

PN-AAP-802

HANDICAPPED SERVICES IN THE WEST BANK

ISN 34295

JOINT PLANNING PROCESS

CATHOLIC RELIEF SERVICES

COMMUNITY DEVELOPMENT FOUNDATION

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Best Available Document

I. Project Purpose Statement

A. Development of Joint Planning Process

The Community Development Foundation (CDF) and the Catholic Relief Services (CRS) cooperatively initiated a joint survey of local agencies involved in the provision of services for the handicapped during the period April - August 1983. The development of the survey format, the implementation of local agency interviews, and the tabulation of survey results were mutually shared activities of CRS and CDF staff. Each organization then utilized the information resulting from the survey to prepare a discussion paper for the United States Agency for International Development (US-AID). During the September 1983 field visit of US-AID officials encouragement was given to CDF and CRS to initiate a joint planning process for the development of their programs in the handicapped service sector.

The period of October 1983 through January 1984 has been a time of intense activity with joint as well as separate CDF and CRS visits to selected local agencies for program development discussions. The organization of a day workshop at the Jerusalem Union of Charitable Societies on 20 January 1984 for the collective review of the CDF and CRS planned interventions in the handicapped service sector marked the culmination of this cooperative effort. (See Attachment 1.) This discussion paper summarizes the development of the CDF/CRS joint planning process and provides a framework against which the separate proposal submissions of each agency can be reviewed.

B. Discussion Paper Purpose Statement

The purpose of this discussion paper is to:

- review survey results of the joint CRS/CDF effort
- identify local agency institutional support needs resulting from survey review
- identify needs of the handicapped population currently outside of the existing service structure of local agencies assisting the handicapped
- define the complementary intervention strategies of CDF and CRS in their involvement in the handicapped service sector

define the integrated development strategy for local agencies participating in this US-AID assisted program

II. Project Background

There are two factors which influence the quality of treatment and level of services available to meet the needs of the handicapped members of a community. The first is the attitude of other community members toward the phenomena of a person born with physical, sensory or mental limitations. The second factor is the level of development of the society in which the community exists and the ability of the society to make available resources to meet the needs of potentially less productive community members.

The belief in many countries, the Arab countries among them, is that a handicapped child illustrates the wrath of God toward a particular family because of some unknown misdeed that must be punished. The presence of a handicapped child in a family is traditionally viewed with shame. The handicapped person may be ostracized from community functions and restricted to the protective environment of the family.

Attention to the needs of the handicapped members of a community generally emerges as a concern where the basic needs of the society have begun to be addressed and successfully met. The needs of the handicapped person and the allocation of community resources to meet these needs frequently begin to take place in societies where resources are no longer scarce. Changes in traditional attitudes of personal guilt and feelings of family shame related to the handicapped begin to occur when community members perceive that the occurrence of mental retardation, deafness, dumbness and blindness are a predictable phenomena in any society and can be addressed as a need of the community.

A. Development of Services for the Handicapped

The establishment of institutions to provide services for the handicapped has been defined as a priority social welfare need by local Palestinian charitable organizations, international assistance agencies, and the Social Welfare Department of the Military Government. Before the turn of the century only one society for the blind had been established to assist the handicapped. Prior to the 1967 War another nine societies were established. These included three agencies for assisting the mentally retarded, four for the blind, one for the deaf and dumb as well as two physical therapy programs. In the period from 1968 to the present another twenty-four societies have been established. The following table provides a summary overview for the types of services currently available to assist the handicapped:

Table 1: Summary of Agencies Providing Services to the Handicapped

Society Name by Service Category	Date Established	City/Village District	Persons Served	
MENTAL RETARDATION			No.	Age
1. Terre des hommes	1976	Bethlehem	16	1-14
2. Sun Day Care Center	1977	Gaza	80	6-20
3. Al-Raja Center	1967	Hebron	60	7-15
4. Al-Amal School	1974	Jenin	21	6-14
5. Al-Amal Charitable Society	1975	Abu Dis/Jerusalem	12	6-16
6. Women Union Charitable Society	1978	Jericho	11	6-40
7. Special Education School	1975	Nablus	35	6-16
8. Annahda Society	1972	Ramallah	40	4-25
9. Arab Women Union Society	1972	Tulkarem	10	6-12
10. Swedish Organization for Individual Relief	1939	Jerusalem	90	3-23
11. Salfit Mental Retardation Center	1982	Salfit-Nablus	16	6-13
12. Morivian Church Rehabilitation Center	1981	Ramallah	8	10-20
13. Al-Nur School	1977	Jerusalem	36	5-12
			Sub-total:	435
PHYSICAL HANDICAP				
14. Medical Rehabilitation Bethlehem-Arab Society	1960	Bethlehem	36	2-14
15. Four Homes of Mercy	1940	Bethany/Jerusalem	42	3-22
16. Occupational Rehabilitation Bethlehem Arab Society	1980	Bethlehem	34	15-50
17. Princess Basma Crippled Children's Center	1965	Jerusalem	40	2-15
			Sub-total:	152
DEAF/DUMB				
18. Effeta Institution	1971	Bethlehem	95	2-16
19. Al-Amal Women's Union	1978	Halhoul	15	1-15
20. Al-Hanan School	1975	Jenin	17	6-15
21. El-Murabitat Charitable Society	1960	Qalqilia	45	6-14
			Sub-Total:	172

<u>Society Name by Service Category</u>	<u>Date Established</u>	<u>City/Village District</u>	<u>Persons Served</u>	
			<u>No.</u>	<u>Age</u>
BLIND				
22. Siloah Mission	1979	Beit Jala	19	17-45
23. Blind Center	1971	Gaza	45	1-15
24. Rehabilitation Center	1975	Hebron	7	
25. Al-Shuruk School for Girls	1895	Jerusalem	40	3-17
26. Al-Nur Center/Arab Women's Union	1962	Nablus	15	6-26
27. Al-Watanieh School	1983	Ramallah	5	
28. Beit El-Nur Home	1974	Beit Jala	12	20-40
29. Friends of the Blind	1975	Hebron	7	17-43
30. Peace Center for the Blind	1983	Jerusalem	9	15-40
31. Al-Watanieh School	1976	Beitunia/Ramallah	63	3-17
32. House of Hope for the Blind	1963	Bethlehem	20	3-80
33. Workshop Center/Employing for the Blind	1968	Jerusalem	14	
34. Alalawiah School	1938	Bethlehem	5	6-21
		Sub-total:	307	
		West Bank Sub-total:	941	
		Gaza Strip Sub-total:	125	
		TOTAL:	1066	

As is evident from the summary table, a significant increase in the commitment of resources for assisting the handicapped has occurred in recent years. New societies have been established and other societies have expanded their role definitions to include services for the handicapped. A tour of programs for the handicapped in West Bank and Gaza Strip impresses visitors with the construction of new facilities and the renovation of old ones. In fact, the establishment of an adequate institutional base to provide services for the handicapped now exists in the Occupied Territories. What very much remains to be accomplished is the training of personnel and the provision of specialized equipment to upgrade the quality of the programs in this sector; and the development of community outreach programs to expand the service network of these institutions.

B. West Bank Survey of Handicapped Service Agencies

1. Description of Existing Services

In May through June 1983 the Community Foundation and Catholic Relief Services carried out a survey of handicapped children's needs and services in the West Bank and Gaza Strip. The objectives of the survey were as follows:

- To determine the location and number of societies providing services for the handicapped under 20 years of age.
- To define the number of children currently receiving services according to the four following service categories:
 - . Mental Retardation
 - . Physical Handicap
 - . Blind
 - . Deaf and Dumb
- To obtain a staffing profile and general service description of each agency including a definition of the radius of service.
- To determine the priority areas of needs of the societies operational in working with handicapped children.

A copy of the questionnaire used in this joint survey effort is attached to the discussion paper. (See attachment 2.) Also of interest in the survey interviews was the gathering of information on the referral procedures used by local agencies as well as the type and frequency of in-service staff training.

The following table summarizes by service category the number of local agencies assisting the handicapped in the West Bank and Gaza Strip:

Table 2: West Bank/Gaza Strip Handicapped Service Summary

Service Category	Societies West Bank	Societies Gaza Strip	Total	Population
Mental Retardation	12	1	13	435
Physical Handicap	4	-	4	152
Blind	12	1	13	172
Deaf/Dumb	4	-	4	307
Total	32	2	34	1066

The population total of 1066 represents only those handicapped people currently receiving services through West Bank and Gaza Strip charitable societies.

Thirty-four programs (not including vocational and training programs serving potentially employable adults) were identified, two programs in Gaza and thirty-two in the West Bank. Twenty-eight programs in the West Bank served persons under twenty years of age. Of these twenty-eight, eleven said they did or could serve children under five years of age. The total population served by these twenty-eight programs was 901. This number is not an accurate figure of children under twenty years of age receiving services because ten of the programs also serve persons over twenty years of age and this total includes them.

The survey revealed that referrals to the various programs came from four major sources: 12.7% from physicians or specialists; 29% from family and relatives and 35% from the Ministry of Social Welfare. A number of programs indicated that they would only accept referrals from the Ministry. The Ministry does the screening prior to the referral. The method of screening was not included in this study.

2. Description of Training Activities

In recent years a number of local societies have initiated training programs to provide staff with an understanding of classroom organization, special education curriculum, and the physical as well as psychological development of the child. Generally, workshops have taken place during the summer months with follow-up training sessions scheduled on a periodic basis throughout the school year. Technical specialists have been brought into the country to work with professors from the local universities in the development of the workshops. Participation in the workshops has frequently been open to staff members of other societies.

Despite the recent advances inservice training remains an area of great need, ranging from those programs which had no inservice staff development program to those who had up to two weeks a year. Out of the 32 responses in the West Bank 43.7% had no inservice; 15.6% went to Israel for inservice; 15.6% went to other programs on the West Bank; 18.7% received training from the Swedish Organization for Individual Relief and 06.2% had directors who gave them inservice training.

The type of inservice most in need is practical, hands-on techniques and methods for working with handicapped children and their families. Providing teachers with an understanding of how children learn and how they can develop plans of instruction for children within their abilities and capabilities is a priority training concern. Much of the inservice that is given is primarily theoretical and does not help staff in their daily work with children.

Table 4 : Services Location Grid

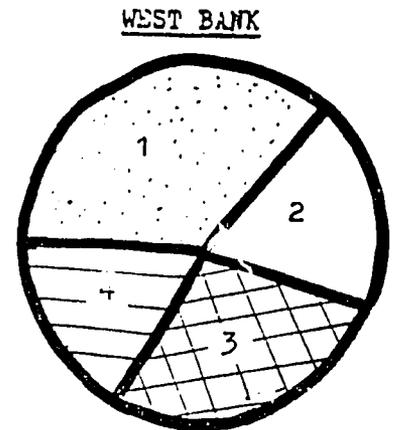
District	Number handicapped persons served																									
	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	
Beit Jala	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Bethlehem	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Nablus	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Ramallah	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Bani Naim	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Hebron	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Halhoul	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jenin	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Qalqilia	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Bethany	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Salfit	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jericho	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Nabu Dis	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jerusalem	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Ulkarem	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Table 5: Summary of Service Rejection Referrals

West Bank district	Mental Retardation	Physical Handicap	Deaf / Dumb	Blind	Total
- Jerusalem	165	152	95	165	577
- Ramallah	48			68	116
- Hebron	60		15	14	39
- Nablus	82		62	15	159
- Gaza Strip District	80			45	125
- Total Population Now Receiving Services	435	152	172		1066
- No. of Rejections in year 1983	175	92	2	26	208

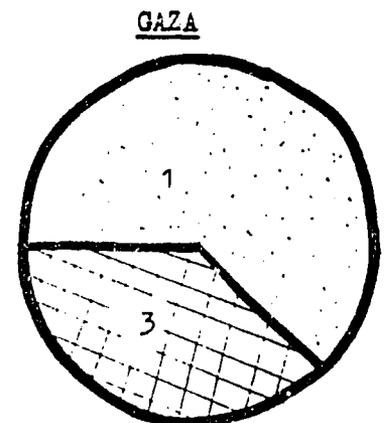
Table No. 6 Summary of Institution/ Client Ratio (by Service Category and Location)

I. WEST BANK Community Name	(1.)	(2.)	(3.)	4.
	Mentally Retarded	Physically Handicapped	Blind	Deaf/ Dumb
Beit Jala			31/2	
Bethlehem	16/1	70/2	71/2	95/1
Nablus	35/1		15/1	
Ramallah	48/2		68/2	
Bani Naim			7/1	
Hebron	60/1		7/1	
Halhoul				15/1
Jenin	21/1			17/1
Qalqilia				45/1
Bethany		42/1		
Salfit	16/1			
Jericho	11/1			
Abu Dis	12/1			
Jerusalem	126/2	40/1	63/3	
Tulkarem	10/1			
II. GAZA	80/1		45/1	
Total Population/ Institution	435/13	152/4	307/13	172/4
Client:Society Ratio	33:1	38:1	24:1	43:1



Number	%
1. 355	37.7
2. 152	16.2
3. 262	27.8
4. 172	18.3

Total 941

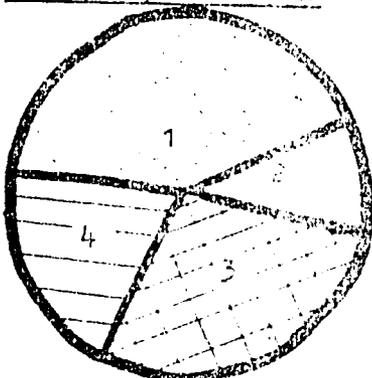


Number	%
1. 80	64.0
2. -	-
3. 45	36.0
4. -	-

Total 125

Total Handicap Sector: 34 Societies
: 1066 Clients
: 31:1 Client:Service Ratio

WEST BANK/GAZA SPPIP



Number	%
1. 435	40.8
2. 152	14.3
3. 307	28.7
4. 172	16.2

Total 1066

Table 7 : Summary of Local Society Staff in the Handicapped Service Sector

SOCIETY	Physical Therpst.	Speech Therpst.	Psych-ologist	Occupnl. Therapist	Nurses	Social Workers	Teachers	Aids	Secretary	Main-tenance	Drivers
Mental	6	1	1	-	4	9	39	12	4	10	8
Physical	5	1	-	2	7	2	2	1	1	10	1
Blind	-	-	-	2	2	6	33	2	2	13	-
Deaf	-	-	-	-	1	1	18	1	-	4	-
Total	11*	2	1	4**	14	18	92	16	7	37	9

* NOTE: Of the 11 physical therapists employed in the West Bank, 4 are working with the SOIR International Agency. Only 1 of the 11 physical therapy workers has received degree level training in this area of specialization.

** NOTE: Local societies have designated vocational education as the area in which assistance for staff/program development is most needed.

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- handicapped children under 6 years of age
- handicapped persons of all ages who are living in rural areas distant from the institution service centers.
- persons with multiple handicaps
- persons who have a severe degree of disability resulting from their particular handicapping condition.

The prime need is for early intervention, because proper care in early childhood can lessen the severity of the handicap. Intervention techniques for very young children are similar regardless of the type of handicap.

The Catholic Relief Service program plans to assist the Hebron Red Crescent Society and the Annahda Women's Association of Ramallah in initiating community outreach service programs, whose principal target group will be rural children up to eight years of age who show any type and any degree of developmental delay.

3. Training Needs Assessment

a. Institution Defined Training Priorities

Discussion with staff of local service societies resulted in the identification of the following training needs for the development of their institutions:

- . Diagnostic Assessment of the Capabilities of the Child
- . Development of an Institutional Outreach Capability
- . Physical Therapy (including brace making)
- . Speech Therapy
- . Vocational Training
- . Special Education Program Planning & Evaluation Techniques

The critically important need for the training of personnel for the diagnostic assessment of the capabilities of handicapped persons will be met through the establishment of a Child Development Center with UNICEF funding. The development of an institutional outreach capability is the priority concern of the program of the Catholic Relief Services. The Community Development Foundation is seeking to assist local societies which have defined staff training in the areas of vocational education and physical therapy as their greatest area of need.

In their efforts to develop programs for physical therapy and vocational education local societies are confronted with the lack of locally available training for professional and paraprofessional personnel working with the handicapped. They are faced with the choice of hiring expatriate staff to fill these roles or of employing and training Palestinian technicians to work in the field of special education. The cost of expatriate personnel is very high and the placement process is a difficult one as work visas are not easily obtainable. Thus, the training of qualified Palestinian technicians in the areas of vocational rehabilitation and physical therapy is the preferred strategy for the development of these programs.

There are three options for meeting the training needs of Palestinian staff:

- . Training in other West Bank Service Institutions
- . Training in Middle East Service Institutions
- . Training in Service Institutions in the United States

Commitments have been received from the Holy Land Christian Mission to accept two staff members from the Hebron Red Crescent for physical therapy training. The Bethlehem Arab Society has agreed to accept three staff members from the Annahda Women's Association for training in the use of physical education equipment. The occupational therapy program for the handicapped at the Bethlehem Arab Society will also provide training for three staff members of the Hebron Red Crescent Society in their efforts to establish a vocational rehabilitation program. Contacts have also been made by local agencies with the Swedish Organization for Individual Relief which sponsors an excellent sheltered workshop program for the handicapped. SOIR has agreed to cooperate with the Hebron Red Crescent Society in organizing such a workshop at such time as it is possible to initiate this programming activity.

The placement of trainees in local institutions capable of providing professional guidance in a particular programming area is viewed as a positive dynamic which will strengthen interagency cooperation on the local level. Ongoing professional support to the newly placed trainees reinforces the skills acquired during the training period and increases the capability of local service agencies to meet their own needs.

During the 20 January 1984 meeting with the Union of Charitable Societies commitments were received from the Union to assist in placing staff members in appropriate training activities in Jordan. The Jerusalem office of AMIDEAST also informed local agencies providing assistance to the handicapped that it could arrange training involvements in Egypt, Tunisia, Morocco, Jordan or the United States at the specific request of the organization.

Commitments to send two trainees/year to the United States for placement in special education programs have been given by Mr. David Mize, Director of the AMIDEAST program. The Community Development Foundation will coordinate the candidate selection process with local board of directors of the charitable societies. Criteria for candidate acceptance include the following:-

- TOEFEL level English language capability.
- Previous training and where appropriate degree accreditation by trainee candidates in their areas of specialization.
- Trainee candidates commitment of six months for training time involvement in the United States.
- Local agencies commitment of employment to candidates following their training involvement in the United States.

The specific kind of training will be determined by the needs of the local society in coordination with recommendation of AMIDEAST and Community Development Foundation staff. At the present time trainee candidates from the Hebron Red Crescent Society and Ramallah Annahda Society are being interviewed by AMIDEAST.

b. Development of Institutional Outreach Capability

The development of an institutional outreach capability to meet the needs of handicapped persons currently outside of the service structure of existing programs is the priority concern of Catholic Relief Services. CRS will extend the service structure to presently unserved villages, and to children below school age in their own homes. The establishment of a community outreach capability in the Ramallah and Hebron districts will require that extensive and intensive training activities be organized on a professional, paraprofessional and community basis.

Professional persons are needed for the purpose of program planning, evaluation and curriculum design. Training methodology will focus on skill acquisition and the practical application of child development theory. These persons must act as a link between home and community services. Professional persons must be able to provide training for a paraprofessional counterpart.

Paraprofessional personnel need training in order to work directly with children and parents in a knowledgeable and effective manner. Most paraprofessional staff learn on the job. In order to be more effective in their service delivery roles they should have the opportunity for training before commencing work and have access to continual inservice while working.

No persons were found who had either training or experience in working in a home or classroom setting with very young handicapped children.

Parents are not often looked upon as an integral part of the intervention system for their handicapped child; yet parents are the ideal persons to work with their own handicapped child, if only because they are with the child all day, every day, and therefore can most readily provide the continual stimulation needed. Furthermore, parents are the prime agents of any child's socialization, particularly up to school-age. Appropriate training programs need to be established for parents and carried out jointly with paraprofessional and professional staff.

Catholic Relief Services is seeking to address training needs by establishing training programs and inservice sessions for professional and paraprofessional personnel as well as for parents within each participating institution. Training sessions will concentrate on practical, hands-on techniques and methods. Training sessions will take place in the two local charitable societies indicated above. Inservice sessions will be held for medical and health care personnel as well as for the public at large. A detailed description of the training intervention strategy of Catholic Relief Services in the handicapped sector is included in their proposal submission.

E. Criteria of Selection for Local Agency Participation in Program

Catholic Relief Services and Community Development Foundation developed the following guidelines in their selection of local agencies to participate in this US-AID assisted program:

- local agency has an active and demonstratively effective Board of Directors.
- existence of an adequate facility in which recommended program activities can take place.
- employment of local staff who are reasonably trained, stable in their employment, and adequately paid.
- demand from the local population seeking the services of the agency.

provision of an annual operation budget sufficient to carry-on CDF and CRS supported program improvements or expansions without further US-AID assistance.

selection of programming activities for which needs assessment survey has demonstrated a clear need.

commitment of staff time availability for participation in local and international training opportunities.

