XD-AAT-0A
ISN 15607

EVALUATION
OF THE
HOME BASED REHABILITATION PROGRAMS
FOR DISABLED CHILDREN IN THE
WEST BANK AND THE GAZA STRIP

Submitted to: Kris Loken, A/NE Bureau
USAID
Washington, D.C. 20523

Submitted by: Larry Anna Afifi, RN, PhD
Joseph M. LaRocca
Shukri R. Sanber, PhD

DEVRES, INC.
7201 Wisconsin Avenue
Suite 500
Bethesda, MD 20814
(301) 951-5546
Cable: DEVRES WASHINGTONDC
Telex: 440184 DEVR UI
FAX : (301) 652-5934

Contract No.: 282-88-0009

July 12, 1988

ACKNOWLEDGEMENTS

The Assessment Team is deeply grateful for the cooperation and assistance provided by all of the agencies and their staff and for their open, frank expression of views concerning the operation of the programs. Most especially, each member of the team is deeply grateful for the many personal courtesies extended.

138

LIST OF ACRONYMS AND ABBREVIATIONS

CDC	Child Development Center
CDF	Community Development Foundation, now Save the Children Federation or Save the Children
CRS	Catholic Relief Services
DDST	Denver Developmental Screening Test
Intifada	Uprisings in the occupied West Bank and Gaza Strip
MHC/EIOP	Mothers Home Care/Early Intervention Outreach Program (Gaza)
SCF	Save the Children or Save the Children Federation
SCHC	Society for the Care of Handicapped Children
UNRWA	United Nations Relief Works Agency
USAID or AID	United States Agency for International Development
VIP	Village In-Reach Program (West Bank)

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	i
LIST OF ACRONYMS AND ABBREVIATIONS	iii
TABLE OF CONTENTS	v
LIST OF FIGURES	ix
AID EVALUATION SUMMARY	xi
BASIC PROJECT IDENTIFICATION DATA SHEETS	xix
I. EXECUTIVE SUMMARY	1
A. Project Description and Planned Accomplishments	1
B. Purpose	2
C. Procedures and Methodology	2
D. Findings and Conclusions	3
E. Recommendations	4
II. BACKGROUND/HISTORY	7
III. VILLAGE IN-REACH PROGRAM IN THE WEST BANK	11
A. Introduction	11
B. General Review of the VIP: Strengths and Weaknesses	11
C. Village In-Reach Components: Training, Standardized Curricula, Medical Linkage	13
1. Training	13
a. Teacher Training for Mainstreaming	13

Page

b. Core Staff (Supervisor) Training . . 13

(1) Description 13

(2) Recommendations 15

c. Village Teacher Training 16

(1) Description 16

(2) General recommendations 16

(3) Specific recommendations . . . 18

2. Standardized Curricula and Diagnostic Measures 19

a. Description 19

b. Recommendations 20

3. Medical Linkage and the Supervisory Society 21

a. Description 21

b. Recommendation 21

D. Recommendations for CRS Budget Proposal Criteria 21

E. Sustainability of the VIP Program 23

1. Description 23

2. Financing 23

3. Community Participation in Planning and Implementation 24

4. Host Country Policy 24

5. Appropriate Program Design with Respect to Breadth of Objectives 25

6. Program Management 25

16

Page

IV. PROVISION OF EQUIPMENT TO WEST BANK FACILITIES UNDER SCF/CDF RURAL COMMUNITY DEVELOPMENT PROJECT 27

V. THE MOTHERS HOME CARE/EARLY INTERVENTION OUTREACH PROGRAM IN THE GAZA STRIP 29

A. Introduction 29

B. The Society for the Care of Handicapped Children: 29

1. General Overview 29

2. The Mothers Program 30

3. Training, Supervision and Continuing Education of the Staff 30

a. Supervisors 30

b. Mothers' Teachers 31

c. Recommendations 34

4. Service Needs 35

a. Caseload, Staff, and Referrals . . . 35

b. Work with Parents and Siblings of the Handicapped Child 38

c. Recommendations 40

5. Sustainability 41

a. Financing 41

b. Community Participation in Planning and Identification 43

c. Host Country Policy 44

d. Appropriate Program Design with Respect to Breadth of Objective . . 44

e. Program Management 44

f. Recommendations 45

		Page
ANNEX 1	Evaluation Scope of Work	1-1
ANNEX 2	CDF-CRS Logical Framework	2-1
ANNEX 3	Matrix: Findings/Conclusions/ Recommendations	3-1
ANNEX 4	List of Individuals Interviewed and Homes Visited by the Evaluation Team in the West Bank and Gaza	4-1
ANNEX 5	Institutions in The West Bank Participating in the Referral Network System	5-1
ANNEX 6	Training Curricula and Training Seminars . . .	6-1
ANNEX 7	Present Activities of Core Staff in The West Bank	7-1
ANNEX 8	The Red Crescent Society of Hebron	8-1
ANNEX 9	The Red Crescent Society of Nablus	9-1
ANNEX 10	Provision of Equipment to Facilities in The West Bank	10-1
ANNEX 11	Reference List: Gaza	11-1

LIST OF FIGURES

Figure Number		Page
1	Map Showing The West Bank	xv
2	Map Showing The Gaza Strip	xvi
3	Charitable Societies and Villages Participating in the VIP and Referral Centers in The West Bank	xvii

19

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)
Address the following items:

- Purpose of evaluation and methodology used
- Purpose of activity(ies) evaluated
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office:	Date This Summary Prepared:	Title And Date Of Full Evaluation Report: 7/12/88
ANE/TECH/HPN	July 12, 1988	Evaluation of the Home Based Rehabilitati Program for Disabled Children in the West Bank and in the Gaza Strip

PROJECT DESCRIPTION

There are many hundreds of children, ages 0-9, in the West Bank and in the Gaza Strip who have serious disabling conditions which, if not treated, will result in their inability to develop along with their non-handicapped peers and to become independent contributing members of society when they reach adulthood. Their disabilities include speech, hearing and sight impairments, orthopedic problems, mental retardation, epilepsy and combinations of disorders.

The lack of rehabilitation and restorative care in the formative years will result, in many cases, in institutionalization and in other forms of complete social and economic dependency upon their families and society.

Normally, rehabilitation services are provided by comprehensive rehabilitation centers--usually located in large urban communities and mostly in the developed countries. The West Bank and Gaza do not have such comprehensive centers. Even if they did, the cost of service would be prohibitive to most village families and families in the refugee camps.

In an attempt to provide the critical services these disabled children need, Catholic Relief Services (CRS) and Save the Children (SC) in the West Bank and the Society for the Care of Handicapped Children (SCHC) in the Gaza Strip established in 1984, with AID funding, programs that instruct the mothers of disabled children in those rehabilitation methods and techniques that can be administered in the home to their children. The programs in each of the occupied areas are based on the premise that an informed and skilled mother is the test guarantor of the handicapped child's optimum development if the mother knows what to do during the child's most vulnerable years.

Figures 1 and 2 are maps showing The West Bank and The Gaza Strip.

PURPOSE OF THE EVALUATION AND METHODOLOGY USED

The projects in the West Bank and in the Gaza Strip are now in their fourth and final year of operation. No evaluation has been done of either project, prior to this assessment, under the aegis of AID. Three previous studies were conducted by individuals associated with the programs.

This evaluation was undertaken to determine, among other things, whether the objectives of the projects have been achieved; the benefits that have accrued to the prospective beneficiaries and how they view the program; strengths and weaknesses and how project operations can be expanded and improved to provide better services to the disabled children in the programs; and what external factors or conditions inhibit or enhance project operations. Finally, the evaluation team was asked for its recommendations in relation to the future operation of the programs.

The methodology used included interviews with project staff, individuals with cooperating organizations, and others having knowledge about the programs. Home visits were made to observe first hand the teaching of the mothers of disabled children. During the course of these visits, the mothers were asked their views about the services provided and their children's progress. Finally, all written documents used in the programs were reviewed.

PURPOSE OF ACTIVITIES EVALUATED

The West Bank and Gaza programs have identical aims--to provide rehabilitation services to disabled children in their most critical years so that they may become as self sufficient as possible and lead as normal lives as possible. These are children whose only hope for reasonably normal living rests with the home intervention program. Their disabilities will not go away--on the contrary, with the passage of time they will become even more incapacitating.

FINDINGS AND CONCLUSIONS

The main finding of the review team is that these programs are meeting a vital need in the West Bank and in the Gaza Strip.

They have and are making a positive difference for the families that have been fortunate enough to be served by the program. Many disabled children in these families have gained more functional capacity. Some have entered regular schools and are being educated along with their non-handicapped peers. In some situations, children who may be born after the disabled child in the family who is being treated, may be prevented from having the same disability, e.g., PKU, by virtue of the counseling provided by the home teacher.

The Gaza program and the West Bank programs have different strengths and different weaknesses. The Gaza program serves more families than the West Bank program, for one reason, because it is administered in a more limited geographical area and by a single agency (SCHC) rather than a network of local social agencies operating in larger geographical areas as is the case in the West Bank. The Gaza program is better organized than the West Bank program. On the other hand, the West Bank program has stronger program components such as physical therapy and better medical linkage. The West Bank program experienced many administrative problems in its formative years so that some phases of the program were never implemented such as training and putting in place local village women as the teachers of the mothers of disabled children. The staff trained as supervisors for the program have visited homes and worked with the mothers of disabled children.

Figure 3 shows the location of charitable societies and villages participating in the Village In-Reach Program (VIP) and referral centers in The West Bank.

In the brief period of time that the two programs have been in operation, the achievements have been notable. In the Gaza program 300 families were brought into the program in the first year of operation which was the goal for the third year. In the second year, 470 were served--a number far in excess of the second year goal. While not so great as the Gaza numbers, the West Bank numbers are, nevertheless, impressive. One hundred eighty-two children were provided rehabilitation services in home by their mothers. An additional 71 disabled children, in institutional settings, were provided services by the West Bank supervisory staff who have had to discontinue village work because of the recent uprisings (Intifada) against the Israeli occupation.

Insofar as institutionalization of the programs is concerned, there is widespread acceptance of the program not only by the administering organizations and their Boards of Directors, but also by all cooperating agencies--hospitals, especially hospitals for children, social service agencies, and the general public.

Unfortunately, these programs have no way of being self sustaining financially when AID funding is scheduled to end. Service demands on the administering agencies are great and income has diminished as a result of the closing of businesses at noon, total absence of business, commercial or other activity, of any nature, on strike days and the complete shut-down of the universities.

GENERAL RECOMMENDATION

If the project were to end now, the major gains already made would be lost and the West Bank and Gaza communities would be deprived of a vital service. Therefore, the most important recommendation of the assessment team is that AID extend the life of both projects for an additional three years and provide financial support for their operation.

