

Middle East Council of Churches

Department of Service to Palestine Refugees

DSPR - Gaza Area

مجلس كنائس الشرق الأوسط

دائرة خدمة اللاجئين الفلسطينيين

منطقة غزة

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

(Ecclesiastes 4:1)



**Annual Report
2009**

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 and Travel

Everyone is entitled to a social and international order in which these rights and freedoms can be fully realized....

God



Justice

43th Anniversary of Occupation
5/6/1967 – 5/6/2010

S O S
Boycott and Seige

MALNUTRITION
ANAEMIA

No
IDENTITY
for 62 years
Why??

Reconciliation

PEACE

Unemployment

Urgent PROTECTION

Destruction

Poverty 82%

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.

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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 :

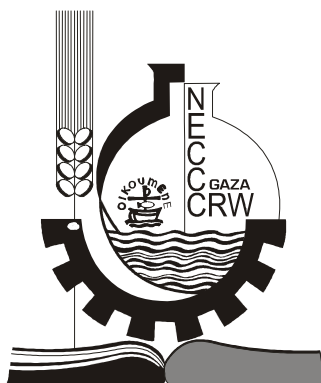
The Gaza Strip is estimated to contain about 1,5 m people, which makes it one of the most densely populated areas in the world (5,000 per km²). Of the total population, **over 1,106,95** are refugees, of whom nearly **502,747** inhabitants live in 8 refugee camps administered by United Nations Relief 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.)

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

One of NECCCRW's key development concepts is that empowerment of people at the grassroots level which is essential in overcoming poverty. The participation of the community is a necessary condition for development. Therefore, the 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.



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

H/G Archbishop Desmond Tutu

Foreword:

The war on Gaza which started on December 27th 2008 has further deteriorated the already miserable situation. This situation has manifested itself in a continued high unemployment rate of over than 70%, an increase in the prevalence of poverty-more than 80%, collapse of economy and rapidly increasing dependence on food aid than ever before as more than 85% of the population depend presently on receiving food aid assistance.

Since launching Israel's widespread military offensive against the population of the Gaza Strip, the Israeli Occupation Forces have killed over 1,400 persons and injured at least 5,000 others of whom over 80% were civilians, including women and children who constituted more than 40% of the total number of victims. Thousands of bereaved and traumatized survivors become also homeless as the offensive has completely destroyed at least 2500 houses and additional 6300 houses are in need of major repair or total reconstruction across the Gaza Strip. During the post war period, casualties have dramatically increased and the provision of basic primary health care services has significantly deteriorated due to accessibility problems affecting both health providers and clients' abilities to reach health centres, destruction of hospital and primary health care clinics (including the NECC clinic in Shija'ia) and the inability to provide needed medical commodities. But the attack on Gaza is not yet over as we in Gaza Strip are still living with our physical, mental and emotional wounds.

The economy has witnessed the erosion and destruction of public and private physical capital, along with tight restrictions on the mobility of goods from and to West Bank and Gaza. The harsh conditions have intensified the longer term occupation-related structural distortions, and economic and social stress, causing a sharp fall in real investment, unprecedented rates of unemployment and poverty and rapid decline in all economic indicators our economy has been driven closer to the point of collapse and has been transformed into a fragmented, war-torn economy (UNCTAD, 2008).

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.

Many of those internally displaced families whose homes were completely destroyed or damaged are still living in tents made of cloth which provide little protection are facing new misery and are under difficult existence, and whatever care and aid that was provided by the UN and International

Organizations had certainly been below the levels required, not to mention that it is no substitute to 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.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) in its report of September 2009 quoted “The blockade of Gaza, in place since June 2007, has severely impeded the ability of aid agencies to deliver humanitarian assistance in accordance with humanitarian principals. The situation has been further compounded during and after the military offensive that took place from 27 December 2008 to 18 January 2009. Early recovery efforts, without which the humanitarian situation will further deteriorate or remain prolonged, are equally impeded.”

Additionally, the UN Fact-Finding Mission led by Justice Richard Goldstone in its report found that Israel imposed a blockade amounting to collective punishment and carried out a systematic policy of progressive isolation and deprivation of the Gaza Strip. The report notes significant trauma, both immediate and long-term, has been suffered by the population of Gaza.

However, the demolition of Shija’ia Clinic on January 10th , 2009 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 forth. Our staff jointly with the local community actively engaged in the search of an alternative place which thankfully was adapted to our needs in accordance with a plan approved by the Medical Committee to accommodate the various activities which was ready by 30 April 2009. Accordingly, we were able to resume all activities at Shija’ia Family health Care Centre (clinic) on May 2nd , 2009 thanks to the efforts of the Pontifical Mission which secured a pledge made by CARITAS in France, Switzerland and Luxemburg towards the restoration of a house, replacement of the destroyed equipment and provided additional resources to procure medicines and medical supplies.

While on the long term, we have received a generous offer from His Excellency the General Greek Consul in Jerusalem to provide funds from the Greek Government to cover the cost of construction of a new clinic when a plot of land which unfortunately could not be secured and that construction materials would be allowed entry into Gaza Strip by the Israeli occupying authority.

The situation in Gaza Strip remains perilous, as previously described, with not only urgent humanitarian needs to be addressed but imperatively the need to end the siege and occupation. The tremendous scale of destruction and need requires much greater efforts and advocacy in addition to scaled-up logistical response to have access for funds, materials, spare parts and equipment to meet the needs of 1.5 m inhabitants of the Gaza Strip big prison.

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 and end the blockade on Gaza Strip that has plunged over 80 per cent of the population below the poverty line, and ease freedom of movement which consequences forced us of all ages to live with physical, mental and emotional wounds.

We do hope that the International Community will break the silence of the graves and realizes the serious implications of the grave present situation under the nearly 43-year brutal occupation which has been labeled by the General Secretary of WCC as “a sin against God” and works faithfully towards the endorsement and implementation of a Just and Comprehensive Peace in compliance with International Law and UN Resolutions. Immediate action is required to end the siege and occupation to pave the path for a just and peaceful solution before it would be too late.

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

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

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

Last but not least, I relay my profound appreciation and gratitude to my sisters and brothers, the staff of NECCCRW family at various positions for their commitment and hard work in rendering the services to the needy people under harsh conditions.

***“The effect of JUSTICE will be PEACE,
and the result of
RIGHTEOUSNESS, SECURITY AND TRUST
For ever”***

“Isaiah 32:17”

"Prevention is better than treatment"

I. PROJECTS PROMOTING HEALTH OF THE COMMUNITY:

Max Gaylard, the Resident Humanitarian Coordinator for the oPt, said "The continuing closure of the Gaza Strip is undermining the functioning of the health care system and putting at risk the health of 1.4 million people in Gaza. It is causing on-going deterioration in the social, economic and environmental determinants of health. It is hampering the provision of medical supplies and the training of health staff and it is preventing patients with serious medical conditions getting timely specialized treatment outside Gaza".

More than 750,000 children live in Gaza. The humanitarian community is gravely concerned about the future of this generation whose health needs are not being met. The decline in infant mortality, which has occurred steadily over recent decades, has stalled in the last few years.

The economy of Gaza is in virtual collapse with rising unemployment and poverty which will have long term adverse effects on the physical and mental health of the population. The environment is also in decline including water quality, sewage and waste disposal and other environmental hazards (including munitions and medical waste) which may lead to long term effects on health.



War on Gaza January 2009



Gaza Area Committee on site of demolished Shijai'a Clinic

The complete destruction of Shijai'a Family Health Care Centre (Clinic) on January 10th, 2009 during the last aggression on Gaza constituted a traumatic event which resulted in depriving the population served by the centre from receiving health services, loss of all equipment and commodities, loss of medical records and so on.

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, 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.

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 Shijai'a. 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.



Community Workers' training and graduation

Achieved in this reporting period:

During this reporting period one training course was possible to organize with 25 participants. The course started in June 2009 and completed by 31/12/2009. 18 community workers were graduated. It is worth mentioning that during the first half of this reporting year, no training was carried out due to the difficult political situation. Unfortunately, 7 participants were dropped out from the course for various reasons.

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 Darraj area. Additionally, **20** of them provided volunteer assistance in the psychosocial intervention programme with children during summer.

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
- Breast Feeding
- Nutrition
- Health Education

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

Achieved in this reporting period:

As a response to the increase in malnutrition and anemia cases, two long study days were organized for the NECC medical and paramedical staff in addition to 6 community workers working on this field. Additionally, to support measures aiming to counseling, one day training course was organized focusing on SPHERE code of conduct and another day for the results of the malnutrition and anemia in Shijaia centre.

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

No	Date	Topic	Number of participants
1	June 7 th , 09	Counseling and treatment of malnutrition	31
2	July 5 st , 09	Result of malnutrition and anemia programme	29
3	August 2 nd , 09	Training on SPHERE	16
4	October 4 th , 09	Nutritional Counseling	31

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. **31** NECC staff members including doctors, nurses, paramedical and administrative staff have also attended **40** days of capacity building workshops organized by other parties such as the Ministry of Health, Ard Al Insan, GCMHP and UNICEF in a variety of technical and administrative subjects related to our activities i.e Child Health, Breast feeding, Child Protection and Psychosocial intervention. 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.