The three Palestinian service organizations currently cooperating with the Community Development Foundation (CDF) and Catholic Relief Services (CRS) include:

<u>Name of District</u>	<u>Name of Society</u>
Hebron	Red Crescent Society
Ramallah	Annahda Women's Association
Bethlehem	Arab Society

Each agency has met all of the above listed criteria for participation in the program. Detailed agency fact sheets have been organized for each of these institutions. These fact sheets describe the overall program of the agency and outline in particular the involvements of these agencies in programs assisting the handicapped and the mentally retarded. (See attachment 4.)

The location of these three societies in separate geographic districts in the West Bank maximizes the potential program impact of the cooperative endeavor in meeting local needs. It should be noted, however, that the northern area of the West Bank is not covered by the proposed CDF/CRS projects to the same extent as are the central and southern areas, due to the lack of local institutions' capability to support such programs. CDF is planning to begin to assist local societies in the Nablus, Jenin, Tulkarem and Salfit areas with institutional support grants in subsequent proposal submissions. CRS will include personnel from the northern area in its Core Staff training program. The local institutions to which these personnel belong will then initiate their own village in-reach on a smaller scale.

III. Project Analysis

A. Statement of Programming Directions

1. CDF Intervention Strategy

The Community Development Foundation began its involvement in the West Bank and Gaza Strip in 1978. It has defined its role as a foundation to support and assist local organizations in the provision of services for the Palestinian people. The following table summarizes CDF's involvement to date in the handicapped service sector:

Table 10: Summary of CDF Funding Allocation for the Handicapped Service Sector

Project No.	Project Name	Project Budget	Date Began/Completed	Support Description
GS-0006	Society for the Care of the Handicapped	15,000	Oct. '79 / Dec. '79	Teacher training equipment
WB-0061	Annahda Women's Association	25,000	Feb. '80 / Aug. '81	Vocational training equipment & furniture
WB-0063	Four Homes of Mercy	15,000	Feb. '80 / June '81	Access road pavement
GS-0132	Society for the Care of the Handicapped	50,000	May '83/In Process; \$25,000 Allocated To Date	Kitchen equipment
WB-0145	Princess Basma Hospital	40,000	Jan. '83/Pending	Wheelchairs occupational and physical therapy equipment

Completed Actual Project Expenditures:	\$ 80,000
Total Planned/Pending Projects :	\$ 65,000
Total Budgeted Projects :	\$145,000

Since the commencement of the CDF program \$ 145,000 has been allocated in the West Bank and Gaza Strip to agencies assisting the handicapped. Generally, CDF's involvement could be characterized as a commodity purchase strategy to improve existing programs or to expand the local agencies capability to offer new services.

In the development of Palestinian service institutions it has been demonstrated that local charities can generally provide operational budgets for the improvement or expansion of existing programs if external resources can be made available for the securement of major capital assets. The infusion of CDF grant funding for the purchase of equipment, the construction of an improved facility, or the acquisition of professional materials has improved the capability of local societies to attract qualified professional staff and the funding necessary to maintain their expanded operational budgets. CDF's chosen intervention strategy not only acts as a catalyst in stimulating local resources for a particular sectoral strategy but protects the ongoing program of the local society from disruptions due to the unpredictability of timeframes in the project approval process.

2. Review of CDF Logical Framework for
Institution Support Assistance Grants
in the Handicapped Service Sector

NARRATIVE STATEMENT

OBJECTIVELY VERIFIABLE INDICATORS

PROGRAM GOAL:

To strengthen the institutional capabilities of 2 West Bank Charitable Societies through the initiation of new or the improvement of existing physical therapy and/or vocational training programs.

- Each of the 2 assisted charitable societies generate sufficient financing over a minimum period of 3 years after the completion of the CDF grant to maintain operation of their physical therapy and/or vocational training programs.

H.R.C. Society

PT \$ 14,640/yr.
VT \$ 17,570/yr.
RC \$ 5,125/yr.

Annahda Society

PT \$ 14,640/yr.
VT Not Applicable
RC \$ 5,125/yr.

Bethlehem Society

PT \$ 43,500/yr.
VT Not Applicable

- Personnel employed by the 3 charitable societies in the vocational training and physical therapy programs are technically qualified to use equipment and supplies purchased through CDF grant for a minimum period of 3 years following completion of the grant.
- Physical therapy program personnel of the Hebron Red Crescent Society and Annahda Women's Association are able to establish and maintain contact with the specialized technical services of the Bethlehem Arab Society and the Holy Land Christian Mission.
- Vocational training program personnel of Hebron Red Crescent establishes and maintains contact with the Swedish Organization for Individual Relief.
- Commodities and equipment purchased through CDF grant are available for community outreach activities of Hebron Red Crescent Society, Annahda Women's Association and Bethlehem Arab Society.

PROJECT PURPOSE:

1. To enable physically handicapped or mentally retarded persons to utilize specialized equipment which will improve their coordination skills.
2. To enable mentally retarded youth, ages 7-20 years, to receive basic training in prevocational and vocational skills.
3. To establish 2 Teachers' Resource Centers which will enable the Hebron Red Crescent and Annahda Women's Society to carry out in-service training activities for professional and paraprofessional as well as community outreach activities involving community leaders, community level health workers and pre-school teachers.

100 Mentally retarded youth, ages 7-20 years, participate in physical development or therapy classes for 17 hours/week at the Hebron Red Crescent Society and Annahda Women's Association.

800 Handicapped persons receive in-patient or out-patient physical therapy treatment each month at the Bethlehem Arab Society.

60 Mentally retarded youth participate in 10 hours of vocational or prevocational training programs/week.

100 Mentally retarded youth, 17-20 years, placed in sheltered workshops or specialized jobs on an individual basis within 3 years of grant period.

5 hours of inservice teacher training sessions/month involving professional and paraprofessional/staff at Teachers Center.

Community outreach sessions conducted at Teachers Resource Center through CRS program involve 100 preschool teachers, 250 health workers and 100 community leaders over a period of 3 years.

OUTPUT:

1. To provide equipment and commodities for the establishment of
 - a. physical education programs at 2 institutions for the mentally retarded
 - b. prevocational and vocational programs at 2 institutions for the mentally retarded
 - c. teacher training resource centers at 2 institutions for the mentally retarded
 2. To provide equipment for the up-grading of the existing physical therapy program at the Bethlehem Arab Society.
 3. To assist staff of 3 local charitable societies in identifying and coordinating professional and paraprofessional training involvements in the areas of physical therapy and vocational training.
- Refer to attached listings of equipment for purchase by programming sector and specific agency designation. (See attachment 6.)
 - Employment and training of 2 paraprofessionals from the Red Crescent Society in physical therapy at the Holy Land Mission
 - Employment and training of 2 professionals from Annahda Women's Association in physical Therapy at Bethlehem Arab Society.
 - Technical training of 2 paraprofessionals from the Red Crescent Society in vocational training techniques at the Swedish Organization for Individual Relief in Jerusalem
 - Professional training of 2 charitable society employees/year in the United States through AMIDEAST (if language requirements and equipments of other testing procedures are met by local candidates).

PROJECT INPUTS:

A. Local Societies

To provide annual budgets necessary for the operation of the physical therapy and/or vocational training program, including staff salaries and transportation costs.

To allocate staff time for involvement in initial and periodically scheduled on-going professional and paraprofessional training experiences so as to maintain program service standards.

H.R.C. Society

Annual Physical Therapy Budget:
\$ 10,000

Annual Vocational Therapy Budget: \$ 12,000

Partial Payment of Equipment Cost: _____

Partial Payment of Training Cost: \$ 3,600

Service Facility: \$ 4,000

Annahda Society

Annual Physical Therapy Budget:
\$ 10,000

Annual Vocational Therapy Budget: _____

Partial Payment of Equipment Cost: _____

Partial Payment of Training Cost: \$ 3,300

Service Facility: \$ 4,000

Bethlehem Society

Annual Physical Therapy Budget:
\$ 29,700

Annual Vocational Therapy Budget: _____

Partial Payment of Equipment Cost: \$ 12,000

Partial Payment of Training Cost: _____

Service Facility: \$ 4,000

B. Community Development
Foundation

To provide grant subsidies for the purchase of program support commodities and equipment.

To provide technical assistance in the identification and coordination of training for paraprofessional and professional staff of local charitable societies.

To provide grant subsidies to enable local charitable societies to participate training involvements including training participant fees, per diem expenses, and travel costs.

Commodity & Equipment Cost

a. H.R.C. Society

P.T. \$ 50,000.-
V.T. \$ 50,000.-

T.R.C. \$ 25,000.-

b. Annahda Society

P.T. \$ 15,000.-
T.F.C. \$ 25,000.-

c. Bethlehem Society

P.T. \$ 39,000.-
Equipment \$ 21,000.-

Subtotal \$225,000.-

Coordination of Staff
Training

Subsidy of Staff Training
Expenses

3. CRS Intervention Strategy

Catholic Relief Services has been involved in providing services for young children and their families since a Nutrition Education Grant of US\$375,820 from AID Washington, AID/NESA-G-1182 that began in 1975 and ended in 1979. This was followed by a Health Education Grant AID/NE-G-1652 of \$742,000 and which was amended twice for additional sums of money US\$511,719 and 530,210 respectively. Giving a total for the 5 yr. project of \$1,823,929. This grant extended from 1979 until the present. In each of these grants CRS's concept of maternal child health has centered on the provision of hands-on skills to the village mothers as the primary health care givers of the young child during the most vulnerable years. It is the experience of CRS that an informed and skilled mother is the best guarantor of the child's complete and healthy development. Village women have been trained as paraprofessionals to work with mothers in over ninety villages, using materials and techniques adapted for the often illiterate mothers. CRS has found that the Palestinian women are receptive, and eager to learn when it can benefit their children and families.

As village mothers learned about the normal components of child development, many began to raise questions and fears about their children. The prevalence of handicapped children and the unavailability of services to the village child led CRS to visualize a family based approach that would bridge the existing gaps in services and build on the strengths of the traditional Arab family.

As has been indicated above, service institutions can generally provide operational budgets for their programs but need addition assistance for the securement of major capital assets. Also, many service institutions are desirous of extending their services to the unserved village population, but are unable to do so because of lack of knowledge and experience in the approach to use, the unavailability of skilled training for home-based programs, the costs of initiating an outreach program. CRS plans to work with local institutions in developing the framework for service in the village setting, in developing training components for professional and paraprofessional staff, and providing supervision and follow-up until the societies are able to operate independently. It is projected that such an approach will take 4 years to stabilize to the degree necessary for local institutional take-over.

4. CRS Logical Framework For Institutional
Outreach Capability for the
"Village In-Reach Program"

PROGRAM GOAL

Development of institutional capability in the West Bank to provide community inreach services for handicapped persons currently outside the service structure of existing programs.

Annahda Women's Society in Ramallah District and Hebron Red Crescent Society in Hebron District continue to operate district training Resource Centers with core teaching and supervisory staff to support community inreach programs in 30 villages after a period of 4 years.

- Sufficient funds for salary of 2 training and supervisory staff

- Continued use of Resource Training Center for inservice and training

- Continued development and supervision of village inreach program

Core staff from the areas of Jenin, Nablus and Tulkarem are qualified to establish village-based services for handicapped children.

PROJECT PURPOSE

1. To establish a system to identify, assess and refer handicapped children in need of services.

- 400 handicapped children, ages 0-6 years, identified and referred to one of the village based programs: i.e. home base or classroom.

- 400 handicapped persons 5-20 years referred to other appropriate services. (medical, educational, social)

2. To initiate a community based training program for persons working with handicapped children through the structure of the village charitable societies in the Ramallah and Hebron Districts.

- 10 Core program staff, to be employed by each of the participating institutions, will be qualified to develop village-based programs, train and support para-professional village in-reach program.

- 12 Paraprofessional staff supported by local institutions, will be qualified to work with parents and children in home-based program.

- 600 Parents will be qualified to carry out the home-based program for their handicapped child.

- 250 medical, educational and charitable staffs will be qualified to form a referral network to the program.

- 6 Village classroom teachers will be qualified to develop kindergarten programs serving handicapped children.

3. To establish service program for handicapped children and their parents.

- 30 villages will have early intervention/family support programs.

- 10 villages will have classroom based programs.

- 200 children will receive care and assistance after surgery or intensive treatment. (Holy Land Christian Mission, Arab Society-Bethlehem, Caritas Baby Hospital)

PROJECT OUTPUTS

1. Two Resource Training Centers with professional teaching and supervisory staff.
 - Training completed of core training/supervisory staff in Resource Training Centers thru CRS funding. Commitment of Annahda and Hebron Red Crescent to provide salary for core professional staff after a 4 year period.

2. Standardized curricula and diagnostic measures.
 - Development of appropriate teaching curricula for village outreach personnel.
 - Development of diagnostic measures for identification of handicapped children.

3. Inservice modules.
 - Development of inservice modules for persons involved in Health Care Programs, Charitable Societies, and Kindergartens.

4. District based service strategy with logistical support and salary for implementation of village outreach program.
 - Coordination with Union of Charitable Society and Village Charitable Society for salary payment of village outreach personnel for handicapped children for a period of 3 years.
 - Continued coordination with local Charitable Institutions to provide base for village programs.

HERON RED CRESCENT SOCIETY

1 Village Inreach Program/Training Resource Center.	Year 1			Year 2			Year 3			Year 4			Follow up			EOP
	CRS	CDF	HRCS	CRS	CDF	HRCS	CRS	CDF	HRCS	CRS	CDF	HRCS	CRS	CDF	HRCS	Commitment
Equipment for Training Resource Center.		25,000	3,500			3,850			4,235			4,658				
Liaison Person																
Core Staff	3,500			3,850			4,235			4,658					5,123	
Core Staff	3,500			3,850			4,235			4,658					5,123	
Driver	2,000			2,200			2,200			2,200					2,420	
Driver	2,000			2,200			2,200			2,200					2,420	
Village Teacher						2,500*			2,750*			3,025*			3,328*	
Village Teacher						2,500*			2,750*			3,025*			3,328*	
Village Teacher						2,500*			2,750*			3,025*			3,328*	
Classroom Teacher						2,500*			2,750*			3,025*			3,328*	
Classroom Teacher						2,500*			2,750*			3,025*			3,328*	
Classroom Teacher						2,500*			2,750*			3,025*			3,328*	
(5) Village Classrooms/District							5,000			5,500					6,050*	
(2) Vehicles/Hebron Dist. Program	20,000														11,000	
Vehicle Operation Budget	4,800			7,200			10,000			11,000						
Program Operation Budget	1,000			1,000			1,000			1,000					3,500	
2. Physical Development Therapy Program																29,586
Equipment		50,000														
(3) Personnel			10,000			11,000			12,100			13,310			14,640	14,640
3. Vocational Training Program																
Equipment & Tools.		50,000														
(3) Instructors			12,000			13,200			14,520			15,972			17,570	17,570
SUB-TOTALS:	36,800	125,000	25,500	20,300		28,050	28,870		31,216			33,940			37,198*	61,796
TOTALS:						23,050			27,350			32,090			37,817	

* Figures based on 10% US Dollar increase/year. Note that current 200% local currency inflation may necessitate a 25-28% US Dollar increase/year if stable level of program operation is to be maintained.

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BETHLEHEM ARAB SOCIETY (BAS)

	Year 1			Year 2			Year 3			Year 4			Follow up			EOP
	CRS	CIF	BAS	CRS	CIF	BAS	CRS	CIF	BAS	CRS	CIF	BAS	CRS	CIF	BAS	Committed
<u>1. Village Inreach Program/ Training Resource Center</u>																
Equipment for Training Resource Center.																
Liaison Person (RC)																
Core Staff (RC)																
Core Staff																
Driver																
Driver																
Village Teacher																
Village Teacher																
Village Teacher																
Classroom Teacher																
Classroom Teacher																
Classroom Teacher																
(5) Village Classrooms																
(2) Vehicles																
<u>2. Physical Develop. Therapy Program</u>																
Equipment		39,000														
Physiotherapt			16,500			18,150			19,965			21,962			24,158	
Operational Budget			13,200			14,520			15,972			17,570			19,326	
<u>3. Vocational Training Program</u>																
<u>4. General Program Support Grant</u>																
Laundry Equipment		21,000														
TOTAL:		60,000	29,700			32,670			35,937			39,532			43,484	

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اسم البرنامج _____
 Present Date: _____
 Name of Program: _____
 Sponsored by: _____
 Address: _____ العنوان _____
 تابع الى مؤسسة _____
 Year Established: _____
 تاريخ التأسيس _____
 Telephone: _____
 تلفون _____
 Name of Director: _____

اسم المدير _____
 وصف البرنامج: _____
 اهداف عامة للبرنامج _____

DESCRIPTION OF PROGRAM

General goals of the program: _____

Type of handicap served: _____
 نوع الإعاقة _____

Age range of children: _____
 نطاق أعمار الأطفال _____

Number of children in the program: _____
 أعداد الأطفال تراوح بين _____
 Male: _____ Female: _____

Radius of service (geographic boundary) _____
 عدد الأطفال في البرنامج _____
 ذكر _____ أنثى _____
 المنطقة الجغرافية لتقديم المساعدة _____

Program Type: _____ Non Residential _____ Residential _____
 نوع البرنامج: _____ داخلي _____ خارجي _____

hours per day _____ Days per week _____ Weeks per year _____
 ساعات العمل في اليوم _____ من يدونها _____

Fees: _____ Who pays: _____
 عدد الأسابيع في السنة _____ عدد أيام العمل في الأسبوع _____

Transportation: _____ Provided _____ Contracted _____ None _____
 النقل _____ من يدونها _____

meals: Type _____ Number per day _____
 وجبات الطعام: نوع _____ عدد الوجبات الغذائية يوميا _____

METHOD OF IDENTIFICATION AND REFERRAL

Physician _____ Clinic _____ Family _____ Other _____
 طبيب _____ عيادة _____ أسرة _____ آخرى _____
 أخواني _____ مثلي _____ اقارب _____

Criteria for admittance into program: _____
 معايير القبول في البرنامج: _____

Criteria for termination from the program: _____

ما هي المتطلبات للانتهاج من مدة الكوت في البرنامج

Criteria for non-admittance into the program: _____

ما هي الصفات لرفض الالتحاق في البرنامج

Number of rejections per year: _____ Reasons: _____

عدد الرفضين _____ الاسباب _____

الخدمات المقدمة

SERVICES OFFERED:

Therapy (Physical) _____ Vocational training _____

Education _____ علاج طبي _____

(Type of approach) _____ تشخيص _____

Diagnostic _____

Social work _____

Self help training _____ علاج ذاتي _____

Medical or para-medical _____ Family involvement _____

اشراك الاهل _____ علاج طبي او غير طبي _____

Other (specify) _____

اشياء اخرى _____

STAFF

الموظفين:

Educational background of Director: _____

ما هي مؤهلات المدير

Professional staff: Full time Part time Trained

موظفين مهنيين _____ وظيفة كاملة _____ وظيفة مؤقتة _____

مدرب للعلاج الطبيعي _____

مرشده اجتماعية _____

نفساني _____

مدرب للفظ _____

ممرضه _____

معلمات _____

Other staff:

--- Aides -----

مساعدين

--- Drivers -----

سواقين

--- Secretary -----

طابعه

--- Maintenance -----

صيان

--- Other -----

اخرين

موظفون اخرون:

Training opportunities (Include type of inservice, location, duration, how often, for whom, by whom) _____

ما هي فرص التدريب
نوع التدريب

PHYSICAL FACILITIES

Type of building _____ نوع البناء

Built specifically for handicapped _____

Shared with other programs _____ بني خصيصا للمعوقين

In good repair _____ تستعمل ضمن برنامج خاص

In poor repair _____ بناء صالح

_____ بناء غير صالح

Presence of Utilities:

Running water _____ ماء جارٍ

Electricity _____ كهرباء

Ventilation _____ تهوية

Heating _____ تدفئة

Rooms:

Classrooms: Number _____ Size _____

Therapy rooms: Number _____ Size _____

Toilets: Number _____ Indoor _____ Outdoor _____

Kitchen: _____

Other: _____

_____ الحجم _____ العدد _____ غرف الصف

_____ الحجم _____ العدد _____ غرف للعلاج الطبي

_____ خارجيه _____ داخلية _____ مراحيض

_____ مطبخ

_____ غرف اخرى

_____ الملعب

Playground area:

Size ----- الحجم

Concrete ----- زفت

Smooth ----- منظر بالحصى

Stone ----- منظر بحجارة صغيرة

Earth ----- ارض ترابية

Playground equipment: Type _____

Special equipment in the program:

Kitchen _____
Therapy room _____
Classroom _____
Library (Toy, Professional) _____

مطبخ
غرفة للعلاج
صوف خاصه
مكتبه المساب

FINANCES

الميزانيه

Source of money: Local _____ Foreign _____
مصدر التمويل محلي _____ خارجي _____

Operating budget covered: _____
الميزانيه الموضمه تغطي النفقات

Average salary: _____
متوسط الدخل

Professional (4 or more years of training) _____
المتخصصين من اربع سنوات فما فوق

Teachers (2 years of training) _____
المعلمين سنتين تدريب فما فوق

Non professional _____
غير المتخصصين

PROGRAM PROJECTIONS: _____

Program needs (Training, equipment, building, staff)

ما هو تخطيط البرنامج للمستقبل

احتياجات البرنامج (تدريب - ادوات - بناء - موظفين)

RECENT GOVERNMENT ASSISTANCE:

Equipment _____ Furniture _____ Food _____

Training _____ Salaries _____

هل تلقت المؤسسة ساعده من الحكومه خلال السنوات الاخيره

ادوات _____ اناك _____ طعام _____

تدريب _____ معاشات _____

ESTIMATED NUMBER OF HANDICAPPED

U.S. Office of Education
Bureau of Education for the
Handicapped 1976

Ages 0-19

Type of handicap	Incidence in U.S.	Projected incidence on the West Bank
Speech impaired	3.4%	13,667
Mental Retardation	2.3%	8,981
Learning Disabilities	3.0%	11,715
Emotionally impaired	2.0%	7,810
Physically and otherwise		
Health impaired	.55%	1,952
Deaf	.075%	52
Hard of hearing	.5%	1,952
Visually impaired	.1%	390
Deaf-blind/Multiple hand	.06%	234
		<hr/>
		46,753

12.035% of all school-age children from 6-19 show some type of handicap.