LESSONS LEARNED

Given the poor economic condition of the West Bank and Gaza and of the families served by the programs, it would be unrealistic to expect support of the programs to come from the families served or from the local communities.

Also, even under optimum conditions an innovative program of this nature and magnitude could not become self supporting in four years. Initial approval of the projects by AID should have been for longer funding life spans.

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

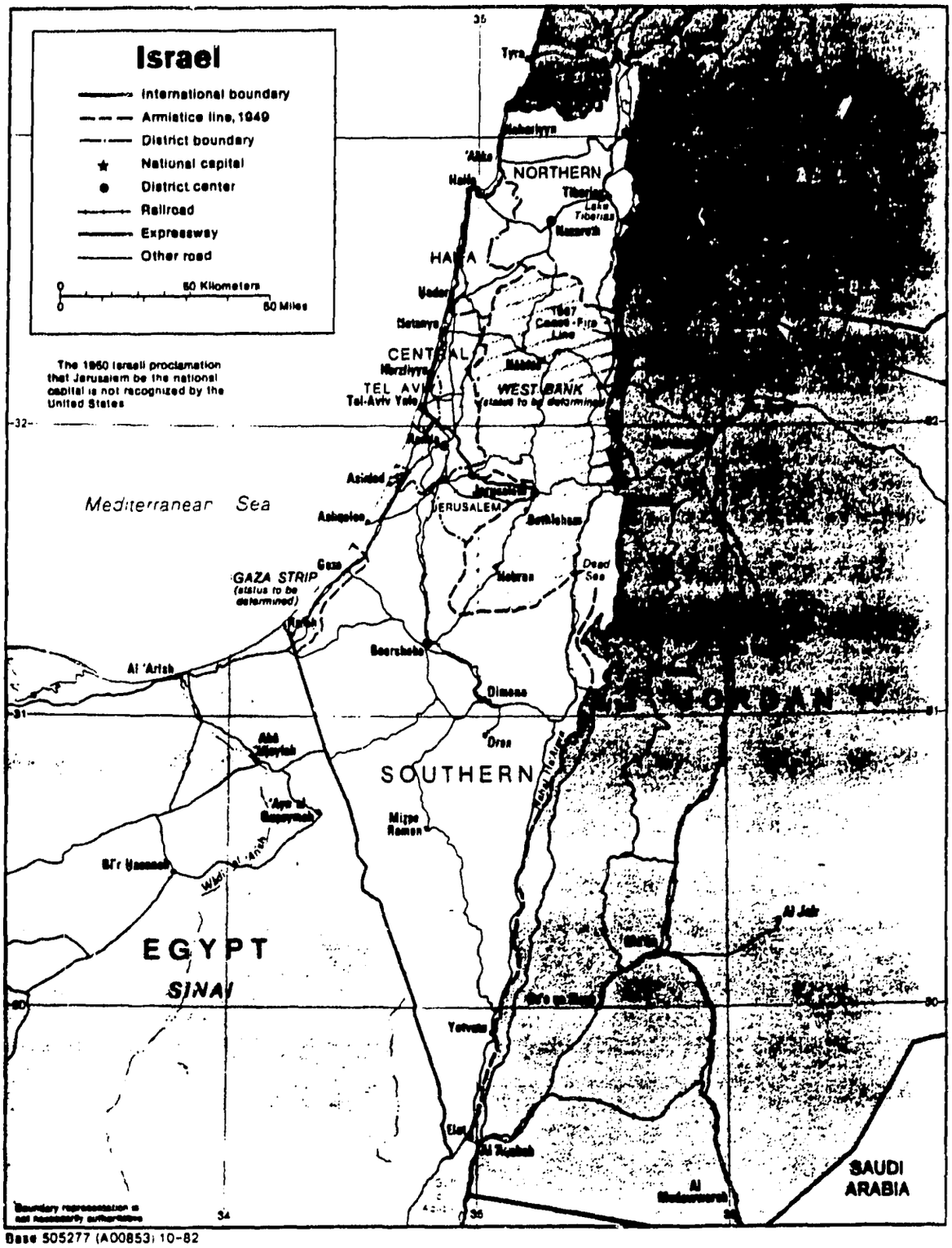

Figure 1: Map Showing The West Bank

24

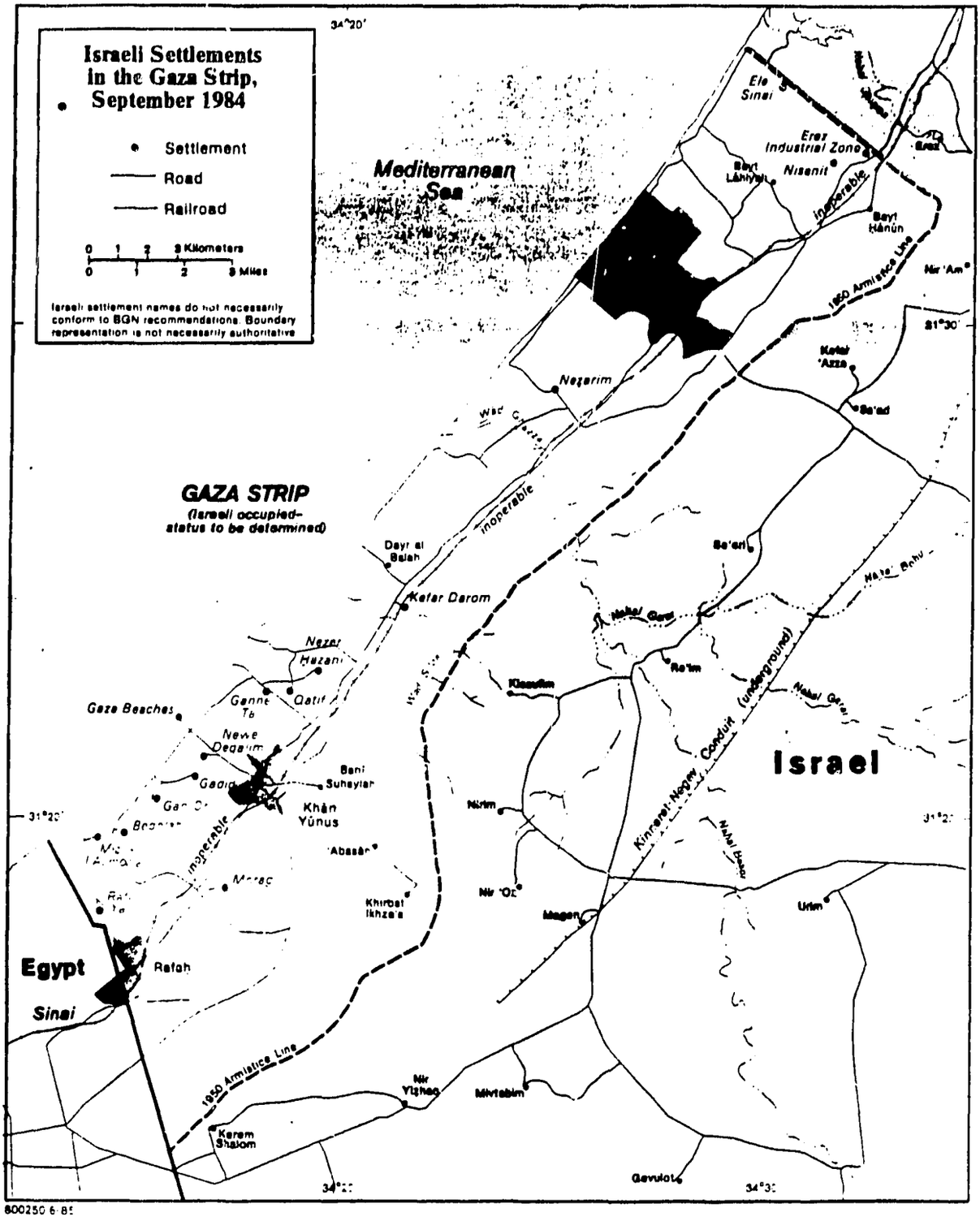

Figure 2: Map Showing The Gaza Strip

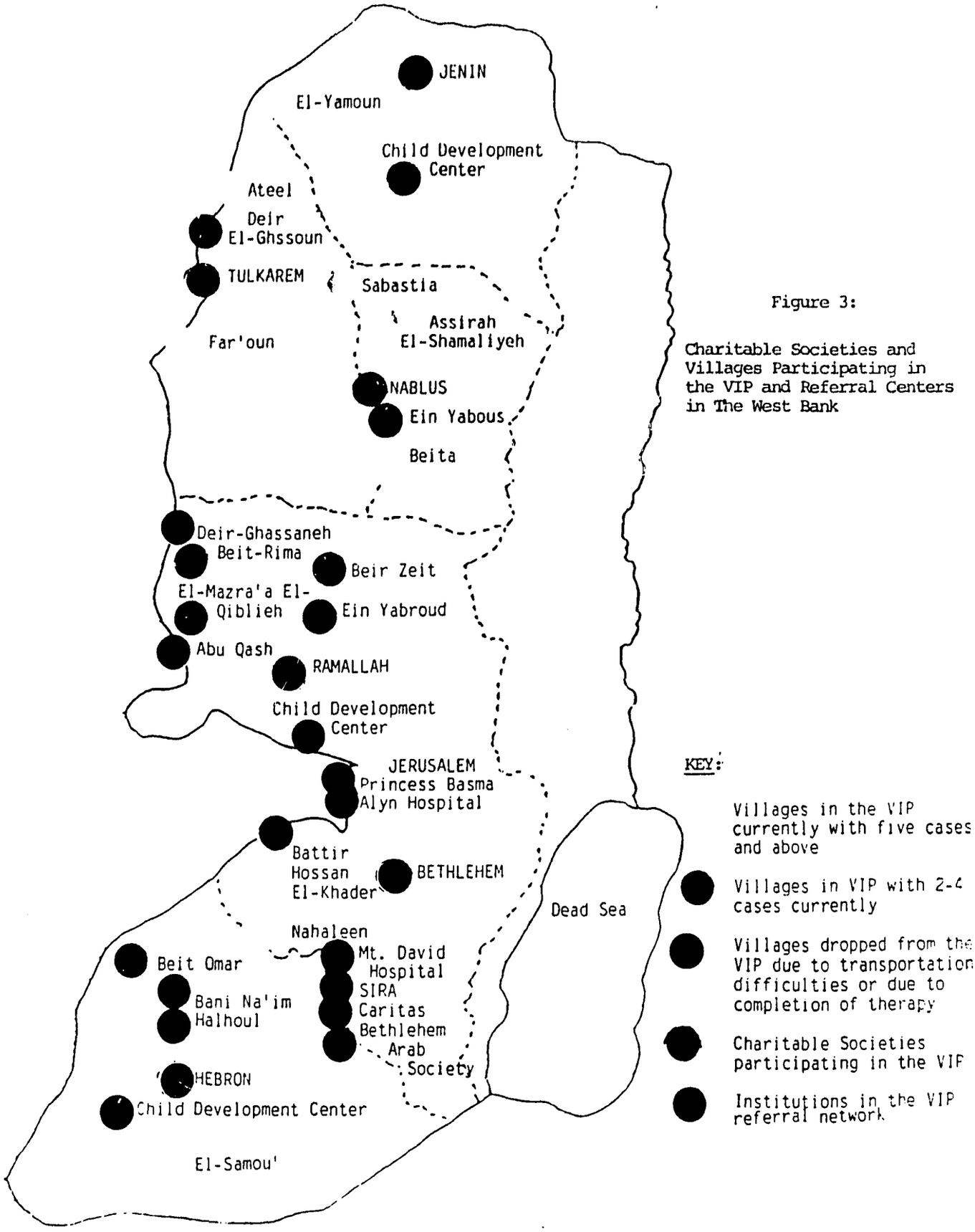

Figure 3:

