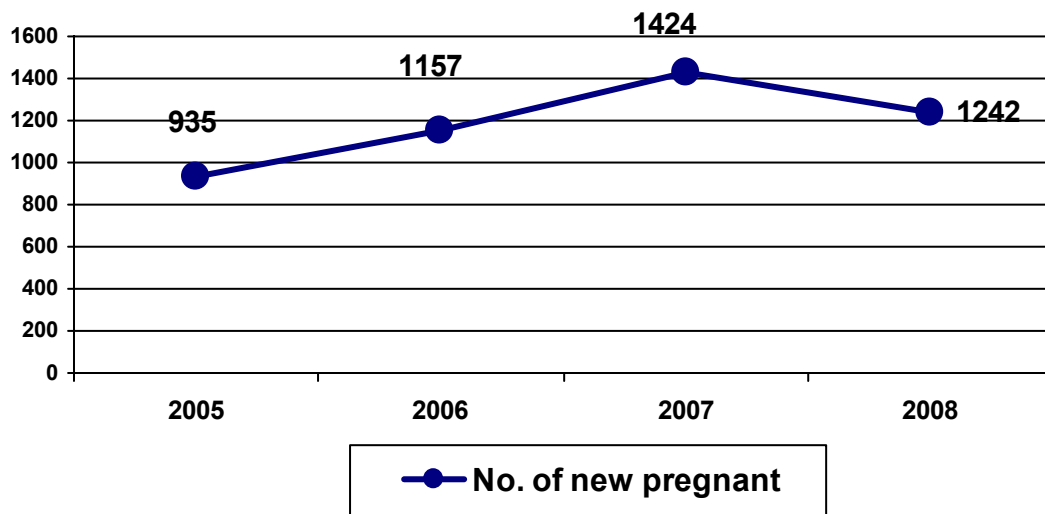
However, although the economic and health status in Gaza declined in general, no maternal mortality cases have been reported among the registered pregnant women at NECC family health care centres due to increasing mother's awareness about the follow up of antenatal visits, the provision of good quality services to pregnant women and early detection of serious signs with prompt referral when needed.



Care of women during antenatal period, NECC clinics November 2008

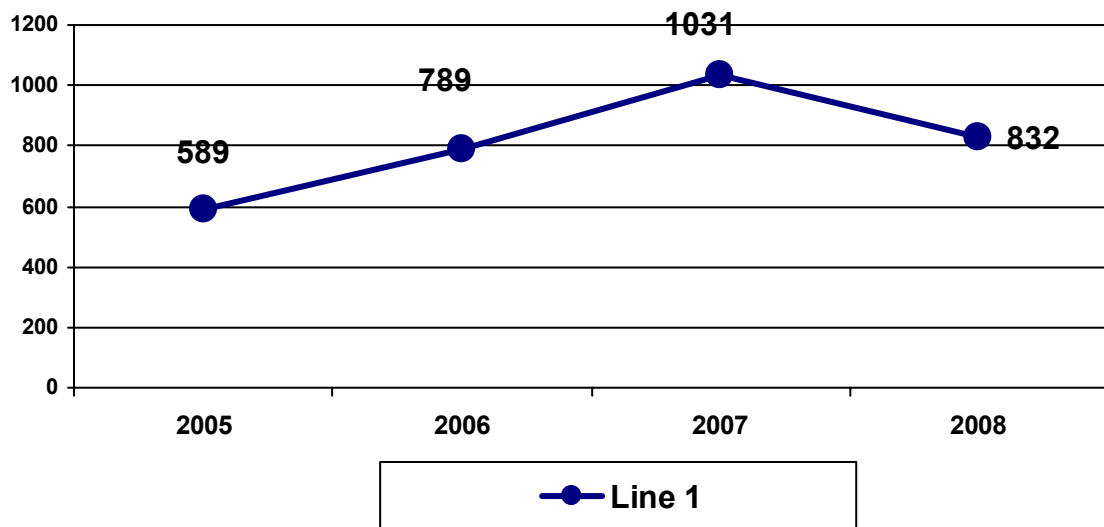
As indicated in figure 1, the number of newly registered pregnant women for this reporting period was higher than what is anticipated 1242-achieved 124% (1000 anticipated in one year) with an increase distributed as follows; Shijai'a, 667; Darraj, 460 and Rafah 115. This increase reflects a positive signal and indicates an increased awareness about the antenatal care, importance of early registration in the first month, high quality of services and the provision of free of charge services. With the support of the project, the number of antenatal care visits has increased from the baseline reading (2005) by 307 cases. During these antenatal care visits, quality antenatal care services were provided.

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



Additionally, the number of newly registered children in this reporting period has increased and reached 2277 in the different areas (Shija'ia 1068; Darraj, 909; Rafah 300) which also could reflect an increased demand for the services. Similarly, the number of newly registered families has reached 411 (Figure 2).

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



Regarding home visits, in this reporting period, the number of home visits carried out is 5236 visits targeting mothers, children and adults (4000 in one year). Additionally, as a part of the emergency nutrition program, the community workers visited 6648 households and carried out anthropometric assessments and haemoglobin screening to 7227 children in Shijai'a area. It is worth remembering that NECC is known as a unique provider in the Gaza Strip who regularly conducts home visits to its beneficiaries. As shown below, home visits are conducted for providing health education on health, hygiene and environmental health. Additionally, home visits are conducted to pregnant women at risk, defaulters and as routinely for the recently delivered women. Home visits also address children related issues such as growth monitoring, nutrition, breast feeding and so on.

It seems that Shijai'a teams performed more visits than others and this corresponds with the number of beneficiaries in this area. However, developing more clear targeting approach for the home visits to beneficiaries is important. For example, increase the coverage of the post natal care services, visiting defaulters of malnutrition and anaemia and so on.

Table 4: Distribution of home visits by target population and centre

Type of home visit	Shija'ia	Darraj	Rafah	Total	Notes
Child health Home visits	700	720	385	1805	
Post natal care home visits	547	413	76	1036	
Antenatal care home visits	342	249	141	732	
Adults/others	112	107	71	290	
Community workers home visits	-	1373	-	1373	Community workers were trained in Darraj Clinic this year
Total Number of visits	1701	2862	673	5236	

b. Well baby Clinic:

Anticipated:

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

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

Health education about breastfeeding, nutrition, hygiene and food demonstration is conducted for all mothers who attend the family health care centres. A screening programme for children aged from 6 months to 3 years is conducted in health centres to follow up anaemic children. CBC and stool analysis is done through this programme

Achieved in this reporting period:

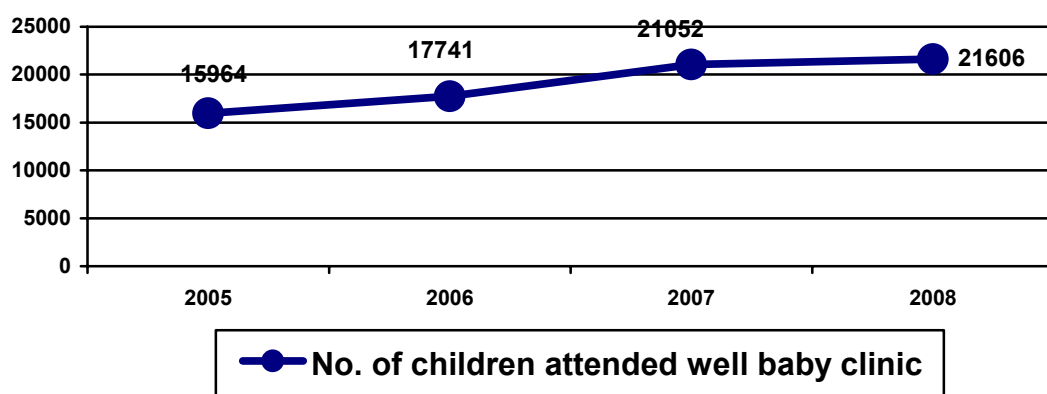
The number of children attending the well-baby clinic days has increased and reached 21606 cases-(target in one year is 14500) distributed among clinics as follows; Shija'ia 8682; Darraj 9836 and Rafah 3088 (Figure 3). The target has been achieved by around 140%; annual figure jumped from 15964 in 2005 to 21606 in 2008 with an increase of 5642 well baby visit. This improvement is possibly due to an increased mothers' awareness about the importance of these visits and the follow-up conducted by our staff.



Well baby care, NECC Clinics March 2008

The well baby program includes the identification and treatment of anaemic cases by providing them with the necessary supplementation of iron/folate and suitable treatment according to the underlying causes. In addition, all lactating mothers who have anaemic children must be checked for anaemia, and iron supplementation is provided accordingly. It is worth pointing that recently in Shijai'a Clinic, the anaemic and malnourished children identified at the well baby visits are referred to the nutrition program and enrolled in the management regime there. The introduction of such program has reduced the number of well baby visits in Shijai'a as the anaemic and malnourished children receive their follow up and management at the nutrition program implemented within the clinic.

Figure 3: Yearly distribution of children attended the well baby clinic (number)



c. Antenatal and post natal care

Anticipated:

Pregnant women start visiting the antenatal clinic centres after pregnancy is confirmed. According to the standard of antenatal care from WHO followed by NECC-CRW, pregnant women are expected to visit every 4 weeks until 28 weeks of

gestation, and then every 2 weeks until 36 weeks, after which weekly visits are recommended until delivery.

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

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

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

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

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

If a significant risk factor is detected at the first visit or at subsequent visits, referral is made to the high-risk clinic of the Ministry of Health where diagnosis, treatment and follow up are performed. The staff carries out health education, especially nutritional education, for pregnant women attending the Family Health Care Centre. It is widely recognized that pregnant women whose diets are nutritionally adequate during pregnancy have a good chance of giving birth to healthy babies with normal birth weight.

All women who follow antenatal care in family health care centres during pregnancy will be seen/visited twice at home after delivery by NECC staff, the first visit within 72 hours after delivery and the second session during the 40 days after delivery.