6.018% of all children 0-5 years show some type of handicap.

It should be noted that the incidence of blindness on the West Bank is predicted to be greater than the U.S. figures, as well as physical handicaps.

However, the concept of learning disabilities and emotional disturbance has not even begun to be addressed or identified in any way. The school system does not point out learning disabilities.

AGENCY FACT SHEETRED CRESCENT SOCIETY (R.C.S.)

1. Established : 1952
2. Founder : Wa'id Maraka and 7 board members
3. Chair of Board of Directors : Dr. Ewaywi, Jihad
4. Location : Hebron
5. Local Charity Organizational Status: Registration in Jordan with Ministry of Social Welfare, 1965
6. Objectives of Organization : To improve the social, health and education conditions of the people in Hebron District with a special emphasis on the needs of children and the mentally retarded.

7. Program Sectors of Involvement:

<u>Program Description</u>	<u>Number/Age Beneficiaries</u>	<u>Year Program Began</u>	<u>Number of Professional Staff</u>	<u>VS \$/year Budget</u>	<u>Funding Source</u>
Kindergarten Program	600/3-5 years	1966	62	49,500	RCS with foreign/ local assistance
Emergency Clinic	6800/year	1980	2	21,78	RCS with foreign/ local assistance
Dehydration Center	3000/0-5 years	1977	9	33,000	RCS with local assistance
Mother/Child Center	600/mothers & Children	1970	2	8250	Hebron Union of Charitable Society
Illiteracy Program	100/Mother	1982	3	3300	Hebron Union of Charitable Society
Family Welfare Assistance	200/Families	1969	1	8250	R.C.S.
Ambulance	50 cases/Month	1977	1	13200	R.C.S.
Mental Retarded Center	20 youth 8-18 years	1976	7	12540	R.C.S
The New Center for the Mentally Retarded	60	May 1984	33		R.C.S. with foreign local assistance

8. Capital Assets/Facility Description:

The Red Crescent Society owns 2 facilities and approximately 8 acres of land. It also has a variety of rental relationships throughout the town of Hebron for the operation of its service programs. The following is a listing of its various program facilities:

A. Preschool Center and Emergency Clinic - This recently built structure was assisted by CDF/USAID construction grant. The one story facility is located on approximately 2 acres of land. The dollar value of the building and equipment is over \$ 350,000. The facility includes:

- 5 classrooms
- 1 teacher resource center
- 1 toy library
- 2 emergency clinic rooms
- 1 administrative room
- 1 kitchen
- outside and inside playgrounds

B. Center for the Mentally Retarded - In May 1984 the Red Crescent Society will relocate its program for the mentally retarded from a small rented facility in the town of Hebron to a spacious two storey facility which it has just constructed on the hills outside the city center of Hebron. The new facility offers the society the opportunity to expand and upgrade its program for the mentally retarded. The vocational training/physical therapy programs for the mentally retarded will be operated out of this facility. A teacher's resource center will also be located here for in-service training use and also for use as a training base for the community outreach program. The center is located on 6 acres of land in a semi-rural section of the district. The facility includes:-

- 7 classrooms
- 3 vocational training section
- 1 physiotherapy section
- 4 boarding room for residential students
- 1 T.V. room
- 1 clinic room
- 1 administrative
- 1 Kitchen

- 4 professional staff rooms
 - Doctor
 - Psychologist
 - Social Workers
 - Teachers' Room
- 1 Training Resource Center

The following facility descriptions are all available to the Red Crescent Society on a rental basis:-

C. Dehydration Center - The second floor of an old family home in the center of the town of Hebron includes:-

- 2 bed wards
- 2 clinic observation rooms
- 1 office
- 1 kitchen

D. Mother Child Health (MCH) Center - This one storey structure in the town of Hebron has 2 rooms.

E. Literacy Program - This rented facility includes 2 classrooms in the town of Hebron.

F. There are 3 additional kindergarten programs operating in the Hebron District by RCS. The facilities includes:-

<u>Community Name</u>	<u>Facility</u>
Al-Majid	2 classrooms
Eleskan	3 classrooms
Bait Omer	1 office
	3 classrooms/ 1 office

9. CDF Previous Commitment of Funding to: RCS:

<u>Project #</u>	<u>Implementation Date</u>	<u>CDF Project Budget</u>	<u>Use of Funding</u>
WB/80-0062	January/1980	\$ 100,000	Completion the interior of the building. Educational equipment and furniture for Teachers' Resource Center. Medical equipment for the emergency clinic playground equipment.

10. CDF Current Program Involvement with RCS: Center for Mentally Retarded.

The purpose of CDF current involvement is to enable the mentally retarded youth to utilize specialized physical therapy equipment to improve their coordinator skills; to utilize vocational training equipment for the development of job related skills; and to establish a teachers' resource center.

11. CRS Program Involvement with RCS: Center for Mentally Retarded.

The purpose of CRS involvement is to develop a community outreach capability enabling families in the Hebron District to receive supportive services in their home care of the handicapped.

12. Center for Mentally Retarded/Profile of Program Participants

<u>Number of Boys</u>	<u>Age</u>	<u>Mild Retardation</u>	<u>Moderate Retardation</u>	<u>Severe Retardation</u>	<u>Physical Problem</u>
5	12-18		x		
3	9-12	x			
1					x
<u>9 boys</u>		3	5		1
<u>Number of Girls</u>					
6	10-11	x			
3	11-12		x		
2	12-15				x
<u>11 girls</u>		6	3		2

13. Education Program Operated at the Center for Mentally Retarded: The Center for Mentally Retarded operates on a 5 day/week basis offering 30 hours of classes and activities. These include the following

<u>Education Activity Description</u>	<u>No. Hours/ Weeks</u>	<u>Activity Location</u>
<u>Basic Reading Writing/Math Skills</u>	3	H.R.C.
<u>Basic Life Skills</u>		
Self Awareness	2	H.R.C.
Environmental Awareness	2	H.R.C.
<u>Recreational Activities</u>		
Group Play	2	H.R.C.
Individual Play	2	H.R.C.
Music	2	H.R.C.
Drawing	2	H.R.C.
<u>Physical therapy</u>	7	H.R.C.
<u>Vocational Training</u>	8	H.R.C.
Total	30	

14. Staffing of the Center for the Mentally Retarded

<u>Description of Position</u>	<u>Number</u>	<u>Education Level</u>	<u>No. Hrs/Week. Employee</u>
<u>A. Current Existing Staff</u>			
Teachers	6	High School Diploma	30
Social Worker	1	B.A. psychology/ Sociology	30
<u>B. Additional Staff for new CDF Assisted Program Activity</u>			
Physical therapy program aid	2	Diploma with 2 yr. Nursing Certificate	30
Vocational training Instructor	3	Diploma with vocational training specialization	30
Teacher Resource Center Coordinator	1	B.A. with background in Education or Social Studies	30

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15. Availability of Diagnostic Analysis for Mentally Retarded Students within the Red Crescent Society

Diagnostic Analysis

Testing-Procedure Description

Intelligence Level

Not available

Sight

Not available

Hearing/Speech

Not available

Physical Coordination

Not available

Physical Health

Testing on admission and when recommended by staff by physician of RCS.

16. Vocational Training

RCS Prevocational Training Activities: Knitting
Embroidery

None of the prevocational training activities have yet been developed on a commercial level. The Red Crescent Society hold an annual bazaar for the exhibition and sale of the work produced by the students.

Vocational Training Job Placement: 2 graduates placed in a paper factory. The graduates are living with their families. They either walk or take bus transportation to the factory. They work for a daily wage of \$ 4/day. the factory is open 6 days each week.

AGENCY FACT SHEETANNAHDA WOMEN'S ASSOCIATION (A.W.A)

- . Established : 1925
 . Founder : Mr. Bade'a Salameh
 . Chair of Board of Directors : Mrs. Nadia Tarrazi
 4. Location : Ramallah District, West Bank
 . Local Charity Organizational Status : Registration in Jordan with the Ministry of Social Welfare.

Objectives of Organization:

- To improve the social and educational situation of Palestinian women and their children.
- To meet the needs of the disadvantaged members of the Ramallah community.

A.W.A. Program Sectors of Involvement:

<u>Program Description</u>	<u>Number/Age Beneficiaries</u>	<u>Year Program Began</u>	<u>Number of Professional Staff</u>	<u>US \$/Yr. Budget</u>	<u>Funding Source</u>
Scholarship Assistance Program	35 High Schools Univ. Students	1973	1	8250	Jerusalem Charitable Society
Lunch Feeding Program for Children	100/child daily 6-15 years	1953	-	1925	AWA/Jerusalem Union
Women's Literacy Classes	12/adults	1979	3	1100	Union Charitable Societies
Family Welfare Program	20 families	1925	-	5100	AWA with foreign Assistance
Center for the Mentally Retarded	45 youth, 7-25 years	1972	8	6600	AWA with foreign Assistance
Sewing and Embroidery	8 women, 30-50 years	1975	-	4125	AWA
Community Clinic	500 cases	1940	1	49500	AWA/Union Charitable Societies
Toy library	44 youth	1982	1	3300	Swedish Organization

8. Capital Assets/Facility Description

- a) Rented facility in which the illiteracy and the clinic program and administration are operated. Rented facility is an old home near the center of Ramallah.
- b) Recently constructed center for mentally retarded which is located outside the center of Ramallah. The center is owned by the Annahda Womens' Association.

Land: 15 dunums

Facility: 2 storey structure of concrete/stone which includes 6 class rooms, 3 large rooms for vocational training sections, sewing embroidery center, physical therapy room, toy library room, and administrative offices.

Building and equipment valued at over \$400,000.

9. CDF Previous Commitment of Funding to A.W.A.:

<u>Project #</u>	<u>Implementation Date</u>	<u>CDF Project Budget</u>	<u>Use of Funding</u>
80-0061	1980	\$ 25,000 original	Center for Mentally Retarded Home Economics/Kitchen Equipment
		\$ 10,000 Additional	Vocational Training Equipment
		<hr/>	
		\$ 35,000 Total	

10. CDF Current Program Involvement with AWA: Center for the Mentally Retarded. The purpose of CDF current involvement is to enable 44 mentally retarded youth to utilize specialized physical education equipment to improve their coordinatiior skills; and to establish a teachers' resource center.

11. CRS Program Involvement with AWA: Center for Mentally Retarded. The purpose of CRS involvement is to develop a community outreach capability enabling families in Ramallah District to receive supportive services in their home care of the handicapped.

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12. Center for the Mentally Retarded/Profile of Program Participants

<u>Number of Boys</u>	<u>Age</u>	<u>Mild Retarded</u>	<u>Moderate Retarded</u>	<u>Service Retarded</u>	<u>Physical Problems</u>
4	7-10		x		
7	12-16		x		x
10	11-16		x		
5	17-26	x			
<hr/>					
26 Boys					
<u>Number of Girls</u>					
2	7-10		x		
8	11-16		x		
4	17-26		x		
4	18-25		x		
<hr/>					
18 Girls					

13. Education Program at Center for Mentally Retarded: Center for Mentally Retarded operates on a 5 day/week basis offering 30 hours of classes and activities.

<u>Education Activity Description</u>	<u>No. Hours/Week</u>	<u>Activity Location</u>
<u>Basic Reading/writing Math Skills</u>	2	AWA/Care
<u>Physical Therapy</u>	2	Bethlehem Arab Society
<u>Physical Development</u>	8	AWA/CMR
<u>Home Economics</u>	1	AWA/CMR
<u>Basic Life Skills</u>		AWA/CMR
<u>Self Awareness</u>	2	
<u>Environmental Awareness</u>	2	
<u>Gardening</u>	1	AWA/CMR
<u>Prevocational Activities</u>		AWA/CMR
Handicrafts	2	
Art	1	
Pottery	3	
Basket Making	3	
Social Relations Group	1	
Car Wash	1	

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15. Availability of Diagnostic Analysis within the Society

Diagnostic Analysis of Need

Intelligence Level

Sight

Hearing/Speech

Physical Coordination

Physical Health

Testing Procedure Description

Not Available

Testing at St. John's Ophthalmic Hospital in Jerusalem on admission and when recommended by staff. Private clinic of Ramallah specialist is also used periodically

Testing at Effeta Institute in Bethlehem is now being arranged

Testing at Bethlehem Arab Society commenced in February 1934 for all students at AWA/CMR

Testing at Al-Makased Hospital or private physicians on admission and when recommended by staff. Contact with a private dentist is also maintained.

16. Vocational Training

AWA Prevocational Training Activities:

Pottery
Basket Making
Gardening
Home Economics/Cooking
Weaving

The only of these prevocational activities which has begun to be developed on a commercial level is the production of flowerstraw baskets for purchase by local florist shops. The Annahda Womens' Association hold an annual bazaar for the exhibition and sale of the other work produced by the students.

Vocational Training Job Placement: 2 graduates placed in job market

1(M) placed in plastics factory, salary \$80.00/Month
1(M) opened very small grocery shop outside family home

Both working graduates continue to live with their parents. Transportation for the fellow working in the factory is provided in the winter by the van of the Annahda Womens' Association. During summer months he walks to the factory.

AGENCY FACT SHEETBETHLEHEM ARAB SOCIETY (B.A.S.)

1. Established : 1960
 2. Founder : "Cheshire Home for the Physically Handicapped,"
 3. Chair of Board of Directors : Dr. Shehadeh Shehadeh
 4. Location : Bethlehem District, West Bank
 5. Local Charity Organizational Status : Registration in Jordan with the Ministry of Social Welfare, 1965

6. Objectives of Organization:

- To diagnose and provide out-patient services for chronic, congenital or medically related conditions requiring physical therapy treatment.
- To provide a residential center for chronically handicapped women.
- To provide employment opportunities through a sheltered workshop for the chronically disabled.
- To provide technical assistance to other institutions providing services for those with handicapping conditions.

Program Sectors of Involvement:

<u>Program Description</u>	<u>Number/Age Beneficiaries</u>	<u>Year Program Began</u>	<u>Number of Professional Staff</u>	<u>US \$/Year Budget</u>	<u>Funding Source</u>
a. <u>Occupational Rehabilitation</u>					
Shoe Making	40/15-50 yrs.	1980	1		
Olive Wood Crafts	34/15-50 yrs.	1980	1		
Manufacturing of Braces and artificial limbs		1980	2		
Leather Work		1980			
Weaving, knitting & embroidery		1980		Total 30,250.-	German Society
b. <u>Medical Treatment Center</u>					
Long and short term physical Treatment for outpatients and inpatients	800/900 outpatient of different ages 38 infant & adults for inpatient treatment	1980	4 Physiotherapists. 11 Teachers 2 Nurses 4 physicians 2 Social Workers 1 Psychiatrist		B.A.S. with Foreign Assistance

8. Capital Assets/Facility Description

A. BAS Medical Treatment Center

The physiotherapy program and BAS administration are operated from a rented facility which is located in an old house in Bethlehem.

The facility is a 2 storey structure of concrete/stone which includes 2 classrooms, 3 physical therapy rooms, 3 boarding rooms and office program, 1 administration. The facility is located on 2 dunums of land and is equipped with a playground.

B. BAS Occupational Rehabilitation Program

The occupational training program is operated from a rented facility which is a new building in Bethlehem.

1 storey building of concrete stone includes an administrative office, kitchen and 12 rooms for the operation of the following programs:

Shoe making
Olive wood crafts
Manufacturing braces
Artificial limbs and
Leather work program

C. BAS Boarding Facility for Girls

Rented facility in a new building in Bethlehem. The facility includes a one storey building of concrete stone which includes 6 bedrooms, a T.V. room and a kitchen.

9. CDF Previous Commitment of Funding to BAS

None.

10. CDF Current Program Involvement with BAS: Center for the Physically Handicapped.

The purpose of CDF current involvement is to enable 85 physically handicapped youth and 900 outpatients to utilize specialized physiotherapy treatment equipment to improve their physical development.

The Bethlehem Arab Society will cooperate with CDF in the provision of technical assistance for the development of local staff capabilities at the Hebron Red Crescent Society and the Annahda Women's Association.

13. BAS Educational Programs:

The Bethlehem Arab Society offers a variety of educational activities on a basis of 6 days/week totaling 48 hours/week of classes and educational activities.

<u>Education Activity Description</u>	<u>No. Hours/Week</u>	<u>Activity Location</u>
<u>A. School Program for Patients at Medical Treatment Center *</u>		
Arabic Language	12	BAS
English Language	12	BAS
Physical Therapy	18	BAS
Recreational Activities	6	BAS
Total	48 hours	

* Patients of school age who are able to attend local schools are enrolled in the Bethlehem school system during treatment at BAS.

Occupational Rehabilitation Center

Vocational Training	36	BAS
Physiotherapy	12	BAS
Total	48 hours	

14. Staffing of the Center for the Physical Handicapped

<u>Description of Position</u>	<u>Number</u>	<u>Educational Level</u>	<u>No. of Hrs/Week/Employees</u>
<u>A. Current Existing Staff</u>			
Teachers	11	Highschool	48
Nurses	2	Diploma	48
Physiotherapist	4	Physiotheranist	48
Social Worker	2	B.A. Social Work	48
Vocational Trainee	6	Diploma	48
Director	1	Physiotherapist	48

11. CRS Current Program Involvement with BAS

Bethlehem Arab Society will cooperate with CRS in the provision of technical assistance to rural communities involved with the CRS community outreach program in the Hebron and Ramallah Districts.

12. Center for the Physical Handicapped/Profile of Program Participants

<u>Description of Program Participants</u>	<u>Mild Physical Handicapped</u>	<u>Moderate Physical Handicapped</u>	<u>Severe Physical Handicapped</u>	<u>Mental Problems</u>
--	----------------------------------	--------------------------------------	------------------------------------	------------------------

A. Medical Treatment Center

<u>Number of Boys</u>	<u>Age</u>
5	3-6
6	5-12

11 Boys

<u>Number of Girls</u>	<u>Age</u>
5	6-8
9	7-14
13	13-15

27 Girls

B. Occupational Rehabilitation Center

<u>Number of Boys</u>	<u>Age</u>
15	17-25

15 Boys

<u>Number of Girls</u>	<u>Age</u>
10	14-17
22	14-18

32 Girls

15. Availability of Diagnostic Analysis within the Society

<u>Diagnostic Analysis of Need</u>	<u>Testing Procedure Description</u>
Intelligence Level	Not Available
Sight	Testing at St. John's Ophthalmic Hospital in Jerusalem on admission and when recommended by staff
Hearing/Speech	Testing at Effeta Institute in Bethlehem when recommended by staff
Physical Coordination	Technical expertise is available at Bethlehem Arab Society to assess and treat problems of physical coordination.
Physical Health	Technical expertise is available at the Bethlehem Arab Society to assess and treat problematic conditions of physical health.

16. Vocational Training

BAS Occupational Rehabilitation Activities:

Shoe Making
Olive Wood Crafts
Manufacturing Braces
Artificial Limbs
Leather Work

These occupational activities are developed on a commercial level. Production is purchased by factories and tourist shops. Also, the Bethlehem Arab Society holds an annual bazaar for the exhibition and sale of the work produced by the handicapped.

Vocational Training Job Placement:

The Bethlehem Arab Society sponsor an occupational rehabilitation sheltered workshop which involves 15 young men and 32 young women. The 15 young men are residing in their parent's home and transportation to the work place is provided by Bethlehem Arab Society. The 32 young women live in residential home sponsored by the Bethlehem Arab Society and located adjacent to the sheltered workshop. The workers are paid for each piece of this production. The range of payment/piece is from \$5.00 to \$30.00.