Charitable Societies and Villages Participating in the VIP and Referral Centers in The West Bank

BASIC PROJECT IDENTIFICATION DATA

1. COUNTRY: West Bank

2. PROJECT TITLES: Village In-Reach Program (VIP)
   Rural Community Development Project

3. PROJECT NUMBERS: 398-0159.10
   398-0159.12

4. PROJECT DATES:

   (a) First Project Agreement - June 1984

   (b) Final Obligation Date - September 1988 (Planned)

5. PROJECT FUNDING:

   (a) AID Grant to CRS..... $887,000. (out of authorized $1.8 million)

   (b) AID Grant to SCF..... 223,000.

   (c) Other Major Donors..... 0.

   (d) Host Counterpart Funds..... 0.

   $1,110,000.

6. MODE OF IMPLEMENTATION: Catholic Relief Services and Save the Children operating through a network of indigenous agencies in the West Bank that have had experience in working with handicapped children and/or adults.

7. PROJECT DESIGNERS: Catholic Relief Services and Save the Children Federation

8. RESPONSIBLE MISSION OFFICIALS (West Bank)

   Mission Directors: Sr. Leona Donahue (CRS)
   Mr. Chris George (SCF)

   Project Officers: Ms. Ruby Young (CRS)
   Mr. Farid Jaber (Save the Children)

9. PREVIOUS EVALUATIONS (Independent of AID): Internal Evaluation for Catholic Relief Services conducted by Dr. Shukri Sanbar, Bethlehem University, July 1987

BASIC PROJECT IDENTIFICATION DATA

1. COUNTRY: Gaza Strip

2. PROJECT TITLE: Mothers Home Care/Early Intervention Program

3. PROJECT NUMBER: 389-0159.11

4. PROJECT DATES:

   (a) First Project Agreement - June 1984

   (b) Final Obligation Date - FY October, 1987 (Planned)

5. PROJECT FUNDING:

   (a) AID Grant..... $1.8 million

   (b) Other Major Donors..... 0

   (c) Host Country Counterpart Funds..... 0

   $1.8 million

6. MODE OF IMPLEMENTATION: Project is administered by the Society for the Care of Handicapped Children (SCHC), the only Palestinian Agency authorized to receive funds directly from AID.

7. PROJECT DESIGNERS: Society for the Care of Handicapped Children (SCHC)

8. RESPONSIBLE MISSION OFFICIALS

   Mission Director: Dr. Hatem Abu Ghazaleh

   Project Officer: Ms. Naila Shawwa

9. PREVIOUS EVALUATIONS (Independent of AID):

   Mr. Alfred Newfeldt (Canada) 1985

   Mr. David Mitchell (New Zealand) and Ms. Kawthar Abu Ghazaleh (Gaza) 1987

   Mr. David Shearer (U.S.) yearly

I. EXECUTIVE SUMMARY

A. Project Description and Planned Accomplishments

There are many children, ages 0-9, in the West Bank and in the Gaza Strip who have serious disabling conditions which, if not treated, will result in their inability to develop along with their non-handicapped peers and to become independent contributing members of society when they reach adulthood. Their disabilities include speech, hearing and sight impairments, orthopedic problems, mental retardation, epilepsy and combinations of disorders.

The lack of rehabilitation and restorative care in the formative years will result, in many cases, in institutionalization and in other forms of complete social and economic dependency upon their families and society.

Normally, rehabilitation services are provided by comprehensive rehabilitation centers -- usually located in large urban communities and mostly in the developed countries. The West Bank and Gaza do not have such comprehensive centers. Further, such centers as do exist provide very limited services, to small numbers of disabled people who, for the most part, are adults and not children.

In the quest for a solution to this problem, the Catholic Relief Services (CRS) and the Save the Children Federation (SCF) in the West Bank and the Society for the Care of Handicapped Children (SCHC) in the Gaza Strip proposed in 1984 to the Agency for International Development (AID) the funding of projects that would instruct the mothers of disabled children in those rehabilitation methods and techniques that can be administered in the home to their children. The proposed program in each of the occupied areas is based on the premise that an informed and skilled mother is the best guarantor of the handicapped child's optimum development if the mother knows what to do during the child's most vulnerable years.

Under each plan, teachers of the mothers were to be village people, who, along with their supervisors, would receive training in home rehabilitation practices. In the West Bank, a network of private indigenous social service agencies would administer the program, with support, guidance, training and other assistance from CRS and SCF. In Gaza there would be one administrative agency, the Society for the Care of Handicapped Children, the only Palestinian organization authorized to receive funds directly from AID and the only agency in Gaza serving children with developmental and learning problems.

The Agency for International Development approved the two proposed programs in 1984. Funding for the West Bank project was approved in the amount of $1.8 million for CRS and between $200,000. and $400,000. for SCF for the purchase of equipment for selected agencies participating in the program. However, only $887,000. has

been made available to CRS. This project is due to terminate in September 1988.

In Gaza, $1,800,000. has been made available to the Society for the Care of Handicapped Children. The termination date for the Gaza project was set as October 1987.

B. Purpose

In June 1988, AID authorized an assessment and evaluation of the two projects to determine, among other things, whether the objectives of the projects have been achieved; the benefits that have accrued to the prospective beneficiaries and how they view the program; the institutionalization and the sustainability of the projects; strengths and weaknesses and how project operations can be expanded and improved to provide better services to the disabled children in the programs; and what external factors or conditions inhibit or enhance project operations. Finally, the evaluation team was asked for its recommendations in relation to future operation of the programs.

C. Procedures and Methodology

A three-person team conducted this evaluation between May 23 and July 8, 1988. The team was in the West Bank and Gaza during the period May 25 - June 25, 1988. The team consisted of:

Larry Anna Afifi, R.N., Ph.D. (Team Leader)
College of Nursing, University of Iowa

Shukri R. Sanber, Ph.D.
Bethlehem University, The West Bank

Joseph M. LaRocca
The World Rehabilitation Fund, Inc.
Rusk Institute of Rehabilitation Medicine
New York, NY

In its review of these two home-based rehabilitation programs for disabled children, the assessment team held group and individual meetings with the directors and staffs of all agencies, foreign and local, directly involved in the administration and operation of the two programs.

Interviews and meetings also took place with staff serving as referral and service sources for the programs as well as with professional and other workers in agencies operating related programs. (Annex 4)

Schools, clinics, hospitals and specialized rehabilitation facilities were visited while disabled chilldren and/or disabled adults were in attendance, including speech and hearing facilities and sheltered workshops for handicapped men and women. In addition to

observing the programs first hand, there was discussion with facility staff especially as to their present and prospective tie-in with the home rehabilitation programs.

Visits were made to the homes of disabled children served in the programs to observe the work of the home teachers with the mother, siblings, and other family members. As this observation took place, questions were asked of the mother and other family members as to their perceptions and the value of the programs. (Annex 4)

All equipment provided to facilities by Save the Children under the project was inspected by the team to determine, among other things, its appropriateness in relation to the facility's clientele, the capability of the staff to properly utilize the equipment, the extent of its use, its operating condition, and the suitability of the environment in which located and used.

All documents and forms pertinent to the operation of the home service programs were reviewed in detail, including semi-annual reports, instructional manuals, screening tests, client records, assessment forms and training curricula.

D. Findings and Conclusions

In the short period of time the two programs have been in operation their achievements have been notable. In the Gaza program, 300 families were brought into the program in the first year of operation which was the goal for the third year. In the second year, 470 families, the number currently being served, entered the program -- a number far in excess of the second year goal. In the West Bank program, excellent training of Core (supervisory) staff for the program, as well as special seminars for professionals with agencies outside the program, e.g., physical therapists, nurses, physicians, occupational therapists and mothers of disabled children, have taken place and a host of fine training manuals have been developed.

Also of great significance in the West Bank is the acceptance of the value and worth of the home rehabilitation program by the many agencies serving as referral sources to the programs such as the Child Development Centers, hospitals, especially hospitals for children, and specialized institutions and agencies serving children who are mentally retarded or developmentally delayed.

On the minus side, the West Bank project never reached the stage of training village workers and having them in place in the projected villages as has been done in Gaza, because of top staff turnover, administrative misunderstandings with some of the agencies administering the program in specified geographical areas, and later the Intifada (uprisings). Instead, Core staff carried cases in the villages working in the homes with mothers of disabled children. The number of such families in the program, however, is far below the number of families projected to be in the program at this time.

It is the consensus of the review team that it was unrealistic to expect these in-home rehabilitation programs in the West Bank and Gaza to be fully in place and operating at full capacity and efficiency in four years. Even under the best of conditions, anywhere else in the world, could an innovative program of this nature and magnitude be installed, train staff, establish referral and other working relationships, standardize screening tests, develop necessary staff manuals and a patient records system and develop and conduct a public information program in four years. Compounding the problems is the fact that the West Bank and Gaza are occupied territories. The agencies lack the authority to act on many issues without prior approval and clearances, which often are of long duration in coming. Finally, the Intifada disrupts normal operations--home visits cannot be made at certain times and on certain days, and staff training and other meetings must be cancelled and rescheduled. This has added considerably to operational costs.

The assessment team found enthusiastic acceptance of the West Bank and Gaza projects by the families served and, as mentioned earlier, professionals in the health, social services and other human service fields find the programs to be most beneficial and urge their continuance.

E. Recommendations

In continuance of the projects, certain actions should be taken by the sponsoring organizations, CRS in the West Bank and SCHC in Gaza. In Gaza, a greater medical component should be built into the program along with physical therapy and speech and hearing services. Staff training in the home application of these modalities would need to be added to the training curriculum.