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

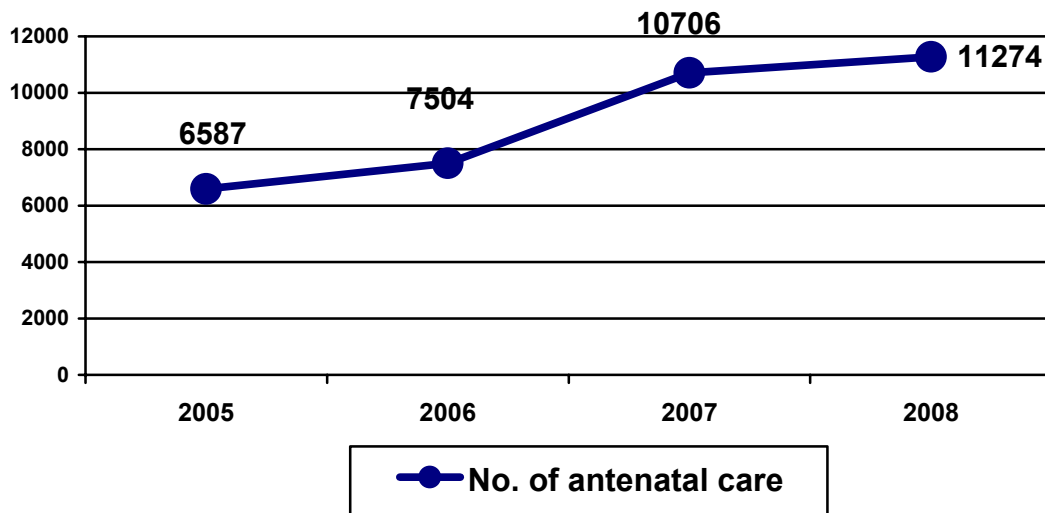
Achieved in this reporting period:

The number of antenatal care visits at all the centres is 11274 distributed as; Shijai'a 6126; Darraj 4201 and Rafah 947. In comparison to the baseline reading in 2005, the number of antenatal care visits almost doubled (from 6587 in 2005 to 11274 in 2008). This increase is attributed to the increase in the number of newly registered women and also to increasing compliance with the follow up program as recommended by the protocols.

NECC staff adhere to the approved MOH antenatal care protocol in providing the antenatal care services and clients receive timely high quality ANC services. For example, in this reporting period 2698 ultrasound scanning were performed to

pregnant women. Interestingly, the number of cases diagnosed as high risky pregnant group has decreased from 117 in 2007 to 108 in 2008, which reflects improvement of health status of pregnant women possibly as a result of increased awareness and appropriate practices.

Figure 4: Yearly distribution of antenatal care visits



Regarding the post natal visits, the number of women who received first visit within 6 days is 684 and another second visits within 40 days was 756 (The target of reaching 560 women at the post natal period per year has been far met). The number of deliveries reported in our catchments areas during this reporting period is 959 deliveries. Still, NECC is unique in providing postnatal care services according to the international standards and may be the only provider who regularly conducts post natal home visits in Gaza. Typically, in each post natal care visit, the nurse/midwife examines the mother and her baby and gives her the needed advice about her and her baby health such as breast feeding, hygiene, vaccination, nutrition, family planning and so on.

It is worth mentioning that our organization not only succeeded in reaching the required number of beneficiaries but also made progress in improving the quality of services. For example, the percentage of clients who received timely antenatal care and timely post natal care according to the international standards has increased (Receiving standardized antenatal services 98.4%; receiving standardized postnatal services 71%). Similarly, clients' satisfaction with the services is very high and almost absolute.

It is worth mentioning that some of the data pertaining to December 2008 in Shijai'a clinic were lost as a result of demolition of the clinic on the last war on Gaza; therefore not included in the reported statistics.

d. All basic laboratory tests including malnutrition and anaemia:

Anticipated:

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

- (i) Haematological 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.

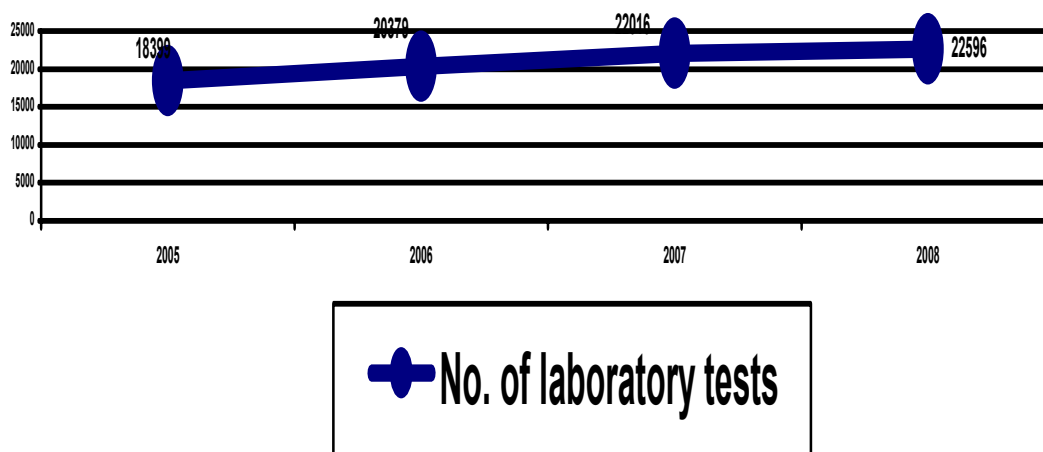


Laboratory services, NECC clinics, April 2008

Achieved in this reporting period:

As shown in Figure 5: Laboratory tests conducted in the year 2008 have reached 22596 distributed as Shija'ia 10660; Darraj 9567 and Rafah 3268 (The anticipated target for one year is 22500.) 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 although NECC faced a problem in shortage of the control reagents for laboratory services. Moreover, since June 2008 and till the end of this reporting period an additional 9758 tests were performed (Haemoglobin tests) within the emergency nutrition project.

Figure 5: Yearly distribution of laboratory tests



e. Provision of Nutritional supplements

Anticipated:

NECC will provide iron supplementation to the served anaemic children up to six years old according to the standardized MOH protocols. NECC performs routine screening for the children's haemoglobin level and acts accordingly through the well baby visits program. According to the MOH protocols, children with a haemoglobin level less than 11gm\dl are provided with iron supplementation for at least three months. After that they are subject to further assessment. According to research studies, around 50% of children less than six years in the Gaza Strip are anaemic.

Achieved in the reporting period:

During this reporting period, our organization continued its screening and supplementation program. This reporting period, 2402 supplementation doses of iron were distributed to anaemic children at our three centres. In average 250 cases of children received iron supplementations from the NECC centres (except in Shijai'a) and this meet the intended target. Additionally, 2925 children were identified as anaemic and 691 children identified as malnourished were receiving iron supplementation and enriched formula within the emergency nutrition project implemented in Shijai'a area. The programme of treatment of anaemia consists of providing iron supplementation up to three months followed by an additional three months as prophylactic doses. Enriched formula is provided up to 4 months. However, it is worth nothing that the approach used by the emergency nutrition program is currently utilized at all our clinics since June 2008.

Number of clients examined by physician

Anticipated:

23,000 people are examined by doctor each year distributed as; children 12,700, pregnant women 3,200, other adults 7,100.

Achieved in the reporting period:

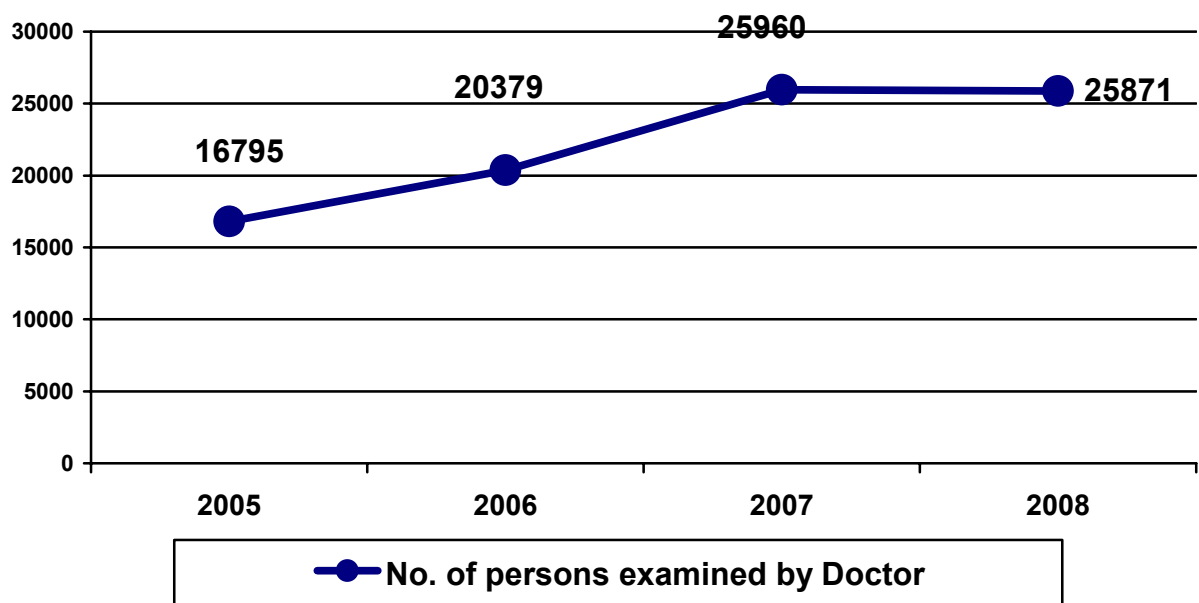
The number of clients examined by doctors has been increased and reached 25871 (target in one year is 23000) as detailed in table 5. As shown in the figure 6, the number of clients seen by physicians is steadily increasing which indicates on one hand increasing demand for services and on the other hand acceptance of the services by clients. Although the number of clients has increased, the quality of services had been maintained. To cope with the deterioration of the political and economical situation, in June 2006, NECC decided to provide its mother child health services freely to the population. In Rafah, where the population are more economically vulnerable, all the services are provided freely. In comparison with 2005 data, the number of clients seen by physician increased by 9076. As shown in the table, children represented the major bulk of clients examined by the doctor and clients' numbers were the highest in Shijai'a clinic.