Staff attending an Intensive training course on nutrition

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

Date	Organizing body	Topic	Number of days	Number of participants
April 2 nd , 2009	UNICEF	Child protection	1	1
July 29 th , 2009	WHO	Cluster	1	1
July 30 th , 2009	MoH	H1N1	1	1
August 4 th , 2009		Ard Al Insan Breast feeding	1	2
August 12 th , 2009	GCMHP	Psychosocial intervention during emergency	1	2
August 13 th , 2009	MoH	H1N1	1	2
August 13 th , 2009	CA	Advocacy	5	2
August 25 th , 2009	CA	Emergency programme	1	2
October 20 th , 2009	UNICEF	Child protection	1	1
October 25 th , 2009	MoH	Breast self examination	2	1
October 27 th , 2009	GMHP	Coping with Death	2	3
November 3 rd , 2009	ACT	Psychosocial intervention	5	6
November 8 th , 2009	MoH	Breast feeding	5	1
November 12 th , 2009	SIDA (in Sweden)	Child protection in emergency	5	1
November 17 th , 2009	ACT	Psychosocial intervention	3	3
November 22 nd , 2009	MoH	Breast feeding	4	1
December 8 th , 2009	MoH	HIV/AIDs	1	1
Total			40	31

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 counseling). 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 and child health related checklists are fully in use. Staff received training on monitoring the compliance with these checklists. Data entry models for these checklists were developed and the staff regularly enter and analyze the findings of these checklists onto the developed databases (the available checklists currently in use include Antenatal care, Post natal care, Growth monitoring, Control of diarrhoea diseases, Acute respiratory infections and Infection prevention and control).



Computerization of medical records

To support the monitoring practices and the use of information for decision making, this reporting year, the NECC nearly 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 term of monitoring and using data for decision making.



Follow up visits

So far, data pertaining to the nutrition program, antenatal care, family planning, post natal care, home visits, well and sick baby clinics and reports are currently in use. Although it took longer than what was anticipated, our staff are regularly using the computer for processing data and for taking decision as needed in all the activities and the emergency nutrition project. In the last year, sessions were organized to discuss the reports generated by the data base in the presence of the NECC Medical Sub Committee. However, with the demolition of Shijai'a Clinic associated with losing all 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** if times allows. With the presence of backup of data, we succeeded to restore work normally in all activities and 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 previous 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:

The new growth chart which covers the age group 0-5 is currently in use since last year. Refresher training courses are provided on growth monitoring and regular follow up is provided. Two training workshops were carried out on the malnutrition and anemia management in addition training was provided to our team in using database and growth monitoring data and reporting. The NECC represents a model for providing growth monitoring according to the international standard; Other local organizations currently adopt the NECC approach for this particular service. Extra training sessions were provided in growth assessments and this process is now computerized in the NECC clinics which facilitate the identification of cases and moving the growth monitoring to growth promotion.

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 nearly 80,000 people where existing provision of medical services are at low level. The third centre is located in Rafah in Kherbet El Adas rural area, serving a population of nearly 10,000 people where provision of medical services is non-existent.

Achieved in this reporting period:

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 more patients living in the localities to seek the NECC services. Another contributing factor was the newly established NECC policy of increasing the number of patients seen by a doctor each day from 40 patients to 50 patients which has been implemented since August 2007.

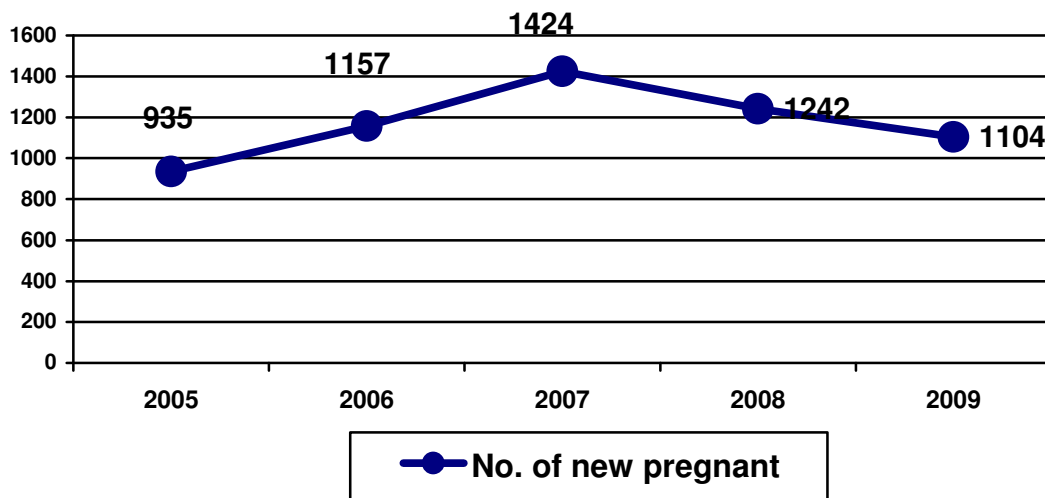
However, although the economic and health status in Gaza continued to decline in general, no maternal mortality cases have been reported among the registered pregnant women at NECC family health care centres due to increasing mother's awareness about the follow up of antenatal visits, the provision of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



Care of women during antenatal period

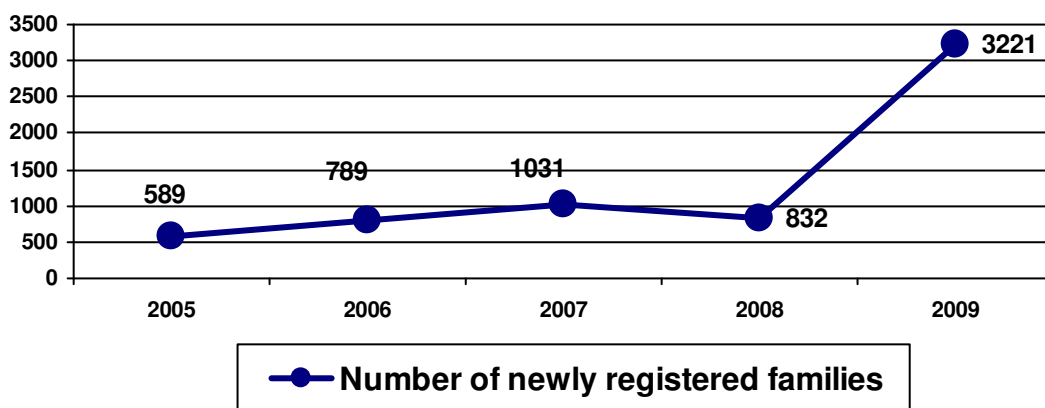
As indicated in figure 1, the number of newly registered pregnant women for this reporting period was higher than what is anticipated 1104-achieved (1000 anticipated in one year) with an increase distributed as follows; Shijai'a, 475; Darraj, 450 and Rafah 179. This increase reflects a positive signal 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 for new pregnant women has increased from the baseline reading (2005) by 169 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 5017 in the different areas (Shija'ia 2727; Darraj, 1073; Rafah 1217) which also could reflect an increased demand for the services. Similarly, the number of newly registered families has reached 3221 (Figure 2) taking in consideration that the registration of families in Shija'ia commenced as of May 1st, 2009 due to the loss of records as a result of the demolition of the clinic.

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



Regarding home visits, in this reporting period, the number of home visits carried out is 3774 visits targeting mothers, children and adults (4000 in one year). Additionally, as a part of the emergency nutrition program, the community workers visited households and carried out anthropometric assessments and hemoglobin screening to 10360 children in Shijai'a and Darraj area, and visited 11361 households.

The destruction of the NECC Shija'ia family health care centre (clinic) during the Israeli offensive constituted a catastrophic event which resulted in the loss

of the medical equipment, medical records and the base of the project operations-the clinic itself. Therefore efforts were dedicated to re-establish the project operations including: procuring needed equipment, finding an alternative site and calling all the families of the children who were enrolled in the programme in order to continue their treatment plans as a result of the war and destruction of the clinic. The treatment plans of the enrolled children were interrupted for two months in average. The enrolment process started on February 1st, 2009 and continued till March 21st, 2009. By March 28th, all children who had been called were assessed and enrolled again to continue their treatment plans.

As a response to the emergency situation which has been exacerbated after the war on Gaza, the community workers working on the project distributed within 20 days the quantity of 27396 bottles of water and the same quantity of 27396 packages of milk powder kindly provided by DanChurchAid to all the previously screened children who were visited at home.