Catholic Relief Services in the West Bank should consider restricting direct project activities to the areas served by the Hebron Red Crescent Society in the South and the Nablus Red Crescent Society in the North and develop the village/home in-reach program in the villages within their respective service domains.

Both CRS and SCHC should establish closer working relationships and interchange materials and experiences. Both will benefit immeasurably from such interchanges.

Given the poor economic condition of the West Bank and Gaza and of the families served by the programs, it would be unrealistic to expect support of the programs to come from the families served or from the local communities.

If the project were to end now, the major gains already made would be lost and the community deprived of a vital service. Therefore, the most important recommendation of the assessment team is

that AID extend the life of both projects for an additional three years and provide financial support for their operation.

II. BACKGROUND/HISTORY

In this century, remarkable progress has been made in the prevention of disability and in the treatment of the disabled person so that he or she may live as normal a life as possible.

There have been amazing developments of new surgical techniques, mechanical aids, and new modalities in electrical and other therapies. Specialized institutions and new specialties have been developed, such as physiatry, rehabilitation nursing and rehabilitation counseling. The professional skills of physical and occupational therapists, speech and hearing therapists, prosthetists-orthotists, rehabilitation social workers and others have been upgraded in the application of modern rehabilitation technologies. Today, severely disabled people can be helped to become self-sufficient and to earn a living.

Unfortunately, these highly specialized services are available to only a few of the world's disabled people. It is estimated by the World Health Organization (WHO) that among the millions upon millions of disabled people in the world, only 1-2 percent have access to any rehabilitation or restorative services.

Generally, services are provided by comprehensive rehabilitation centers which are located in the larger metropolitan areas, almost exclusively in the developed countries. The services provided are expensive and beyond the reach of most disabled people for financial, travel and other reasons.

Early in the 1970s it was realized that, if the trend of providing rehabilitation services only through institutional methods continued, most disabled people in the world would live unproductive lives outside the mainstream of their societies and would be dependent upon others for support and for meeting the normal demands of daily living. Not only would those presently disabled be so affected, but their number would increase as the world's population increased.

As a result, WHO was asked to investigate less costly and more accessible methods of providing rehabilitation services, particularly the application in the home or community of simple rehabilitation technologies which would assist the disabled person to live an acceptable life.

In 1983 Catholic Relief Services (CRS) and the Community Development Foundation (CDF, now Save the Children) conducted a joint survey of the rehabilitation needs in the West Bank. The results of this survey reflected the worldwide situation in developing countries, especially in relation to the disabled children in the West Bank -- too few, very limited, or no rehabilitation services; long waiting lists for the few services provided; concentration of these services in the larger urban areas; and inability of most rural families to take advantage of the services that might be available because of lack of

funds, lack of transportation, time and family constraints and other personal reasons.

In an attempt to meet the rehabilitation needs of the disabled child in the West Bank, the Catholic Relief Service and Save the Children jointly launched in 1984, through funding by the Agency for International Development, the Village In-Reach Program (VIP) which, along with the Mothers Home Care/Early Intervention Outreach Program (Mothers Home Program) in the Gaza Strip, are the subjects of this evaluation report.

The Village In-Reach Program is designed to provide home/village based rehabilitation service to children from 0-9 years of age, with different kinds of disabilities, living in rural areas in all parts of the West Bank. The services in this program are provided through a network of human service agencies in the West Bank with the support and guidance of the Catholic Relief Service and Save the Children.

In 1984, the Society for the Care of Handicapped Children (SCHC) in the Gaza Strip also launched its Mothers Home Program for the early detection of the disabled child, 0-9 years of age, and the provision of home based service to that child. This program, which is based upon and follows closely the Portage Model of home based service, is operated exclusively by the SCHC and provides services to only those children in the United Nations Relief Works Agency (UNRWA) refugee camps in the Gaza Strip.

Studies that support the urgent need for the Village In-Reach Program in the West Bank and the Mothers Home Program in the Gaza Strip are as follows:

In the Gaza Strip, Saunders estimates there are over 4,200 disabled children in the age group 0-15 years. The only agency in the Gaza Strip providing services to any substantial number of disabled children is the Society for the Care of Handicapped Children. The Society's total program accommodates 600 disabled children in this age group--less than 15 percent of the number who need and could benefit from rehabilitation services.[1]

In the West Bank, Sanber estimates the number of handicapped children under nine years of age, living in the rural area, to be 2,671, not including mentally retarded children in that age cohort. He further observes that existing agencies which are located in the cities

---

[1] "A Study of the Prevalence of Handicapping Conditions Affecting Children, and a Case Finding Intervention in the Refugee Camp Population of the Gaza Strip," C. A. Saunders, University of Calgary. 1985.

and which do not specialize in the care of disabled children serve only 11 percent of the disabled persons who qualify for their services.[2]

Baker estimates the disabled population in the Occupied Territories to be 37,700, of whom 17,443 have been identified. These are persons of all ages disabled by mental retardation, sensory impairments and physical disorders. He estimated that only 1,020 of the disabled persons in the West Bank and Gaza Strip receive services.[3]

---

[2] "Village In-Reach Program (VIP), " Shukri Sanber, Ph.D., Bethlehem University, 1987.

[3] "Informal Educational Programs in the Occupied West Bank and Gaza Strip," Dr. Ahmad M. Baker, Birzeit University, 1988.

III. VILLAGE IN-REACH PROGRAM IN THE WEST BANK

A. Introduction

The Village In-Reach Program (VIP) was conceptualized by Catholic Relief Services (CRS) and submitted late in 1983 to USAID for funding as part of a joint program of the Community Development Foundation/Save The Children Federation (CDF/SCF) and CRS to provide rehabilitation services to the disabled children in the West Bank.

The VIP is based on the concept that the need for prevention and early detection of handicapping conditions is best met through the use of a rehabilitation worker who lives and works in the village.

B. General Review Of The VIP: Strengths and Weaknesses

While there is no attempt to lessen the mistakes of VIP, it is important to also list the gains:

- CRS has developed a list of 24 referring agencies which have agreed to assist CRS VIP staff in diagnosing and serving disabled village children. (Annex 5)

- The Princess Basma Center has had to develop a school program because of the increased number of children who are attending its center, secondary to the VIP program.

- During the Intifada, uprising VIP Core Staff are providing training to the staff of institutions serving disabled children, resulting in improved care of these institutionalized children.

- Several Core Staff workers have been able to apply to adults techniques learned in the VIP and have been of great assistance to a number of adults injured as a direct result of the suppression by the occupying forces.

- The manual for use by teachers for integrating handicapped children into regular kindergarten classes is a positive outcome of the VIP, even though actual integration occurred in only one classroom, and only for a period of one year.

- The wide variety and number of training conferences and workshops for professionals working with the handicapped, sponsored by CRS alone or in cooperation with CDF or other societies, have increased awareness and knowledge of methodologies for care of the handicapped. (See Annex 6 for complete list).

- The Denver Developmental Screening Test was culturally adapted and normed for the Palestinian child.

- A directory of institutions working with the handicapped in Gaza and the West Bank was developed cooperatively by CRS and CDF.

- A number of training materials and assessment forms were developed for care of the handicapped child.

- There is increased awareness in both the professional and public communities that rehabilitation of the handicapped child can be accomplished in the home.

There have been major problems, listed below, that have affected the project's ability to fulfil its objectives. There will be no attempt to elaborate on each of these as the majority are covered adequately in the internal evaluation carried out in May and June, 1987 by Dr. Shukri Sanber (Report Based Upon the Internal Evaluation of the VIP Program, 1987). The project has been adversely affected by:

- Frequent change in project management and resource staff during the first two years of its implementation.

- Late start in the training secondary to change in leadership and loss of project director at critical time.

- Late start in training, leading to late Core Staff placement, and subsequently to a misunderstanding as to the financial obligations of each party during the following months.

- Misunderstanding with at least two of the societies as to the role and benefits of each party (CRS with Hebron Red Crescent and Annahda Women's Association), leading to poor supervision at the society level and in general to an early low level of client case load.

- The lowering by USAID of agreed upon funds, thereby forcing some additional slowdown of the project.

- The starting of the Intifada just before the revised schedule for training of the Village Workers was to begin.

- The request by USAID that the evaluating team evaluate the project before continuing further steps, and the delay of the evaluating team's visit secondary to the Intifada.

Due to the above factors, the village worker training was never undertaken. The core staff therefore continued to work as village workers instead of supervisors and trainers as the project anticipated. The Intifada forced the Core Workers, who do not live in the villages where they have clients, to slow down and eventually stop the home visits to selected clients. While this is slowly starting again, the date of September--1988 when everyone knows the project will run out of

funds--and the continuing Intifada do little to encourage the return to full scale village work as was being done prior to this time.

C. Village In-Reach Components: Training, Standardized Curricula, Medical Linkage

1. Training

a. Teacher Training for Mainstreaming

One of the original plans within the CRS grant was that of training teachers to work with handicapped children within a 'normal' classroom. Very early, following approval of the grant, such a classroom was established in a preschool serving five villages in the north of the West Bank. A teacher who had background in this area was hired to act as a lead teacher. Eventually 12 handicapped students were integrated into a total enrollment of 50 three-to six-year old children. Three teachers were trained in the technique for a period of 1 1/2 years. Unfortunately, the classroom was closed by the occupying government.

This program did however accomplish two results. A manual for the training of village teachers in mainstreaming handicapped children into preschool education was developed and printed by CRS. Secondly, several of the trained Core Staff have been involved in the development of a community school for handicapped children in ElKhuder. The school was developed by the Bethlehem Arab Society and the Core Staff working at that society, and with the cooperation and input from a nearby village. Presently the school is located in a two-room schoolhouse, and serves disabled children with a variety of handicaps. The village is completely responsible for the management of this school program, directed by two teachers with input from three Core Staff.

b. Core Staff (Supervisor) Training

(1) Description

The Core Staff curriculum and training was planned by foreign resource individuals with input from local professionals. The theoretical work was given over a nine month period, and while it did contain some practical work, the program also included a year of closely supervised home visits. Originally planned for ten individuals, because of pressure from the societies designated as placements for employment of the graduated workers, that number rose to 23, an unrealistic number for a small staff to give essential close field supervision needed by individuals envisioned to be future trainers and supervisors. Due to a variety of reasons the number of working Core Staff at this time is 11, near the number originally envisioned, though not in the distribution envisioned. (See Annex 7 for present Core Staff Work Assignments) Originally the level of a Bachelors degree in Sociology or Psychology was required for admission to this course. In several instances, this requirement was waived.

The evaluation team feels that for this society, all trainers should have a Bachelors level educational background.