Table 5: Distribution of clients examined by doctors by category and centre

Category /location	Shija'ia	Darraj	Rafah	Total
Children	6706	6581	2817	16104
Adults	1880	1567	2509	5956
Pregnant women	2040	1420	351	3811
Total Number of clients	10626	9568	5677	25871

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

Figure 6: Yearly No. of persons examined by Doctor



f. Family Planning services:

Anticipated:

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

Achieved in the reporting period:

The number of women who received family planning services in this reporting period had reached 2522 (target 2500 per year) distributed as; Shija'ia 1192; Darraj, 1330. The increase which took place in the last reporting year 2007 (2619), have been maintained even increased and we believe that this increase is possibly due to increased awareness of the communities and the women in particular about the benefits of family planning programme and the lack of resources at other health facilities. As with other services, with the closures and the current political situation, health facilities are facing extreme difficulties in maintaining effective accessibility of services to their clients; therefore; an increasing number of family planning recipients are now attending our clinics. MOH provides our centres with the contraceptive devices.

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

g. Pharmacy services

Anticipated:

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

Achieved in this reporting period:

Despite the closure imposed on the Gaza Strip, the NECC succeeded in securing the availability of the required medicines throughout this reporting period by having in stocks of all medicines being used in each centre which was reflected positively on the health of the clients. NECC never faced any drug shortage; all the commodity

management practices stages are going extremely well. As revealed by the satisfaction assessments conducted routinely, the patients were very satisfied with the services and the availability of medicines at the dispensary especially that other health facilities encountered shortages in great number of medicines most of the time of the year due to the siege and embargo imposed by the International Community aftermath of the elections.



Securing needed medications, NECC clinics, September 2008

Now the pharmacy services have been computerized to increase the efficiency, effectiveness and the monitoring of commodity management process. It is worth pointing that the commodity management assessment done by the Hanan Project, indicated that commodity management at NECC represents a model that other organizations could benchmark it.

h. Dental health services:

Anticipated:

A mobile dental unit is provided at the family health centres in Darraj and Shijai'a two days a week, and two days a week in Rafah-Kherbet El Adas. Besides dental services, the dentist also provides screening for all pregnant women who follow antenatal care and children from 2.5 to 6 years in well baby clinics.

Achieved in this reporting period:

The mobile clinic continued to serve both communities in Shija'ia and Darraj, and trainees of our vocational training centres. In Rafah, through a standard unit, the services are provided two days a week.

The number of patients examined/screened by dentists had reached (6647) distributed as Shijai'a 2654; Darraj 2548 and Rafah 1445. The availability of a dentist and the provision of free dental services due to the harsh economic situation prevailed especially when the boycott was imposed on PNA, has affected the number of clients who received dental services. Unlike last year, due to lack of fuel, NECC wasn't able

to carry out outreach dental health activities (such as community based organizations) as in the year 2007.

The most frequently performed dental procedure was filling (1410 cases).



Dental health services provided to clients at NECC clinics June 2008

Activity 3. Preventative health measures and awareness raising of local communities:

a. Awareness raising sessions

Anticipated:

NECC staff will conduct health education sessions for women attending family health care centres in the following topics:

- 1 Breast feeding
- 2 Importance of attending ANC and the contents of ANC visits
- 3 Family planning methods
- 4 Psychological issues such as trauma, family issues, violence, bed-wetting and post partum depression
- 5 Oral health educations
- 6 Protection of environment
- 7 First Aid
- 8 Women empowerment
- 9 Self breast examination
- 10 Menopause
- 11 Nutritional Education

Achieved in this reporting period:

As detailed in table 6, our staff continued to intensify their efforts in health education and increasing awareness of the concerned population in topics related to hygiene, breast feeding, environment etc. The total number of health education sessions provided to all categories was 613 sessions for 19120 participants. The NECC staff far went beyond the pre-established target results of providing health education to 3000 clients. Sessions were provided at the health centres and occasionally in local community based organizations. Participants included pregnant women, women, new pregnant women, grand mothers and influential family members.

Table 6: Distribution of health education sessions by topics and number of participants

Area of health education	Focus	Number of sessions	Number of participants	Location 6
Care during Pregnancy	Nutrition, routine care, psychological care during pregnancy, breast feeding, family planning	246	7267	Shija'ia, 95 sessions with 3324 Darraj, 136 sessions with 3766 participants Rafah, 15 sessions with 177 participants
Well baby care	Growth monitoring, breast feeding, vaccination, baby safety	206	6739	Shija'ia, 89 sessions with 3204 participants Darraj, 99 sessions with 3190 participants Rafah, 18 sessions with 345 participants
Nutrition for children	Food demonstration	174	4941	Shija'ia, 89 sessions with 2205 participants Darraj, 85 sessions with 2736 participants
Special days (Mothers' day, International Women's Day)	Women health and women empowerment,	5	173	Shija'ia, 2 sessions with 88 participants Darraj one session with 30 participants Rafah 2 sessions with 55 participants
Total		631	19120	

The most frequently implemented sessions were directed to pregnant women, followed by children and nutritional issues. Shijai'a Centre elicited the highest number in terms of conducting health education sessions. However, an additional number of beneficiaries received health education sessions through the emergency nutrition project (12091 persons). Our reports indicate that the number of children presenting to our health centers with diseases related to hygiene such as diarrhea and skin diseases is decreasing as a result of the adoption of appropriate practices.

b. Afternoon activities

Anticipated:

Afternoon activities coupled with health education are also provided to women by NECC. NECC family centres act as social clubs where mothers from the served areas come to the centre in two specified days per week for approximately 3 hrs per each day at their convenience. No formal invitations are sent but generally mothers are familiar with the services provided within this evening program. The NECC encourages women to meet, talk, learn, develop fine arts and establish small income generation businesses such as sewing and socialize in such meetings. Health education activities as well as other social activities are provided at the meeting. As

mentioned earlier, NECC health centres are open and provide such services twice a week regularly (around 100 meetings per year). Usually, 10-20 women attend each meeting and the number usually increases in summer.

Achieved during reporting period:

In this reporting period, 108 community afternoon sessions were held with 1023 women attended and participated in the afternoon activities directed towards women empowerment and equally distributed between Darraj (670 participants) and Shija'ia (353 participants) (we don't have this activity in Rafah). In average, around 10 women participated in each session. The topics of women empowerment include, women rights, sharing in the family decision making, gender and training of skills in sewing, knitting handcrafts, hair dressing and so on which could help a number of them to produce articles for sale to generate income. Unfortunately, due to the local difficult circumstances, and lack of transportation, this activity has been suspended during the first half of this reporting period.

Activity 4. Monitoring and community involvement:

Anticipated:

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

- a. Data collection of key indicators of service quantity and quality and community welfare through improved use of computerised data analysis at each clinic
- b. Collection of baseline data for analysis of project objectives and results through monitoring and evaluation
- c. Development of indicators to measure socio-economic conditions of clients
- d. Provision of data to other NGO and governmental health organizations
- e. Regular community meetings to assess provision and needs.

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

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

approval/support is essential before introducing any new services as discussed in the community meetings.

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

Achieved in this reporting period:

Seven meetings were conducted in the family health care centres with the local community leaders and head of the families in the Shijai'a area. Additionally, the health coordinator had visited all the heads of families (Mukhtars-Heads of Clans) and local leaders in Shijai'a area to introduce the campaign to prevent and reduce the prevalence of anaemia and malnutrition amongst children (12 ones).

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. 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.

Interestingly, the population of Shijai'a area showed great sympathy with our organization when Shijai'a clinic has been destroyed and strongly requested establishing a new centre in the same area. People offered their houses to be potential clinic freely. This reflects excellent relationship between the NECC and the population it serves.

Activity 5. Programme management:

- b. Establish and implement communication, reporting and management systems between the EU based NGO consortium, NECC, the clinics and the communities*

Anticipated:

An MOU setting out dates for transfers of funds, project roles and reporting requirements will be signed by the consortium members and NECC as soon as the grant contract with the EU is signed. The systems in place will involve regular ongoing communication between NECC, Christian Aid and the other consortium members.

Achieved in this reporting period:

As agreed in the MOU, the systems of communication, reporting and contract management is going in a smooth way.

b. Development of agreements with Ministry of Health on role and future of clinics

Anticipated:

NECC and Christian Aid will seek to develop further the links with the Ministry of Health and formalize these through Memoranda of Understanding. These MOUs will be discussed also with the EU.

Achieved in this reporting period:

The MOU with the Ministry of Health hasn't been signed despite the NECC and the CA consultant efforts in this regard. As mentioned in previous reports, the Ministry of Health in Palestine doesn't only provide health services but also leads and coordinates the provision of health services to the Palestinian population. Cooperation and coordination with the Ministry of Health is going extremely well. NECC is in constant contact with the Ministry of Health in order to ensure that the various activities are still required in the present localities and to benefit from any capacity activities the MOH organizes. Also, participants from the NECC have attended training courses that were organized by the MOH. Moreover, as with other health providers, MOH provides the licence to operate for each of our centre. Additionally, NECC follows the technical instructions and the technical protocols endorsed by the MOH. NECC participates in all the relevant activities organized by the MOH.

Regarding signing an MOU with the MOH, it is not yet part of the local system as the license constitutes the formal aspect of the relationships between MOH and NGOs. Still we feel that the MOH system it not ready for that as this has legal dimensions that require consensus and approvals from different levels. We feel that we can't impose that on the MOH as it is not a legal aspect of system and we don't have the authority to do that. However, we were and still ready to sign MOU with the MOH when they are willing and ready. The CA representative for the project in Gaza tried to achieve this issue but unfortunately it didn't work.

After the demolition of our clinic in Shijai'a during the last war in Gaza, our team visited the MOH to discuss the necessity of having a NECC managed clinic and they requested that NECC continues working in the area as it provides a needed and vital services.

c. Monitoring and implementation visits by the NGO consortium to Gaza

Anticipated:

Regular visits will take place both by programme staff of the consortium members and the Christian Aid Programme Funding Officer so as to monitor implementation of the project, provide project inputs and direction where required, and ensure contract compliance.

Achieved in this reporting period:

Since the beginning of the project, access to Gaza has been severely restricted by the security situation, which has been recently intensified and has negatively affected the ability of expatriates to visit Gaza as planned. CA expatriate teams managed to visit Gaza in summer 2008 and carried out field visits as well as they met the NECC senior management and the Medical Committee. To cope with this situation, the use of other

communication channels has been intensified. The CA representative for the project in Gaza visited the implementation sites as she wanted.

d. Recruitment of retained consultant by Christian Aid

Anticipated:

A consultant based in Gaza with expertise in Maternal Health will be recruited by Christian Aid and contracted for periods throughout the project in order to ensure effective on the ground input to the project by Christian Aid and ensure best practice according to international standards.