Community Workers in the Field

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 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 Darraj 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	(1) Shija'ia	Darraj	Rafah	Total
Child health Home visits	200	317	306	823
Post natal care home visits	182	607	113	902
Antenatal care home visits	260	721	296	1277
Adults/others	6	187	65	258
Community workers home visits	-	514	-	514
Total Number of visits	648	2446	780	3774

(1) **Demolition of Shijaia clinic on January 10th 2009.**

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 weight 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 and hygiene, food demonstration is conducted for all mothers who attend the family health care centres. A screening programme for children aged from 6 months to 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:

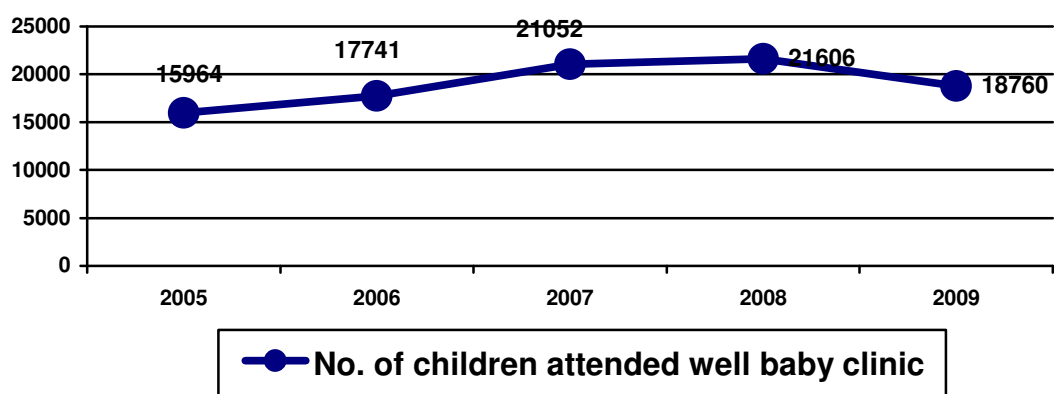
The number of children attending the well-baby clinic days has increased and reached 18760 cases-(target in one year is 14500) distributed among clinics as follows; Shija'ia 5561; Darraj 8283 and Rafah 4916 (Figure 3). The target has been achieved but the figure dropped to 18760 in 2009 with a decrease of 2009 to 2846 due to the demolishing of Shijaia clinic resumed its activities in May 2009 and the general conditions prevailed aftermath of the war. On the other hand, there were increases in the number of children attending well-baby clinic days in Darraj and Rafah. 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

The well baby programme 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 and Darraj Family Health Care Centres, the anaemic and malnourished children identified at the well baby visits are referred to the nutrition programme and enrolled in the management regime there. The introduction of such programme has reduced the number of well baby visits in Shijai'a as the anaemic and malnourished children receive their follow up and management at the nutrition programme implemented within the centres.

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 fetal heart auscultation and check the oedema, weight and height of the pregnant women. The midwife will also record social-demographic, obstetric, family history and medical history before referring them to laboratory for routine CBC, Urine, Blood group, Rhesus factor analysis and fasting blood sugar.

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

Iron/folic acid supplementation to prevent and treat anemia 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 six days 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.

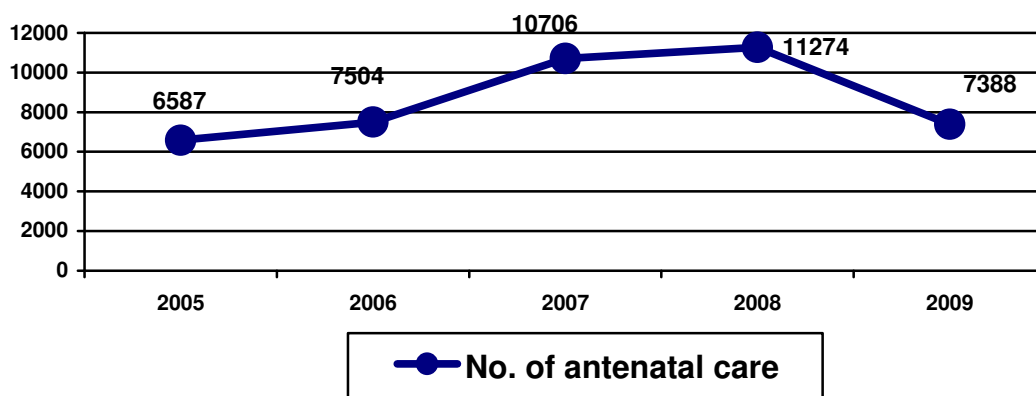
Achieved in this reporting period:

The number of antenatal care visits at all the centres is 7388 distributed as; Shijai'a 2287; Darraj 3873 and Rafah 1228. In comparison to the baseline reading in 2005, the number of antenatal care visits increased (from 6587 in 2005 to 7388 in 2009). The drop in 2009 is attributed mainly to the demolishing of Shija'ia centre. 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 adheres to the approved MoH antenatal care protocol in providing the antenatal care services and clients receive timely high quality ANC services. For example, in this reporting period 2234 ultrasound scanning

were performed to pregnant women. This reflects improvement of health status of pregnant women possibly as a result of increased awareness and appropriate practices.

Figure 4: Yearly distribution of antenatal care visits



Regarding the post natal visits, the number of women who received first visit within 6 days is 502 and another second visit within 40 days was 529 (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 667 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 continued to maintain the good 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 75%). Similarly, clients' satisfaction with the services is very high and almost absolute.

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.

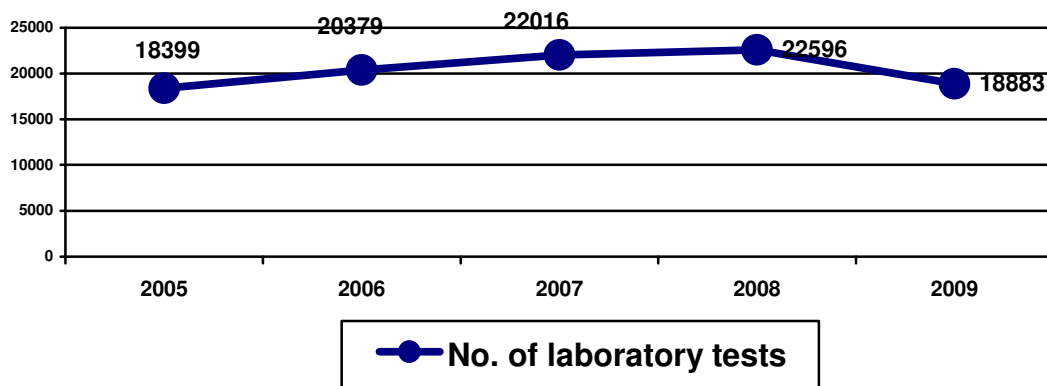


Laboratory services

Achieved in this reporting period:

As shown in Figure 5: Laboratory tests conducted in the year 2009 have reached 18883 distributed as Shija'ia 6458; Darraj 7918 and Rafah 4507 (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. Moreover, during this reporting period an additional 10360 tests were performed (Haemoglobin tests) within the emergency nutrition project in Shija'ia (6836), and Darraj (3524) which commenced as of October 7th, 2009.

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, 1464 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, 2862 children were identified as anaemic 41.9%(2862 out of 6836) were receiving iron supplementation and 633 children identified as malnourished 8.2% (633 out of 7748) enriched formula within the emergency nutrition project implemented in Shijai'a area.



Consultation and Monitoring

Darraj area 1343 children were identified as anaemia 38.1%(1343 out of 3524) were receiving iron supplementation, and 337 children identified malnourished 8.3% (337 out of 4058) were receiving enriched formula.

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 decreased and reached 21,864 (target in one year is 23000) as detailed in table 5. As shown in the figure 6, the number of clients seen by physicians has not been achieved due to the fact that Shija'ia Family Health Care Centre was demolished on January 10th, and the activities recommenced on May 1st, 2009 after a house was found and prepared to accommodate the various activities. It was noted that continued demand for services. Although the number of clients has decreased, the quality of services had been maintained in spite of the continued deterioration of the political and economical situation. Accordingly, The NECCRW Committee decided to continue render 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 2008 data, the number of clients seen by physicians decreased by 4007 as shown in the table, children represented the major bulk of clients examined by the doctors due to the closure of the other two centres during the war in January 2009.