The training was given in English, with a one month course in remedial English given immediately prior to the beginning of the training. However, the level of English proficiency of some of the students at times was not sufficient for total comprehension of some of the course material. Following a recommendation by Dr. Sanber (Sanber, 1987), the course material has been reorganized, and divided into a 12 section volume plus a core staff manual including goals, objectives and classroom activities. The total set will be an excellent reference for future training and as a reference at the centers. Only The Physically Disabled Child and the Physical Assessment Handbook have been translated into Arabic. There are no plans to translate other materials for this level staff.

The Core Staff training included the following areas: normal and abnormal growth and development; handicapping conditions; causes, prevention, remediation and habilitation; identification, assessment, program planning; and working with parents. The Portage guide to Early Education, a physical assessment form (developed by Ms. Sue Waller, the physiotherapist with the program), the Denver Developmental Test (culturally modified and normed for Palestinian children for the project by Dr. Shukri Sanber), a case history, and the Portage checklist are the main assessment forms and guides for the program planning for each child. Several in-service training sessions were held that included speech and hearing assistance, adaptive equipment, and occupational therapy. (Annex 6)

There does not appear, however, ever to have been a specific job description, or role, designed for the Core staff. While it has been recognized that there would be a need for the Core staff to teach village workers and to supervise their work, other aspects of the role are nebulous. Their role needs to be well identified to ensure they receive the advanced in-service education they will need.

In general the course curriculum appears to have provided the information needed for these core staff responsibly to observe and support the village rehabilitation in-reach worker. Techniques of teaching, not covered in the original training, were given during an in-service program (Annex 6.) The area of supervision will need more coverage. While Core staff need to provide support and guidance for their village workers, they also need to be able to identify gaps in the programming and receive support themselves from their peers and other professionals. It is essential that this aspect of the program be built in to assure an on-going ability to grow and expand their professionalism. Since they are neither therapists nor physicians (nor are they intended to be), a support system will continue to be needed. As for any working group, continued in-service education is a must, and this idea must be inculcated into their activities as an essential aspect of life-long work on a regular planned basis. The best way to do this is through modeling, and learning how to plan such activities.

(2) Recommendations for Future Core Staff Training

- If Core Staff training should be undertaken again,

  - -- all applicants should have a minimum of a Bachelors degree in any area, with the following basic courses: growth and development, introduction to sociology, and introduction to psychology;

  - -- the English proficiency level should be tested, and assistance given in this language throughout the training as necessary; and

  - -- no age limit should be necessary if the applicant fulfills all other requirements;

- Design immediately upon funding, a job description, or envisioned role for the Core Staff that will identify specific tasks and clear realistic guidelines for this role. The societies that will hire these individuals as well as the CRS management and resource staff and the selected individuals themselves should take part in this role design. A job title other than Core staff should also be designated;

- Begin specific training immediately, following the completion of the job description, starting with the selected supervisors having one to two day training weekly by CRS Resource persons until the training of village workers begins. In addition the supervisors should attend all training sessions of the village worker and should have an additional two hour session following each Saturday in-service for the village workers as a continuous on-going routine. In addition all supervisors should have extra materials on speech and hearing, and preventive and early detection aspects should receive extra attention. The following areas should be covered as well as others identified by the role description:

  - -- supervisory and management skills;

  - -- teaching skills, including in-service education planning;

  - -- beginning counseling theory;

  - -- prevention and early detection of handicapping problems;

  - -- speech and hearing therapies; and

  - -- working with siblings; involving entire families; and

- The present CRS resource and administrative personnel should nominate supervisors according to set criteria. The societies working with those same criteria, however, are the employers and have the final decision. The criteria must include measures of at least the following: knowledge and ability to carry out the required job, requisite knowledge base, requisite teaching and supervisory skills, ability to work with a variety of people, creativity, and excess energy. The supervisors must also be willing and able to commit themselves for a period of not less than three years to an active role in the village, regardless of the continuation of the Intifada (when it is not threatening to life). Preferably this supervisory personnel should be from the present Core staff or will have had previous experience in outreach health programs.

c. Village Teacher Training

(1) Description

The fact that the village teacher training was never started has been discussed earlier in this paper. Although this program was never started as intended, those persons who have worked with the program or are familiar with its envisioned role are eager to continue the program to the next step. The team feels that valuable curriculum material has been prepared, or is near completion. The referral system as well as the initial preparation with local societies has been readied. The community has had a taste of this service, and without exception is eager for the village level to take place. The team feels that the program is not yet able to stand on its own feet, but that within the next three years, given the recommended activities, the goals of sustainability and institutionalization will be met. The team also feels that there will be no continuation of the work, even at its present level, at six out of the eleven placements.

The original plan was to condense and adapt the material to a more suitable volume for the village worker training, and translate this into Arabic. This project was put on hold when, secondary to delays caused by the Intifada, the continuation of the program was questioned. Further discussion of the curriculum will be found under 'Standardization of Curricula'. Following discussions with CRS staff, local referral sources, Core staff, and parents of the handicapped children, the evaluation team is recommending the following:

(2) General Recommendations

The section of the grant that calls for the training of village workers should be extended for a three year period with the following modifications:

- Limit the training program to two regions, each region with two VIP Supervisor/Trainers. Each full time

Supervisor/Trainer will be responsible for six to seven village in-reach workers;

- Encourage other VIP Core Workers, who will no longer be working with the CRS program, to continue their programs as employees with their societies. CRS will, in general, not offer funding to these societies, but will offer training, screening and other program materials, periodic technical assistance as requested if feasible, and will invite these individuals as well as other individuals working in the field of handicapped children to special programs or in-service as available. In selected instances, if the Core Worker in an area not selected for further regional training has shown talent and promise for village rehabilitation work, CRS may opt to sponsor that worker's salary to the extent necessary to continue the present level of work, if the level seems optimal, and the program has possibilities of growth within the society itself. In these cases, supervision would be provided by the CRS Resource staff. The worker would be encouraged to attend the weekly in-service days at the location nearest her/him;

- Provide CRS an immediate extension until February 1, 1989, to allow them to close the program gracefully or to identify criteria for successful management and local society 'ownership' and involvement and to work with the agencies concerned to identify needs, plans, and measurable objectives. Safeguards for both CRS protection and local agency growth will need to be written into the program;

- Organize and conduct the actual village worker training by the selected supervisory core staff from each région with support from CRS Resource staff and selected local professionals. It is understood that all supervision, including practical, of the village worker will be carried out by the core supervisory staff. However, for the entire period of the grant, CRS will assume final responsibility for all training (including practical supervision to the degree necessary);

- CRS should develop all needed technical assistance materials, and in-service education assistance (The actual in-service education could be considered part of the training for at least the first year.) After that time it should be considered an essential part of the program, and it must be built into the grant as such. The assistance given by CRS on a continuing basis must be negotiated; and

- CRS should also assume responsibility to promote professional activities in cooperation with other agencies as they have done so well during the past three years. Referral and staff training for other staff from each society may be requested

from CRS as needed by the society.

(3) Specific Recommendations

Each of the regional agencies should carry out the following recommendations. This will be accomplished through an agency support individual (Director? Liaison?) working in conjunction with the Core staff. It would seem advisable for that agency individual to be a management member of the agency rehabilitation center.

- Each identified sponsoring agency should identify 12 to 14 villages surrounding Nablus in the North for the first training group and 12 to 14 villages immediately surrounding Hebron as the second training group. Work with the Life Cycle supervisory staff or others knowledgeable in the village to identify those workers and villages that have had success in the Life Cycle program or others who may be able to carry out this role;

- Discuss the role with the worker to gain commitment or refusal for this role. Funding for each village worker will be the role of the regional society (Hebron or Nablus Red Crescent). The funding of this position at the village level may need to be negotiated with the regional society, since at this time funds for any type of care are scarce, particularly at the village level;

- Discuss the program with the village to gain commitment for this village rehabilitation worker or refusal for support of the worker. The team supports the concept of a full time role--half time village health educator and half time village rehabilitation worker. However the need to spread around whatever little paid work there is is understood by the team. It is agreed that this decision must be made by the village concerned. If the rehabilitation worker has no health education background, additional training must be given. These workers must be supported by their villages;

- The teaching program should be no more than 48 days spread over not more than four to six months, probably not more than three days a week, and include an integrated practicum. There should be however a commitment to come to the meeting center in the regional society weekly (day to be decided by regional society) following the initial training for a complete day of planning and in-service. This in-service should be a planned program with small group meeting with the supervisor to discuss problem issues large group sharing for peer support and announcements, and in-service education. Outside speakers should be utilized for the in-service education on a regular basis;

- Training could be given in two regions simultaneously if two different resource people are used--one each week per region. Commitment to come to training regardless of Intifada (unless of course danger or curfew). Consider a feasible plan to encourage

all workers to attend;

- As planned by the present CRS program management and resource personnel, the teaching program would include areas from the present Core Staff teaching program adapted for the village Worker that are deemed essential to the present level of program. Specific role and training curriculum will be completed by CRS before the approach to the societies, although some modification should be built in to fit the society's felt needs in this area;

- By the end of the second week of training, village teachers should have identified cases in their village which they can begin to work with;

- There should be no planning day other than as discussed in point #4. Each village worker should be able to carry three to four rehabilitation cases per day, a full load of approximately 19. All charting and planning should be done the day the client is seen. If the village worker is a half time health educator and half time rehabilitation worker, the worker should have a rehabilitation case load of 10 to 12 cases--children from birth to age nine. If there are not that many cases identified immediately, the use of the Portage system for at risk children may help identify other cases and uses of her talents and skills; and

- CRS Resource persons should be Palestinian if at all possible.

2. Standardized Curricula and Diagnostic Measures

a. Description

The development of an excellent curricula for the level of Core Staff has been a main aspect of this program. CRS is to be praised for this aspect of the work. The materials are well organized and designed. They should be made available to other individuals and groups planning similar programs.

While the planning and much discussion of the curricula for the village rehabilitation worker has taken place, the actual design and translation has not. The conceptualization of this role and material has taken much of the time of CRS staff. It is the feeling of the evaluation team that a role description and the entire curricula should be designed immediately and translated into Arabic even if no further funding is available to continue the actual teaching of these workers. This would allow for these excellent training materials to be available for not only the envisioned CRS village training but also other institutions involved in or thinking of becoming involved in mothers programs for the handicapped child. While this may cut down on the amount of supervision time by the two resource personnel, it is deemed an essential aspect of the program that should be finished by CRS. CRS training capabilities are highly respected by all professionals

contacted in the survey. The use of these materials would allow an element of institutionalization of this fine program.

The development of an accepted assessment form for children as a standardization instrument culturally appropriate and normed for the Palestinian child is a major achievement that will assist not only the assessment of the handicapped child, but also will be extremely useful for the non-handicapped child. The Denver Developmental Screening Test (DDST), an instrument utilized world-wide, has been used for the assessment of all VIP children. The VIP staff, following training by Dr. Sanber, who normed the test for the Palestinian child, have also acted as trainers for several schools for non-handicapped kindergarten children who are now using this test. CRS should continue to make the availability of this Palestinian normed assessment tool known to other populations working with both handicapped and non-handicapped children, and assist in the training of the use of this instrument.