Achieved in this reporting period:

A CA representative for the project in Gaza has been hired and NECC collaborated with her as needed. CA representative has carried out a final evaluation for the project and yet, its results haven't been disseminated.

RESULTS FROM LOGFRAME

The provided figures reflect the reporting period from January 1st through December 31st, 2008.

Result 1. Increased usage of antenatal, postnatal health care and other Mother and Child primary care services

Indicator 1

Anticipated: At least 90% of registered mothers (more than 1,000 women per year) of infants <2 months old receiving at least four antenatal care visits as defined by the MOH/WHO standards. Antenatal care visits are those visits made by pregnant women to receive a set of internationally recognized interventions including assessment of the health of the mother (and foetus where possible), progress of the pregnancy, nutrition assessment and provision of iron-folate supplements as appropriate, provision of tetanus toxoid (provided gratis by the MoH) immunization as appropriate, and counseling. A standard checklist will be compiled based on the internationally recognized standards.

Achieved: 98.4 % of registered mothers received at least four antenatal visits (944 out of 959 delivered women received 4 or more ANC sessions). This figure doesn't include those who are still pregnant although received 4 or more visits.

Difference and reason for difference: Target achieved.

Indicator 2

Anticipated: At least 50% of mothers (more than 560 women each year) registered at the NECC facilities of infants <2 months of age receive postpartum care from a skilled health provider at least twice, once within 6 days after delivery and once within 40 days of delivery.

Achieved: 72% (648 out of 959) of mothers registered at the NECC were visited twice; once within 6 days after delivery and once within 40 days (first visit 334 second visit 393 out of 490 delivered women) distributed as Shijai'a 60% (307 out of 511-data of December were lost as result of clinic demolition); 75% in Darraj family health care (284 out of 387), in Rafah 81% (57 out of 70)

Difference and reason for difference: target achieved.

Indicator 3

Anticipated: At least 90% of registered children (more than 14,500 children per year) aged less than 6 years receive the required well baby visits according to the NECC well-baby schedule

Achieved: 21606 attended the well baby clinic according to the NECC schedule

Difference and reason for difference: target achieved

Indicator 4

Anticipated: 23,000 Families and 65,000 Children registered by year 3:

- El Darraj 11955 families, 31390 children
- Shijai'a 11194 families, 34861 children
- Kherbat Al Adas 1479 families, 2194 children

Achieved: families registered by this reporting period is 24628 and children registered 68445

Distribution of registered families and children by centre

Category	Shija'ia	Darraj	Rafah	Total	Target
Families	11194	11955	1479	24628	Already achieved
Children	34861	31390	2194	68445	Already achieved

Difference and reason for difference: Already achieved

Indicator 5

Anticipated: 23,000 people examined by doctor each year:

Total 23,000, of which children 12,700, pregnant women 3,200, other adults 7,100

Achieved: Total number examined by doctors is 25871 distributed as; 16104 children, 3811 pregnant women and 5956 adults.

Difference and reason for difference: Target achieved

Indicator 6

Anticipated: 4,000 home visits (yearly)

Achieved: 5236 home visits were conducted during this reporting period.

Difference and reason for difference: Target achieved

Indicator 7

Anticipated: 2,500 women attending family planning

Achieved: Number of women attending family planning in this reporting period is 2522

Difference and reason for difference: Target achieved

Result 2. Improved quality of care in PHC services in areas covered

Indicator 1

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

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

Difference and reason for difference: Achieved more than what is expected-specific figures were not proposed in the contract with the EU.

Indicator 2

Anticipated: Ability of staff to meet international standards of minimum provision in the services provided (analysis of other indicators)

Achieved: This composite indicator is assessed by measuring the compliance level with the technical protocols. Checklists readings indicate very high compliance with technical standards.

Difference and reason for difference: No specific figures were proposed as a target for this indicator.

Measures taken to address the difference: Checklists were developed and currently in use. Training were organized and implemented. Supervisory visits are regularly performed.

Result 3. Improved diagnosis and treatment of mother and child health conditions

Indicator 1

Anticipated: 22,500 laboratory tests per year

Achieved: 22596 tests were carried out in this reporting period.

Difference and reason for difference: Target met

Indicator 2

Anticipated: Accuracy of tests.

Achieved: Target achieved.

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:

Preventive maintenance done daily, weekly, and monthly as defined by the manufacturer according to the instruments catalogue. In addition by temperature of refrigerators are monitored and charted daily.

Maintenance: if the equipment is out of order maintenance personal are called and remedial actions are done.

Calibrations: calibrations and verification are done following manufacturer's instruments and using calibration materials.

Control of reagent: the lab. Staff prepare their list of needed reagent and supplies based on previous tests done and future plans.

It should be assured that the tests are performed on available and sufficient reagents and not outside expiration range when using a new reagent it is checked and controlled in compliance with the standards of the MoH.

Capacity building of the staff : continuous training according to the needs of laboratory to upgrade the skills of the lab. Technicians and upgrade their knowledge.

Dispose of laboratories wastages: waste is sent in special safety boxes to the Governments Hospital which has the proper facilities to dispose them

Result 4. Improved data and analysis shared with other health care providers

Indicator 1

Anticipated: Extension of data collection to include socio-economic status of clients in year 1, and analysis of data collection to enable pinpointing of most vulnerable amongst client base

Achieved:

Secondary data are collected routinely. Health indicators in the area are monitored. Data from the MOH, Palestinian Central Bureau of Statistics and other health programs are compared and monitored. The areas where we work are still considered as among the most vulnerable areas in Gaza. Vulnerability indicators that were developed during the last reporting period were computerized now within our data base. Upon completing the data entry of the family files of our clinics, we will be able to generate vulnerability estimation based on the socioeconomic status of clients.

For more details, as we mentioned previously, our family record/profile includes socioeconomic related data such as housing conditions, income, the availability of sewage system and so on. However; the plan is validate such data and systematically analyze it to ensure that we serve the most vulnerable populations in the area. It is worth pointing her that the data that could be extracted from the records pertains only to the beneficiaries who visit our centres. As mentioned below, a set of indicators were developed and finalized, against which socioeconomic status and the vulnerability of beneficiaries will be regularly assessed.

To assess the vulnerability of the population at the locations where we work, we rely mainly on secondary data (to avoid going through expensive and lengthily data collection procedures). Certain indicators have been developed and will be used in future. These indicators reflect socioeconomic as well as health related issues. The NECC will gather the data from the secondary sources such as MOH, UNRWA, WHO, World Bank, Palestinian Central Bureau of Statistics and other projects reports and will monitor the areas where it works. The collected data will be analyzed against certain indicators and will pinpoint to the vulnerable areas. A multi-stage comprehensive approach to assess vulnerability is currently under development which includes both quantitative and qualitative methods for assessing vulnerability.

Using this evidence based approach for identifying vulnerability we can achieve two goals; verify that the NECC works on vulnerable areas within the Gaza Strip and also to make sure that we serve vulnerable populations in areas where we work.

It is worth noting that, the evaluation exercise conducted in 2004 for the NECC program and the vulnerability assessment conducted by the Hanan Project in 2005 both indicate that our organization still works in highly vulnerable areas and it beneficiaries are among the poorest of the poor.

Difference and reason for difference: Target met

Indicator 2

Anticipated: Extension of data collection to link activities and financial inputs, quality or care related factors (e.g. beneficiary satisfaction, drop-out rates) and health practices of clients (e.g. related to breast-feeding, contraception etc)

Achieved: target achieved- number of beneficiaries is increasing; satisfaction level is increasing- antenatal and postnatal defaulters are brought back to the services.

For more clarification; as we reported earlier, aside from the general clients' satisfaction, data systematically collected, analyzed and reported about each specific aspect of services. This is being collected internally by the NECC routinely during the home visits. Findings are reported in reference to the set up indicators.

Defaulters are regularly monitored, visited, and brought back to the clinics to continue their services (For example, in Darraj Clinic, the team succeeded to bring back 70% of the defaulters). The number of defaulters in antenatal and post natal care is decreasing and our staff are almost always successful in bringing them back to the services.

Among the important quality indicators we have, is the compliance with protocols and technical instructions. We designed many indicators which supposed to reflect the quality of services such as the indicators about Antenatal care, Postnatal care, Well baby clinics and so on. Compliance with protocols is monitored by checklists, scorecard and also by the outputs/outcomes.

The number of beneficiaries who comply with the appropriate health practices is increasing and this is an objective sign for the improvement in health practices by beneficiaries. For example, the number of women who attend 4 or more visits is increasing and this is measured against the designed indicator. Similarly, receiving two post natal care sessions, visiting the well baby clinic according to the schedule and so on.

The clients' questionnaire we complete after conducting the home visits contains a specific section about health education and data about each aspect of health education topics is regularly collected. Beneficiaries perceived the information they received as very useful in the different aspects of health educations including breast feeding and family planning. Additionally, field observations as reported by our staff indicate that beneficiaries adopt health practices and they implement them. Although this hasn't been assessed in a specific study or through a separate exercise, it is obvious during counselling and home visits that beneficiaries' healthy practices are improving and also this has reflected in their compliance with the technical instructions and the appropriate health seeking behaviors.

Indicator 3

Anticipated: 'Benchmarks' for service quality developed in year 1 and maintained throughout

Achieved: Quality indicators pertaining to the technical and management aspects of the work were developed and data are collected routinely and analysed. Compliance with technical protocols is increasing and clients' satisfaction is increasing.

Additionally, the number of beneficiaries is increasing which indicates that the services are positively perceived by the clients.

Indicator 4

Anticipated: Cooperation on use of statistics established with Ministry of Health, UNRWA and other health service providers

Achieved: Certain data from the NECC clinics is monthly provided to the MOH according to agreed formats (specific forms for family planning services and infectious diseases). Health statistics on specific topics from the MOH, UNRWA and other providers are discussed in PNGO (non governmental organizations network) health coordination meetings. Data available are discussed and used and appropriate interventions are developed.

Difference and reason for difference **Target achieved**

Result 5. PHC staff use improved skills in health service provision

Indicator 1

Anticipated: At least 50 women from graduates are using their training in the communities in the year following graduation

Achieved: 27 out of 102 are now serving their communities.