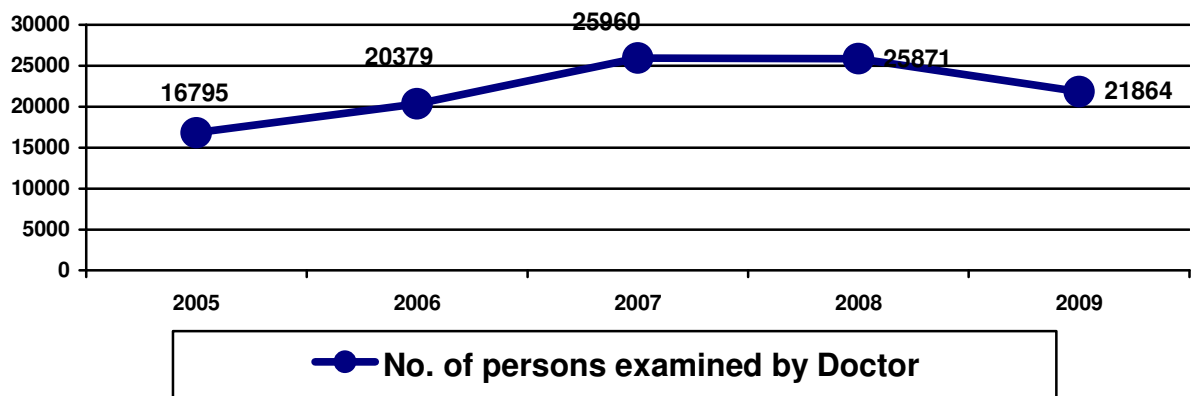
Table 5: Distribution of clients examined by doctors by category and centre

Category /location	Shija'ia	Darraj	Rafah	Total
Children	4941	6049	2628	13618
Adults	1088	1330	2736	5154
Pregnant women	1053	1468	571	3092
Total Number of clients	7082	8847	5935	21864

N.B:

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. In 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, injections and condoms.

Achieved in the reporting period:

The number of women who received family planning services in this reporting period had reached 1682 (target 2500 per year) distributed as; Shija'ia 439; Darraj, 1243. We believe that this decrease is possibly due to demolition of Shijaia clinic during the war on Gaza on January 10th and re opened on May 1st 2009.

We noted increased awareness amongst the women of the communities, in particular about the benefits of family planning programme and the lack of resources at other health facilities. As with other services, with the closures and the current political situation, health facilities are facing extreme difficulties in maintaining effective accessibility of services to their clients.

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 Israel and the International Community aftermath of the elections.



Prescribed medications issued from MCH dispensaries

Now the dispensary 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 while a fixed unit is available in Rafah-Kherbet El Adas. Besides dental services, the dentists also provide screening for all pregnant women who follow antenatal care and children from 2.5 to 6 years in well baby clinics.

Achieved in this reporting period:

The 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 (5314) distributed as Shijai'a 1552; Darraj 2019 and Rafah 1646 others 97. 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 before. The most frequently performed dental procedure was filling (1453 cases).



Dental health services

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 644 sessions for 21876 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.



Health Education

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	234	6499	Shija'ia, 67 sessions with 1695 participants Darraj, 133 sessions with 4213 participants Rafah, 34 sessions with 591 participants
Well baby care	Growth monitoring, breast feeding, vaccination, baby safety	250	8806	Shija'ia, 67 sessions with 2588 participants Darraj, 120 sessions with 4361 participants Rafah, 63 sessions with 1857 participants
Nutrition for children	Food demonstration	158	6481	Shija'ia, 66 sessions with 2588 participants Darraj, 92 sessions with 3893 participants
Special days (Mothers' day, International Women's Day)	Women health and women empowerment,	2	90	Shija'ia, closed until 1th May 2009 Darraj one session with 40 participants Rafah 1 session with 50 participants
Total		644	21876	

The most frequently implemented sessions were directed to children, followed by pregnant women and nutritional issues. Darraj Centre elicited the highest number in terms of conducting health education sessions. However, an additional number of beneficiaries received health education sessions through the emergency nutrition project (24469 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, **136** community afternoon sessions were held with 2252 women attended and participated in the afternoon activities directed towards women empowerment and equally distributed between Darraj (1211 participants) and Shija'ia (1041 participants); Our staff are trying to introduce this activity in Rafah. In average, around **16** women participated in each session. The topics of women empowerment include post traumatic stress disorder, 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, war on Gaza and demolition of Shijaia clinic this activity has been suspended in Shijaia area 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.

- 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:

Ten meetings were conducted in the family health care centres with the local community leaders and head of the families in all areas. Additionally, the health coordinator had visited in Darraj some of the heads of families and local leaders in Darraj area to introduce the campaign to prevent and reduce the prevalence of anaemia and malnutrition amongst children.



Community involvement

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

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.



Meetings with the local communities

RESULTS:

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

Indicator 1

Anticipated: At least 97.1% 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: 97.1 % of registered mothers received at least four antenatal visits (648 out of 667 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: 75% (502 out of 667) of mothers registered at the NECC were visited twice; once within 6 days after delivery and once within 40 days (first visit 502 second visit 529 out of 667 delivered women) distributed as Shijai'a 75% (119 out of 158) 77% in Darraj family health care (320 out of 414), in Rafah 66% (63 out of 95)

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: 18760 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 12274 families, 32469 children
- Shijai'a 2238 families, 2727 children (newly registered of May 1st, 2009 due to demolition of Shijaia clinic)
- Kherbat Al Adas 2147 families, 3402 children

Achieved: families registered by this reporting period is 16659 and children registered 38598 (all previously registered of records families in Shijaia clinic had been lost due to demolition of the clinic)

Distribution of registered families and children by centre

Category	Shija'ia	Darraj	Rafah	Total	Target
Families	2238	12274	2147	16659	Already achieved
Children	2727	32469	3402	38598	Already achieved

Difference and reason for difference: Target 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 21864 distributed as; 13618 children, 3092 pregnant women and 5154 adults.

Difference and reason for difference: Target not achieved due to demolition of Shijaia and closure of the others clinics during the war in January

Indicator 6

Anticipated: 4,000 home visits (yearly)

Achieved: 3774 home visits were conducted during this reporting period.

Difference and reason for difference: 226 home visits

Target not achieved due to the demolition of Shijaia family health care centre.

Indicator 7

Anticipated: 2,500 women attending family planning

Achieved: Number of women attending family planning in this reporting period is 1682

Difference and reason for difference: 818 clients

Target not achieved due to demolition of Shijaia clinic which recommenced its activities on May 1st, 2009.

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 post natal questioner and through conducting clients exit interviews and by our own assessments at home visits.

Difference and reason for difference: Achieved

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: 18883 tests were carried out in this reporting period.

Difference and reason for difference: 3617

Target not achieved due to demolition of Shijaia clinic

Indicator 2

Anticipated: Accuracy of tests.

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 :

- i) **Control the instruments**:
Preventive maintenance is 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.
- ii) **Maintenance**: if the equipment is out of order maintenance personal are called and remedial actions are done.
- iii) **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.
- iv) **Capacity building of the staff** : continuous training according to the needs of laboratory to upgrade the skills of the lab. Technicians and upgrade their knowledge.
Dispose of laboratories wastages: waste is sent in special safety boxes to the Governments Hospital which has the proper facilities to dispose them

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 in previous reports, 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 here that the data that could be extracted from the records pertains only to the beneficiaries who visit our centres.

To assess the vulnerability of the population at the locations where we work, we rely mainly on secondary data (to avoid going through expensive empirical and lengthily data collection procedures). Certain indicators have been developed and will be used soon. These indicators reflect socioeconomic as well as health related issues. The NECC will continue gathering 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 its 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 analyzed. 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, WHO 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 40-50 women from graduates are using their training in the communities in the year following graduation

Achieved: 18 women serving their communities were graduated.

Difference and reason for difference: Only One course was organized which was due to the prevailing conditions after the war on Gaza: 20 graduates from various courses have got involved in the summer camps organized for children as part of the psychosocial intervention programme which was introduced in 2009 in addition to three who were employed to work in the anti malnutrition and anaemia programme.

Indicator 2

Anticipated: Each year, at least 4 days training provided for the following groups of medical staff: 3 General Practitioners; 1 Gynaecologists; 9 Midwives; 7 Nurses; 3 Laboratory technicians; 2 Dentists; 1 Pharmacist; 3 Assistant Pharmacists; 2 Social Workers; 4 psychosocial team; 3 Clerks/ data processing. In addition we will also invite a number of various medical staff from other local NGOs and Ministry of Health.

Achieved: 4 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: 18 were trained in this reporting year

Difference and reason for difference : 22 women target not achieved due to the war on Gaza and demolition of Shijaia clinic.

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: 21864 participants attended 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.

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.

Psycho-Social Intervention:

After the war on Gaza, the number of people found in need of Psychosocial intervention is increasing, the Gaza Strip has witnessed a terrifying growth in mental health problems with victims suffering from stress related conditions including post traumatic stress disorder. Medical sources have even noted how some mental health workers have needed to receive counseling themselves to enable them to cope with the terrors which have been imposed upon the affected population who will continue to suffer and will remain at a great risk.

Accordingly, NECC has arranged for our social workers, doctors and staff nurses to attend courses which were organized by Gaza Community Mental Health Programme (GCMHP), Psycho-social support Association for youth and the Community Training Centre, and Crisis Management Centre in addition to training provided by Consultants sponsored by FinChurchAid and Church of Sweden through ACT.

We have arranged to have our staff be exposed to the under mentioned in order to enable our organization contributes towards the elimination of post-war psychosocial effect on the various communities through the provision of psychosocial assistance to restore hope, dignity, mental and social well-being while mainly focusing on students of our Staff, trainees at our VTCs, mothers and their children who attend at our family health care centres.