COMMUNITY DEVELOPMENT FOUNDATION
GAZA STRIP AND WEST BANK OFFICES

1. Project Title: Bethlehem Arab Society for the Physically Handicapped
2. Project Number : 84-0181
3. CDF Allocation: \$ 60,000
4. Project Beneficiaries:

The principle beneficiaries of this project will be the 85 handicapped youth participating in the in-patient medical treatment or occupational rehabilitation program and the 900 outpatients who receive physiotherapy treatment at the Bethlehem Arab Society.

Other beneficiaries include the staff and 44 mentally retarded students enrolled at the center for the mentally retarded operated by the Annahda Women's Society.

Finally, an estimated 600 handicapped persons receiving physical education therapy at home through community outreach programs of the Annahda Women's Association in the Ramallah district and the Hebron Red Crescent Society in the Hebron district will benefit from this project.

5. Project Background:

In 1960 a society was formed in Bethlehem under the name "Cheshire Home for the Physically Handicapped". During the sixties and seventies the Home prospered and, in keeping with its objectives, the founders gradually devolved responsibility to local leadership. By 1975 the institution was completely in the hands of local professionals and was appropriately re-named the "Bethlehem Arab Society". Today it is a non-profit organization registered both in Jordan and with the military authorities responsible for administering the West Bank. It provides inpatient and outpatient treatment for the physically handicapped, many of whom are referred to it by the Department of Social Welfare. The agency Fact Sheet included in the Handicapped Services Sectoral paper provides a detailed description of the scale and scope of the activities of the society.

Locally, the Bethlehem Arab Society has an excellent reputation for the care and therapy it offers to a range of handicapped persons many of them children. Whereas other groups have a limited definition of who they treat, (i.e. the Holyland Christian Mission handles exclusively child orthopedic cases), the Society is the only non-governmental institution in the West Bank and Gaza that:

a) gives both long and short term treatment for physically handicapped outpatients and inpatients and;

b) gives inpatient academic and vocational training, thereby helping patients develop skills which will enable them to be more self-sufficient and more completely integrated into the society.

To provide even more diverse, but essential, physical therapy to low income adults and children who come to the Society, equipment is needed with which the trained staff can treat:

-Circulation diseases

-Static problems and diseases of the muscular/skeletal system, especially the spinal column such as: muscular dystrophy, cerebral palsy and post-polio.

- Blindness and mental retardation - both physical treatment and special education.

In conjunction with these professional needs, is a second urgent category need of the Society - laundry equipment. Since the Society's laundry room and laundry equipment were completely destroyed in a fire in early 1983, all laundry must be taken out to be washed privately. This is both costly and time consuming. However, the Society cannot afford the capital investment to replace the lost equipment. The Society has asked CDF for assistance in procuring new equipment.

The results of the handicapped service sectoral survey indicate that the provision of assistance for the needs of the mentally retarded and the physically handicapped is the priority need in the special education sector. Specifically, staff of local service institutions identified the need for the development of vocational training and physical therapy programs for the handicapped.

6. Project Purpose:

The purpose of this project is to assist the Bethlehem Arab Society:

a. To provide assistance for the purchase of physiotherapy equipment for the upgrading of its medical treatment and occupational rehabilitation programs.

b. To provide assistance for the purchase of laundry equipment so as to minimize program operation costs.

The Bethlehem Arab Society will play a unique role in the implementation of this CDF grant. First, it will receive grant assistance for the purchase of equipment in order to upgrade the quality of its own physiotherapy program. Secondly, this society will provide technical assistance and training support services to the Annahda Women's Association and the Hebron Red Crescent Society in the establishment of their physical therapy/education programs. Finally, the Bethlehem Arab Society will cooperate with Catholic Relief Services in the provision of technical assistance for the development of community outreach programs in the Hebron and Ramallah districts.

7. Project Output:

Description of Item	Quantity	Total Cost
<u>CDF Supported Component</u>		
<u>Medical Treatment Program</u>		
A. Walker h35	4	679.-
Walker h55	1	693.-
Standing board (S.M.L.)	3	4,650.-
Diatron	1	5,987.-
Meler Low Frequency Therapy	Unit	12,000.-
Shoulder wheel	1	933.-
Platform mounted parallel bar	1	2,948.-
Posture mirror	2	1,960.-
Chair for bathing	2	500.-
Paraffin bath	1	6,825.-
Wedges, different sizes	1 set	200.-
Rolls -	1 set	250.-
Special posture wheel chairs	2	1,685.-
		<u>39,309.-</u>
		310
Washing Machine	1	12,000.-
Dryer	1	9,000.-
		<u>21,000.-</u>
		<u>60,309.-</u>
		60,310

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Bethlehem Arab Society Component

Traction Table	1	12,000.-
Salaries (Physiotherapists)	4	16,500/yr.
Operating Expenses (incl. medicine)		13,200/yr.
		<hr/>
Sub Total-		41,700.-
		<hr/>
Grand Total-		102,010.-
		<hr/> <hr/>

8. Project Input:

C.D.F. will provide up to \$60,000 or 60% for the purchase of equipment for the physiotherapy program and the laundry. The Bethlehem Arab Society will provide the balance of purchase cost or 40% including operating, and maintenance and installation costs.

9. Environmental Assessment:

This project is exempt from environmental review under the provisions of 22 CFR "AID Environmental Procedures", Section 216.2 Paragraph (C) "Categorical Exclusions."

10. Community Development:

Bethlehem Arab Society will be able to maintain this equipment from its ongoing operational budget. Staff from other centers will be trained in its use and application, so they will be able to provide parallel and complementary services in other districts of the West Bank.

Sp

COMMUNITY DEVELOPMENT FOUNDATION
GAZA STRIP AND WEST BANK OFFICES

1. Project Title: Red Crescent Society Center
for the Mentally Retarded.
2. Project Number : 84-0185
3. CDF Allocation: \$125,000
4. Project Beneficiaries:

The 60 mentally retarded youth participating in the Red Crescent program and their families will benefit from this project. The 300 handicapped youth involved in the CRS - administered community outreach program will indirectly benefit from this project.

5. Project Background:

The Red Crescent Society was established as a non-profit organization in Hebron in 1952. The society currently has a district-wide membership of over 1500. It is one of the most effective and innovative service societies in the West Bank, always ready to respond to the emerging needs of the people in the Hebron District. The agency Fact Sheet included in the Handicapped Services Sectoral paper provides a detailed description of the scale and scope of the activities of the Red Crescent Society. It also describes the past involvement of CDF in the development of this service institution.

The results of a survey of the handicapped service sector indicate that the provision of assistance for the mentally retarded and the physically handicapped population of the West Bank is the priority need in the special education sector. Specifically identified by local staff were institutional support grants to assist vocational training and physical therapy programs for the handicapped.

Through its work with the Red Crescent Society as a district center for social services, the Community Development Foundation has found that they have the ability to provide stable operational budgets and the professional staff necessary to maintain quality service programs.

Best Available Document

a. Physiotherapy Equipment

1. Diatron Microwaved Impulse Therapy
2. Special wheel chair
3. Dumbells set
4. Ultraviolet and Infrared
5. Low frequency therapy unit
6. Adjustable Quadroped walking aid
7. Patient Ball 20 x 50 cms.
8. Patient ball 20 x 100 cms.
9. Patient Ball 32 x 110 cms.
10. Axilla Double Adjustable Walker
11. Fore-arm walker
12. Folding light weight walking aid
13. Hot and Cooling System
14. Vest bed rolling
15. Examination bed
16. Sold mattress
17. Wall bar
18. Parallel bar
19. Treatment table

Total:-

\$ 50,000

b. Vocational Training Equipment

1. Carpentry equipment
2. Equipment for hand skills and crafts
3. Agricultural training equipment

Total:-

\$ 50,000

c. Resource Training Center

1. Movie Projector and screen
2. Slide/film strip projector
3. Overhead projector
4. Video equipment
5. Tape recording equipment
6. Educational books
7. Educational toys
8. Photocopy machine
9. Furniture

Total:-

\$ 25,000

d. Physiotherapy running costs

1. Physical therapists trainees
2. Administrative staff

Total:-

\$ 10,000/yr.

e. Vocational training running costs

1. three teachers

Total:- \$ 12,000/yr.

f. Resource Training Center costs

1. Staff costs

Total:- \$ 3,600/yr

g. Building and Maintenance

1. Building \$288,000
 2. Furnishings \$ 27,000

Grand Total:- \$438,627

8. Project Input:

CDF Input	\$125,000	28%
Red Crescent Society Input	\$313,627	72%
Total:-	\$438,627	100%

CDF will contribute equipment towards the development of three sections within the Hebron Red Crescent program for the mentally handicapped, i.e. physiotherapy, vocational training, and a training resource center. The Red Crescent will contribute technically qualified personnel to run their mentally handicapped program, the building, furnishings, and running costs.

9. Environmental Assessment:

The components of this project are exempt from environmental review under provisions of 22 cfr 216 "Aid Environmental Procedures", Section 216.2, Paragraph (c) "categorical exclusions".

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10. Community Development:

This project will strengthen the mentally handicapped programs in the Hebron district by introducing new techniques, whereby more patients will be able to receive quality treatment. Hopefully, this program will act as a pilot for others to follow. All maintenance of equipment purchased by CDF will be the responsibility of the Hebron Red Crescent Society. CDF staff will provide supervision and coordination of training for use of this equipment to assist in the implementation of this program.

COMMUNITY DEVELOPMENT FOUNDATION
GAZA STRIP AND WEST BANK OFFICES

1. Project Title: Annahda Women's Association Center
for the Mentally Retarded
2. Project Number: 84-0182
3. CDF Allocation: \$ 40,000
4. Project Beneficiaries:

The direct beneficiaries of this project will be forty-four retarded students between the ages of 7-26 years who are enrolled at Annahda's school. The 300 handicapped children involved in the CRS - assisted community outreach program will indirectly benefit from this project.

5. Project Background:

The Annahda's Women's association was established as a non-profit organization in the Ramallah district in 1925. The agency Fact Sheet included in the Handicapped Services Sectoral paper, provides a detailed description of the scale and scope of the activities of the society. It also describes the specifics of the involvement of CDF in the development of this service institution.

In the past decade the Annahda Women's Society has defined the provision of care for the mentally retarded as their priority area of concern. Their program for the mentally retarded began in 1972 with the provision of services to 9 youth at a rented facility in the town center of Ramallah. Through the generosity of local donations and international agency assistance grants, the society acquired land and committed funding for the construction of a spacious facility for the care and education of the mentally retarded of the Ramallah district.

In 1979 the Society expanded into their new center, which includes 5 classrooms, a specially equipped room for the deaf and dumb, and vocational training sections for home economics, sewing and knitting classes. In 1980 CDF assisted the Society with a grant of \$25,000 (WB-0061) for the purchase of furniture and equipment for the new center. This incentive to develop services for the mentally handicapped has borne fruit. This year, twelve years after they began their special education program, Annahda serves 44 mentally retarded youth. The AWA center for the mentally retarded is now reorganized as one of the quality services in the West Bank for the care and education of the mentally handicapped.

In the development of the center for the mentally handicapped as a district resource for services for the handicapped, it has been the experience of the Community Development Foundation that this society has the ability to employ the professional staff and to provide stable operational budgets to maintain quality service programs initiated through the acquisition of major capital assets provided through CDF grant assistance. The Annahda Women's Association has established in-service teacher training programs in cooperation with Bethlehem University and is currently exploring the certification of these training activities with the Jordanian Ministry of Education. In addition, West Bank university students have arranged accredited internship programs at the AWA Center for the mentally retarded for practical field experience to complement their academic studies.

The results of C.D.F.'s handicapped service sectoral survey indicate that the provision of assistance for the mentally retarded is the priority need in the special education sector. Specifically, staff of local service institutions in the sector identified the need for the development of vocational training and physical therapy programs for the handicapped. The current CDF grant to the Annahda Women's Association will be used to upgrade their physical education program. Equipment provided to the AWA Center for the mentally retarded will also be available for use by the society in its community outreach program to be developed with the assistance of Catholic Relief Services. Also of importance to AWA is the establishment of a Special Education Teacher Resource Center for use in its in-service training programs.

6. Project Purpose:

The purpose of this project is to assist the Annahda Women's Association:

a. To provide equipment for the establishment of a physical education program.

b. To provide furniture and equipment for the establishment of a Resource Training Center for use in in-service teacher training activities and community outreach training involvements.

The equipment used in the physical development classes at Annahda's center for the mentally retarded will enable the physically handicapped and retarded youth in the program to improve their coordination skills. This equipment and the faculty of the Training Resource Center will also be used by AWA in their community outreach programs.

7. Project Output:CDF-supported Component

a. Physical development program

Outside Gymnasium Equipment
 Exercise bike
 Running mat
 Therapeutic exercise balls of various sizes
 Walk along (floor mounted parallel bars)
 Teacher/staff training in the application of therapy equipment.

Sub-Total:- \$ 15,000

b. Resource Training Center

Movie projector
 Slide/film strip projector
 Overhead projector
 video equipment
 Tape recording equipment
 Educational books
 Educational toys
 Photocopy machine
 Furniture

Sub-Total:- \$ 25,000

Total CDF-supported component \$ 40,000

Annahda-Suported Component

a. Physical Development Department Staff
 two employees/year \$ 7,500

b. Training Center Staff
 Supervisor/year \$ 3,600

c. Operating Expenses/year
 office materials \$ 7,400
 electricity and water \$ 1,100
 transportation \$ 5,000
 kitchen costs \$ 2,800
 medical costs \$ 1,300
 administrative salaries \$ 29,000
 loss on exchange \$ 5,400

Sub-Total:- \$ 52,000

Total Annahda-supported component:- \$ 63,000¹⁰⁰

Grand Total all components:- \$103,100

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8. Project Input:

CDF will provide \$ 15,000 for the purchase of therapeutic play and exercise equipment and \$25,000 for equipping a training resource center. This will complement Annahda's already substantial payments applied to furnish the building in the past year, and is supplementary to CDF's earlier project with this group. Annahda will make a further contribution equivalent to CDF in the form of special education teachers' salaries, their local training in the use of CDF-purchased equipment, and the running expenses of the center.

9. Environmental Assessment:

This project is exempt from environmental review under the provisions of 22 CFR "AID Environmental Procedures", Section 216.2, paragraph (C) "Categorical Exclusions".

10. Community Development:

From its ongoing operational budget, and local fund raising the Annahda Women's Association will assume all responsibility for the care and maintenance of the equipment purchased with CDF funds. On the basis of prior experience with the Association, CDF is confident Annahda will be able to successfully carry out this project. CDF assistance will help to strengthen the Annahda Women's Association, in order that it can better serve the mentally retarded in the Ramallah area.

CATHOLIC RELIEF SERVICES - USCC

Jerusalem / West Bank

PROJECT NO:

3D - 003

Project Title:

"VILLAGE INREACH PROGRAM"

FOR

HANDICAPPED CHILDREN

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- J. Referral form

PROBLEM SUMMARY

Despite minor advances that have occurred in the West Bank in recent years - the growth in the number of children who receive basic education, the decline in rates of infant mortality, the slow increase in availability of primary health care services - there is still little attention drawn to the special problems in developing areas for people with disabilities and their families or to the effect of disability problems on a country's development.

We know that disability prevention and habilitation increases the rate of socio-economic development. This leads to a decrease in the cost of disability to a nation as the handicapped become more productive members of society.

Many disabilities which now limit the capabilities of people in the West Bank are, for the most part, preventable. When impairment does occur, the absence of appropriate rehabilitation services hastens its transformation into serious disability and social handicap. The causes of severe impairment abound. They affect the very populations which are most vulnerable and those which are growing at the fastest rates: the very young and the poor.

Socio-economic development in the West Bank is not homogenous. Varying patterns and conditions of development in the city v.s. the village setting alter the presence and impact of the factors that can cause disability. The factors which cause the greatest amount of disability are more common in small villages and remote areas and have more serious consequences for the children there.

FACTORS RELATED TO PATTERNS OF DISABILITY

Lack of Health Care

Primary health care is the most important strategy for first-level prevention of impairment and disability. It includes those measures which make available to all people a safe birth, adequate prenatal care, immunization against infectious disease and treatment for traumatic injury. With the exception of child immunization these basic services are not available to most West Bank villages, especially those that are poorer and more remote.

Whereas some prenatal causes of disability, including hereditary causes, will not be eliminated by the availability of adequate maternal care, most would be reduced. Widespread immunization of girls and women against infectious diseases, particularly measles and rubella, would reduce the likelihood of disease during pregnancy, especially during the critical first trimester.

Adequate care at birth could reduce the extent of brain injury, anoxia and jaundice associated with the onset of conditions such as mental retardation, deafness, blindness and cerebral palsy. Health care for the infant and young child would help to limit the damage of high fever from untreated infectious disease, such as meningitis and encephalitis and also that associated with brain damage and deafness. Chronic middle-ear infection leading to deafness could be eliminated as a cause of impairment. Attention to dislocated fractured and broken limbs would reduce the extent of orthopedic injury. Seizures can be controlled if medication were available.

Inadequate Detection

Often, attention is not paid to the developmental problems of young disabled children until it is too late. Families detect the problems of their disabled children early in life but are unaware of how to prevent these problems from increasing. This is true for children with all types of physical, sensory and mental limitations. Often these children lie alone in bed from one day to another, rarely even seeing another person. Such restrictions placed upon the child's mobility, reduced exposure to social stimulation, and insufficient sensory stimulation, can create a pattern of serious interference during the early developmental years when the capacities of adulthood are being formed.

This interference in a child's development often has greater negative impact than the original physical or mental impairment. Early detection of disability among young children is one of the least developed habilitation services in the country. This has meant that services which do exist are often confined to helping persons already beyond effective treatment.

Poverty

The multiple causes of disability are more likely to occur among those who are impoverished - among those people who are exposed to more unsanitary conditions, to more congestion and infectious disease, to less adequate birth and health care, and to more physically demanding work. When disability does occur, poverty will work to deepen its effects.

The expenses of extra medication, extra transportation to needed services, extra time at home in caring for the disabled person, all diminish the total resources of the family. Disability can deprive the family not only of the current productivity of either spouse but also of the future productivity of one or more of its children. Thus, disability reinforces poverty, which increases the chances and effects of disability, and the vicious circle is complete.

Inherited conditions such as some forms of mental retardation, deafness and physical impairment, may affect more than one offspring in a family, thus compounding the total family effect. When added to the burdens of a family already functioning at the margin of survival, the cost may be too great, pushing the family deeper into the morass of poverty or forcing it to ignore the needs of its disabled member(s) in order to survive. For these families in particular, a program to limit the effects of disability is truly developmental, as it can help increase their chances of breaking out of the vicious circle.

The four major causes of impairment (infectious disease, accidents, malnutrition and birth injury) are those which most seriously affect the youngest group which is growing at the fastest rate within the population.

Using the most conservative estimate of disability prevalence, drawn from figures in the developed world, 1 in 10 persons is directly affected so there are now more than 75,000 disabled people living in the West Bank. In this population over half of this number would be expected to fall into the ages 0-20. As the population grows, so does the absolute number of disabled persons as identification and habilitation measures increase, a higher proportion of the disabled will seek aid. Thus, society will have to provide services for an increased number of disabled persons at a time when systems to meet this challenge are least developed and available resources are most needed for economic and social advancement.

Prevention of Handicaps

The CRS Mother-Child Health Education program, now in its 8th year and offering classes to mothers in 98 villages, addresses the primary preventable causes of birth defects and childhood disability through education for village mothers. A major curriculum redesign scheduled for completion in February includes a stronger focus on known predisposing factors for handicaps as:

- appropriate weight gain and nutrition in pregnancy
- avoidance of teratogenic agents
- the importance of prenatal health care
- early identification of maternal-infant high risk factors
- proper delivery and newborn procedures
- infant feeding and stimulation
- accident prevention and first aid
- immunization

The program is based upon training village women to bring information and skills to the mothers of the young village children, using material especially adapted to often illiterate mothers. CRS hopes to expand these services into new areas in the coming year, and views Health Education as complementary to the Handicapped program. It is in fact, experience gained through the Health Education program in the villages that first brought the unidentified and unserved handicapped children to the attention of CRS.

In an effort to survey the existing programs for the handicapped on the West Bank, a study was undertaken by CRS and Community Development Foundation (CDF) (May - June, 1983). The main purpose of the study was to identify the programs serving the handicapped under 20 years of age, the type of handicapped person being served, the location of the program and the radius of service. Also of interest was the referral agent and the type and amount of inservice available to the staff. Results of this study have been discussed in the Joint Concept Paper.

Study results showed that those villages who have handicapped children, have few alternatives for service. Transportation to the nearest program is usually prohibited by cost and distance. Programs serving the child's particular type of handicap may be even further from the village.

In those programs prepared to serve children under 5 years of age, the majority did not have more than 1 to 3 of these children actually in the program. The types of children most often excluded from programs were:

- children with multiple handicaps
- those that have a sensory or physical handicap along with retardation
- emotional handicaps
- severe cases of any handicap
- young children who show delayed development
- high-risk children who show soft signs of a handicap
- children from villages regardless of the type of handicap.