Difference and reason for difference: 23 women

Measures taken to address the difference: Our teams, had focused more on the follow up in order to maintain contacts with the graduates. The figure for the last two years was zero. However, still the difficult socioeconomic situation and the increased poverty and unemployment and the closure of community organizations affected the utilization of community workers. Our staff will continue to utilize the community workers at its premises as well as at other community based organizations.

Indicator 2

Anticipated: Each year, at least 5 days training provided for the following groups of medical staff: 3 General Practitioners; 1 Gynaecologists; 4 Midwives; 7 Nurses; 3 Laboratory technicians; 1 Dentist; 1 Pharmacist; 3 Assistant Pharmacists; 1 Health Educator; 2 Social Workers; 3 Clerks/ data processing. In addition we will also invite a number of various medical staff (about twelve) from other local NGOs and Ministry of Health.

Achieved: 8 days training were provided for these groups in this reporting period.

Difference and reason for difference :Target achieved

Indicator 3

Anticipated: Post-training evaluation confirms that skills acquired are being used in work by all trainees

Achieved: Achieved and validated by the checklists and scorecard results. Also, field observation reveals that the staff utilize the skills in their routine daily work. Skills gained at training sessions are shared with colleagues.

Difference and reason for difference: Target achieved

Result 6. Women from communities qualified to act as community workers

Indicator 1

Anticipated: 40 local women per year graduate following six-month intensive course for community workers

Achieved: 46 were trained in this reporting year

Difference and reason for difference : Target achieved .

Indicator 2

Anticipated: Post-training evaluation confirms that skills acquired are being used in work by all trainees

Achieved: new policies were established and implemented. Impact of training is noticeable on performance and recovery rates are significantly improving. Supervisory checklists and data based are helpful in ascertaining the implementation of training.

Result 7. Communities adopt improved health and related behaviors

Indicator 1

Anticipated: 3,000 women participating in awareness raising activities

Achieved: 19,120 women participated in awareness raising activities

Difference and reason for difference: Target achieved

Indicator 2

Anticipated: Follow up evaluation shows understanding and adoption of key health practices in areas including nutrition, hygiene etc.

Achieved: Assessments per say haven't been carried out yet. However, clinic statistics, field observations and home visits reveal that participants adopt healthy practices.

Difference and reason for difference:

Measures taken to address the difference: In future, NECC need to develop tools for assessing the impact of health education such as pre and post tests.

Key achievements in the reporting period

- 1) Despite the very difficult political situation, we maintained the provision of health services to the needy population as planned. Unfortunately, with the destruction of Shijai'a Clinic which took place recently, Al-Shijai'a population served by the clinic are now deprived from receiving health services.
- 2) NECC clinics remained opened and accessible to population and staff were able to come to work as usual although there were some delays due to lack of public transportation. The only exception was during the last war which started on December 27th 2008 where one of our clinics has been totally demolished and we suspended the services in the other two clinics.
- 3) Our staff made significant progress in meeting the designated targets and produced the intended results. Most targets related to the number of beneficiaries were achieved. For example; targets related to the number of family planning beneficiaries, antenatal care, post natal care, dental care, clients examined by doctor, number of registered families and children, well baby clinic visits all were totally achieved. In fact, most targeted results were not only achieved but also far exceeded.

- 4) As a reflective organization, we learned the lessons from the last two years and utilized effective strategies that fulfilled the gaps revealed previously in relation to certain indicators. Subsequently, the few targets that were not achieved in the previous two years were achieved such as number of home visits and number of laboratory tests.
- 5) Some indicators that are supposed to be achieved by the end of the project were achieved earlier such as number of registered families and number of registered children.
- 6) With the support provided through this project, NECC succeeded not only in reaching the number of beneficiaries but also in providing high quality services to the concerned population. The indicators reflecting the quality of services were all improved and quality efforts were institutionalized. Our staff adherence to protocols and technical instructions has been increased and resulted in health providers' compliance with protocols as manifested in the supervisory checklists results and the increasing number of beneficiaries who received services according to protocols. Staff adherence to technical protocols in mother and child health services, nutrition, infection prevention and control is significantly increasing.
- 7) Systems for monitoring and improving the quality of services and for making work operations more efficient and effective are in place and most of them were already institutionalized.
- 8) NECC finalized the development and the installation of data base and a computerized management information system. NECC staff received training on the developed data base and data entry of the active files already started. Activities pertaining to the nutrition services are all computerized. Others services are now being computerized as well.
- 9) Activities related to capacity building of the NECC staff in technical, managerial and monitoring aspects were very dense and contributed in achieving the intended results.
- 10) Although most other organizations suffered from shortage of drugs and disposables, NECC maintained appropriate commodity management and regular drug supply without any shortage.
- 11) NECC health services are provided to vulnerable populations through a client-centred approach. The provided services are appropriate-according to standards (quality of facts) and positively perceived by clients (quality in perception). Client satisfaction assessment results indicate that the beneficiaries positively perceive the provided health services.
- 12) To respond to the emergency situation, with a generous support from DanChurchAid, NECC started implementing an emergency nutrition program, aiming at decreasing the prevalence of anaemia and malnutrition among an estimated number of 15000 children in Shijai'a area. The program is being implemented as a part of Shijai'a Clinic through a special team hired for this purpose and the achievements made by the project are contributed to the backup support and the services provided there. However, the targets achieved within the nutrition project were not calculated within the reported achievements in this report.

Main Constraints Faced in the Reporting Period

- 1) The unstable political conditions in Gaza, represented the major obstacle during this reporting period. The last war on Gaza in December 2008, led to total destruction of the NECC clinic in Shijai'a. NECC now is active in trying to find an alternative clinic and based on the requests from the local community and the MOH.
- 2) Due to the political situation, many of the health providers operating in Gaza are experiencing increasing tremendous financial and managerial problems. This hinders their ability to provide health services and clients shifting away from those organizations had increased. This added an additional burden on the NECC. Our organization has effectively coped with the increasing number of beneficiaries and provided them with quality services.
- 3) The prevailing political situation had affected the provision of health services. The situation has dramatic effects on access, living conditions, diseases pattern and so on. For example, as a result of the political situation (mainly lack of fuel and transportation), we suspended the afternoon activities for around 5 months and also we cancelled some home visits in certain days.
- 4) The tight closure and siege imposed on Gaza had sharply restricted movements of goods and people and this affected health providers' ability to maintain sufficient strategic storage of drugs and disposables. With the help of international bodies such as the International Red Cross, certain items of equipment pass to Gaza but with some delay.
- 5) The current frequent and long electricity cuts have many consequences on individuals, families, health organizations not only from humanitarian points of view but also from financial and management perspectives as well. For instance, the electricity cut leads to:
 - a. Inability to pump water to houses
 - b. Inability to pump sewage to the dumping sites
 - c. Decreasing working hrs at organizations
 - d. Increasing costs for electricity generators (for fuel)
 - e. Psychological effect
- 6) Additionally, the gradual decrease of fuel supply to Gaza makes movement, transportation and operating generators more difficult.
- 7) The closure, siege and restriction of movement have led to unprecedented poverty rates and unemployment. This has the following effects;
 - a. Increased rates of poverty related diseases such as malnutrition and anaemia
 - b. Increased rates of sanitary related diseases (shortage of water, sewage disposable problem, garbage collections in streets, inability to buy detergents)
 - c. Decreased ability of clients to contribute in covering the costs of health services

- d. Decreased financial accessibility such as transportations, fees, drugs and so on.

Health is a social concept that is largely underpinned by socioeconomic and political factors; therefore our efforts in improving health status to our served populations will not be effectively achieved unless the general situation improves. For instance, our efforts in health education are unlikely to achieve the intended results if poverty continues and food is not adequately secured.

Family Health Care Centres

1/1 - 31/12/2008

No.	Activity	* Shija'ia	Darraj	Rafah	Total
1	No. of registered families	11194	11955	1479	24628
2	No. of new families	358	311	163	832
3	No. of registered children	34861	31390	2194	68445
4	No. of new children	1068	909	300	2277
5	No. of children attended well-baby clinics	8682	9836	3088	21606
6	No. of registered pregnant	20804	20709	408	41921
7	No. of new pregnant	667	460	115	1242
8	No. of antenatal care	6126	4201	947	11274
9	No. of New High risk Pregnancy	74	31	3	108
10	No. of repeated High risk Pregnancy	240	246	19	505
11	No. of antenatal follow in the last week before delivery	340	336	34	710
12	No. of deliveries	511	378	70	959
	12.1 No. of post natal visit within 72 h	307	284	57	648
	12.2 No. of second post natal visit within 40 d	296	94	2	392
	12.3 No. of second post natal visit at home within 40 d	68	288	8	364
13	No. of Ultrasound Scan	1376	1052	270	2698
14	No. of persons examined by doctors:	10626	9568	5677	25871
	a- Children	6706	6581	2817	16104
	b- Adults	1880	1567	2509	5956
	c- Pregnants	2040	1420	351	3811
15	No. of laboratory tests	10660	8668	3268	22596
16	No. of home visits	1701	1489	673	3863
17	No. of demonstrations	1152	1729	37	2918
18	No. of treatments in the form of:	1582	1644	767	3993
	a- Injections	951	558	439	1948
	b- Dressings	340	224	228	792
	c- Ventolin Inhalation	291	539	100	930
	d- Others	0	284	0	284
19	No. of women attended Family planning	1192	1330	0	2522
20	No. of afternoon women's activities	353	670	0	1023
21	Number of Diabetes Mellitus	88	199	332	619
22	Number of Hypertension	88	148	256	492
23	No. of registered Under Weight Children	451	123	20	594
24	Number of children become normal	21	154	18	193
25	Number of new under weight children	40	115	0	155
26	No. of referred cases	35	114	1	150
27	No. of Abortions	31	39	5	75
28	No. of Newly born deaths	3	4	0	7
29	No. of Cases Received iron Supplementation	642	1589	185	2416
	a Children	642	1575	185	2402
	b- Lactating Women	0	14	0	14

* The data of Shija'ia Family Health Centre represents the activities until 26/12/2008 as the Israeli aggression began on 27/12/2008 and accordingly the activities had been suspended since then.