- 1- Offered free time to express and discuss their personal experiences;
- 2- Offered time to feel calm through relaxation and meditation techniques;
- 3- Developed the capacity in listening to clients and encourage them to express their feeling;
- 4- Equipped them with stress management skills;
- 5- Raising awareness of the relation between trauma exposure and body changes;
- 6- Training on group debriefing, defusing and counseling.

Accordingly, we envisage that the social workers and other staff can implement the acquired skills in dealing with:

- 1- The Community, Parents and their children served by NECC family health care centres had access to counselling;
- 2- Students attending the NECC vocational training centres had access to counselling;
- 3- People diagnosed with signs of mental health disorder will be referred to receive treatment and support at specialized organizations.

Additionally a 120-hour training course for ToT organized by FCA Consultant during June-July 2009 which was attended by six of our staff members. The course tackled a number of topics such as Psychological Theories, Mental Health and Counselling with Women and Children.

Within the activities of the intervention, it was planned to organize three 2-week summer camps for children aged 6-10 years living in the vicinity of each of the three family health care centres in Shija'ia and Darraj in Gaza and the third one at Kherbet El Adas in Rafah. Separate meetings were held with the staff and members of the various communities who have received the initiative with thanks and pleasure. Places in Shija'ia and Darraj were found and were put at our disposal by the owners with no charge as part of their contribution towards the programme and welfare of the children living in the vicinities. Meanwhile, furniture was moved to each place and all kinds of materials and supplies were provided. Unfortunately, we could not find a suitable house to utilize in Rafah.



Social Workers organized various activities for children

Training in psychosocial intervention:

Organized by	No. of Days	No. of Participants
Gaza Community mental health programme	6	4
Psycho Social Support Association for Youth	5	17
Gaza Community mental health programme	6	4
ACT Consultants	2	17
Community Training Centre and Crisis Management	14	17
” ” ”	13	5
ACT Consultants	5	3
” ” ”	5	6
” ” ”	18	6
NECC ToT	16	17

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 this reporting year 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. Our clinic in Shijia area were reopened in May 2009.
- 3) After war 0n Gaza NECC have arranged for our social workers, doctors and staff nurses to attend courses which were organized by Gaza Community Mental Health Programme, Psycho-social support Association for youth and the Community Training Centre and Crisis Management. We have arranged to have our staff be exposed to the under mentioned in order to enable our organization contributes towards the elimination of post-war psychosocial effect on the various communities through the provision of psychosocial assistance to restore hope, dignity, mental and social well being while mainly focusing on students of our VTCs, mothers and their children who attend at our family health care centres.
- 4) 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.
- 5) As a reflective organization, we learned the lessons from the last years and utilized effective strategies that fulfilled the gaps revealed previously in relation to certain indicators.
- 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 and the programme extended to Darraj\Tufah area among an estimated number of 13000 children was started in October 2009.

Key lessons learned:

- Building good relationships with the local community is very helpful, the local community and leadership of Shijaia area helped the NECC to find a suitable place as a replacement to the demolished clinic.
- *Achieving quality of care is possible when using appropriate means and follow up*
- Coordination and integration is possible and it resulted in excellent working relationships among health organizations.
- Raising community awareness and enabling them is a crucial factor for improving health status of a given population. This should be accompanied by meeting population demands for services-working on demand need chain
- *Capacity building followed by supervision is an effective approach to improve quality of services.*
- *Providing comprehensive integrated services is well appreciated and positively perceived by clients and effective in improving health status of population.*
- *Conceptualizing health as a social rather than as a medical concept and integrating medical services with social aspects such as empowerment, gender and awareness is an appropriate model to improve the health status of a given population*
- Using indicators is very helpful in managing and improving services
- *Using information and data for decision making is helpful tools.*
- Computerized health information system is very helpful at both operational and managerial levels.
- *Follow up and monitoring is essential in implementation.*
- *Responsiveness to clients opinions and perspectives is essential*

Main Constraints Faced in the Reporting Period

- 1) The last war on Gaza in December 2008, led to total destruction of the NECC clinic in Shijai'a and loss of records, equipment, medicines and materials pertaining to the project. We were able to replace all the equipment and medicines thanks to a special support provided by CARITAS, France & Switzerland through the Pontifical Mission in Jerusalem for this purpose in addition to the contribution received from Mrs Claudette Habasch, General Secretary, CARITAS, Jerusalem which were received with full appreciation of the community and Gaza Area Committee.

- 2) 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.

- 3) 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

- 4) Additionally, the gradual decrease of fuel and cooking gaz supplies to Gaza makes movement, transportation, heating and operating generators more difficult.

- 5) 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.

A case from Darraj/Tuffah district

Maha I. El Dali is 25 years old, married with three children. Her husband is presently unemployed due to the siege being imposed on the Gaza Strip. The family is without source of income as there is no social security scheme and therefore depends completely on charity in the form of dry rations being distributed by charitable organizations which are insufficient to meet the needs of the family and in particular her children who suffer from malnutrition and anaemia as the family is unable to provide the proper food and milk.

When asked while she was accompanying her children at NECCCRW family health care centre, She said “We are lucky and thankful to Ittihad El Kanayis (NECCCRW) for the various services being rendered at this (*clinic*) family health centre (**one of three centres we run**) in Darraj/Tuffa district where my husband and the family are able to receive treatment and be provided with medicines which under the prevailing very harsh conditions would not always be available elsewhere, and especially the staff’s kind attention made through proper treatment and follow up made at the clinic and home to my children who suffer from malnutrition and anaemia, and are provided with the necessary medications and milk **“She added “as I cannot imagine what would happen to them (her children) without (this centre)”**”

She has further added that the services provided by the staff at the centre had alleviated great part of her family’s and others sufferings for which the community expresses its appreciation and gratitude to “Ittihad El Kanayis” NECCCRW and those who contribute towards its expenses and wish (*them*) continued success in the service of humanity.



Family Health Care Centres

1/1 - 31/12/2009

No.	Activity	* Shii'a'ia	Darraj	Rafah	Total
1	No. of registered families	2238	12274	2147	16659
2	No. of new families	2235	319	667	3221
3	No. of registered children	2727	32469	3402	38598
4	No. of new children	2727	1073	1217	5017
5	No. of children attended well-baby clinics	5561	8283	4916	18760
6	No. of registered pregnant	475	21159	587	22221
7	No. of new pregnant	475	450	179	1104
8	No. of antenatal care	2287	3873	1228	7388
9	No. of New High risk Pregnancy	58	42	24	124
10	No. of repeated High risk Pregnancy	279	387	41	707
11	No. of antenatal follow in the last week before delivery	130	330	52	512
12	No. of deliveries	158	414	95	667
	12.1 No. of post natal visit within 6 days	119	320	63	502
	12.2 No. of second post natal visit within 40 d	19	99	11	129
	12.3 No. of second post natal visit at home within 40 d	63	287	50	400
13	No. of Ultrasound Scan	723	1092	419	2234
14	No. of persons examined by doctors:	7082	8857	5935	21874
	a- Children	4941	6049	2628	13618
	b- Adults	1088	1332	2736	5156
	c- Pregnants	1053	1468	571	3092
15	No. of laboratory tests	6458	7918	4507	18883
16	No. of home visits	467	1191	668	2326
17	No. of demonstrations	553	1219	116	1888
18	No. of treatments in the form of:	934	1565	1017	3516
	a- Injections	657	624	684	1965
	b- Dressings	146	212	246	604
	c- Ventolin Inhalation	131	398	87	616
	d- Others	0	295	0	295
19	No. of women attended Family planning	439	1243	0	1682
20	No. of afternoon women's activities	1041	1211	0	2252
21	Number of Diabetes Mellitus	30	181	428	639
22	Number of Hypertension	40	119	329	488
23	No. of registered Under Weight Children	528	61	72	661
24	Number of children become normal	0	35	2	37
25	Number of new under weight children	528	160	45	733
26	No. of referred cases	1	60	0	61
27	No. of Abortions	8	23	15	46
28	No. of Newly born deaths	1	4	0	5
29	No. of Cases Received iron Supplementation	230	873	361	1464
	a Children	230	873	361	1464
	b- Lactating Women	0	0	0	0

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

* Various activities were resumed on 2 May 2009

Activities of Mobile Dental Clinic
1/1 - 31/12/2009

No.	Activity	Shija'ia	Darraj	Rafah	Others	Total
1	No. of persons examined by dentist:	868	1178	1591	97	3734
	a- First Visit	380	393	559		1332
	b- Repeated Visit	73	289	540		902
	c- Consultation	415	496	492		1403
2	Scaling	60	87	171		318
3	Extraction	115	174	201		490
4	Amalgam Filling	494	415	507		1416
5	Composite Filling	8	15	14		37
6	Fisher Sealant	0	0	0		0
7	Minor Surgery	0	0	0		0
8	Follow Up	258	298	351		907
9	Medication	423	596	991		2010
11	Referrals	52	65	128		245
	11.1 Specialist	50	61	128		239
	11.2 X-ray	2	4	0		6
12	No need for treatment (mixed)	1	6	6		13
13	Screening of Children on Well-Baby Clinic days (2.5-6 years)	264	403	53		720
	13.1 No Need for Treatment	184	306	41		531
	13.2 Needed Treatment	80	97	12		189
14	Screening of pregnant	420	438	2		860
	14.1 No Need for Treatment	57	37	0		94
	14.2 Needed Treatment	363	401	2		766



Rehabilitation of Shija'ia Family Health Care Centre



Rehabilitation of Shija'ia Family Health Care Centre



Rehabilitation of Shija'ia Family Health Care Centre



Various Activities at Family Health Care Centres

“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 before it has been completely halted nearly for the last three years due to prohibition imposed on import of construction materials in particular. The most noticeable weakness in the system is the automatic upgrading of the students most probably 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*

NECCCRW runs the following centres:

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. Female students who have successfully completed their secondary education can join the centre after 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 a period of six weeks external training.