There are no known services available that attempt to locate and identify handicapped infants and young children. Nor are there programs aimed at the prevention of handicaps in families at high-risk for handicapping conditions, i.e. mothers without prenatal care, mothers with multiple births (twins), families who are poor and do not have good nutrition other than the CRS Health Education Program.

There are no known programs in which people go into the homes to work with the parents of handicapped children. Some programs do make home visits, but not with the purpose of teaching skills to the parents or of helping families make adaptive equipment for the child.

Numerous children have undergone surgery or had intensive physical therapy for a disability with results less successful than anticipated. The primary reason for lack of success is the inability to ensure that the families carry out the prescriptions of treatment. A follow-up service in the home to encourage continual use of prescriptive techniques could ensure a greater proportion of success and hence prevent potential handicaps.

STATEMENT OF PROGRAM INTENTION

CRS has determined that the most effective and efficient approach to incorporating the young unserved child calls for a network that will provide home/village-based services. This model is most appropriate to the culture, the resources available, the current level of development and CRS's experience in working at the village level.

- there is no prospect that adequate service centers for handicapped children will expand into all major areas nor that village families could reach such centers if they existed.
- experience in the developed world had reinforced a trend toward de-institutionalization of the young child, and toward home-based care. The cost-effectiveness of this approach is even more relevant to the Third World.
- a home-based program that places primary emphasis on the care and support of the family capitalizes on one of the great bulwarks of the Arab culture, the strong traditional family, rather than attempting to introduce a new and inevitably inferior system.

The program will focus on the 0-8 age group as this is the group for whom services are least available, and the group most profoundly affected by early intervention.

Early identification and intervention are critical components, to mitigate the long-term impact of already existing disabilities on the child and family's productive futures, and in many cases to enable the child, through early attention, to lead a relatively normal and problem-free life.

The program will operate through a primary delivery network of existing institutions desirous of extending their services to a broader population. Professional assistance in developing a village home-based program, extensive training and support of core staff* and in-reach personnel**, and development of screening and intervention programs will provide these institutions with the capability to maintain the service extension when the project is finished.

Focus will be on intervention/habilitation rather than on medical diagnosis and treatment. In the medical model, diagnosis is a precondition to treatment. However in infancy and the early years the vast majority of risk children elude definitive diagnosis and their condition and its cause remain uncertain. For these children educational/developmental and social intervention are the primary needs.

An assessment of the child's current level of development is all that is required to begin the program.

This project will extend educational outreach services to any young child whose parents feel a concern for his development. Experience has shown that parental concern for their child's development is one of the more reliable indicators of disability. It is predicted that as news spreads that services are available the number of parental referrals will grow. A parental network is at once the most widespread, the closest to the child itself, and the simplest to maintain. In addition, in-service programs will be provided for health care, educational and charitable providers to create a network of referrals and information to support the program.

The basic principles of the program are:

1. early initiation of services through village in-reach and community education
2. initiation of services in response to parents perception of need rather than medical diagnosis
3. family-oriented services that support the mother-child relationship
4. training of local personnel and development of structures within local institutions that permanently strengthen local service capabilities.

* Two persons will be hired in conjunction with each local participating program by this project. They are referred to as the "Core Staff".

** In-reach personnel refer to village teachers, either home-based or classroom.

This program will be known as the "Village Inreach Program." V.I.F. forms a well known acronym for Very Important Person, which the handicapped person is. The term "In-reach" puts the focus not on the urban base and those providing services, but on the villages and the people receiving services.

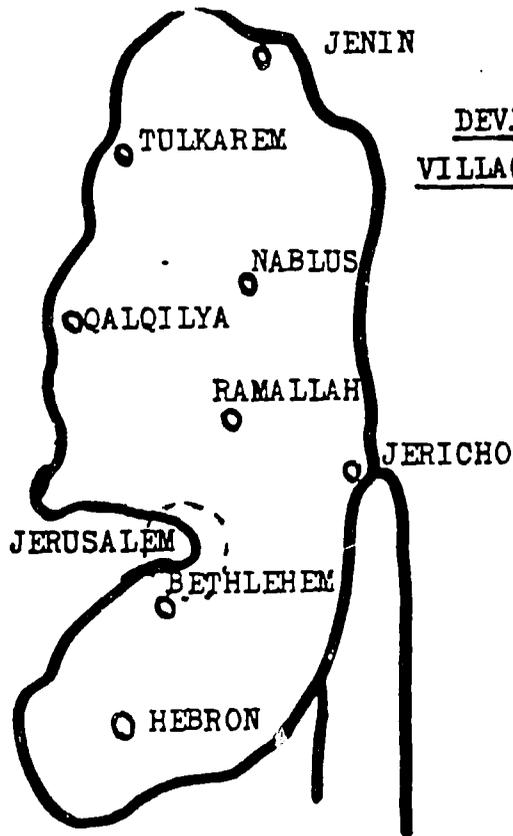
Table 1: Persons and Major Responsibilities in the VIP

PERSON	RESPONSIBILITIES
Project Manager (foreign)	<ul style="list-style-type: none"> . Overall direction and supervision of Project . Work directly with foreign Resource Persons
Assist. Proj. Manager (foreign or local)	<ul style="list-style-type: none"> . Supervision of all Core Staff <ul style="list-style-type: none"> - in the training program - in the establishment and direction of VIF - in the training of village Teachers
Foreign Resource Persons (foreign)	<ul style="list-style-type: none"> . Development of all training programs . Instruction of Core Staff . Development of curricula for VIF-home-base and classroom . Development of assessment procedures for young handicapped children
Core Staff (Local - 2 from each area)	<ul style="list-style-type: none"> . Establish VIF program . Train and supervise village Teachers . Provide Inservice to health care and non-health care personnel . Assess children for program
VIP - Teachers (Local - hired by local organ)	<ul style="list-style-type: none"> . Carry out home-based program . Carry out classroom program

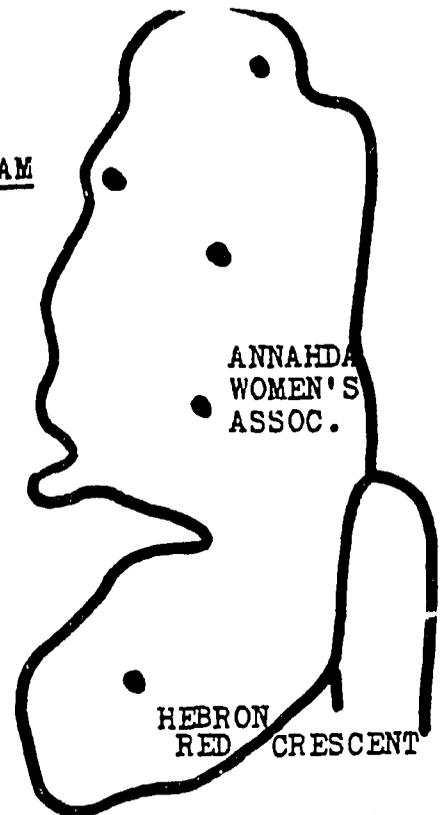
Table 2: Institutions and degree of participation in project

INSTITUTIONS AND/OR AREAS	AMOUNT OF PARTICIPATION
Red Crescent Society Hebron	<ul style="list-style-type: none"> . Establishment of Resource Training Center . Training of 2 Core Staff . Training of 3 Village home-based teachers . Training of 3 Village Classroom teachers . Establishment of 3 village classrooms
Annahda Women's Society Ramallah	<ul style="list-style-type: none"> . Establishment of Resource Training Center . Training of 2 Core Staff . Training of 3 Village home-based teachers . Training of 3 Village Classroom teachers . Establishment of 3 village classrooms
Red Crescent Society Nablus	<ul style="list-style-type: none"> . Training of 2 Core Staff to carry out VIP
Jenin	<ul style="list-style-type: none"> . Training of 2 Core Staff to carry out VIP
Tulkarem	<ul style="list-style-type: none"> . Training of 2 Core Staff to carry out VIP

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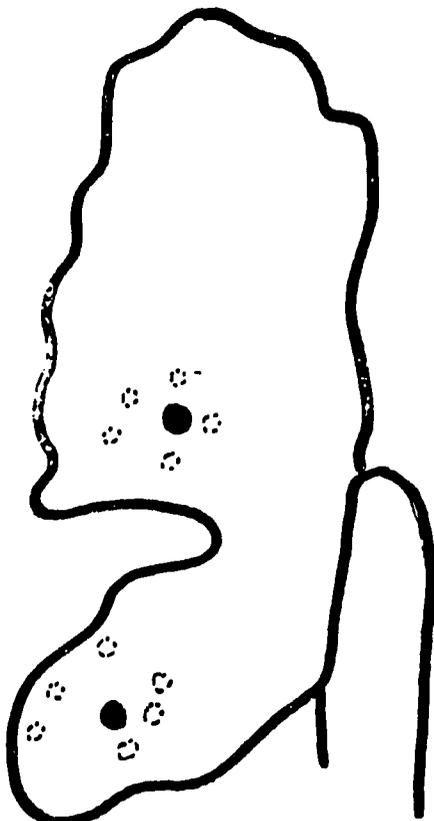


DEVELOPMENT OF THE VILLAGE INREACH PROGRAM

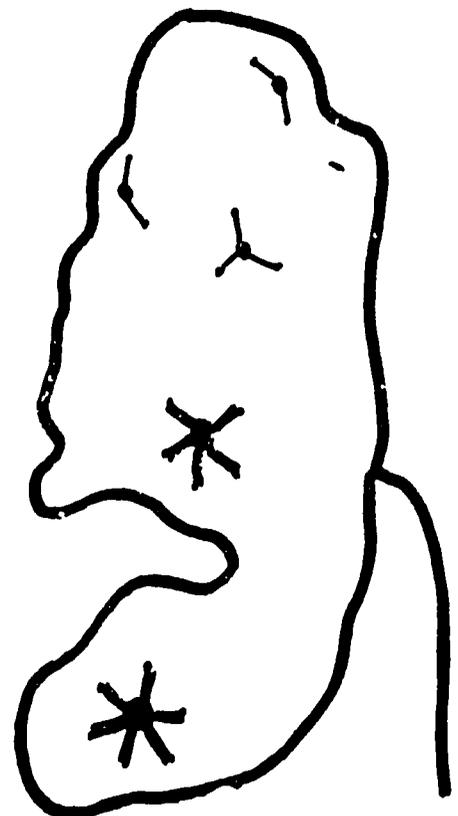


Locate programs for the handicapped
May - June 1983

- Select two centers with established Programs.
- Identify 3 areas with growth potential July - December 1983



- Establish Resource Training Center in each location.
- Identify villages with handicapped children.
- Train Village Inreach Staff.
- First 3 years of Project



~~Village Inreach Program - VIP~~
Modified VIP
4th year of Project

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From 1985 to 1988
Total U.S. Funding: \$ 1,809,291.-
Date Prepared: Feb. 15, 1984

Project Title & Number: Village Inreach Program for Handicapped Children

Project No.: CRS JWB 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Program or Sector Goal: The broader objective to which this project contributes: (A-1)</p> <p>Development of institutional capability in the West Bank to provide community inreach services for handicapped persons currently outside the service structure of existing programs.</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Annahda Women's Society in Ramallah District and Hebron Red Crescent Society in Hebron District continue to operate district training Resource Centers with core teaching and supervisory staff to support community Inreach programs in 30 villages after a period of 4 years.</p> <ul style="list-style-type: none"> - Sufficient funds for salary of 2 training and supervisory staff (\$ 10,246). - Continued use of Resource Training Center for inservice and training. - Continued development and supervision of Village Inreach Program. <p>2. Core staff from the areas of Jenin, Nablus and Tulkarem are qualified to establish village - based services for handicapped children.</p>	<p>(A-3)</p> <p>Record of budgets.</p> <p>Record of training and inservice programs.</p> <p>Record of villages that are involved in the Village Inreach Program.</p> <p>Service records.</p>	<p>Assumptions for achieving Goal Targets: (A-4)</p> <p>That the political and security situation will allow the CRS Project to take place.</p> <p>That the Local Charitable Societies will have the ability to extend their services to village handicapped children.</p> <p>That the Societies will be able to generate sufficient financing for additional staff.</p> <p>That the CDF Project will be funded to ensure necessary equipment for the Resource Training Centers.</p> <p>That core staff can be recruited & retained.</p> <p>That core staff have the necessary ability and interest.</p>

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From 1985 to 1988
Total U.S. Funding: \$ 1,809,291.-
Date Prepared: Feb. 15, 1984

Project Title & Number: Village Inreach Program for Handicapped Children

Project No.: ORL 013 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Project Purpose (B-1)</p> <p>1. To establish a system to identify, assess and refer handicapped children in need of services.</p> <p>2. To initiate a community based training program for persons working with handicapped children through the structure of the charitable societies in the Ramallah & Hebron Districts.</p>	<p>Conditions that will indicate purpose has been achieved: end-of-Project Status (B-2)</p> <ul style="list-style-type: none"> - 400 handicapped children, ages 0-8 years, identified and referred to one of the village based programs: i.e. home base or classroom. - 400 handicapped persons 5-20 years referred to other appropriate services (medical, educational, social). - 10 core program staff, to be employed by each of the participating institutions, will be qualified to develop village-based programs, train and support paraprofessional village Inreach program. - 12 paraprofessional staff supported by local institutions, will be qualified to work with parents and children in home-based program. 	<p>(B-3)</p> <p>Project records.</p> <p>Competency-based evaluation.</p> <p>Home observation.</p>	<p>(B-4)</p> <p>That handicapped children in the village setting can be identified through staff and parent referral.</p> <p>That selected staff will remain with the program.</p> <p>That selected staff have necessary abilities and interests.</p>

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From 1985 to 1985
Total U.S. Funding: \$ 1,809,291.-
Date Prepared: Feb. 15, 1984

Project Title & Number: Village Inreach Program for Handicapped Children

Project No.: CRS J.B 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Project Purpose (B-1)</p> <p>3. To establish service program for handicapped children and their parents.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project Status (B-2)</p> <ul style="list-style-type: none"> - 600 parents will be qualified to carry out the home-based program for their handicapped child. - 250 Medical, educational and charitable staff will be qualified to form a referral network to the program. - 6 village classroom teachers will be qualified to develop pre-school programs serving handicapped children. - 30 villages will have early intervention/family support programs. - 10 villages will have classroom based programs. 	<p>(B-3)</p> <p>In-service records.</p> <p>Referral data.</p> <p>Pre-school records</p>	<p>(B-4)</p> <p>That medical and other service providers will attend in-service and make referrals.</p> <p>That appropriate resource persons can be found and hired.</p> <p>That cultural factors will allow handicapped children to enter pre-schools.</p> <p>That parents of handicapped children will want to become involved in a program for their child.</p>

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From 1985 to 1988
Total U.S. Funding: \$ 1,809,291.-
Date Prepared: Feb. 15, 1984

Project Title & Number: Village Inreach Program for Handicapped Children

Project No.: CHS JWB 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Project Purpose (B-1)	Conditions that will indicate purpose has been achieved: End-of-Project Status (B-2) - 200 children will receive care and assistance after surgery or intensive treatment. Referred by Holy Land Christian Mission, Arab Society-Bethlehem, Caritas Baby Hospital.	(B-3) Project records. Photographs.	(B-4)

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
 From 1985 to 1988
 Total U.S. Funding: \$ 1,809,291.-
 Date Prepared: Feb. 15, 1984

Project Title & Number: Village Inreach Program for Handicapped Children

Project No.: CRS J/B 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Project Outputs: (C-1)</p> <ol style="list-style-type: none"> 1. Two Resource Training Centers with professional teaching and supervisory staff. 2. Standardized curricula and diagnostic measures. 3. In-service modules. 	<p>Magnitude of Outputs (C-2)</p> <ul style="list-style-type: none"> - Training completed of core training/supervisory staff in Resource Training Centers thru CRS funding. Commitment of Annahda and Hebron Red Crescent to provide salary for core professional staff after a 4 year period. - Development of appropriate teaching curricula for village inreach personnel. - Development of diagnostic measures for identification of handicapped children. - Development of in-service modules for persons involved in Health Care Programs, Charitable Societies, and Pre-schools. 	<p>(C-3)</p> <p>Training records.</p> <p>Reproduced copies of curricula and training manual.</p> <p>In-service records and packets.</p>	<p>Assumptions for achieving outputs: (C-4)</p> <p>That CDF will provide the needed equipment for the Resource Training Center.</p> <p>That competent foreign resource persons can be recruited during the early stages of the project.</p>

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
 From 1985 to 1988
 Total U.S. Funding: 1,809,291.-
 Date Prepared: Feb. 15, 1984

Project Title & Number: Village Inreach Program for Handicapped Children

Project No.: CRS JWB 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Project Outputs: (C-1) 4. District based service strategy with logistical support and salary for implementation of village inreach program.	Magnitude of Outputs (C-2) - Coordination with Union of Charitable Society and Village Charitable Society for salary payment of village outreach personnel for handicapped children for a period of 3 years. - Continued coordination with Local Charitable Institutions to provide base for village programs.	(C-3) Budget records . Service records.	Assumptions for achieving outputs: (C-4) That local agencies can finance the program. That local agencies remain committed to the program.

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From 1985 to 1988
Total U.S. Funding: \$ 1,809,291.-
Date Prepared: Feb. 15, 1984

Project Title & Numbers: Village Inreach Program for Handicapped Children

Project No.: CRS JWB 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Project Inputs: (D-1) A four-year Gov't grant to CRS:</p>	<p>Implementation Target (Type and Quantity): (D-2)</p> <ul style="list-style-type: none"> 1 Project Manager 1 Assistant Project Manager 2 Foreign Resource Persons 10 Core Project staff <ul style="list-style-type: none"> 1 Accountant 1 Translator 1 Secretary 4 Drivers 1 Physical Therapist 1 demonstration classrooms teachers 2 " " assist Teachers 	<p>(D-3)</p> <p>Financial records</p> <p>Employment contracts</p>	<p>Assumptions for providing Inputs: (D-4)</p> <p>That the U.S. Gov't Grant will be approved.</p> <p>That the local gov't will allow the project to take place.</p> <p>That peace and security prevails in the country.</p>
Travel	<p>Oil, gasoline, insurance, repair, spare parts for 5 vehicles. Per diem-travel (local and out-of-the-country).</p>		<p>That local charitable societies will provide space for classroom operation and necessary staff to be trained as classroom teachers.</p>
Vehicles	<ul style="list-style-type: none"> 1 car 2 Resource van 2 vans for transporting children 		<p>That foreign expert staff can be identified and hired.</p>
Non-expendable items	<p>Typewriter (electric) 1 English, 1 Arabic office furniture, (desks, chairs, storage cupboard, files, tables). therapeutic equipment.</p>		
Office	<p>Rent, maintenance, water, telephone, municipal taxes, electricity, heating, cleaning and insurance.</p>		

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From 1985 to 1988
Total U.S. Funding: \$ 1,809,291.-
Date Prepared: Feb. 15, 1984

Project Title & Number: Village Inreach Program for Handicapped Children

Project No.: CRS JWB 3D - 003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Project Inputs: (D-1)</p> <p>Expendable supplies</p> <p>2. Local Communities:</p> <p>Classroom space</p> <p>Personnel</p> <p>3. CRS - USOC:</p> <p>Personnel</p> <p>Baseline Data</p>	<p>Implementation Target (Type and Quantity): (D-2)</p> <p>Stationery and supplies, assessment and development records, teaching aids for teachers and children, demonstration materials, printing, postage, cleaning materials.</p> <p>Classroom space for 6 children's classes, basic classroom equip.</p> <p>12 Local teachers to be trained by CRS</p> <p>Partial salary of CRS-JWB Program Director who will exercise overall responsibility of the project.</p> <p>Backing for the gathering of baseline data. Overhead costs</p>	<p>(D-3)</p> <p>Project records</p>	<p>Assumptions for providing Inputs: (D-4)</p>

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PROGRAM DESIGN

Goal of Program

The goal to which this project contributes is the development of institutional capability in the West Bank to provide community outreach services for handicapped persons currently outside the service structure of existing programs.

Measures of achievement will be:

- 1) that Annahda Women's Society in the Ramallah district and the Hebron Red Crescent Society in the Hebron district will continue to operate district training resource centers with core teaching and supervisory staff to support village teachers in the Village Inreach Program in 30 villages.
- 2) that Core Staff from the areas of Nablus, Jenin and Tulkerem are qualified to establish village-based services for handicapped children in their districts.

The major structural components of the program will be:

- Trained Core Staff at local institutions
- Establishment of two Resource Training Centers
- Trained Village Inreach Teachers (home-based; classroom)
- Development of standardized curricula and diagnostic measures
- Development of Parents Training Manual
- Establish procedures of identification, referral and assessment
- Provide training and inservice

1. TRAINED CORE PROJECT STAFF

The Core Staff are the central persons in each institution who will provide the future leadership for the Village Inreach Program. Each institution or district will have a minimum of 2 Core Staff persons.