Activities of Mobile Dental Clinic
1/1 - 31/12/2008

No.	Activity	Shija'ia	Darraj	Rafah	Total
1	No. of persons examined by dentist:	1560	1428	1377	4365
	a- First Visit	461	417	460	1338
	b- Repeated Visit	371	429	524	1324
	c- Consultation	728	582	393	1703
2	Scaling	119	127	135	381
3	Extraction	223	238	255	716
4	Amalgam Filling	606	523	281	1410
5	Composite Filling	22	10	8	40
6	Fisher Sealant	0	0	0	0
7	Minor Surgery	0	0	0	0
8	Follow Up	463	403	226	1092
9	Medication	727	755	912	2394
10	X-ray in the centre	0	0	1	1
11	Referrals	108	107	145	360
	11.1 Specialist	105	97	145	347
	11.2 X-ray	3	10	0	13
12	No need for treatment (mixed)	4	3	7	14
13	Screening of Children on Well-Baby Clinic days (2.5-6 years)	545	689	68	1302
	13.1 No Need for Treatment	376	519	51	946
	13.2 Needed Treatment	169	170	17	356
14	Screening of pregnant	549	431	0	980
	14.1 No Need for Treatment	65	79	0	144
	14.2 Needed Treatment	484	352	0	836





“Trade is Bracelet of Gold”

II. PROJECTS PROMOTING EDUCATIONAL OPPORTUNITIES:

The mission of our organization is aimed at the empowerment and strengthening of Palestinian individuals and communities to help them secure a better quality of life. We seek at the development of the whole human being by providing education, training and health services that enhance the well-being, self-reliance. We believe that a quality training gives them the tools that will enable them to become productive and creative members of the society.

The present basic education system applied in the Gaza Strip consists of a nine-year compulsory programme. The PNA and UNRWA are responsible for service provision in addition to a small number of private schools mainly run by non-profit societies and the Latin & Orthodox Churches. A great number of the school buildings are used for double shifts. The building of new schools is being undertaken at a rate below that of the population growth and was halted almost for 20 months due prohibition imposed on import of construction materials in particular. The most noticeable weakness in the system is the automatic upgrading of the students in order to provide room for the new comers.

On the other hand, the 3-year secondary education cycle is mainly run by the PNA Ministry of Education with a very limited number of schools are run privately. It is still in the culture of those who complete their studies to seek enrollment at one of the universities and higher institutes of education operating in Gaza Strip. These local universities and institutions graduate every year such a large number that many of them become unable to find appropriate employment. A small number of students can afford to enroll at universities in the Arab countries mainly in Jordan if they would be able to travel outside Gaza.

In this climate, the vocational and technical training programmes which are provided in the Gaza Strip mainly by the Ministry of Labour, UNRWA and few other organizations such as NECCCRW, have proved to be of utmost importance due to the role they play in human resource development and employment creation.

Our programmes target skills and professions which are still required by the market and focus on young men and women in the Gaza Strip in the fields of carpentry & furniture making, metal/aluminum works and welding, general electrical training & motor/transformers rewinding, advanced dressmaking, secretarial & office management and computer skills. The importance of this programme is that it is directed towards a sector of the population that has no other avenues. The criteria and period of training differs from one to another based on the prerequisite of each centre. The trainees are given good training and they emerge from the programme which provides them with empowerment in mastering an important new skill and will give the feeling of control in their own lives in addition to the respect and support of the

community; They would have pride in their occupation as our courses gained good reputation amongst employers due to the emphasis placed on quality and the good care and follow up being addressed by the staff.

The participants at each programme are requested to pay a nominal contribution not a fee as a mean to promote the participant's ownership of the programme and ideals of shared responsibility. Each programme has a different rate of contribution which usually is determined by the Gaza Area Education sub-committee in consultation with the staff noting that our organization refunds a portion or in full of the contribution to the very needy family as incentive upon regular attendance and successful completion of the course.

The participants evaluate the training on annual basis providing us with recommendations for development or criticism for change which are usually discussed at various levels with the staff concerned and administration for appropriate action.

1. Aims:

- 1.1 *To complement educational activities and training opportunities undertaken by PNA, UNRWA and other NGOs while ensuring avoidance of duplication.*
- 1.2 *To assist in developing the social and industrial infrastructure of the future independent Palestinian State.*
- 1.3 *To increase the skills-level of the work force by providing educational and training opportunities to young women and men, in order to improve their capacity for self-reliance and livelihood security.*
- 1.4 *To educate and train young women to share responsibilities within a society dominated by men. To improve women's opportunities to participate in the development process and improve their position at household and community levels.*
- 1.5 *To provide training in a variety of designed skills and professions to qualify both women and men in accordance with the emerging needs of the society and market.*
- 1.6 *Empower women by providing education and training to them especially teenagers who drop out from school. It offers them positive ways to be self-reliant with a sense of hope.*
- 1.7 *To provide training opportunities for about 200 adults in various levels of whom about 120 will graduate every year*

2. **NECCCRW runs the following centres:**

2.1 **Secretarial Centre and Language Studies:**

The Secretarial Centre offers job training that includes typing, computer applications, office practice, bookkeeping, Arabic and English Languages in addition to para curricula subjects. One unique aspect of the programme is that the majority of subjects are taught in English to improve their standard in the foreign language. Women students who have successfully completed their secondary education can join the centre after sitting and passing the NECCCRW entrance exams.

The training course lasts 11 months and the graduates are given the opportunity of training in the NECCCRW main office during their enrollment and after graduation in addition to six weeks external training.

The course enjoys a good reputation and graduates are always in demand. Our organization acts as a placement office for the graduates; As requests for secretaries are received, we nominate the graduates who decide whether or not to accept the job and terms of employment. Our graduates occupy many important jobs throughout the Gaza governorates, working for NGOs, PNA Ministries and in the private sector.

Many students in the Secretarial Centre view their training as opening up further future opportunities for them. There are very few work opportunities in the Gaza Governorates for unskilled women workers. According to the Ministry of Labor, the sectors which provide employment opportunities for women tend to demand higher educational levels.

Hala A. Shehab, born 1976, lives in Gaza. She has completed her secondary education in 1993. She is a widow with two children being partially supported by her two brothers. She decided aftermath the death of her husband to enroll at NECCCRW Secretarial Centre where she will be qualified after a year to work as a secretary to earn income which would help her to take care of her two children.

2.2 **Advanced Dressmaking Centre:**

The advanced Dressmaking centre is reputedly the most popular and successful centre of this kind in the Gaza Strip. The course lasts 11 months and provides the trainees aged 16 years old and above, with both theoretical and practical training.

The female students must demonstrate basic competency in sewing prior to enrolling. Students begin by sewing a simple skirt and at the end of the course when graduates are able to make all kinds of dresses for children and adults. Each trainee sew from cloth provided by her a complete suit to her measurement when graduates. After graduation, two students a

month have the opportunity to continue their practical training as interns at the NECCCRW's self-support Sewing Cooperative. All seamstresses currently working as part of the Sewing Cooperative were formerly trained at the Dressmaking Centre.

In addition to the nominal contribution each student makes to the programme, students are responsible for purchasing the material, thread and other items used during the training, which constitutes a real burden on the family budget under the prevailing very harsh economic condition.

In the conservative Palestinian culture, dressmaking is considered an appropriate profession for women. Their training takes place in the company for other women only and she will eventually be able to work as seamstress from home as sewing is a practical trade that many can depend on into the future through these times of economic uncertainty and hardships and at the same time can look after her children and family.

It was noticed this year that there was much more demand to enroll compared to last year at the centre and the families are confronted with financial constraints. At the same time, we continued to receive demands from the southern governorates in order to organize courses there which will not require their daughters' travel.

Raja' Mohammad Mohammad, born in 1977. She lives in Zawaida village with her family. She has completed her secondary studies in 2006. She is a widow with four children depending on the little support she receives from the charitable societies and her family. She heard about the one-year advance dressmaking course being organized for women by NECCCRW and decided to enroll at in September 2008 in the hope that she will be qualified after graduation to work for women in her neighborhood to support her children.

2.3 Boys' Vocational Training, Gaza:

This centre is aimed at serving mainly about 110 teenagers aged 14-16 who usually drop out from schools and find no other opportunity. Those disadvantage and vulnerable youngsters are kept off the streets and are trained in a trade either in carpentry/furniture making or metal works/welding through their enrollment for three years course at the centre. Additionally, are taught applied mathematics, Arabic language and cultural subjects. They also receive lectures pertaining to prevention sand safety and protection. They also being placed in workshop in order to introduce them to the market.

Hussein Rafiq Abu Saqr, born in 1990, a refugee orphan, residing in Zeitun district with his mother, two brothers and a sister. The family depend completely on charity it receives from UNRWA and other NGOs which does not meet all their needs.

He had no interest to continue his studies at school further than the third preparatory level. On the advice of a friend, who happened to be a graduate from NECCCRW centre decided to enroll at the 3-year course of the Metal works and Welding in order to gain a trade aiming when he would graduate in July 2009 to work in order to earn income to take care of his mother, two brothers and a sister.

2.4 General Electricity and Motor/Transformers rewinding:

The centre is located in Qararah village about 20 kms to the south of Gaza City was opened as a respond to the need of having skilled and well trained electricians. It offers a two-year course in general electricity and motor/transformers rewinding for men who should have successfully completed at least ten years of schooling. They are taught besides the technical subjects, English language, physics and mathematics. Additionally, para curriculae subject are being taught as well. The are also placed in workshop for on the job training to acquaint them with the market.

2.5 Educational Loans:

All staff concerned with the collection of the 10 cases "old" loans continued to make their best efforts to ensure the continuity of repayment of the loans in arrears. They constitute less than 1% of the total previous old loans issued before the first Intifada "uprising". Otherwise, the rate of payment of loans which have been issued during the last ten years continued at the level of 100% in spite of the harsh economic condition. It is worth noting that 76 loanees have settled their loans in 2008.

The Committee has issued **89** interest-free educational loans comprised of **47** new students who were able to enroll at Gaza universities in addition to the renewal of **42** loans to the successful students who were upgraded and met all the requirements. Those figures included **11** persons who enrolled for MSc and Ph.D. studies.

It was also noticed this year that while the Gaza Area Committee approved the issue of new loans to **60** eligible students, only **47 (78%)** were able to meet the conditions in providing the required notary documents and guarantors while **146** applications had been collected for the academic year **2008/2009**. Many others among those who received applications have also hesitated to submit them back.

The terms set up by the Committee on the recommendation of the Legal Adviser are strict which require that the student provide three guarantors and therefore we have no other choice except to continue considering this advice and continued to apply its conditions.