The course enjoys a good reputation and graduates are always in demand in spite of the harsh economic condition prevails in the Gaza Strip due to the strict being imposed. 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.

Rozet Zowead

She is 27 years old married with three children, separated from her husband who resides in Israel and that she is unable to join him; living with her parents in Gaza. She has completed the secondary studies and applied to enroll at the Secretarial Centre as she quoted when interviewed "I heard a lot about the good reputation of the centre and therefore decided to take the advantage and applied".

She aims at completing her studies and training to qualify her to work as a secretary in order to secure income to enable her take care of her children and parents who have no source of income. Rozet tries to cope with her responsibilities toward her children

and parent and the study at the centre; She receives encouragement from her teachers and instructors who try their best to empower her and facilitate her mission to qualify for the profession in order hopefully will be self reliant and achieve her goal, and therefore would be able to support her family through a decent work.



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 graduate are able to make all kinds of dresses for children and adults as she has to perform every step from A to Z on her own 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 and graduated from 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 and therefore many had "voiced" great difficulty to cover such expenses even that is relatively small amount. The Committee decided to look into the matter before the commencement of the new course in order to help those poor women.

In the conservative Palestinian culture, dressmaking is considered an appropriate profession for women. Their training takes place in

the company of 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 less demand to enroll at the centre compared to last year as the families are encountering 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.

Faten Tawfiq El Hanjouri

She is 35 years old, married with four children aged 7-12 years, living with her husband's family. Her husband used to work in the construction but presently is unemployed due to the siege and prohibition of getting construction materials into Gaza. The family depend mainly on what they receive from the charitable organizations which is insufficient to meet the requirements of the family and the children in particular. She said when interviewed " I resorted to enroll at the advanced dressmaking centre at NECCCRW which provide good theoretical and practical training in an appropriate atmosphere in order to be trained on the art of sewing to enable me work after graduation to earn income to sustain my family".



3. Boys' Vocational Training, Gaza:

This centre is aimed at serving mainly nearly 110 teenagers aged 14-16 who usually drop out from schools and find no other opportunity . Those disadvantaged 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 and safety and protection. They are also being placed in workshop in order to receive on the job training while they are introduced to the market.

Mohammad Anan Mansour

Born in Gaza on 29/4/1994 for a family consisted of seven persons in addition to his mother. His father who used to work as bus driver was killed in front of him during the Israeli war on Gaza a year ago. They live in a very small house in one of the largest Refugee Camps in the Gaza Strip.

He has completed the sixth elementary grade but had no interest to continue his education at school and decided to enroll at the Vocational Training Centre on an advice of a relative who directed him to NECCCRW. He was accepted to enroll in the first year as of September 01st, 2009 at the three-year Carpentry & Furniture making section, expressing when he was interviewed his desire and determination to become a skilled carpenter in order to earn income to assist the family which is depending now on whatever would be distributed by the Humanitarian Organizations in kind (dry rations and oil).

He had sustained psychological wounds from the scene of his father's corps lying before him who was killed when the Israeli war planes bombarded their neighborhood causing great damage to their house as well.

Special attention is directed to him through our psychosocial programme which our organization has introduced aftermath the announcement of ceasefire which was possible by the support provided by our partners through ACT International; We are conducting this service amongst the trainees and patients who report to our various health and vocational training centres in addition to our staff.

We believe that through this opportunity coupled with the attention being given to him through the psychosocial programme, would help in qualifying him to become a skilled carpenter and in promoting his hope for a better future.



4. General Electricity and Motor/Transformers rewinding:

The centre is located in Qararah village about 20 kms to the south of Gaza City. It 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 subjects are being taught as well. They are also placed in workshop for on the job training to acquaint them with the market.

5. Educational Loans:

All staff concerned with the Educational programme continued to follow up the remaining of very few cases of the "old" loans to ensure the continuity of repayment of the loans in arrears. They constitute much less than 1% of the total previous old loans issued before the first Intifada "uprising" in 1987 which the committee decided not to write them off and keep claiming for them. Otherwise, the rate of repayment 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 **65** loanees have settled their loans in 2009.

In spite of the difficult economic condition, the repayments of the loans have been settled on time due to the availability of three guarantors. The installments of few cases have been rescheduled for a short period for those who have their homes affected by war.

On the other hand, while 131 applications for new loans have been taken, the Committee received only 46 which have been reviewed and found eligible, but only 29 persons handed back their documents and received the loan in addition to 26 who renewed their contracts for the academic year 2009/2010.

This unfortunately has been attributed mainly for the difficulty encountered by the students in order to secure three guarantors who would be accepted by the bank due to the harsh economic condition and the high rate of unemployment.

The committee had extensively reviewed the matter to provide support but found no alternative at the time being to adopt if the revolving capital would have to be secured and continue in assisting others.

2. Activities:

- 2.1. The various vocational training centres operated normally except during the Israeli war on Gaza when they were closed on 27 December 2008 but resumed its activities on 22 January 2009 after the cease fire was declared. Two of the trainees's homes

were severely affected by the bombardment in addition to the homes of five Instructors whose houses and furniture sustained damages and glass shattering.

- 2.2. The number of graduates during the period of reporting was 127 (70 female and 57 male as described).
- 2.3. The total strength at the centres as on 31/12/2009 was **200** trainees (**37** women and **163** men) defined as follows.

Ser. No.	Programme	Graduates	Dropout	Presently Enrolled			Total Enrolled 31/12/2009
				1 st Y	2 nd Y	3 rd Y	
1	Secretarial Studies	13	1	20	0	0	20
2	English Course	23	0	0	0	0	0
3	Advanced Dressmaking	16	7	17	0	0	17
4	Carpentry & Furniture Making	23	1	24	23	24	71
5	Metal/Aluminum Works & Welding	12	0	15	15	14	44
6	General Electricity and Motor/Transformer Rewinding	22	3	24	24	0	48
7	Community Workers	18	4	0	0	0	0
Total		127	16	100	62	38	200

- 2.4. The number of 100 trainees have been accepted to enroll in the scholastic year 2009/2010 in addition to 100 trainees who were upgraded to the second and third years of training at the VTCs in Gaza & Qararah.
- 2.5. The social worker and instructors got involved in assisting the trainees through the psychosocial intervention; They were encouraged to paint, join in acting and staging plays, and volunteering in social activities, at least for short periods of time. Those activities, as well as others, we are intended to deal with trauma suffered by our trainees and to enable them to make the transition back to learning and training easier.
- 2.6. Four meetings were held with the parents and instructors to discuss matters related to their children and situation.
- 2.7. Thanks to a special support provided by Christian Aid, it was possible to extend support to the trainees' needy families for a period of eight months in addition to the payment of transportation expenses for those who live outside Gaza; This gesture had good impact on those families who received it with appreciation and thanks.
- 2.8. The Principal and Instructors at the Vocational Training Centre in Gaza have arranged for the on job training of the third year

trainees who sat for their final tests in early July 2009. The results were good and all the 3rd year trainees **(35)** graduated and received their certificates by end of the month.

- 2.9. Arrangements were made for the selection of new groups at the Secretarial, **(23)** Advanced Dressmaking **(16)** and Gaza Boys' VT **(39)** who have enrolled at the new courses which commenced on September 1st, 2009.
- 2.10. The 2nd-year trainees at Qararah Electricity & Motor rewinding course who have been placed for training in various workshops and sat for their final examinations in October, and those who had succeed graduated in early November. Accordingly a new group of 24 persons was selected out of 135 applicants who joined the centre on 01/11/2009.
- 2.11. A number of Instructors and trainees from the three trades at our VTCs have worked very hard when got engaged in the preparation for the rehabilitation of the house provided by the community to re-activate the anti-malnourishment and anaemia programme in Shija'ia before the adaptations made to the house to qualify it for rendering the various services of a clinic.
- 2.12. It was not possible to organize the afternoon computer courses for women as it was noted that there was hesitation on the side of the women and their families to enrol mainly for economic reasons and late hours courses for economical reasons as well.
- 2.13. One meeting 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. Additional fourteen meetings as well have been organized with the guardians when aspects related to the follow up of their children were discussed including the attention paid to psycho intervention.
- 2.14. The operation of the centres was possible during the power breakdown thanks to the generator which was but its consumption of fuel had again inflicted a considerable increase on fuel budget line this year as well.
- 2.15. The special support provided by Norwegian Church Aid had greatly helped again in 2009 to sustain the training of students being enrolled at our vocational training centres until end of the scholastic year 2008/2009.