The Core Staff training component of the project will address the major skill areas required by leaders to assume full responsibility for the on-going establishment of village programs and training of village teachers.

Their training will assist them to develop skills in the following areas:

- working with parents
- establishing habilitation and intervention objectives for handicapped children
- program planning and implementation
- training and educational methods
- management, supervision and communication

The Core staff persons are people who have completed a B.A./B.S. degree in psychology, sociology, nursing, education or some other related field or are persons with experience and aptitude commensurate to the training to be undertaken. They must have competence in the English language.

The first year of the project will consist entirely of the training of the core project staff. Training will consist of theoretical classroom material and hands-on experience with handicapped children both in the classroom and home setting.

In addition, these trained persons will assist in inservice programs for health care personnel, members of Charitable Societies, and regular teachers who are desirous of expanding their skills to working with handicapped children. These Core Staff will become the bases for future development in programming for the handicapped in the West Bank villages.

All Core Staff persons will be hired by this project. The Local institutions will take over their salaries during the 4th and following years of the program.

TWO RESOURCE TRAINING CENTERS

The currently existing institutions of Annahda Women's Society in Ramallah and the Red Crescent Society in Hebron will provide the sites for the Resource Training Centers. The two Resource Training Centers are specific rooms in the two institutions in which all training activities will take place.

They will also house the media, equipment and supplies necessary to carry out intensive training and inservice, both for the Village Inreach Program and for other training programs necessary for persons working with handicapped children and youth. The Resource Training Centers will be developed to enhance the training capability of each institution. The equipment and supplies for the Centers are provided by the CDF/AID grant. Each Center will become the focal point for the training of the Village Inreach Teachers. The Core Staff previously identified and trained by this project will become the main personnel for the training Centers. They will assume the responsibility for the training and supervision of the village inreach teachers.

At the inception of the program a person currently employed by each institution will be appointed to be the liaison person between the institution and this project. This person will be involved in all planning and implementation aspects of the Village Inreach program.

3. VILLAGE INREACH TEACHERS

A) Home-based Teachers

In order for services for handicapped children to reach the village level, selected persons from the village must receive training in the care and education of the handicapped. The village home-based teachers may be persons already involved in the teaching field, kindergarten teachers or simply men or women who have completed their tawjihi (i.e. Highschool certificate) and who desire to work with the handicapped.

Training for the Village Inreach home-based teachers will assist them to develop skills in:

- working with young handicapped infants and children in the home setting
- working with parents of handicapped children
- techniques of home visitation
- developing intervention plans for young handicapped children.

The home-based teachers will need to know how to work with parents giving them the emotional support necessary for them to carry out their daily responsibilities.

It is predicted that training for village teachers will begin in the second year of the project.

B) Village Classroom Teachers

One of the goals of the home-based¹ intervention program is to be able to move the child into a kindergarten program for normal children. When this is not possible, an intervention classroom program is the next step in the continuum of services offered to the village families of handicapped children. By 4 years of age most children are ready to benefit from interaction with their peers in a structured environment.

The classroom program promotes the acquisition of developmental skills in the following areas: gross and fine motor, speech and language, self-help, cognitive and social-emotional. Each child's progress is monitored. Continuity between the home and school program is assured by having the parents assist in the classroom, the teacher is also involved in monthly home visits to the child's home. (See appendix A for a further description of the program.) The children in the classroom programs will not be a particular disability type. They will be children who show special educational needs. Therefore, classrooms will contain a variety of children with a variety of needs.

Village girls with the same qualifications as the In-reach teachers will be trained to develop classroom kindergarten programs specifically for handicapped children.

Training for the village classroom teachers will assist them in developing skills in:

- working with parents
- setting up a developmental program for young handicapped children
- monitoring children's growth.

Both the Cluster village concept and the Itinerant teacher concept as discussed in Appendix A will be utilized to determine the feasibility and cost-benefit ratio of each approach.

4. STANDARDIZED CURRICULA AND TRAINING MANUALS

To ensure well organized and appropriate training methodology, foreign resource staff will develop four curricula and training manuals. This will also ensure the replicability of the training system. The three levels of training necessary for the project are:

- Training for the Core Staff
- Training for the home-based village teachers
- Training for the classroom village teachers
- Curriculum for the classroom

A) The Curriculum for the Core Staff will consist of:

- normal and abnormal child growth and development
- handicapping conditions of children
- identification and assessment of handicapped children
- program planning for handicapped children
- techniques of teaching (infant intervention, mildly and moderately handicapped, severely and multiply handicapped)
- working with parents
- use and construction of adaptive equipment
- techniques of management and supervision

B) The Curriculum for the home-based village teachers will consist of:

- normal and abnormal child growth and development
- program planning for handicapped children
- materials construction
- working with parents
- developmental evaluation

C) The Curriculum for the classroom village teachers will consist of:

- first aid
- child growth and development
- materials construction
- techniques and methods of teaching
- individual small group and large group teaching techniques

D) Curricula and lesson plans for children's programs

A curriculum for both the home-based and classroom program will be developed. Recently there have been efforts made to develop curricula by local groups i.e. HLCM with kindergarten materials and the Quakers with materials for mother-child programs. These programs will be utilized when possible and appropriate.

The skill level will be for children from birth to 8 years of age. The curriculum will be usable with any child regardless of the specific handicapping condition, in any instructional delivery system, i.e. home or classroom and regardless of the status of the instructor, i.e. professional or paraprofessional.

5. PARENT TRAINING MANUAL

The impact of a handicapped child on the resources of a family (psychological, social, physical and financial), on the relationship between the husband and wife, on the stability, normalcy of other siblings and on the quality and quantity of the family's interactions with friends and relatives cannot be minimized or ignored. Every family with a handicapped child, or a child with a chronic disease has an ongoing and unenviable task.

Parents need guidance, they need comfort. The needs of the child are great, the needs of the family are often even greater. The needs of the family are too seldom recognized or satisfied. This is true the more handicapped the child is.

Group sessions with parents are helpful in providing them with factual knowledge, self-awareness and psychological support. CRS' experience in the West Bank indicates that parents of handicapped children are eager to meet and share together. Parents of handicapped children need other parents of handicapped children with whom to speak.

Parents need trained people who know sound development, are emotionally stable and are ready to face the situation with them, empathize with them and translate for them a realistic picture of the handicapped child's current status, as well as projections that can be made, while admitting that there are some projections that cannot yet be made about the child's future development and potential.

A training manual for working with parents must include techniques for developing family-oriented home visiting programs. Some of the areas would include:

- developing a sense of trust between parents and staff
- developing initiative in the mother to follow through on her assignments with the child
- developing in the mother a sense of behavior management
- developing the idea that parents can teach their children
- developing lesson plans for the family

6. PROCEDURES FOR DETERMINING ELIGIBILITY, IDENTIFICATION AND ASSESSMENT OF HANDICAPPED CHILDREN

A) Determining eligibility of a child for services

Any child between the ages of birth and 8 years who is showing delayed development in the physical, mental, emotional, sensory or language domain and any child who has been referred from Holy Land Christian Mission Hospital; Bethlehem Arab Society, Caritas Baby Hospital, and the Rehydration Center in Hebron who needs follow up services in the home following surgery, intensive therapy or a mitigating illness that places them in an "at-risk" category is a candidate for the program.

All children regardless of the degree or type of handicap will be served in a home based early intervention program until at least 3 years of age. Those children who are severe, profound, or multiply handicapped may continue on in a home based program rather than enter a classroom program if such seems more appropriate.

Candidates will include, but are not limited to those children who show:

- developmental delay (unknown causes)
- mental retardation
- cerebral palsy
- Down's Syndrome
- spina bifida
- hydrocephaly
- visual and auditory deficits
- language deficits
- multiple handicaps
- chronic illness that affects the child's development or his ability to function normally
- high risk factors

B) Establishment of identification procedures

When one looks at the incidence figures of handicapped children in the population and realizes that a very small number are actually being served, it is made clear that a procedure for identifying handicapped children needs to be established. As this project begins it will start to utilize those sources for identification that seem most probable:

- the Health Education Staff
- clinics that are utilized by village families
- families and relatives
- charitable society personnel
- midwives serving the area

Inservice programs for identification will be provided for above personnel during this project.

C) Assessment procedures to be used

At the present time the Denver Developmental Screening Test (DDST) has been used on over 300 children on the West Bank from birth to six years of age in the Child Development component of the CRS/USAID Health Education Project. As a screening instrument it has been used more consistently than any other measure. Its results compare quite adequately with the norming population. The differences that culture makes have been taken into consideration.

As a preliminary device it will be used in this project with the goal of developing a culture-specific assessment instrument for the West Bank population of children. This instrument will be designed for use by Local Staff, and has the potential for use elsewhere in the Arab world.

7. TRAINING AND INSERVICE

Program strategy relies heavily on training and inservice to:

- develop staff capabilities
- change attitudes of professional and public toward the handicapped
- create referral networks
- create new services
- support professionals and paraprofessionals in the field
- develop skills needed to institutionalize the program at the local level.

In order for the project to be more effective, certain groups of people must become recipients of inservice training.

A) Health Care Personnel

Most health care personnel in this country have little or no training for, or exposure to, handicapped children. Their attitude, for the most part, is "Take the child home, I can't do anything for him". In many instances they are not prepared to identify a young handicapped child. They need to be apprised of possible services available, as well as their own attitude toward the handicapped and their families.

Inservice programs will include:

- identification and assessment of handicapped children
- common handicapping conditions and the role of intervention and habilitation
- working with families
- the role of this project, the handicapped and the health care profession

F) Members of the Union of Charitable Societies

Inservice programs will be offered to the members of Charitable Societies. Some of the content areas may include:

- the role of the Charitable Societies in the identification of handicapped children
- Charitable Societies and programs for the handicapped

G) Kindergarten Teachers

Inservice programs will be offered for kindergarten teachers to enable them to integrate, more easily, the mildly handicapped child into their classroom. Some of the content areas may include:

- characteristics and needs of handicapped child
- ways of including the handicapped child in the classroom
- program development for the mildly handicapped

H) Staff already involved in programs for the handicapped

Since these persons already have some experience in working with handicapped persons, inservice will concentrate on:

- behavioral management
- techniques of teaching
- working with parents
- classroom assessment
- developing realistic objectives
- the role and responsibilities of the teacher

I) Project Staff

The ultimate success of the project depends on the continuing education of the core staff, particularly in the areas of training and supervision. Supervision has two functions: maintaining the quality and quantity of the system and providing a supporting function. Maintenance of the program will be followed through the documented record system, while the supportive function will be maintained through bimonthly staff and inservice meetings. At these meetings project staff will discuss cases, situations in their villages that challenge their problem solving abilities, group discussions, questions and role-playing. The foreign resource persons will also provide additional learning relevant to the identified service needs.

BENEFICIARIES

A) Direct Beneficiaries

Two West Bank institutions now serving the handicapped (Hebron, Ramallah) will gain a capability to offer new programs; gain skilled and intensively trained staff; gain access to an established referral network and enhanced inter-agency ties.

Three West Bank Districts (Nablus, Jenin, Tulkeren) will gain skilled, trained staff and access to an established referral network and enhanced inter-agency ties.

Eight hundred additional children will be receiving services. Six hundred mothers of handicapped children will be involved in the project with 12 trained village outreach teachers. Two hundred and fifty professionals and 100 personnel from other programs for the handicapped will have received inservice Training in handicap identification etc.

B) Indirect Beneficiaries

Indirect beneficiaries will include 900 handicapped children in the other programs whose staff received inservice through this project; immediate family members of 600 families excluding mothers (600 x 5) 3000 persons; the population of 30 villages where programs for the handicapped are being offered by this project (Average village population between one and three thousand).

C) Potential Beneficiaries

The potential beneficiaries of this project may include all handicapped children and their families on the West Bank due to the modification of societies attitudes towards them. Attention to measures for disability prevention and rehabilitation will increase the socio-economic development of the country, therefore, the entire population of the West Bank through the contribution to national development that handicapped persons and members of their families can make.

See Appendix B for description of Target Population.

PROGRAM INPUTS

Funding is requested from AID through the Operational Program Grant (OPG). Catholic Relief Services will provide the major program and operational support component. The Host country will supply reduced petrol cost and duty free entry for all equipment and supplies. The 2 institutions will provide the space and equipment for the Resource Training Center and a staff person to be the liaison between the project and the Institution. The local Charitable Society in the villages will provide a room for a classroom and the salary of the village inreach teacher.

A) AID Inputs

1. Personnel:

- a) Project Manager: will be responsible for the overall implementation, running and evaluation of the project.
- b) Assistant Project Manager: will be responsible for personnel management and supervision.
- c) Technical Assistance: Two foreign resource persons trained in assessing and working with handicapped children and their families will be responsible for the training of all personnel and the early implementation of the program. These people must have expertise in working with handicapped children and their families, in developing curriculum and in training local counter parts. One resource person will be with the project for two years and one person for four years.
- d) Local personnel: 10 core project staff will be identified and given one year of intensive training with follow-up inservice the remaining three years.
- e) Support personnel will include:
 - 1 physical therapist (local or foreign)
 - 1 accountant
 - 1 translator
 - 1 secretary
 - 4 drivers

2) Travel/vehicles

Aid will provide full support to all travel needs during the four project years, i.e. oil, part petrol costs, insurance, repair, spare parts for 5 vehicles. Per diem travel local and out of country. Vehicles include: a car, 2 resource vans and 2 vans for transporting handicapped children. Continuing costs for vehicles will be provided by local agencies after the fourth year.

3) Commodities

Aid will provide full support to those commodities supporting the central Project Manager office and to all the incountry training activities.

This includes the cost of supplies/equipment (expendable/non-expendable) to all village classrooms.

B) The Local Government Inputs

- 1) Partial petrol costs
- 2) Duty free entry into the country of equipment.

C) Local Institution

- 1) Space and equipment * for Resource Training Center.
- 2) Salary and position of the liaison person.

D) Village Inputs

- 1) The time, staff, support and human resources of the local associations.
- 2) Land, building with utilities.
- 3) Salary for village outreach Teachers.

E) CRS Inputs

Catholic Relief Services, as principle sponsor and implementor of this project will assume responsibility for the following:

- Program Administrative support
- Recruitment of resource staff
- Costs covering collection of baseline data -
• *also not taking overhead rates*

The equipment for the Resource Training Center will have been obtained through a Grant offered to CDF.

IMPLEMENTATION PLAN

Two institutions on the West Bank have been identified as having a capacity to extend their services to include the village population of handicapped children. In these two programs i.e. Red Crescent in Hebron and Annahda Women's Society in Ramallah, the major thrust of this project will occur. The major thrust includes:

- The development of the Resource Training Center
- Training of the Core Staff
- Selection and training of village home-based teachers
- Selection and training of village classroom teachers
- Establishment of village classrooms

Other districts of the country, namely Nablus, Jenin and Tulkerem have indicated an interest and desire to participate in the project, but at this time have no strong center program from which to establish a village thrust. However, in each of these areas there are fledgling programs which in time could accommodate such an outreach. Therefore these programs will participate in this project to the degree that they are able to incorporate aspects of it into their existing structures. The area of the project that they will participate in will include:

- Training of Core Staff - *how?*
(No village teachers will receive training at this time from these areas. The Core Staff will conduct the village home-based program as an out-reach from each program. The Village Inreach Program will be small in these areas during the life of this project, however, it will serve as the bases for future development.

Commitments for salaries of the Core Staff after the third and fourth years of the project have been obtained from each program or area. See Appendix C. Salaries for the village teachers is still being negotiated with the Union of Charitable Societies. In one area the existing program is desirous of picking up the village teachers salaries as they prefer village teachers to be their own staff. It is anticipated that within the next two months this issue will be resolved.

Other programs which have the capacity to provide specific training for persons involved in the Village Inreach Program will be utilized. These currently include Bethlehem Arab Society and Holy Land Christian Mission. Both programs will assist in the training of physical therapy aides. This training is necessary for persons working with young handicapped children who may have a physical disability.

Staffing Plan

Upon the awarding of a Grant, a Project Manager will be selected along with an Assistant Project Manager and office staff. Foreign Resource Persons will be recruited and hired. The Foreign Resource Persons will be responsible for:

- the development of the training curriculum for the Core Staff and the village teachers
- the actual training of the Core Staff
- development of the diagnostic procedures to be used by the program
- initial development and supervision of the village home-based program.

The first six months following hire the Resource Persons will become acquainted with the situation of the handicapped on the West Bank and develop the necessary training and diagnostic programs.

The Core Staff will be hired in consultation with the local programs. These persons will:

- have a competence in the English language
- have a B.A. degree in education, social work, psychology, nursing, or some related field/ or have comparable experience
- a long term commitment to working with handicapped children
- the ability to work as a member of a team.

The Core Staff are responsible for the continuation of the project through future supervision and training of native teachers for the Inreach Program. Training of the Core Staff will take place in the Resource Training Centers. The equipment purchased by the CDF/AID Grant for the Resource Training Centers will be utilized by this project.

The Core Staff will undergo an eight month intensive training program consisting of theoretical and practical experience in working with handicapped children and their families. During the training course Inservice programs will be given to Health Care Personnel and members of Charitable Societies to acquaint with the project and to heighten their awareness and responsibility for identifying and referring handicapped children for services.

By the beginning of the second year of the program referrals for home contact will be received. Developmental assessments of children's abilities will be made and the basis for the home program initiated. As the Core Staff continue their training they will begin to provide services for home-based children so that they experience directly the skills that are necessary for the Inreach Program.

A referral and follow-up base will be established with medical programs that have acquaintance with handicapped children. These programs will include:

- Bethlehem Arab Society
- Holy Land Christian Mission
- Caritas Baby Hospital
- Dehydration Center - Hebron

By the middle of the second year, village Inreach Teachers will be identified by the local center programs along with village charitable societies. These village staff will begin a six month training program to ready them for their work as home-based teachers. They will be trained as para-professionals who will work under the supervision of the Core staff. The union of Charitable Societies or the local centers will provide their salaries. This project will provide the training and supervision.

In the third year, as the home-based program continues to develop under the village Inreach Teachers, additional teachers from the village will be identified as classroom teachers. These persons will receive six months of training and the first village classrooms for handicapped children will be established. The location of the classrooms will be determined by the number of handicapped children in the area and the availability of a village teacher. A non-grant agency will be responsible for the continuing costs of the teachers and the classroom space. During the grant period, CRS will maintain training, supervision and procurement of supplies as their responsibilities. art.

By the beginning of the fourth year of the project it is projected that a home-based program will be in operation in the Hebron and Ramallah areas, that three classrooms in each area will be operating and that a referral and assessment procedure will be in place. The fourth year will see a strengthening and expansion of the project so that by the completion of the fourth year the entire program and all continuing costs will become the responsibility of the local centers for the handicapped.

Summary

The first two years will consist primarily of the development of training courses; assessment procedures for handicapped children; establishment of a referral base among medical and non-medical persons; and the training of the Core Staff and home based-village Inreach staff. The results of the first two years will be:

- a training program for Core Staff
- a training program for village Inreach Staff
- a referral and assessment network for handicapped children
- 150 children and their families will have been contacted and be receiving some type of services from the project.

By the end of the fourth year the entire village Inreach Program will be in place with:

- families receiving home-based services
- children in classroom for the handicapped
- supervision by the Core Staff of the village teachers
- inservice models established
- local institutions able to continue the program without Grant support.

EVALUATION

This project will be evaluated in the following ways:

A) Internally:

1. Every component of the project will have set standards determined by the administration and resource personnel; there will be periodic bi-monthly meetings to review the quality and quantity of activities and efforts so that findings can be used to upgrade program performance immediately. Semi-annual reports will document the findings and the steps taken to respond to generated data.
2. Methodologies for various components are as follows:

a. Training:

Mastery reports will be maintained on each trainee. The trainers/trainees will evaluate the effectiveness of the curricula and training approaches for each component. Periodic revisions will document this evaluation. Evaluation from inservice recipients will document inservice approaches and material.

Identification of children for services:

Pre and post village service data will evaluate the project's impact upon the community and the community's acceptance and utilization of the services. (pre service information will include those handicapped children in the village who are currently receiving services - in most villages the number is expected to be zero.)

c. Service network:

The service network will be evaluated by the number of children and parents who are meeting the intervention/habilitation objectives set for them. Data will be used to pinpoint problems areas for attention.

H. Externally

A major evaluation will be held after the second year of the project is completed, or after the first 27 months. The results of this major evaluation will give direction for the project's grant activity during the subsequent two years (21 months). At the time of this evaluation it is projected that:

- 10 Core Project Staff will be trained.
- 150 handicapped children will have been identified and will be receiving some type of home-based or classroom-based program.
- The curriculum and training manuals for training Core Project Staff will be completed.
- 2 sets of inservices will have been conducted.
- The intervention objectives for home-based programs will be in the process of completion.

Even though the project is planned for four years - the completion of the 27 months will provide a basis for evaluation of the direction and necessary modifications for continued successful growth.