An assessment tool for the physical assessment of a handicapped child by a village worker was prepared for this project by the project physical therapist, Sue Waller. This tool appears to be extremely usable for this population. It has been very helpful for the Core Worker staff. Other tools for assessment that are being utilized are from the Portage system. Working in cooperation with the Society for the Care of Handicapped Children of Gaza, the instrument was translated into Arabic with some changes for cultural relevance. It is assisting the workers identify aspects of development and care required by the handicapped child. Continued cooperation of the two societies and any others working with handicapped children will allow the continued growth of knowledge leading to improved care of this special population.

b. Recommendations

- Design and print a role and job description for the village rehabilitation worker starting immediately. Identify what this worker will be called;

- Following the role and job description, adapt and translate into Arabic the teaching program to make it applicable for the village rehabilitation worker. This should be undertaken immediately as of July 1, 1988 with an attempt to complete this task before September 1, 1988;

- Continue to make known the availability of a Palestinian normed Denver Developmental Screening Test for assessment of children's developmental status, and assist interested parties in learning how to use this tool; and

- Continue to provide for and search out cooperative opportunities to utilize common assessment tools and share results and experiences with the Society for the Care of the Handicapped Child (SCHC) in Gaza and other agencies working

with the handicapped child.

3. Medical Linkage and the Supervisory Society

a. Description

CRS has worked hard and well to establish a medical referral system, which appears to be firmly in place. In addition a medical linkage to provide on-going medical advice and support to the VIP Supervisor/Trainers as well as the Village Worker is needed. The two societies that have been functioning as the supervisory agencies in Nablus and Hebron are both Red Crescent agencies, and as such may be the proper supervisory agencies. While the medical linkage has not been fully utilized, it may be possible to do so. The medical and supervisory linkage to a health program may be helpful in the following ways:

- Provide on-going medical advice and support;
- There is evidence that even poor communities will contribute money to a health program when it is linked to a program with a strong curative component (Buzzard 1987); and
- Larger active medical programs usually have more success in fund raising than smaller community action activities.

While there is the danger that a village in-reach rehabilitation program may be ignored or phased out by a large curative service, health services such as Child Development Clinics (CDC), primary health care centers, or rehabilitation centers may be the ideal location for the VIP. There are presently several primary health care schemes being planned (AMWA and a Jordan funded scheme that may be attached to the CDCs). The Child Development Clinics have recently been taken over by Jordan for funding. It is unclear whether the support and excitement for the village rehabilitation workers role that is presently seen at the CDC will continue to flourish.

b. Recommendation

Identify a medical linkage system to provide on-going support and medical advice. This question should be actively pursued to allow the Core Staff and the village worker to have essential support in the medical field. It is possible that Hebron Red Crescent and Nablus Red Crescent may fulfill this role.

D. Recommendations for CRS Budget Proposal Criteria

The evaluation team suggests that CRS work with the main societies, the Hebron and Nablus Red Crescent Societies to identify their needs and measurable objectives. (See Annexes 8 and 9 for descriptions) Following this activity, each society should write a proposal following previously identified criteria, to identify

resources and financial assistance needed. Among the criteria, CRS may choose to state the amount of money, or a range of amount, that is available as well as aspects of a village rehabilitation program that are necessary to make it functional. CRS will set the identified guidelines.

CRS will request a three year grant that includes its project management expenses as well as the agreed upon budget requests for each of the two societies. The agencies will need to do the following:

- Request a grant annually, based upon goals and objectives, for a three year period. The agreed upon budget money should be paid on a monthly basis;

- The program request should have goals, measurable long and short term objectives, time frame, contingency plans;

- Write a semi-annual report;

- Keep specified data as required to prove measurable objectives are met;

- Include transportation to and from training, seminars, and in-service days for village workers as transportation form for the Core staff;

- Negotiate through the budget request the payment to be given to the village teacher during the training as well as for the actual work. The role of the village towards this payment as well as the role of the village in supervision, provision of space, and provision of necessary equipment will be negotiated between the village and the regional society. Transportation money for training and for the in-service days for a period of at least two years following the training should be included in the society's grant request. This would be necessary to show the importance of this in-service day to the village workers. Continuous evaluation of this day should be carried out by supervisory staff and outside evaluation should be done every six months to identify ways to make this a sustainable activity following the initial three year program of village teacher. The issue of sustainability of the in-service day should be build in from the first day; and

- Give the supervisors responsibility for the initial training as well as the in-service planning. From the first day they are employees of the society and the supervision of their function must clearly be understood to be the society's role. Negotiations as to a yearly budget for the Nablus and Hebron Red Crescents programs will be carried out, but funding will be given monthly following guidelines and objective attainment. This program should be carried out as soon as

possible. The societies and the selected supervisory staff of this program should be assisted by the CRS Resource and administrative staff to write a program as needed to meet the criteria and guidelines developed by the program.

E. Sustainability of the VIP Program

1. Description

CRS also designed the VIP for sustainability following experience in the Life Cycle program. The design was made in 1983, prior to some of the recent work on sustainability, and prior to evaluation and closure of the Life Cycle program. However, many of the pertinent issues were built into the VIP project. The program components identified as essential to sustainability in a recent AID Program Evaluation Discussion Paper (No. 23: Buzzard, Shirley) are the following: financing, community participation in planning and implementation, host country policy, appropriate program design with respect to breadth of objectives, and program management. How the VIP project met each of these elements is discussed below.

2. Financing

The West Bank has been under occupation by Israel since 1967. As a result there is not opportunity for economic growth and development. A large percent of the work force are skilled or unskilled laborers whose earnings have been severely curtailed. When the mothers were asked if they would be willing to pay for the VIP service, all said yes, few qualifying that statement. The yes denotes their feeling that this is a valuable service. When the observers were told after the home visit of the financial status of the family, it is obvious that these families would not be able to pay. It is estimated that, as in Gaza, perhaps three to five percent of the present case load could afford to pay something for VIP service. World statistics from the United Nations and its specialized agencies, WHO and ILO show that handicapped people are generally in the lowest socio-economic stratum. The care of the handicapped is always a government program.

The Intifada has further increased the financial problems of many families. There are no funds except for meeting essential food and other needs.

The program design called for the funding of all training by the CRS. In addition, CRS paid full salary for any individual attending the training, requesting that the society sponsoring the trainee agree to continue this individual on as an employee following the training, with CRS picking up the tab for salary completely during the first year, and decreasing the salary input during each succeeding year, with the society putting in the amount decreased. This was designed to make the societies find other funding sources early in the program. However because of the financial and political climate funding for all social programs must be found outside the country. The societies have

in fact requested and received funds from a large number of international and Arab sources in the past. Present occupying country policy does not allow the bringing in of funds from outside sources, and there is little availability in the country itself. If the political situation improves and following extended and proven success of a program leading to the population's requesting it, there is more likelihood of identifying needed funds.

3. Community Participation in Planning and Implementation

There is evidence that CRS made the right moves in community involvement and worked intimately with all agencies and societies working with the handicapped child to identify the appropriate program design. Unfortunately however the continued change in leadership of the project led to some confusion on the part of both CRS and the cooperating societies as to what was expected from both sides. There is a perception of verbal commitments by previous CRS personnel that do not gel with some of the written statements. Regardless of whether or not they happened, the perception is that they did, and CRS needs to mend some fences.

4. Host Country Policy

The West Bank is an occupied territory. As such, it is unable to make its own policies on issues such as the care of the handicapped child. There also is no clear cut policy on primary health care centers, where a village in-reach worker may logically be placed to allow for maximum support. Fairly recently (and certainly after the VIP project was initiated), there have been plans for primary health care centers to be developed by at least two different groups. There still are no guidelines for these centers however, nor is it clear where such centers will be operated. Several sources will be financing the envisioned centers. No village handicapped worker is attached to any of the planned centers.

Under the occupation, it is extremely difficult to initiate and receive support for new programs, such as the Village In-Reach Program with its many innovative elements--the delivery of rehabilitation services in the home, specialized medical care, mainstreaming of disabled children in local schools, the provision of speech and hearing services in the village or community rather than in some distant facility, and the delivery of other medical, remedial and social services in a manner most convenient to and usable by the disabled person. Rather, it is expected that existing programs will be utilized for service even though these programs do not contain the full range of required services, or are delivered in a manner incompatible with the disabled person's living and other needs, or are not affordable.

Accordingly, to ensure the sustainability of the VIP with funds that may be raised locally, regionally, or internationally, measures must be taken to secure their protection from the administrative and political measures of the occupying military authorities.

5. Appropriate Program Design with Respect to Breadth of Objectives

The project was conceptualized in a very broad form. Though conceptually magnificent, it is considered by the evaluation team to be far more than could possibly be carried out during a four year period by any group. The following points are noted in this respect:

- The plan for care of the handicapped child in the home is acknowledged by the grant request to be a new idea conceptually in Palestine. While there has been institutional care, many families consider a handicapped child as an element of shame and guilt and may assume that the child is a burden and cannot be helped, in many cases may be better off dead. In no area of the world, including the United States, can a new concept be introduced from scratch, and institutionalization be expected within four years; and

- Several aspects of care--both home care by mothers and mainstreaming into schools--were to be developed during the four year project without time to attempt field testing and trial periods. While it may have been possible given a larger budget and much more staff, neither was available.

6. Program Management

As mentioned earlier, there were major problems and delays caused by early change in leadership and misunderstandings created to perceived unsubstantiated verbal commitments. The evaluation team believes the present management team has quieted this down.

There was an attempt to hire Palestinian resource people, although it is unclear how essential that was viewed. Certainly it never happened. The present Project Director, a Palestinian, was named to that position in the second half of 1986. At a disadvantage since she came into the middle of a plagued program, it appears that she has gained the trust of both the Resource people, the Core Staff, as well as the societies. While she has not been able to undo the present hard feelings in some of the societies, it would appear that she has the ability to do so, given the support of a definite project plan. One would hope that if the project is continued, that no more management changes would happen.

IV. PROVISION OF EQUIPMENT TO WEST BANK FACILITIES UNDER SCF/CDR RURAL COMMUNITY DEVELOPMENT PROJECT

As indicated earlier, the village rehabilitation programs in the West Bank and in the Gaza Strip are designed to instruct mothers and other family members in those habitation and rehabilitation methods and techniques that can be administered in the home to the disabled child under nine years of age. They are based on the premise that an informed and skilled mother is the best guarantor of the handicapped child's optimum development if the mother knows what to do during the child's most vulnerable years.