Another application to secure further support for year 2010 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.

- 2.16 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 especially in light of trauma they have experienced as a result of the Israeli war on Gaza in late 2008 and extended until 18 January 2009. A trip within Gaza Strip was also arranged and a lunch was served at the seashore. Additionally, on two occasion light meals prepared by the students' social/cultural committee were served at the centres.

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.

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.

- 2.17. The small libraries available at each centre were provided with few extra books and publications and the trainees were encouraged to sit and read, and borrow books and available magazines. Additional films were shown and a wall newspaper was prepared by the trainees every two months.
- 2.18. The VTC consultant continued his visits to the centres to follow up the implementation of plan of action of each centre and provided his observations and recommendations to the instructors when necessary.
- 2.19. 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.
- 2.20 Various lectures were given by specialized persons on the topics including Health, gender, tolerance and tolerance, Labour Law, Safety and prevention, Gender, Feasibility Studies, Personal appearance etc .
- 2.21. The Social Worker conducted a survey of last year's graduates and noticed that the employment rate was comparatively better than last year in spite of the high rate of unemployed prevailing in the Gaza Strip due to the siege and economic condition.
- | | |
|-------------------------------------|-----|
| 21.1 Carpentry and furniture making | 38% |
| 21.2 Metal works and welding | 50% |
| 21.3 Electricity & motor rewinding | 53% |

21.4 Secretarial & Office Management	62%
21.5 Dressmaking (Working for clients and the families at home)	100%

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.

While the restriction on import of raw material and specifically related to construction is still in practice, the Social Worker had been informed by the owners of workshops that the trades are still required as soon as the construction materials would be available in the market.

- 2.22. 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.
- 2.23. 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.
- 2.27. 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.
- 2.28. Eighty nine of the most needy trainees' families have been supported with the sum of US\$ 100 a month for eleven consecutive months by a special earmarked fund thankfully was made available by Christian Aid through ACT appeal in addition to the coverage of transportation expenses for 79 trainees with an average monthly amount of US\$ 25 for a period of 11 months. The Guardians who were unemployed and in dire need expressed their appreciation and gratitude to Christian Aid for such valuable support provided under such harsh conditions. The same applied to the trainees who were cheerful and appreciative to receive the transportation "allowance" which saved them walking long distances.

3. Constraints encountered :

- 1) The shortage of materials in the market and high rise in its cost when found.
- 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 proper fuel, gas and raw materials were the main challenges. Accordingly, the generators operated more often which increased the expenses of fuel.
- 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 accordingly denied exposure to Vocational Training Centres.
- 5) The unavailability of certain materials to effect repairs the damages previous affected the VTC premises as a result of Israeli bombers shelling to nearby workshops to Boys' VTC.
- 6) We have neither been able to replace a number of the equipment nor find spare parts for others due to the siege and its 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.

4. Activities will be undertaken next year:

- 1) The various training courses will continue to be conducted as outlined in 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 and their families through Psycho-Social Intervention programme which our social workers and medical staff are implementing.
- 8) To encourage the foundation of Alumina for the graduates.

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 mainly for 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) 4- Others</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 NECCRW 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 Depending on the subjects</i>
<i>Capacity</i>	<i>20-24</i>	<i>22-25</i>	<i>30-40</i>

Men's Vocational Training

	<i>Gaza VTC</i>	<i>Qarrarah VTC</i>	<i>Computer</i>
<i>It started</i>	<i>In 1958 in Gaza city</i>	<i>In 1982 in Qarrarah village, 25 kms to the south of Gaza</i>	<i>1982 Gaza</i>
<i>Students' category</i>	<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 ten 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>
<i>Subjects</i>	<p><i>1- Carpentry and furniture making</i></p> <p style="text-align: center;"><i>Or</i></p> <p><i>2- Metal & Aluminum works & weldings</i></p> <p><i>Both courses include lessons on Maths , Arabic writing and reading, prevention and safety, cultural subjects.</i></p>	<p><i>1- Trade Practice</i></p> <p><i>2- Trade Theory</i></p> <p><i>3- Electrical Science</i></p> <p><i>4- Technical Drawing</i></p> <p><i>5- Trade Calculations</i></p> <p><i>6- English Language</i></p> <p><i>7- Cultural subjects</i></p>	<p><i>1- Introduction into computer science</i></p> <p><i>2- Windows</i></p> <p><i>3- Microsoft (Word, Excel, E-mail and Internet</i></p> <p><i>4- Others</i></p>
<i>Training period</i>	<i>Three years</i> <i>Including two months on the job training</i>	<i>Two years</i> <i>Including two months on the job training</i>	<i>2-3 months</i> <i>Depending on the subjects</i>
<i>Capacity</i>			
<i>1. Per year</i>	<i>35-40</i>	<i>22-24</i>	<i>15-20</i>
<i>2. Total</i>	<i>100-110</i>	<i>40-44</i>	<i>30-40</i>



Various Activities at VTCs



Various Activities at VTCs



Various Activities at VTCs



Various Activities

III. Relief and Rehabilitation:

Not only the endorsement of International Community of the boycott and siege imposed by the Israeli occupation on the Palestinians in the Gaza Strip which has resulted in crippling existing economic conditions for the inhabitants, such as very high rate of unemployment and lack of proper nutrition, sanitation and shelter coupled with restrictions on freedom of movement and denial of permits making the situation extremely grave and the population become unfortunately increasingly reliant on humanitarian assistance;

But also the new Israeli war on Gaza between 27 December 2008-18 January 2009 has caused destruction of livelihoods, homes, public infrastructure not to mention the social and health burden imposed by more than 1400 deaths and 5500 wounded of whom the Ministry of Health estimated one third of the casualties to be children and women, and again have left Gaza Strip entirely dependent on outside assistance for basic needs and created acute shortages of food, fuel, medical supplies and thousands of other basic items.

The International Community responded positively in its unusual gathering held in Sharm Sheikh aftermath the war on Gaza which was attended by Heads of States and other high level officials who have thankfully pledged to provide the amount of approximately 4-5 billion US Dollars towards the construction and rehabilitation of houses and infrastructure which were damaged; But unfortunately nothing has been achieved yet and the siege continued to be imposed with a complete restriction by Israel on import of raw material specifically related to construction with no concrete action from the side of the International Community being taken to correct those wrongs.

Our Organization responded positively thanks to funds raised through ACT Appeal MEPL 81 which was launched by DSPR in coordination with other members of APF by end of July 2008 which was revised to meet further required needs resulted from the latest aggression during the period 22 December 2008-18 January 2009.

Christian Aid thankfully has sponsored part of the job creation component and that 42 persons (**25 women and 17 men**) in various professions have been given the opportunity and performed 1888 working days at an average daily wage the equivalent of US\$ 15-20 depending on the fluctuation rate of exchange of dollar currency; While the total number who benefitted from this programme until December 31st, 2009 is **97** persons comprised of **62** women (62%) and **35** men (38%) worked a total of **6480** days defined by **3999** and **2481** days respectively.

A number of those beneficiaries from this component have provided support in various services when attached on the demand of a number of local NGOs i.e. Gaza National Rehabilitation Society, Ibda' Women Society, Orthodox Community Library, Merry Bearers Society, Thalessemia Society and Ahli Arab Hospital in addition to NECC mainly in the fields of health and general services.

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

This one-time relief assistance is very helpful but it would be for a short time and the impact would not be measured except immediately during the period the family receives it. We feel and hear the appreciation of those people who conveyed their gratitude to all those who keep them in their minds and provide such support.

The social workers have conducted sample home visits to the beneficiaries to ensure that the amount was spent in accordance with the wishes s/he had expressed when interviewed in our office.

As a rule, it is worth noting that under no circumstances can the beneficiary be substituted. S/he –head of the family- must report in person to the office except for the wife who would hold documents proving that her husband is incapacitated.

Thanks to a special contribution made available by Christian Aid in allocating a fund to support the trainees enrolled at our vocational training centre by providing a monthly amount of US\$100 cash assistance for a period of eleven months for 89 guardians who are unemployed and have no income in addition to covering the cost of transportation of the needy 79 trainees in an average amount of US\$25 for each one for the most of the scholastic year 2008/2009.