2.4 Activities:

1. The number of graduates during the period of reporting was 132 (36 women and 96 men) while 3 women have not passed their examinations at the Secretarial Centre and accordingly have not been issued with certificates. Fourteen women out of 24 have been accepted from amongst 40 applicants to enroll at the Secretarial course due to the fact it was noticed that the standard was below satisfactory level and therefore the Education Sub-Committee decided to accept less students who have passed the entrance examination only.
2. The present total strength at the centres as on 31/12/2008 was **195** trainees (**34** women and **161** men) defined as follows.

Ser. No.	Programme	Graduates	Dropout	Presently Enrolled			Total Enrolled 31/12/2008
				1 st Y	2 nd Y	3 rd Y	
1	Secretarial Studies	23	1	13	0	0	13
2	Advanced Dressmaking	13	2	21	0	0	21
3	Carpentry & Furniture Making	21	1	24	24	23	71
4	Metal/Aluminium Works & Welding	10	1	15	14	12	41
5	General Electricity and Motor/Transformer Rewinding	19	2	23	26	0	49
6	Community Workers	46	4	0	0	0	0
Total		132	11	96	64	35	195

3. The number of 155 trainees are expected to enroll in the scholastic year 2009/2010 in addition to 100 trainees who will be upgraded to the second and third years of training at the VTCs in Gaza & Qararah.
4. The main factor for dropping out the courses of **11** trainees during this period was the harsh economic situation and need to have the trainees provide support to their families.
5. The trainees were unable to report to the centres as of 27 December 2008 on start of the Israeli aggression but were able to resume their training few days after the Cease fire was announced.
On the other hand, the building of VTC in Gaza sustained for the second time damages of its windows, doors and roof sheltering the two wings as a result of the shelling by Israeli fighter planes of workshops in its vicinity.

6. Two meetings with a small group of former graduates of the VTC Gaza were held to exchange views and experience in focusing on the required skills and its development but unfortunately have not succeeded yet to establish an "Alumni" for them. Three meetings as well have been organized with the guardians when aspects related to the follow up of their children were discussed.
7. The operation of the VTC centre in Gaza has been possible during this period as a result of the power breakdown thanks to the generator which was previously made available through DCA and others but its consumption of fuel had again inflicted a considerable increase on fuel budget line this year as well.
8. The special support provided by Norwegian Church Aid had greatly helped to sustain the training of students being enrolled at our vocational training centres until end of the scholastic year 2007/2008.
9. Another application to secure further support for year 2009 was delivered through our MECC/DSPR Central Office to NCA representative in Jerusalem hoping it would receive its approval and support to secure the sustainability of this important programme in 2009 and onward.
10. The Principal and staff have organized four meetings at the centres with the guardians when various issues were discussed pertaining to the affairs and progress of their children and the follow up.
11. Recreational and cultural events have been conducted within the centres in order to help defuse the trainees' "suffocation" as they are deprived from such activities in their communities due to the prevailing situation; A trip within Gaza Strip was also arranged and a lunch was served at the seashore.

Additionally "Iftar" events (Breaking the fasting at sunset) during the month of Ramadan were organized for the trainees and their instructors in Gaza & Qararah centres.

Our trainees were painting on special walls in water colors and as they did this they were expressing about what they felt; another activity was the construction of an imaginary city by jigsaw puzzle; table tennis, video and computer games, chess and other activities were undertaken including the preparation of light meals facilitated by the Students Food Committee and by the students /Cultural Committee.

Among the paintings one could see scenes from the just concluded War was seen by the students themselves, including destroyed homes. Other students preferred to undertake games and to have time off.

Another activity of practical training of Palestinian Folkloric dance by a specialist was conducted for the boys at Gaza VTC who enjoyed the event and most of them had master it.

12. The small libraries available at each centre were activated and the trainees were encouraged to sit and read, and borrow books and available magazines. Additional films were shown and a monthly wall newspaper was prepared by the trainees.

The VTC consultant continued his visits to the centres to follow up the implementation of plan of action of each centre and provided recommendations to the instructors.

He has also organized a 3-day technical training and management course for our VTCs instructors which was held during the summer holidays. Five instructors from the Ministry of the Labour had joined the course on demand of the Director of VT department. The subjects Included Interpersonal Communications, Information Technology, Social Support, Creative Thinking Method, Persuading, Safety Precautions and First Aid.

13. The test books of English Language and office Practice at the Secretarial Centre, on the recommendation of the instructors and after consultations, the Education Sub-Committee had endorsed the selection of the new books which were introduced as of September 1st, 2008.
14. The teachers assigned by the Gaza Strip Red Crescent Society continued to work with the trainees in eliminating their illiteracy at the Gaza Boys' Centre.
15. The mobile Dental clinic was placed at the various centres while it and provided preventive and curative services to the trainees, the Dentists gave lectures to over 200 in the various centres on hygiene and care of their teeth.
16. Various lectures were given by specialized persons on the topics including Health, gender, acceptance of the others and tolerance, Labour Law, Safety and prevention, Gender, Feasibility Studies, Personal appearance etc .
17. The Social Worker conducted a survey of last year's graduates and noticed that the employment rate continued to be low to an average of 40% as follows:

17.1 Carpentry and furniture making	25%
17.2 Metal works and welding	35%
17.3 Electricity & motor rewinding	59%
17.4 Secretarial & Office Management	35%
17.5 Dressmaking	100%
(Working for clients and the families at home)	

It was noted again that a number of graduates from the Secretarial course who are unemployed either got married and wish to raise their children or had not accepted offers to work in small offices.

The restriction on import of raw material and specifically related to construction was the main reason for the high rate of unemployment .

18. The trainees before their graduation have been placed in various offices, companies and workshops for period of six-eight weeks to practice their skills with follow-up made by the social workers and their instructors.
19. The trainees' families who have no income were assisted with cash emergency relief of US\$ 100.- a month for a period of seven months kindly provided by Christian Aid in response to our appeal in addition to support provided towards transportation expenses for the trainees.
20. Our Senior Medical Officer examined the new boys who enrolled in September 2008 and laboratory tests for stools, urine and blood were made. Medicines have also been prescribed to those who needed them.
21. Eighty nine of the trainees' families have been supported on monthly basis by a special earmarked fund thankfully was made available by Christian through ACT appeal in addition to the coverage of transportation of expenses during the scholastic year 2008/2009.

Constraints encountered during the reporting period:

- 1) The shortage of materials in the market and high rise in its cost if and when it were found available in small quantities.
- 2) The noticeable steep decrease in the number of external job orders due to the harsh economic condition and high increase in the cost of products.
- 3) Electricity interruption and shortage of fuel and raw materials were the main challenges. Accordingly, the generators operated on stringent plans but thanks to support given by PNGO and Ministry of Health, we were able to receive "diesel" fuel in small quantities but very helpful which enabled us to continue operating the generators and a number of our vehicles
- 4) The strict siege imposed on the Gaza Strip and denial of permits for our Instructors who could not travel to West Bank to attend specialized training courses and expose them to VTCs.

- 5) The shelling by the Israeli bombers of nearby workshops to Gaza Boys' VTC had caused damages to the doors and windows in addition to the shed linking the two sites which we could not repair due to the unavailability of materials.
- 6) We have not been able to replace a number of the equipment nor find spare parts due to the siege and unavailability in the local market.
- 7) We have not succeeded to form a cooperative from our graduates who continued to be reluctant to receive a repayable loan due to the unstable situation, economic condition and unavailability of raw materials & supplies.

Activities will be undertaken next year:

- 1) The various training courses will continue to be conducted as outlined the schedule.
- 2) Will continue our efforts towards the encouragement of our graduates for the establishment of a cooperative if the situation would permit to do so.
- 3) To replace the unserviceable equipment.
- 4) To effect the necessary repairs to the sites of the building of Gaza Boys' VTC as soon as materials would be made available.
- 5) Organize in-service training course for the instructors.
- 6) Investigate the possibility to attract financial resources to assist the needy trainees' families and support them towards transportation expenses.
- 7) To address the psychological aspects of our staff and trainees through Psycho-Social Intervention programme which our social workers and medical staff are receiving training in preparation to begin addressing the needs.

Women's Vocational Training

	<i>Advanced dressmaking</i>	<i>Secretarial and Office Management</i>	<i>Computer</i>
<i>Subjects</i>	<i>Measurement, preparing patrons and sewing of all kinds of dresses for children and adults, men and women</i>	<i>English language, Simple Bookkeeping, Management Principles, Arabic Correspondence, Office Practice, Arabic and English languages and Typing, Computer, Cultural and Para Curricular Subjects i.e. History, Human Rights etc.</i>	<i>1- Introduction into computer science 2- Windows 3- Microsoft Office (Word, Excel, E-mail, Internet)</i>
<i>Target group</i>	<i>Women interested in the skill and have an idea about sewing, aged above 16 y who can read and write</i>	<i>Women who passed successfully Tawjihi (12 years) and the NECCCRW entrance exams</i>	<i>Women who completed secondary studies</i>
<i>Training period</i>	<i>11 months</i>	<i>11 months plus six weeks of practical training.</i>	<i>2-3 months (60 -110 hrs) Depending on the subjects</i>
<i>Capacity</i>	<i>20-24</i>	<i>22-25</i>	<i>30-40</i>

Men's Vocational Training

	<u>Gaza VTC</u>	<u>Qarrarah VTC</u>	<u>Computer</u>
It started	<i>In 1958 in Gaza city</i>	<i>In 1982 in Qarrarah village, 25 kms to the south of Gaza</i>	1982 Gaza
Students' category	<i>School dropouts (14-16 yrs) from all Governorates of the Gaza Strip. The priority is for those who come from deprived families.</i>	<i>Who completed at least nine years of schooling and succeeds in the entrance exams. They come from all areas of the Gaza Strip. Aged 16-23 years.</i>	<i>Men who completed secondary studies.</i>
Subjects	<p>1- Carpentry and furniture making</p> <p style="text-align: center;">Or</p> <p>2- Metal & Aluminum works & weldings</p> <p><i>Both courses include lessons on Maths , Arabic writing and reading, prevention and safety, cultural subjects.</i></p>	<p>1- Trade Practice</p> <p>2- Trade Theory</p> <p>3- Electrical Science</p> <p>4- Technical Drawing</p> <p>5- Trade Calculations</p> <p>6- English Language</p> <p>7- Cultural subjects</p>	<p>1- <i>Introduction into computer science</i></p> <p>2- Windows</p> <p>3- Microsoft (Word, Excel, E-mail and Internet</p> <p>4- Others</p>
Training period	Three years <i>Including two months on the job training</i>	Two years <i>Including two months on the job training</i>	2-3 months <i>Depending on the subjects</i>
Capacity			
1. Per year	35-40	22-24	15-20
2. Total	100-110	40-44	30-40









III. Capacity building:

Forty Six staff members had attended a variety of training courses in the fields of **Communication and Counseling Skills, Advocacy, Child Health Management of ARI & DD. Creative Thinking in Decisions Making & Problem Solving, Child health-Nutrition, and growth monitoring, Antenatal & Postnatal Care, Newborn Care, Surgical Pre-operative, Preparation, Hematuria causes and management, Definition of Malnutrition and Anemia according to Palestinian Protocols, Management of Malnourished and Anemic children, Mother and Child Health, Malnutrition and anemic prevention practices, Childhood illnesses and measurement, Interpersonal Communications, Information Technology, Social Supporting, First Aid, Safety Precautions and MIS implementation.** Additionally three one-day workshops have been organized every three months on a Sunday for all medical and paramedical staff when subjects related to their work are given by lecturers from outside our circle.