The second major evaluation will be held at the end of the four-year time period. This evaluation will be analysed to determine major strengths and weaknesses of the program.

This evaluation will be based on the EOPS of the Grant. Successful achievement will be determined by the following results:

1. 12 village teachers trained. (70% determines successful achievement). The goal is to identify and train 12 village teachers in skills for working with handicapped children. Successfully trained means that the teachers have acquired the skills and can actually carry out the skills in both a home-based and classroom program. They have achieved a certain amount of independence in their work. The situation that may mitigate against the success of this goal is the reluctance of village societies or other programs to pick up the salaries of these teachers.
2. 250 persons in health care fields or Charitable Societies received inservice training. (80% determines successful achievement). Success is measured by the presence of persons at the inservice training sessions and the feedback following the sessions. A request for further inservice workshops will be determined highly successful. Lack of attendance at the inservice may be due to the political situation in the country at that time.

3. 100 persons currently involved in programs for the handicapped or kindergarten teachers working with normal children received inservice training. (80 % determines successful achievement). Success is determined by the presence of persons at the inservice sessions and pre- and post- tests. Lack of total achievement may be due to the inability of some of the teachers to understand the English language. During the first years of the project, the inservice training sessions will need to be held in English and conducted by the Project Manager or the Resource personnel.
4. Establish home-based intervention programs in 30 villages (70% determines successful achievement). Success is determined by a minimum of 5 families in each village involved in a home-based program. There may be a number of villages in which there are less than 5 families involved in a home-based program. These families will be part of the family count, but the villages will not be part of the village count. To say that an intervention program has been established demands fuller participation of the village.
5. Establish classroom-based programs in 6 villages. (80% determines successful achievement). The successful establishment of a classroom means that there is a classroom with a teacher, and a minimum of 6 children. Each child has a personal set of habilitation objectives set for him. These objectives are evaluated every four months. The establishment of a classroom program will be dependent on the identified presence of handicapped children between the ages of 4 and 8 years. Lack of success may be due to lack of teacher salaries or lack of space for an adequate classroom, or the inability of a teacher to maintain and carry out such a program.
6. 500 families will receive basic services. (75% determines successful achievement). Success is determined by the presence of a teacher, at least twice a month, in every home-based program. Each parent involved in the program will show skills in handling their handicapped child that were not shown before training. This will be determined by a skill inventory check list. Every family that is referred to the program will receive at least one home visit and an evaluation of the child if that is appropriate. Families who have children in a classroom program will see that their child participated in the program.

Since a project such as this has never been attempted in this country, it is difficult to predict the success ratio at this time. There may be future changes in the percentages that determine reasonable success. These may be determined more accurately at the end of the first complete cycle, i.e. after the first 27 months.

BUDGET

AID FUNDS (US \$)

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Total</u>
<u>SALARIES</u>					
1 Project Manager	30,000	33,000	36,300	39,930	139,230
1 Assist.Proj.Manager	25,000	27,500	30,250	33,275	116,025
1 Resource Person	25,000	27,500	30,250	33,275	116,025
1 Resource Person	25,000	27,500	-	-	52,500
1 Physical Therapist	12,000	13,200	14,520	15,972	55,692
1 Accountant	8,000	8,800	9,680	10,648	37,128
1 Translator	10,000	11,000	12,100	13,310	46,410
1 Secretary	7,000	7,700	8,470	9,317	32,487
1 Teacher (Int.Cl.)	12,000	13,200	14,520	15,972	55,692
2 Assist.Teachers @ \$6,000	12,000	13,200	14,520	15,972	27,846
4 Drivers @ \$5,000	20,000	22,000	24,200	26,620	92,820
10 Core Staff @ \$9,000	45,000	99,000	108,900	59,895	312,795
Sub-Total: SALARIES	231,000	303,600	303,710	274,186	1,112,496
<u>FRINGE BENEFITS (30%)</u>	69,300	91,080	91,113	82,256	333,749
Sub-Total: SALARIES + FRINGE BENEFITS:	300,300	394,680	394,823	356,442	1,446,245
<u>OCCUPANCY (Rent, Utilities, Maintenance).</u>	6,000	6,600	7,260	7,986	27,846
<u>VEHICLES</u>					
1 Sedan	8,000	-	-	-	8,000
2 Resource Vans	10,000	11,000	-	-	21,000
2 Transp. Vans	10,000	11,000	-	-	21,000
Running Costs	12,000	18,000	25,000	27,500	82,500
10 Adapted Car Seats @ \$200	2,000	-	-	-	2,000
Sub-Total: VEHICLES	42,000	40,000	25,000	27,500	134,500

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Total</u>
<u>NON-EXPENDABLE EQUIPMENT</u>					
<u>OFFICE</u>					
8 Desks with Chairs @ \$250	2,000	-	-	-	2,000
2 File Cabinets (4 drawer) @ \$300	600	-	-	-	600
4 Tables, large @ \$100	400	-	-	-	400
1 English Typewriter	500	-	-	-	500
1 Arabic Typewriter	500	-	-	-	500
1 Desk Top Calculator	200	-	-	-	200
2 Supply Cabinets @ \$250	500	-	-	-	500
1 Cupboard	500	-	-	-	500
1 Stove	500	-	-	-	500
1 Refrigerator	800	-	-	-	800
10 Chairs	100	-	-	-	100
Sub-Total: OFFICE EQUIPMENT	6,600				6,600
. Demonstration Class	3,000	2,000	1,000	-	6,000
. Home-based programs	1,000	2,000	2,000	2,000	7,000
. Village Classrooms	-	-	5,000	5,000	10,000
Sub-Total: NON-EXP.EQUIPMENT	10,600	4,000	8,000	7,000	29,600
<u>EXPENDABLES</u>					
Office Expenses	5,000	5,500	6,000	6,500	23,000
Assessment Materials	700	700	1,000	1,000	3,400
Demonstration Classroom	2,000	2,500	3,000	3,500	11,000
Village Classrooms	-	-	1,000	1,000	2,000
Home-based Program	-	2,000	2,000	2,000	6,000
Sub-Total: EXPENDABLES	7,700	10,700	13,000	14,000	45,400
<u>TRAVEL</u>					
<u>OUT-OF-COUNTRY</u>					
Project Manager	1,500	-	3,000	1,500	6,000
Assist. Project Manager	1,500	-	3,000	1,500	6,000
1 Foreign R. Person	1,500	1,500	-	-	3,000
1 Foreign R. Person	1,500	-	3,000	1,500	6,000
1 Classroom Teacher	1,500	-	3,000	1,500	6,000
Sub-Total: EXPATRIATE TRAVEL	7,500	1,500	12,000	6,000	27,000
International Conferences	-	3,000	3,000	3,000	9,000
Sub-Total: OUT-OF-COUNTRY	7,500	4,500	15,000	9,000	36,000

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Total</u>
<u>IN COUNTRY</u>					
12 Village Teacher Trainees (\$5 x 5 days x 48 weeks)	-	7,200	7,200	1,900	16,300
10 Core Staff Travel (\$5 x 20 days/month)	6,000	14,400	9,600	2,400	32,400
Core Staff Per Diem (\$5 x 20 days/month)	3,000	6,000	-	-	9,000
	<u>9,000</u>	<u>27,600</u>	<u>16,800</u>	<u>4,300</u>	<u>57,700</u>
CONSULTANCY	<u>8,000</u>	<u>8,000</u>	<u>8,000</u>	<u>8,000</u>	<u>32,000</u>
<u>TOTAL CRS/AID BUDGET:</u>	<u>391,100</u>	<u>496,080</u>	<u>487,883</u>	<u>434,228</u>	<u>1,809,291</u>

BUDGET

OTHER SUPPORT

	<u>Estimated Total Value Life of Grant</u>
<u>HOST GOVERNMENT SUPPORT</u>	
Customs Exemption	US \$ 55,000
Tax Exemption	<u>6,000</u>
Sub-Total: HOST GOVT.	US \$ 61,000
<u>LOCAL VILLAGE CONTRIBUTIONS</u>	
5 Core Staff (4th year)	US \$ 59,895
Village Teachers:	
6 - 3 years @ \$ 14,050	42,150
6 - 2 years @ \$ 10,500	31,500
CDF (2) R.T.C. @ \$ 25,000	50,000
Village Classrooms	<u>10,000</u>
Sub-Total: VILLAGES	US \$ 193,545
<u>CATHOLIC RELIEF SERVICES-USCC</u>	
Survey - Computer	US \$ 15,000 -
Administrative Support	45,000 -
Overhead 8.5%	<u>153,790 -</u>
Sub-Total: CRS	US \$ 213,790
<u>GRAND TOTAL: PROJECT</u>	<u>US \$ 2,277,626</u>

Year-month 4-1	4-2	4-3	4-4	4-5	4-6	4-7	4-8	4-9	4-10	4-11	4-12	
		Training Course for additional village teachers & Kindergarten teachers										
	Identification and referral system in place											
	Home based program carried out by village Teachers with supervision of Core Staff											
								Establish village Classrooms				
										Final Evaluation of Program		

<p>6 Classroom Teachers</p>											
<p>Training course for village Classroom teachers</p>											
<p>Identification and referral system in place</p>											
<p>Home based program carried out by village Teachers with supervision of Care Staff</p>											
<p>Establish village Classrooms</p>											
<p>First major evaluation of Program</p>											
<p>Inservice for medical Personnel</p>											
<p>Inservice for C. Societies</p>											

Year-month 1 - 1	1 - 2	1 - 3	1 - 4	1 - 5	1 - 6	1 - 7	1 - 8	1 - 9	1 - 10	1 - 11	1 - 12	
Project Manager Assigned	Office Staff Selected					Core Project Staff						
						Identified and hired in coordination with local societies.						
	Foreign Resource Persons recruited & hired.											
	Foreign Resource Persons develop the training component of the Project					Make final arrangements for training space			Core Project Staff training course			
						Finalize definite training schedule with other training programs, i.e. Physical Therapy						
	Equipment purchased & available in Resource Training Centers											
						Inservice for medical Personnel						
						Inservice for C. Societies						

Administration _____
 Foreign Resource Persons _____
 Core Staff _____
 Village home based teachers _____
 Village Classroom teachers _____

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Year-month	2-1	2-2	2-3	2-4	2-5	2-6	2-7	2-8	2-9	2-10	2-11	2-12
					Identify & commit 6 Village Teachers							
					3- Hebron area	3- Ramallah area						
								Training Course for Village - home - based programs				
	Identification of handicapped children in the village											
		Accept referrals from health care programs "Follow - up" program										
		HLCM - BAS - CBH -										
	Home - based program - carried out by Core Staff - "Follow up" program on going											
								Inservice for medical Personnel				
											Inservice for C.Soc.	

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APPENDIX A

DESCRIPTION OF TWO APPROACHES TO SERVICES:

Home Based Programs:

- a. Infant Home Stimulation Program
- b. Home training Program

Classroom Based Programs

- a. Cluster Village Classrooms
- b. Itinerant Teacher Program

HOME BASED PROGRAMS

A) Infant Home Stimulation Program

The infant home stimulation program is designed to serve developmentally handicapped infants and their families. The infants range in age from birth to four years. The program is based on the premise that handicapped infants require maximum stimulation from birth, in order to attain their maximum potential, and that parents when given training and supportive services, are best able to provide the necessary stimulation.

Thus, the infant home stimulation program attempts to facilitate maximum improvement in the child's development by providing the parents with both a better understanding of their child's problems and a continually updated list of specific activities designed to encourage their child's acquisition of developmental skills. An early-intervention teacher visits each family on a weekly, biweekly or monthly basis depending upon the needs of the individual child and family.

Goals of the Infant Home Stimulation Program:

- 1) Increasing the competence and confidence of parents working with their child.
- 2) Maximizing the potential of handicapped infants by teaching parents how to use supportive developmental techniques properly at home.

B) Home Training Program

The Home Training Program serves the profoundly handicapped child from three to eight years. The program is essentially identical to the Infant Stimulation Program except that the children remain in a home visit program through their preschool years. These children are so profoundly handicapped as to prevent their participation in the early intervention classes. Supportive services are offered to the families as long as they are needed, i.e. until other services can be made available to them.

Goals of the Home Training Program:

- 1) Increasing the competence and confidence of parents working with their profoundly handicapped child.
- 2) Maximizing the potential of profoundly handicapped children by teaching parents how to use supportive developmental techniques properly, i.e. feeding, bathing, basic body care techniques, range of motion exercises, etc.

Mothers and infants who are involved in either the Infant Home Stimulation Program or the Home Training Program will be encouraged to attend developmental sessions once or twice a month with other mothers and infants with similar needs. At these sessions trained professionals will be present to work with the mothers and children. Transportation for the mothers and infants will be provided.

CLASSROOM BASED PROGRAMS:

The Intervention Classroom program is the next step in the continuum of services offered to the village families of handicapped children. At approximately four years of age most of the children are ready to benefit from interaction with their peers in a structured environment.

The classroom program promotes the acquisition of developmental skills in the following areas: gross and fine motor skills, speech and language, self-help, cognitive and social-emotional. Each child's progress is monitored using informal assessment measures. Continuity between the home and school program is assured by having the parents assist in the classroom on a rotating basis and by the participation of the teacher in monthly home visits to the child's home.

Goals of the classroom program:

- 1) Helping parents develop a better understanding of their child's disability in relation to its effect on his functional abilities and his behavior.
 - 2) Developing parents awareness of the child's individual rate of growth and development so that they may have more realistic expectations for him.
 - 3) Exposing children to other children of similar functional levels so that they learn to interact with them in both a therapeutic and play environment.
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- 4) Providing the child with individualized therapeutic and learning activities appropriate to his developmental levels in body awareness and control, visual-perceptual-motor, speech/language, cognitive and socio-emotional areas.

A) Cluster Village Classroom

When there are villages very near to each other a Cluster Village classroom will be established. This will be a classroom which will serve the young handicapped children from two, three or four villages. Children will have to be transported from their homes to a central location for the program.

1) Advantages:

- a) A larger number of children will be able to participate in a classroom program with other children.
- b) Because of a larger number of children present more activities will be possible in order to enhance social interaction.
- c) A permanent classroom could be set up in which there are adequate supplies and equipment for the children in that location.
- d) Class will be in session five days a week.

2) Disadvantages:

- a) Children will have to be transported from their village to another location. Transporting young children has more difficulties.
- b) Parents may not be willing to send their small children to another village no matter how near. In some locations, villages may be more separated by ideology and cultural differences than by distance.

B) Itinerant Teacher Program

In this concept the children stay in their own villages and the teachers move with their resource van from one village to another. All the children from a particular village meet in one location within the village and the teachers come to them. Some basic equipment is kept in each village. This classroom may be in the Charitable Society or a room in someone's home used just for the day.

1) Advantages:

- a) Children will not require transportation. They will all meet within their own village.
- b) Because the teachers will move from village to village they will transport their major supplies and equipment, therefore only one complete set of supplies will serve three villages, rather than each classroom having their own set of things.

2) Disadvantages:

- a) The groups of children will be smaller and not have the same range of possibilities for social interaction.
- b) The number of times during the week that a group would meet would be less than for a cluster village classroom, since the same teachers would be serving two other villages.

DESCRIPTION OF TARGET POPULATION

Three Types of vulnerable children can be identified and each can be regarded as in need of special help to ensure optimal development and life adjustment.

1. Established Risk

Established risk infants children are those whose aberrant development is related to a diagnosed medical disorder of known causes with relatively well know expectancies for developmental outcome within specific rages of developmental delay. Early medical/educational or social interventions employed with these children are aimed at aiding them to develop and function at the higher end of the range for their limiting disorder. (ex. Mongoloid).

2. Environmental Risk

Environmental risk applies to biologically sound infants for whom early life experiences including maternal and family care, health care and physical and social stimulation are sufficiently limiting to the extent that without intervention they have high probability for delayed development. (ex. Malnutrition).

3. Biological Risk

Biological risk specifies infants with a history of prenatal, perinatal, neonatal and early development events suggestive of biological insult(s) to the developing nervous system and increase the probability of later appearing aberrant development (ex. cerebral palsy, problems during pregnancy, premature, young mothers).

ANNAHDA WOMEN'S ASSOCIATION

EST. 1925

RAMALLAH - JORDAN

Tel. 953176 - P. O. Box 1108



جمعية النهضة النسائية

تأسست سنة ١٩٢٥

رام الله - الاردن

تلفون ٩٥٣١٧٦ - ص. ب. ١١٠٨

Ramallah

2/2/34

رام الله

Dear Sister Barbra / C.R.S

According to our discussion during the last month with representatives from C.J.S and C.D.F concerning the program serving the mentally handicapped in the villages, i would like to express my gratitudes to the cooperation given to d developpe the services given to the handicapped in the area .

In this program the Annahda Women's Association would gladly participate in offering the place needed for training the staff . A liason person will be granted from the society .

Also we like to mention that we will do our best in working hard to take over all the responsibility needed for the continuation of the work done after the four years of preperation and services given by the program .

With our best wishes


Sincerely
Nadia Tarazi

HEERON RED CRESCENT

DATE: FEBRUARY 4th 1984

TO: Director of Catholic Relief Services

Subject: The Mental Handicapped Center which is a sub-center of HEERON
RED CRESCENT

In reference to the talks held between the representatives of the HEERON RED CRESCENT and your institution, the board of our society had agreed upon the program prepared by you to work in the project within the span of four years which is approved and included in the program. We also commit ourselves to continue working in the project after the aforementioned period is over.

We hope that cooperation will continue between us.

Sincerely yours
lawyer

MOHAMMAD TAYSEER MARAQA

Secretary

جمعية الهلال الاحمر الاردنيه
الخليل

ص. ب.

تلفون ٩٧٦٥٩٨ ، ٩٧٦٧٢٠

الرقم حـ/ع/٥/١٨٢

التاريخ ١٩٨٤/٢/٦



الـكـادـر المعمول به لدى جمعية الهلال الاحمر
بالخليل

XXXXXXXXXXXX

المؤهل	الراتب الاساسي	العلاوة السنوية
اقل من توجيهي	٤٠ دينار	١ دينار
توجيهي	٥٠ دينار	١ دينار
دبلوم سنتين	٦٠ دينار	٢ دينار
دبلوم ثلاث سنوات	٧٠ دينار	٢ دينار
ليسانس او بكالوريوس	٩٠ دينار	٤ دينار
بكالوريوس طب	١٣٠ دينار	٥ دينار
سابق	١١٠ دينار	٢ دينار

هذا بالاضافة^{الى} العلاوان المهنية والفنية التالية :-

- علاوة فنية للعاملين في مجال التمريض - ٤٠٪
- علاوة فنية للحاصلين على بكالوريوس او
ليسانس . ٤٠٪
- علاوة فنية للحاصلين على بكالوريوس طب - ٨٠٪
- علاوة طبيعة عمل للعاملين في مجال
المعاقين عقليا . ٥٠٪
- علاوة ادارية ١٥٪

ملاحظة :- علاوة غلا المعيشه مرتبط بجدول غلا الاسعار وتصرف حسب الجدول

The scale functional in Hebron Red Crescent Society

<u>Qualification</u>	<u>Basic Salary</u>	<u>Annual Allowances</u>
Less than Tawjihi	J.D. 40.-	J.D. 1.-
Tawjihi	J.D. 50.-	J.D. 1.-
Diploma Two Years	J.D. 60.-	J.D. 2.-
Diploma Three Years	J.D. 70.-	J.D. 2.-
B.A or B.S.	J.D. 90.-	J.D. 4.-
Medicine B.S.	J.D. 130.-	J.D. 5.-
Driver	J.D. 110.-	J.D. 3.-

This is in addition to the following professional and technical allowances :

Technical allowance for people working in the Nursing field 40%

Technical allowance for the people having B.A. or B.S. 40 %.

Technical allowance for people having a medicine B.S. 80 %.

Allowance for nature of work for people who worked in the field of Mental Handi-capped 50 %.

Administrational allowance 15 %.

Note: The allowance of high cost of living is connected with the schedule of high prices and it will be given according to the schedule.

The Board

מפקדת אגודת יהודה והשומרון

פ.י.מ.א.ד.ה. מ.ע.מ.ה. י.ו.ד.א. ו.א.ס.מ.ה.

משרד העבודה והרווחה

وزاره العمل والرفاه الاجتماعي

תאריך
לד' ר"ב
84/2/9
ספר
למספר
ש 8 / 299

רئيسة قسم التغذية والتثنيةا صحيا المسترمة
الخص

المرفق: تورة المعرفين

=====

بعد التحديث اتقي نم بيننا بهذا الموزع بتاريخ 84/2/2

تمت ببحت امر الخيرات والحناية بالمعروفين من جمعية جنين
اخيرة وجمعية اعدنا المريفين الغربية.

وبعد بحثا نموموع مع جان ادارة كس من الجمعيةين

تم الموافقة على فكرة تبني هذا النشاط ومرف روابب المعلومات
في طاقلة ان الاثافة الكا ترحيلية اوتت دمع الروابب وان الجمعية

على استعداد لتقديم التعهد اللازم بهذا الخصوص.