A major reason for the establishment of the home/village rehabilitation programs was the dearth of rehabilitation facilities in the West Bank and in the Gaza Strip, their long waiting lists, the limited services provided and the inability of many families to use whatever services might be available because of inaccessibility of the facility, lack of transportation or affordable transportation, inability to leave the home or community, and recently, lack of security.

While the in-home rehabilitation program lessens the demands upon rehabilitation facilities, it by no means obviates the need for such facilities. Indeed, the services of these facilities are essential for those children whose disabilities are so severe that they cannot be treated in the home environment. And often the special services of these facilities are required, for varying periods of time, on an inpatient or outpatient basis by children within the home rehabilitation program. These special services include diagnostic services, corrective surgery, bracing, speech and hearing services and specialized physical therapy and educational services.

The Agency for International Development recognized the need for institutions capable of providing modern rehabilitation services to disabled children in the West Bank and in the Gaza Strip. Accordingly, through Save the Children, grants were made by AID to selected institutions for capital improvements and for equipment.

Grants for construction were made by AID to the Society for the Care of Handicapped Children in the Gaza Strip and to the Bethlehem Arab Society for the Handicapped in the West Bank. Both of these construction grants were made separately and not as part of the grants for the establishment of the home rehabilitation programs.

The AID construction grant to the Gaza Society has enabled it to enhance its facility that houses its degree and other training programs in rehabilitation. Supervisory staff of the Mothers Home Care Program are located in this facility. Also, weekly staff and other meetings pertaining to the Home Care Program are held in this facility.

The construction grant to the Bethlehem Arab Society will enable the Society to consolidate all of its programs, including the

Village/Home Rehabilitation Program, in one modern building. Construction is expected to be completed by the fall of 1988.

Through an AID grant to Save the Children, equipment was supplied to three West Bank agencies providing services to handicapped children and adults. All three of these agencies are an integral part of the Village In-Reach Program. The three agencies are listed below along with the value of the equipment purchased by them from the grant:

- The An-Nahda Women's Association . . . . . $ 38,047.
- The Bethlehem Arab Society . . . . . $ 60,000.
- The Hebron Red Crescent Society . . . . . $125,000.

Visits were made to all of these institutions by the Review Team and the equipment assessed in terms of the following: its current condition and use; its suitability in relation to the agency's clientele; appropriateness of the space in which located and used--size of area, lights, etc,; whether staff is trained in its proper use; conditions of purchase--i.e., title, maintenance, guarantees; and the extent to which the provision of the equipment has upgraded the agency's service and/or enabled the agency to serve additional handicapped people in the West Bank.

All of the equipment provided is appropriate, is used extensively, and has resulted in the provision of better rehabilitation services to disabled children and adults and to increased numbers of such disabled persons. A description of the equipment provided to the three West Bank agencies, its condition, use and benefits will be found in Annex 10.

V. THE MOTHERS HOME CARE/EARLY INTERVENTION OUTREACH PROGRAM IN THE GAZA STRIP

A. Introduction

The Gaza Strip is a land approximately 40 kilometers long and, at its widest point, 10 kilometers wide. Contained along the southeastern coast of the Mediterranean Sea, it is bordered by Egypt on the south, the Sea on its west and Israel on its north and east. An estimated 600,000 Palestinians live on 70 percent of the land, approximately half of them in Gaza City. Although the Strip was originally a rural area, it is now 85 percent urban. Three fourths of the population are refugees. Since 1977, a significant number of Israeli settlements have been established in the Gaza Strip.

B. The Society for the Care of Handicapped Children

1. General Overview

The Society for the Care of Handicapped Children (SCHC) in Gaza was started in 1975 by Dr. Hatem Abu Ghazaleh in response to the poor conditions of the handicapped. At that time, there was one residential institution serving about 45 blind individuals and one custodial institution providing care for severely handicapped adults. No educational training, or other care for handicapped was available at that time.

The first United States aid to SCHS came in response to a Save the Children request for teaching equipment in 1979, and kitchen equipment in 1983. In 1984 SCHC was designated as an indigenous PVO that could receive USAID funds directly, the only Palestinian indigenous organization so designated. Consequently SCHC received funds from USAID to build a training and resource center which was completed in 1987. In 1984, the Mothers Program was initiated with and continues to be supported by USAID funds. The bulk of this report on Gaza activities dwells on the Mothers Program.

The activities of the Society are the following:

- Sun Day Care Center established 1976, provides day care and training of the handicapped between the ages of seven and eighteen. Funding is from a variety of Arab and international sources;

- Mother Home Care and Early Intervention Program (Mothers Program) was established in 1984 for home training of the mothers in care of the handicapped child until the age of nine years. Funding is from USAID;

- The Gaza Beach Camp School, functioning since 1986 as a unit within a UNWRA school campus. It is funded by several

international and Arab sources;

- o A vocational training and rehabilitation service for handicapped individuals over 18 years of age;

- o A diploma and degree program for rehabilitation personnel. Started originally as a diploma course, the first 14 students graduated in 1986 with a diploma from the University of Calgary. At present all theoretical and practical courses are being given in Gaza and will lead to either a diploma or a degree from the University of Calgary or Mount Royal College. The faculty are from a well recognized Canadian rehabilitation institution. It is funded entirely by the Canadian International Development Association; and

- o A training, continuing education, and hostel facility, built with USAID funding. It is utilized by the Mothers Program and the Rehabilitation degree and diploma program.

2. The Mothers Program

The Mothers Program was started in 1984 following the training of four Gazans in the United States in the Portage System. These individuals in turn trained the first home teachers in this system in November of 1984. At present none of the original four is with the Mothers Program and only one, Fahed Lababidi, Director General of the Society, is with the Organization. There are presently 25 Mothers Teachers working with 470 children and their mothers. Seventy children are on the waiting list. Ten teachers are now being trained.

The program was previously evaluated by Alfred Neufeldt of Canada (1985), David Mitchel of New Zealand and Kawthar AbuGhazaleh of Gaza (1987). There are continuing yearly evaluations by Dr. David Shearer of the United States as well. Many of the previous evaluation findings are valid for this report. Updating of information and other specific information and findings are reported herein.

In general, the Mothers Program of the SCHC is well respected by the staff, the mothers of the disabled children, and other individuals and professionals not directly involved with the program but conversant with its activities. This report deals directly with the training, supervision, and continuing education of the staff, working with the mothers, fathers, and siblings, and sustainability of the program.

3. Training, Supervision, and Continuing Education of the Staff

a. Supervisors

The supervisory staff of this program consists of a director, a psychologist, and four supervisors. The director has a strong background in preschool education. A Social Worker, originally full time on this project, recently has been appointed as the Social

Worker for the larger parent organization of the SCHC. She continues to be available to assist on difficult cases, but much of the intake information and social assistance is now being handled successfully by the Mothers' Teachers.

The Psychologist provides assessment evaluations on intake of each child and yearly thereafter. Following the suggestion during the Mitchell/AbuGhazaleh evaluation that the assessment be carried out every six months for children five years or younger, this practice has been taking place. A second suggestion that the Mothers' Teachers carry out all assessments and that the psychologist handle only the difficult cases and be available for support only for the rest has not yet been implemented. However shortly following that evaluation, the Intifada started. The present evaluation team agrees that the Mothers Teachers could very adequately carry out this role. (See SERVICE NEEDS for further comment on assessments). The psychologist at present is responsible for supervising one Mothers' Teacher and two trainees in addition to her work in administration of screening and developmental testing and general psychological advising as needed.

The supervisors were all trained and worked as Mothers Teachers and rose to their supervisory roles through superior work. Each supervisor is responsible for six Mothers' Teachers as well as one or two trainees during any training period.

The evaluation team feels that this entire supervisory group is dedicated and hard working, very involved in implementing and attempting to improve this program. In discussions with this group, they appeared to be knowledgeable about the cases and problems of their Teachers and enthusiastic about the program. In addition they are perceived by their teachers and the other staff as being open, knowledgeable, and willing to assist as needed. None of this supervisory staff has had in-service or continuing education on management, supervision, teaching methodologies, care of the handicapped child, or other relevant material except that given by Dr. Shearer or among themselves. While they do an excellent job within their training, it is essential that this group receive additional material in these areas to allow for growth in the breadth of the program. The director, Ms. Naila Shawwa, appears to be a capable leader. With some in-service on management, she should be able to develop short and long term goals and objectives, as well as implement a wider range of in-service and continuing education.

b. Mothers' Teachers

A total of 68 teachers have been trained in this program. Of that group, 25 teachers and four supervisors (originally teachers) remain, a loss of 39 in three and one half years. The program has a rule that once the Mothers' Teacher marries, she must leave the program and is no longer eligible for that work. The reasoning behind this rule is the strong family ties that traditionally have tied the Arab woman to her home and family care, as well as some

initial excess absenteeism before the ruling was put into effect. However because of the present financial need as well as the interest in the job professed by most of the teachers interviewed, as well as the stated fact that almost all young wives and mothers live in the same household as the in-laws or her own family, there would appear to be sufficient numbers of other women in the household to care for the teacher's child in either a well or sick state. Besides the present economic pressure on the Gazan woman to work, there is as well a changing mentality towards the acceptance of a woman working outside the home in selected jobs, such as the Mothers' Teachers role. The majority of the Mothers' Teachers interviewed expressed a desire to continue working after marriage and childbirth. If adequate conditions were set up to protect the agency from excessive absenteeism, it would appear that better use of well trained teachers could be made by allowing the teachers to remain at their occupation after marriage. This would also reduce the number and expense of new training sessions and allow the organization to concentrate on increasing skills and in-service education for the present staff. While some new training always needs to be conducted, the number of sessions would certainly be reduced. The use of married teachers also may increase the understanding by the Mothers' Teachers of some of the mothers' problems, as well as possibly the father's role.

Teachers are trained for a period of three months. Upon completion of the training, the new teacher will normally be placed under probation, during which period she will receive special attention from her supervisor. The core of the training is the Portage model. Trainees go through its items, activities, and related paper work. The major areas of the curriculum are:

- Home visits: introduction, procedures, advantages--about seven days;
- Portage Program: principles, activities, charts, checklists, and other items--about 11 days; and
- Assessment: Portage plus the Developmental profile recommended by the Portage model--about seven days.

The program has continuous home and field visits dispersed throughout from the beginning of the course, an excellent method for training the village teacher.

The training of the Mothers' Teachers is being carried out by the supervisory staff who were all trained and working as teachers before they became supervisors. The training follows the Portage model of home care for improving developmental aspects of a normal child. The system has been successfully used for work with the developmentally and mentally delayed child in several cultures. Dr. David Shearer, who originally developed the Portage model, trained the original Gaza staff, and continues to assess the program on a yearly basis, giving an in-service education based on his findings. There can be no doubt that

the SCHC Mothers' Teachers are doing an excellent job in the utilization of the Portage system for this population, having adapted the system very well to the cultural needs of their clients.