IV. Relief and Rehabilitation

The International boycott and the siege imposed by the Israeli occupation on the Palestinians in the Gaza Strip has resulted in further crippling existing economic conditions for Palestinians, such as unemployment and lack of proper nutrition, sanitation, and shelter. With the restrictions on freedom of movement and the permits, these impacts have been exacerbated left the situation remains crucial.

The situation in Gaza Strip continued to be extremely grave. The population has experienced very tight restrictions to receive basic commodities, since June 2007. Only a limited number of the basic needs, in terms of food needs, were getting through while the great majority of thousands of items had been prohibited from entry and therefore the population become unfortunately increasingly reliant on humanitarian assistance which is below the levels required.

The people of the Gaza Strip have already been living for a long time under terrible condition, the least described as being at the very edge of starvation. Cutting back assistance from any source will put extreme stress on the population and increase poverty levels.

Our organization responded positively thanks to funds raised through Appeal Number MEPL71 launched by ACT International (Action by Churches Together), a global ecumenical emergency response network. We focused on the large families and coordinated with the Ministry of Social Affairs, Governorates and other local NGOs who provided lists which were verified by our social workers and recommended beneficiaries based on humanitarian needs only, were informed by the referring institution to report according to a timetable, to NECCCRW office when the Social Workers prepared a brief social study for each case before being referred in person only to the cashier for dispensing the cash relief against a receipt.

1. We were able to extend cash relief support from the remaining balance of Appeal MEPL 71 and assisted **2644** families comprising **19309** persons during 1/1-23/3/2008. The small cash relief assistance of NIS 200 being the equivalent of approximately **US\$55** then enabled those

poor families to prioritize their needs mainly to cover cost of basic commodities, medicines or education expenses for their children.

2. Additionally, **27,574** patients including **14, 682** children had received various medical services and were dispensed with medicines at our three family health care centres. It was also very helpful in covering the cost of a social worker, a secretary and a clerk who helped in coping with the noticeably continued increase in the volume of work during this period due to the bad economic condition and shortages of medicines and medical supplies mainly at PNA's clinics and hospitals.`
3. Our Social Workers together with the Social Worker from a number of the relevant institutions that have nominated the families, have conducted random visits to the beneficiaries but could not achieve the target of approximately 5% due to shortage of fuel, and findings were typical to what was intended for.

It was noticed that we have achieved our anticipated goal of Appeal MEPL 71 in addressing the beneficiary families who received cash relief assistance from the emergency programme during the reporting period and were from all governorates of Gaza Strip defined as follows:

Governorate	MEPL 71		DCA		Total	
	Families	Persons	Families	Persons	Families	Persons
1. Northern	2336	17445	118	964	2,454	18,409
2. Middle Area	1746	12744	17	116	1,763	12,860
3. Khan Younis	4045	30387	92	695	4,137	31,082
4. Rafah	1718	12738	38	269	1,756	13,007
5. Gaza	2060	21476	94	681	2,154	22,157
Totals	11905	94790	359	2725	12,264	97,515

An evaluation was conducted sometime in June/July 2008 and the draft report was discussed through video conference while the final report was presented in October 2008 and reviewed carefully by the Gaza Area Committee. It was found that the cash assistance support was quite effective confirming that subsidies in Gaza were efficient and beneficial and recommended its frequency, and that job creation component was beneficial as well and recommended its expansion. The lessons learned were mostly positive and the Committee will take in consideration the few others when conditions would be possible to imply.

A new appeal MEPL 81 was launched by the end of July 2008 but unfortunately the response was very slow. Christian Aid thankfully sponsored part of the job creation component and that 43 persons in various professions have been given the opportunity to work for an average of three months with a total number of working days of 1888 until 26/12/2008, and that preparation was made to employ more who will be placed in various positions at NECC, NGOs and Ahli Arab Hospital. Additionally, 1221 families comprised of 8859 persons have benefited from this appeal during 13/10-23/12/2008 while approximately 3000 were given appointments for first quarter of 2009 and will be supported depending on receipt of funds for this purpose.

A special fund amounted to US\$ 51, 349.29 was raised thankfully by Rev. Robert Assaly through NECEF Canada which has provided support to an additional number of 834 families comprised of 6075 persons.

This continued gesture from our partners and others who provided their contribution through WCC/ACT Appeal Number MEPL71 and the previous ones has been received with full appreciation by the community in general and the beneficiaries in particular especially that it had been delivered under very difficult circumstances of need and unprecedented rate of poverty.

Nineteen patients have been assisted through the provision of **38** crutches produced by our trainees at Gaza VTC in addition to one wheel-chair.

V. Community Development:

We have supported three societies in providing them with furniture made by our trainees at the vocational training centre which enabled them to conduct their activities in the service of the communities in various fields. We unfortunately were unable to meet the demand of others due mainly to unavailability of materials for production purposes.

VI. Employment and Income Generating Co-Operative:

The fourteen women at the self-help and six seamstresses at the sewing co-operative continued their engagement in producing garments of all kinds. They continued to earn an average monthly income of NIS 500 which is not high but helpful during this difficult period. They produced 679 various garments during the reporting period.

It was not possible to attract extra orders due to the bad economic situation.

VII. Advocacy:

1) Due to the prevailing insecure conditions and the restrictions imposed by Israel on the entry of foreigners into Gaza Strip, there were not many visitors. During this period **63** persons including very few representatives from our partners' agencies have been allowed entry by the Israeli occupying forces.

2) The Executive Secretary participated in the meetings of the steering committee of "**The Palestinian International Campaign to End the Siege on Gaza**" which was formed of independent personalities from the civil society in Gaza.

3) Our organization participated in "Al Wifaq" popular campaign to promote the unity amongst Palestinians which was called for by the Society of the University Professors.

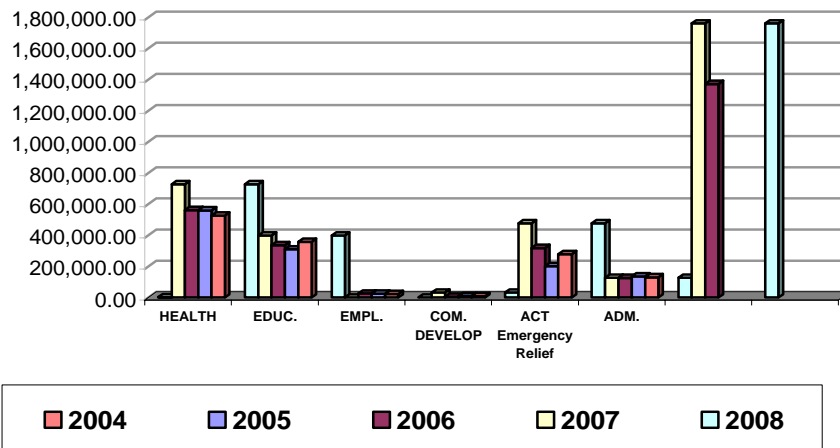
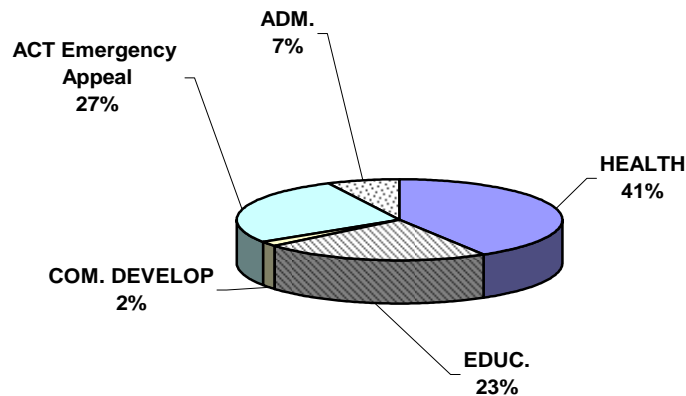
***"Then I looked again at all the injustice that goes on in this world.
The oppressed were crying, and no one would help them.
No one would help them, because their oppressors
had power on their side" (Ecclesiastes 4:1)***

The Gaza Governorates have a population of approximately 1,5m including over 1,073,303 Palestinian refugees registered with UNRWA defined as follows:

Area	Camp	In Camps	Not in Camps	* Total
Jabalia	Jabalia	108,269	86,980	195,249
Rimal	Beach	82,433	90,003	172,436
Zeitun	-	0	136,531	136,531
Nuseirat	Nuseirat	62,421	31,482	125,317
	Burejj	31,414		
Deir El Balah	D/Balah	20,870	44,269	89,194
	Maghazi	24,055		
Khan Younis	Kh/Younis	68,436	113,134	181,570
Rafah	Rafah	99,500	73,506	173,006
Total	8 Camps	497,398	575,905	1,073,303

UNRWA employs about 24,000 staff helping 4.5 million refugees in the Occupied Palestinian territories as well as Arab countries.

**How The Money Was Spent
2008**



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

(Philippians 1:4-6)

VIII. ACKNOWLEDGEMENT TO OUR SUPPORTERS:

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

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

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



Courtesy of PCHR

Israeli Military Offensive on the Gaza Strip



Courtesy of PCHR



Courtesy of PCHR