مع احترام

ناجح جزار
مديرا شريفا
جنين

نسخة/الرئيسة جمعية جنين الغربية محترمة
/الرئيسة جمعية اعدنا المريفين محترمة

To: Director of Nutrition and Health Education Section - Jerusalem.

Subject: Handicapped Course.

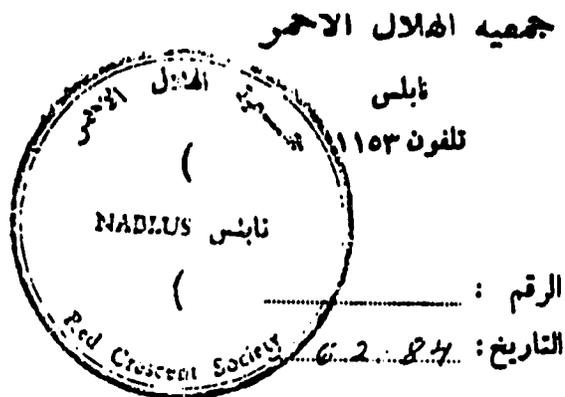
After our discussion about the matter on February 2nd 1984, I discussed holding the courses and caring for the Handicapped with Jenin Charitable Society and Asdika' El Marid Charitable Society. Consequently the board of both societies agreed on the idea of adopting the activity and give salaries for the teachers in case the Catholic Relief Services ceased to pay the salaries.

Also both Societies are ready to give a commitment for this matter.

Sincerely Yours
Director of Social Welfare
Jenin

cc. President of Jenin Charitable Society.

cc. President of Asdika' El-Marid Charitable Society - Jenin.



Catholic Relief Services
Jerusalem

Dear Sister Barbara,

Nablus Red Crescent Society Projectors are:

- 1- House of Elders: Established on 1952 residence for old people and it serves now (17) persons.
- 2- Blood Bank with cooperation with Women Union Society Hospital: it was established on 1973.
- 3- Special School for mentally retarded children: it was established on 1975.
- 4- Ambulance Service: it was found on 1976.
- 5- Physiotherapy Center for Children: it was established on 1981.

We are very interested in becoming involved with you in the village handicapped program. We have many children in our area that are unable to receive services because they are in wilderness.

APPENDIX D

RATIONALE FOR EARLY INTERVENTION

1. Early experience does have an influence over all areas of functioning.
2. Research has shown that there are critical periods for development of certain skills and many of these occur during the first three years of life.
3. Failure to provide a stimulating early environment leads not only to a developmental status quo, but to actual atrophy of sensory abilities and to developmental regression.
4. All systems in a person are interrelated, failure to remediate one handicap may multiply its effects in other developmental areas, and may produce other handicaps (social, emotional) that are secondary to the initial insult.
5. The cost-benefit ratio of early intervention usually makes it more economical than later intervention.
6. Parents need support during the early weeks and months, before patterns of parenting become established.
7. Parents need models of good parenting behavior with a handicapped child, and specific instructions for working with the child.

PROPOSED INTERVENTION STRATEGY

Early intervention/home-based programs are based on the belief that a strong, positive and mutually satisfying mother-infant attachment is a primary factor in maximizing infant-child development. In the case of high-risk or handicapped infants, this mutual relationship between mother and child is often distorted, leading to child care practices that preclude optimal growth. Intervention is directed specifically at providing mothers with techniques, practices and observational skills that enhance maternal ability. The specific content and procedures utilized in intervention are developed within this frame of reference.

Intervention involves content and process. Content includes the kinds and sequences of mother-child activities to be initiated, elicited and encourages; process consists of how this program of activities is to be conveyed or taught to the mother.

Procedures:

1. Referral - A family with child is referred to the project.
2. Assessment - Assessment is made in three areas:
 - 1) developmental characteristics of the infant; 2) nature of the parent-child interaction; and 3) environmental resources and limitations of family and home.
3. Intervention plan - An intervention plan covers the following areas:
 - a. Goals - The goals that will be the focus of intervention for each family are summarized. Objectives leading from the goal may fall into three or four major areas:
 - 1) One objective may be to increase the mother's sensitivity to her child.
 - 2) A second objective of intervention may be to improve the infant's/child's skills, particularly in specific areas of delayed development.
 - 3) A third focus may be the over-all environment
 - 4) Another objective is to develop a comfortable working relationship with the family. Open communication, an important part of that relationship, is a prerequisite for successful intervention.
 - b. Influencing factors - The factors that influence the direction and intensity of the intervention program are considered in the plan (i.e. mother-in-law, cultural mores, etc.)
 - c. Implementing goals - The program for implementing the goals is outlined in the plan.
 - d. Evaluation measures - The choice of evaluation measures is tied to the primary goals.

4. **Intervention visits and evaluation** .
Intervention is maintained as a flexible process that deals with new developments as they occur. The focus, frequency and location of intervention sessions specified in the initial plan may be altered during the course of intervention. Every 4 months the intervention plan is reviewed.
5. **Recording information**
The teacher keeps careful records of all stages in the process of intervention. Information provided at time of referral and material collected during assessment is recorded. The initial plan and all subsequent modifications are preserved. A form is completed after every home visit.

SYLLABUS

NORMAL/ABNORMAL CHILD GROWTH AND DEVELOPMENT

- A. Movement
 - 1. Normal motor development
 - 2. Motor development in atypical children
- B. Pre-speech
 - 1. Normal pre-speech development
 - 2. Pre-speech development in atypical children
- C. Language
 - 1. Normal development of communication
 - 2. Development of communication in atypical children
- D. Cognition
 - 1. Normal cognitive development
 - 2. Cognitive development in atypical children
- E. Social-emotional development
 - 1. Normal social-emotional development
 - 2. Social-emotional development in atypical children
- F. Relationship between development and intervention-habilitation programs

PROGRAM PLANNING FOR HANDICAPPED CHILDREN

- I. Program foundations
 - A. Operational assumptions
 - B. Considerations in assessment
 - C. Considerations in nutrition
 - 1. Feeding problems - sucking/swallowing
 - 2. Growth
 - 3. Nutritional requirements
- II. Curriculum in action
 - A. Individual Program plans
 - B. Modes and methods of service delivery
 - C. Adaptive equipment
 - D. Development of problem-solving plan and intervention
 - E. Development of skills based on developmental ability and severity of handicap
 - 1. Development of skills
 - 2. Progression of skills

TRAINING FOR HOME INTERVENTION

- A. Rationale for home visiting
 - 1. Why intervention with young children
 - 2. Parents are the child's most effective teachers
 - 3. The specific program goals for working with parents.

- B. The home visit process
 - 1. Planning - prior to the home visit
 - 2. Implementation - the actual home visit
 - 3. Evaluation - after the home visit

- C. Role of the Home visitor
 - 1. as teacher
 - 2. as reinforcer and model
 - 3. as friend and confidant
 - 4. as organizer

- D. Realizing objectives for the mother and through her for the child
 - 1. Attitude development - trust, confidentiality
 - 2. Developing a can-do attitude
 - 3. Behavior management
 - 4. Reinforcing the mother as teacher
 - 5. Use of language
 - 6. Ordering the home environment - temporal organization
 - 7. Ordering the home environment - spatial organization
 - 8. Individual differences in children
 - 9. Skill objectives

- E. The home visit and its mechanics
 - 1. Physical and emotional setting
 - 2. Attitude of the mother
 - 3. Materials and activities for home-visiting
 - a. Preparation for sessions
 - b. Materials
 - home made toys and materials
 - items from the lending library
 - c. Procedure and use of materials or activities
 - d. Evaluation

- F. Steps in the assessment and solution of problem situations
 - 1. Parent-factors
 - 2. Home-visitor factors
 - 3. Child factors
 - 4. Setting factors

- G. Use of the inventory of parent behavior

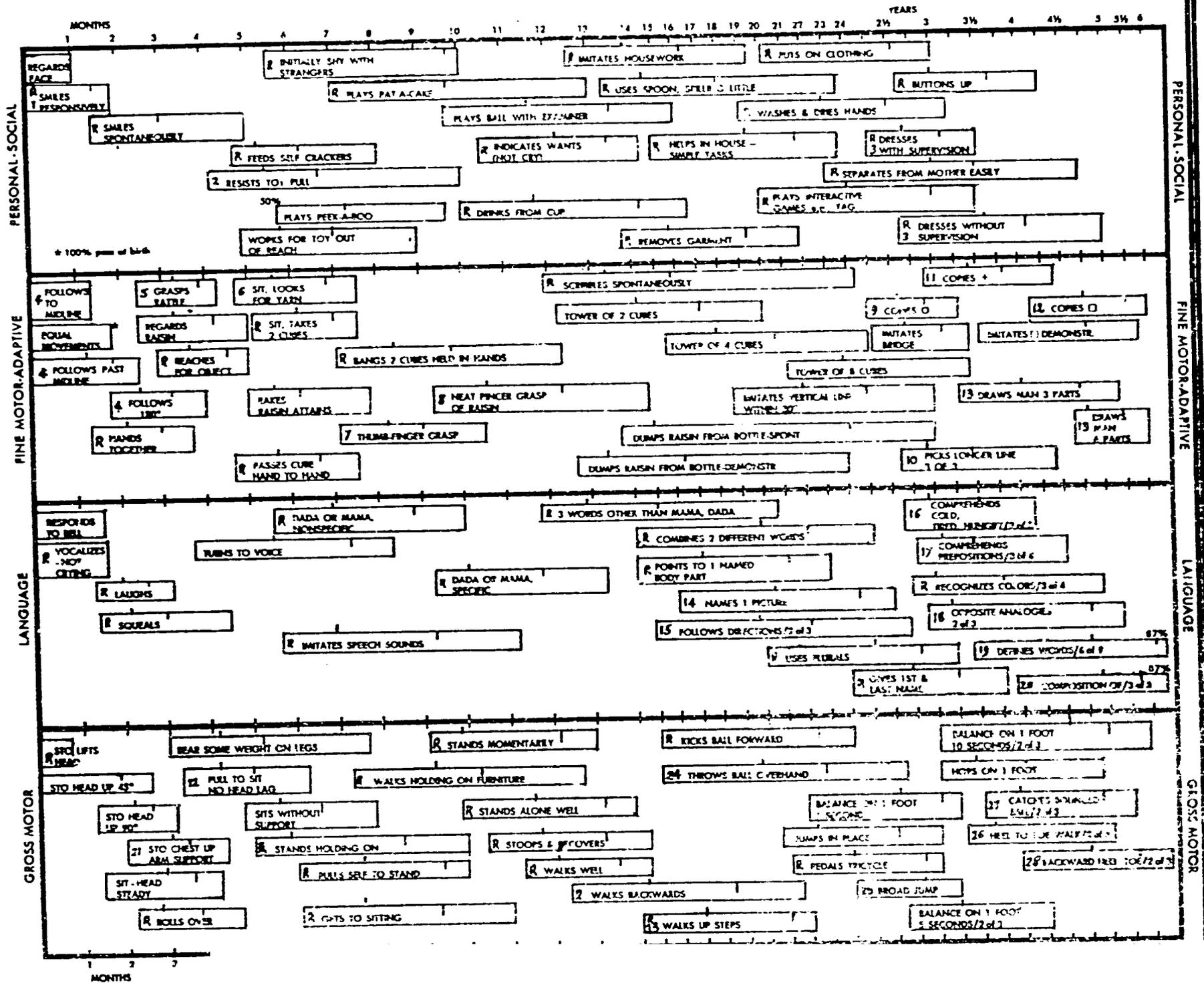
DENVER DEVELOPMENTAL SCREENING TEST

Date _____
Name _____

PERCENT OF CHILDREN PASSING

STO=SITTING
SIT=SITTING
Any pass by request
Passes No. _____
and back of form

Birthdate _____
Age _____



Best Available Document

1.1

INDIVIDUAL PLAN FOR INTERVENTION/HABILITATION

DESCRIPTION
OF CHILD

Ten month old infant with general developmental delay. He has lower than normal muscle tone. Sits with support, but back is rounded and head bobs forward. Displays little interest in environment and sounds are random and infrequent.

PRESENTING
PROBLEMS

1. Low muscle tone, so that the child has poor stability of trunk and head.
2. Generally unresponsive to environment.

MAJOR PURPOSE
OF ACTIVITY

1. Increase (normalize) muscle tone to improve head and trunk stability as prerequisite for developing mobility (to explore environment).
2. Provide the child with opportunities to respond to stimuli in his environment.

<u>MOTOR</u>	<u>PRE-SPEECH</u>	<u>LANGUAGE</u>	<u>COGNITION</u>	<u>SOCIAL-EMOTIONAL</u>
<u>Purpose of Activity</u>	<u>Purpose of Activity</u>	<u>Purpose of Activity</u>	<u>Purpose of Activity</u>	<u>Purpose of Activity</u>
1. Normalize muscle tone to improve head and trunk stability.	1. Encourage baby's production of sound as a response to stimulus.	1. Develop receptive language.	1. Promote responsiveness to environment.	1. Encourage social interaction
2. Promote successful reaching for and touching an object.			2. Increase span of attention to a person or activity.	

SAMPLE INTERVENTION: SAMPLE INTERVENTION: SAMPLE INTERVENTION: SAMPLE INTERVENTION: SAMPLE INTERVENTION

1. Put infant prone over large beachball. Hold infant gently roll ball forward toward a toy on the floor. Encourage him to raise his head and reach forward as he approaches toy.	1. While over the large ball, roll forward until baby's extended hands touch floor, second person facing baby says "Boom". Move ball back, then roll forward again, repeating "Boom" each time baby's hands touch floor. Person facing baby should reinforce with happy reaction whenever baby responds vocally.	1. Infant over ball, say "Khaled touch" each time he is moved within reach of toy. Reinforce with loving reaction when ever baby touches a toy. 2. This activity also may be done as infant is lying prone on a wedge. 3. During feeding, name the food item he is being fed. Use facial expressions and sounds to express the sensation.	1. a) Pad wedge with shag or other textured material. b) Guide baby's hand to sensorily varied materials, e.g. water, sand, beans. c) Use feeding as opportunity for sensory experiences. Use a variety of tastes, smells, textures, temperatures. 2. As child becomes aware of a specific object, use it in play with baby for increasing periods of time.	1. Mother should remember to give positive reinforcement (happy loving reaction to baby's vocalizations or purposeful movement when he responds to the environment.)
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NOTE: It is important to remember that cognitive and language tasks may need consistent repetition. Don't give up too soon.

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APPENDIX I

DEVELOPMENTAL AREAS FOR INTERVENTION

The curriculum and objectives for young handicapped children will be developed in five main areas: gross and fine motor skills; cognitive skills; language; social interaction and self help skills.

Motor skills are concerned with the coordinated movements of large and small muscles of the body. The young child first learns to control large muscles or gross motor behaviors and then small muscles or fine motor. Balance and posture provide the child with the base for moving and understanding the world. The child moves to explore objects and relationships between objects that are around him. As he moves he makes contact with objects (grasping, holding, letting go, etc.) this leads to catching, stopping, pushing, throwing, etc. This leads the child to an important understanding of himself and his effect on his surroundings.

Cognitive skills means the ability to think, to remember, to see or hear likenesses and differences, and to determine relationships between ideas and things. Cognition takes place inside the child, therefore we can only recognize it in terms of what the child does or says. Activities range from beginning awareness of himself to the world around him, to awareness of number concepts and making comparisons.

Language is the ability to receive and understand information and show meaning through speech and gesture. Language growth begins with listening, recognizing, sorting and remembering information seen and heard.

Socialization skills are those appropriate behaviors that involve living and interacting with other people.

Self-help is concerned with those behavior of the child which enable him to care for himself in the areas of feeding, dressing, bathing and toileting. These are also social skills for they help the child to be able to live with other people and with the social customs of the family.

REFERRAL FORM

APPENDIX J

Name of child _____ Date of birth _____
 Name of parents _____, _____ Age of child _____
 Village: _____
 Referred by whom _____ Date of referral _____
 Reason _____

MOTHERS' HEALTH DURING PREGNANCY:

Circle all the items that apply: normal pregnancy; vaginal bleeding;
 high blood pressure; toxemia; infection; German measles (Rubella);
 diabetes; thyroid trouble; heart trouble; kidney trouble;
 convulsions; x-ray; illnesses; other problems _____

What medications were taken during pregnancy _____

Total number of pregnancies _____ Number of miscarriages _____

Total number of living children including this child _____

CHILD'S BIRTH

Where was the child born: Home _____ Hospital _____ (where)

Who assisted at the birth: _____

Birth weight _____ Full term (yes___) (No___) Premature _____
 wks.

Circle all the items that apply:

normal delivery; breech delivery; Caesarean delivery;
 difficult delivery; easy delivery; delivery too fast;
 forceps (instruments) used; induced labor; other problems with
 delivery _____

Circle all the items that apply:

Did the baby have: trouble starting to breathe; trouble sucking;
 weak cry; bleeding trouble; convulsions; a deformity or
 birth defect; an infection; excessive mucus; jaundice (yellow)
 problem; cyanosis (bluish color) of lips, nails, skin; a feeding
 problem; other problems _____

Circle all the items that describe the child (according to the mother):

happy, nervous, immature, lonly; shy; destructive, unhappy,
 clumsy, fearful, listless, athletic, can't sit still, a worrier,
 calm, a fighter, a bright child, an average child, a slow
 child, quiet, friendly, excitable, whiny, affectionate,
 distractable, obedient, bands his head, a bed wetter,
 sucks his thumb, rocks, irritable, sleeps well, sleeps poorly;
 never cries.

JOB DESCRIPTION
FOREIGN RESOURCE PERSONS

Specialists in Early Childhood Education and
Special Education

Major Responsibilities : Developing training programs; training; supervision.

Specific Responsibilities: 1. To develop and implement a training course of study in early childhood/special education for native Core Project Staff.
2. To develop training manuals for village teachers, teacher-aides and parents.
3. To assess young handicapped children using the Denver Developmental Screening Test.
4. To supervise Core Project Staff during their training sessions when teaching village teachers.
5. To supervise Core Project Staff in their development of village programs.
6. To conduct inservice training sessions for health care personnel and others as need arises.
7. To develop a program for home-based and classroom-based instruction for handicapped children.

Qualifications : 1. An advanced degree in Special Education, Child Development, Child Psychology or related fields; or comparable ability and experience.
2. 4 to 5 years experience in education and/or assessment of the handicapped.
3. Highly desirable is experience in the developing world.
4. Ability to work well as a Team member.

JOB DESCRIPTION
CORE PROJECT STAFF

- Major Responsibilities** : Provide leadership inservices for handicapped children.
- Specific Responsibilities:**
1. To successfully complete advanced training in working with handicapped children and their families.
 2. To conduct training courses for village teachers.
 3. To establish and operate home-based programs and classrooms for handicapped children.
 4. To provide supervision and direction for village teachers.
 5. To assess the developmental level of handicapped children and determine appropriate intervention/habilitation plans for them.
 6. To provide inservice training when necessary.
 7. To work competently as a team member in designing and operating programs for handicapped children.
- Qualifications** :
1. A B.A./B.S. degree in Psychology, Sociology, Education, Nursing or other appropriate field, or comparable ability and experience.
 2. Good working knowledge of English.
 3. Ability to work as Team member.
 4. Desire for long-term involvement in the field of disability.
- Line of Communication** :
1. Direct to Foreign Resource Persons.
 2. Supervisor of village teachers.
 3. Professional relationship with all Project Staff.

JOB DESCRIPTION
PROJECT MANAGER

Major Responsibilities : The Project Manager is responsible to the CRS/JWB Program Director for fulfilling all requirements of Grant agreement, in accordance with CRS policy.

- Specific Responsibilities:
1. Designs a program of work to meet the specific objectives of the Grant.
 2. Coordinates and monitors the execution of all Grant activities, which include operations administration, property inventory, and finance, which includes submission to Program Director of monthly financial reports according to CRS format.
 3. Assigns responsibilities to, and supervises the activities of all Grant personnel, and formalizes their roles in Grant implementation; formally evaluates their performance individually, at least once a year.
 4. Establishes and maintains records and procedures for the Grant, in accordance with CRS standards.
 5. Submits formal reports on Grant process, every six months.
 6. Participates in formal evaluations of Grant as required.
 7. Interviews applicants for local staff positions under the Grant.
 8. Conducts liaison with local community leaders to inform them of Grant objectives resolve problems, and increase own sensitivity to the needs of the community.
 9. If Program Director so directs, researches and writes a proposal for a new Grant to continue and develop the activities of the present Grant.

Qualifications

- :**
- 1. An advanced degree, preferably at the doctoral level in Special Education Administration, Child Development, Normal and Handicapped Education or other related subjects.**
 - 2. At least 8-10 years experience in managing complex service delivery programs.**
 - 3. At least 8-10 years experience in delivery of early intervention services for the young handicapped.**
 - 4. At least 6-8 years experience in developing staff training and curriculum for handicapped services.**
 - 5. At least 5 years experience in program management in the developing world, preferably Arab.**
 - 6. Knowledge of Arabic language.**

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