It should be noted as well that the Gaza Area Committee and administration provide support at no charge for handling the operation while using the office facilities, utilities, consumable supplies, PTT, cars, fuel, hospitality, stationery and any other required items for administering such an emergency programme.

Additionally, thanks to the Pontifical Mission and its Director and Staff for securing a special emergency relief fund to provide assistance to 300 families from the districts where our family health care centre are located for a period of 5-6 months at US\$100 every month.

Distribution of beneficiaries from Governorates

Governorate	2008		2009						Total 2009		Total 13/10/08 – 31/12/09	
	13/10-26/12		22/1 - 31/3		1/4 – 6/6		26/8 – 31/12					
	F	P	F	P	F	P	F	P	F	P	F	P
<i>Northern</i>	273	2038	530	3969	386	2969	465	3831	1381	10769	1654	12807
<i>Middle Area</i>	143	1077	227	1664	334	2396	609	4972	1170	9032	1313	10109
<i>Khan Younis</i>	502	3532	646	4984	1140	8127	927	7360	2713	20471	3215	24003
<i>Rafah</i>	172	1327	237	1981	413	3060	519	3147	1169	8188	1341	9515
<i>Gaza</i>	400	2912	552	4060	805	5771	1356	8509	2713	18340	3113	21252
Total	1490	10886	2192	16658	3078	22323	3876	27819	9146	66800	10636	77686

Distribution of beneficiaries from Job Creation

	2008		2009						Total	
	Aug. – Dec.		22 Jan. – 31 March		April – 30 June		1 July – 31 Dec.			
	Workers	Days	Workers	Days	Workers	Days	Workers	Days	Workers	Days
<i>Female</i>	25	1160	22	1336	29	1051	8	452	62 (64 %)	3999 (62 %)
<i>Male</i>	17	728	20	752	22	928	2	73	35 (36 %)	2481 (38 %)
Totals	42	1888	42	2088	51	1979	10	525	97	6480

24,529 patients (**13,446** children & **11,083** adults) from the communities where our three family health cares centres are located have benefitted from the support provided in the appeal by contributing US\$ 2 for each case in 2009 and covering the cost of appointment of two nurses, a doctor, a laboratory technician, an assistant pharmacist, support staff for a limited period which was another help towards enabling us continue to provide adequate services and alleviate the sufferings of our people living under such harsh conditions. Additionally part of the fund was spent to provide medicines and a couple of laboratory apparatuses as which our head office is unable to deliver them into Gaza.

A shipment of water was received here after a delay our head office encountered in obtaining the clearance which was distributed mainly to patients and women who report to our clinics and the trainees at our vocational training centres in addition to the Ahli Arab Hospital, Hope Orphanage, Missionaries of Charity's home for the aged and staff. **Nearly 138,186 persons had benefitted from the water distribution.**

A small quantity of enriched biscuits was received from Ahli Arab Hospital which was distributed to **8616** children attending at the family health care centres and trainees enrolled at Gaza Vocational Training Centre.

On the other hand, a comparatively small amount was expended towards purchase of medical supplies and equipment for the Shija'ia clinic which was bombed and completely demolished on 10 January 2009 before a special donation to provide all the necessary equipment and medicines was pledged by CARITAS in France thanks to the Director and staff of the Pontifical Mission in Jerusalem who introduced

them to us and highly recommended to provide support to our organization. This contribution has saved a considerable amounts in our budget lines allotted for medicines in particular.

As a result of the Israeli war and devastated destruction caused by the intensive bombardment from sea, air and land, a very high percentage of the population had been traumatized especially children. The Gaza Area Committee was encouraged to arrange for Psycho-social intervention and accordingly a number of our staff (Two social workers, a doctor and three staff nurses) in addition to three appointed social workers for this purpose have been engaged in special training sessions organized in the beginning by GCMHP and later on our demand were organized by other specialized organization and independent professionals. They immediately got involved with clients at our family health care centres focusing on children and women in addition to the intervention made by a social worker at our vocational training centre in Gaza and Qararah where “children” aged 14-17 years and students aged 17-23 years are respectively enrolled. **All related expenses have been covered from ACT Appeal number MEPL81.**

17 impaired persons have been assisted with various apparatuses including wheel chairs in addition to distribution of 28 pairs of crutches in addition to eight local NGOs and schools have been assisted with furniture which were produced by our trainees at Gaza Vocational Training Centre.

IV. Employment and Income generating co-operative:

The remaining twelve women as two have left at the self-help centre in addition to eight seamstresses at the self-support sewing co-operative, continued their performance in producing garments of all kinds to women clients earning an average monthly amount of US\$ 150.

V. Advocacy:

Due to the prevailing conditions aftermath the war on Gaza Strip, it was noticed that comparatively more foreigners were allowed to enter Gaza in spite of the delays in obtaining permits while many cases no responses were received or they have been denied entry. During this period **147** persons including delegations from a number of our partners’ agencies and journalists have been met and paid visits to our programme.

VI. Capacity building:

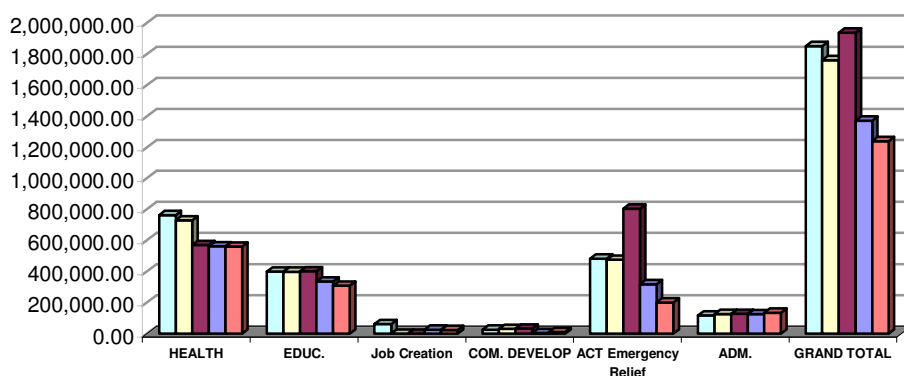
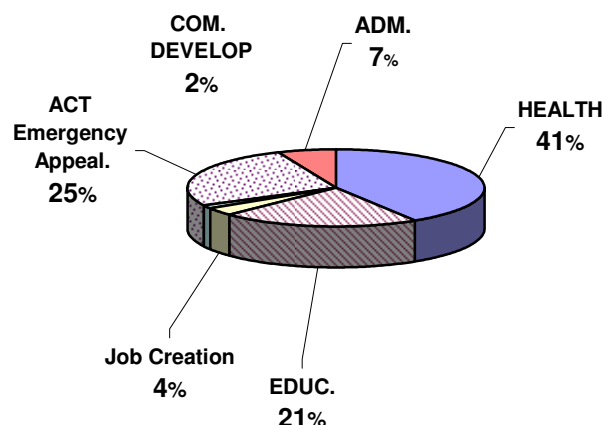
The capacity building of our staff is continuously receiving attention as 65 of our staff members involved in the Health, Vocational Training and Social sectors have attended courses and workshops organized by local NGOs and our organization during this reporting period mainly in psychosocial intervention in order to enable them support our trainees and beneficiaries at the family health care centres as a result of the ongoing blockage on Gaza which poses serious threats to the mental health and psychological and social wellbeing of adults and children.

The Gaza Governorates have a population of approximately 1,5m including over 1,106,195 Palestinian refugees registered with UNRWA defined as follows:

Area	Camp	In Camps	Not in Camps	* Total
Jabalia	Jabalia	108,330	92,701	201,031
Rimal	Beach	83,196	94,483	177,679
Zeitun	-	-	140,873	140,873
Nuseirat	Nuseirat	63,547	33,499	129,322
	Burejj	32,276		
Deir El Balah	D/Balah	20,941	46,445	91,866
	Maghazi	24,480		
Khan Younis	Kh/Younis	70,268	116,511	186,779
Rafah	Rafah	99,709	78,936	178,645
Total	8 Camps	502,747	603,448	1,106,195

*** The figures as on 31/12/2009 courtesy of UNRWA which employs nearly 24,000 staff helping 4.5 million refugees in the Occupied Palestinian territories as well as Arab countries.**

**How The Money Was Spent
2009**



“ 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. CARITAS in France, Switzerland, Luxemburg & Jerusalem
3. CCFD
4. Christian Aid, UK
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. Evangelical Lutheran Church in America
12. Evangelischer Entwicklungsdienst e.V (EED), Germany
13. FinChurchAid
14. Interchurch Organization for Development Cooperation (ICCO), Holland
15. KAIROS, Canada
16. Lutheran World Relief, USA
17. Middle East Council of Churches
18. National Council of Churches, Australia & AusAid
19. NECEF, Canada
20. Norwegian Church Aid
21. Pontifical Mission for Palestine
22. St. Patrick's Cathedral, Dublin
23. The Bromages, UK
24. The Church of Scotland
25. The Reids, Australia
26. World Council of Churches