Supervision is provided through periodic home visits in conjunction with the Mothers' Teachers, and a weekly planning and in-service day every Saturday. During this day, each supervisor meets for a period of time as needed with her group to discuss problems and concerns, the teachers have time for any writing or additional planning for their cases as needed, and a two plus hour period of in-service discussion is held with all the teachers and supervisory staff present. During this in-service period, group discussion of difficult problems is held, and one of the supervisory staff presents a methodology or area of concern in some detail for the group to discuss. Rarely are outside experts brought in. Dr. Shearer has been utilized to a small extent during his visits. Some techniques in child massage have been given. The Canadian experts who are working with the diploma and degree programs have not been used or approached to contribute to this group, thus losing a potentially valuable in-service resource. In discussing this with the two Canadians presently giving lectures in the school, both expressed willingness to contribute, and felt this additional task was feasible given advance planning and provision of materials suitable for this group. While the level of English is insufficient among the teachers to allow for the understanding of the materials in English, the director and several of the supervisory staff do have sufficient proficiency in English to allow them to act as interpreters. The use of selected diploma/degree students as assistant lecturers/translators to work with the Canadian team is also a possibility. It may also be possible for certain materials to be pictorially presented.

The supervisory system of the Mothers Program is an excellent system, with the teachers receiving adequate supervision. The eventual possibility of the supervisors actually having more teachers under her supervision may be feasible if the turnover is not as great and each teacher becomes more expert. The practice of pairing a new teacher with an accomplished teacher may lessen the need for supervision. The role of the supervisor is to support the teacher. It should not be necessary to observe techniques on a continual basis once the teachers are known to be qualified. Frohman and co-authors state in the Portage Handbook that the lead teacher (same as supervisor in Gaza) may herself have a case load of six. In the Mothers Program in Gaza it may not be feasible. With suggestions in this report for new technical areas to be included, this is not the time to increase the load nor the number of teachers under the supervision of a single supervisor. However, it should be considered in the long term planning.

The system of one day a week with a designated supervisor as well as small and large group discussions allowing for sharing of experiences with their peers is an excellent system for both supervision and peer learning. The inclusion of an added period of time for in-service education is excellent and allows for the entire

group to be together for additional learning opportunities. The SCHC experience of the weekly teachers meetings with their supervisors should be shared with the West Bank CRS VIP project.

Supervision of staff, in service training, monitoring, evaluation, and overall operation of the program could be improved if the following data on each child were available in the Central Office: age of child, medical diagnosis and prescription, number of siblings and others in the same dwelling, times seen in one month, when services started, any other handicapping condition in the family and person(s) affected, age at which disability detected, when admitted for service, how the family learned of the Service, and other services provided outside the in-home program. This recommendation is applicable to the West Bank program as well as to the Gaza program.

c. Recommendations

- Encourage retaining of married Mothers' Teachers to decrease the cost of continued training and increase the knowledge of more experienced teachers. The formulation of employment policies that control the amount of absenteeism will be supportive of this action for the society;

- Provide continuing education and/or in-service education by experts outside the Mothers Program staff for the Mothers teachers on a variety of topics (See recommendations under SERVICE NEEDS). The use of the Saturday in-service day for this purpose would be an excellent opportunity. The use of the Canadian lecturers should be explored as soon as possible to take full advantage of this valuable resource;

- Provide additional in-service education in management, supervision, and teaching techniques should be provided for the supervisory staff;

- Train the Mothers' Teachers to carry out all developmental and other assessments as soon as possible, and should carry out these assessments on all their own cases. The Psychologist should work with the more complicated cases only, and offer in-service and other support as necessary for the Mothers' Teachers;

- Continue the practice of the full day discussion and In-service training as an entire group. Share the results of this practice with the CRS program on the West Bank; and

- Collect additional data uniformly on each child served in the program, such as, age, siblings, services needed and provided outside the in-home program. These data can be used most effectively by the Central Office in case supervision, in-service training, monitoring, evaluation and overall program planning and development. This recommendation applies to the West Bank program as well.

4. Service Needs

a. Caseload, Staff, and Referrals

The teachers are trained, and do an excellent job utilizing the Portage system. The normal load of each teacher is 19 cases. The cases cover a range of needs, and each case has approximately one and one-half hour spent each week with the teacher. However, the Portage system handbook (Frohman et al 1983), clearly states that the use of other therapies, such as physical therapy, speech and language therapy, and occupational therapy, must be utilized in cooperation with the Portage system in designing each child's program.

Unfortunately there are very few other services for handicapped people in Gaza, and no other home educational and care service. No occupational therapist or speech and language therapist was identified as working with the Palestinian population in the Gaza Strip. One Physical Therapist is apparently working with UNRWA. As the team was leaving Gaza, a new group of physio-therapists was being trained through cooperation between UNRWA and UNICEF. Even with this valuable resource, the evaluation team feels it is essential for the SCHC to have its own part-time physio-therapist.

The Mothers' Program, and all other SCHC programs, have been besieged with requests for enrollment in the program. The cases referred have not in general been mild cases with developmental delays and mild mental retardation, but a number of complicated cases with speech and hearing deficits, cerebral palsy, neurological deficits of various severity, severe mental retardation, and a variety of physically handicapping conditions. Only a few children have visual deficit problems. The following are categories of disabilities in the cases presently being seen in the Mothers' Program:

Type of Disability	Number of Cases
Mental handicap	83
Mental and physical handicaps	110
Speech deficit, mental handicap	103
Speech deficits	24
Speech and hearing deficits	104
Speech deficit, physical handicap	1
Speech and vision deficit, mental handicap	1
Speech, hearing, vision deficit	1
Hearing deficit, mental handicap	8
Vision deficit	1
Vision deficit, mental handicap	1
Physical handicap	10
Physical, mental handicap, and other	21
Dwarfism	2
Total	470

The above tabulation shows that 242 children have speech problems (218 in conjunction with other handicaps), 306 have mental handicaps (213 in conjunction with one or more other disabilities), 113 have hearing deficits (all in conjunction with other handicaps), and 121 have physical handicaps (111 of which are in conjunction with other disabilities). The severity and complexity of the cases must be noted. The Mothers' Teachers are working admirably with these cases. However many of the problems are not applicable to the Portage system, and the excellent skills of the teachers are not sufficient to design adequate care programs. Special training in the use of physical therapy modalities of care for the handicapped child at home should be given to the teachers. This does not need to be included within the initial three month training, but could be started at that time and extended into the in-service education portions of the training program. The CRS VIP program has developed material and trained their VIP Core staff in the home physical therapy program to the excellent advantage of the children and mothers. While CRS has not yet trained their village workers, others in various parts of the world have done so with great success. The CRS should be approached to work with the Mothers' Program in this training area.

A physical therapist should also be hired as a resource person and consultant as well as to initiate courses in physical therapy techniques. The therapist should be available to assist the teachers with difficult case planning problems and to supervise their work in this specialized area as needed. This individual could also be used to excellent advantage in other SCHC programs in the Sun Day Care Center and the Beach School. Palestinian physical therapists are in high demand and short supply. Bethlehem University expects to start an undergraduate degree program in physical therapy in January 1989. It is possible that a Gazan diploma graduate (or other suitable candidate) could enter the Bethlehem University program, and utilize SCHC as part of the required practicum. SCHC should explore this possibility. However until a physical therapist can be found on a full time basis, consultants may be used to train and set up the program as well as for periodic review of cases. It may also be possible to utilize the Canadian lecture team as on-going support and assistance in this area as a temporary solution. Following the eventual addition of a physical therapist, it may be possible to charge a modest fee for the physical therapist's interventions, thus assisting in meeting overall program costs.

The number of speech and hearing problems already being treated, even though the teachers do not have all the required skills is remarkable. While the teachers are trying valiantly and with slight success to provide direction, with out the requisite skills this need can not properly be addressed by the Mothers' Teachers at this time. While there are evidently no speech and hearing therapists in Gaza, there are several training sources in the West Bank. The IftaH in Bethlehem, the Speech and Hearing Clinic in Nablus, Dr. Ghawi in the AlNajah University, and Ms. Sana Mashour in Nazareth may be possible sources of assistance. The Canadian lecture team may be of some

assistance, but Arabic is a very different language from English, and it will be important that a native speaker fulfill this task. It may however be necessary to utilize a combination of foreign and local assistance to introduce this program as soon as possible.

Each case is handled for one and one half hours per week (and this should not be increased as there is no way that the mothers would be able to devote more time to their children. As more modalities are introduced, there may be a need to look at a change in the case load, particularly in the beginning of this practice.

Neither the supervisory staff nor the teachers were aware of a medical diagnosis in the majority of cases seen by the evaluation team, nor were medical case reports seen in the viewed case files. While there are at times referrals from area physicians, a very general note requests home help in the case of developmental delay or a physical or mental problem with no other information supplied. Additional medical information would lead to better case planning, and also allow for meaningful in-service education which would improve the quality of care.

There are times when the Mothers' Teacher identifies health problems and requests the mother to take the child to a clinic. Because of the financial situation, the distance to the clinic, the unsettled political situation, strikes, the mistrust of parents for certain services--these requests often are not carried out and the child continues with the health problem until it becomes more severe, more difficult and more expensive to treat.

Dr. AbuGhazaleh states that working conditions for the medical profession in Gaza are generally very poor, being strictly controlled by the occupying forces. The possibility of attaching a pediatrician, specialized in the care of handicapped children, to the society to serve all sections of the organization should be considered. Since throughout the world a physician's fees are considered more acceptable than fees for a rehabilitation or preventive service, it may be possible to charge for the physician's services, thus covering some of the other costs of the program. It is noted that Dr. AbuGhazaleh is himself a physician, but no individual could function adequately in both capacities at the same time. His excellent capabilities as Chairman of the Society require his full attention.

Since there are no other home services, and since the handicapped child (and the siblings) will have the same preventive health needs as other children, it would be helpful if the teachers had some health education training. This would assist her in enabling the child to be at maximum potential for meeting the set objectives. One of the main purposes of home visiting and mothers' programs is early detection and therefore reduction of long term sequelae in a number of cases. The vast majority of children are three years or over (91.3 percent). It would be preferable to have a larger percentage of children below the age of three. One of the problems may be that the teachers may not

feel confident enough in their knowledge of prevention and early detection, as little time is spent on the subjects. Presently the cases are discovered by word of mouth, and there is a waiting list of 70 cases. However little has been done in the way of public education to encourage mothers to bring their children to the attention of this excellent program at a very early stage. In addition, since there is poor medical linkage, it is uncertain if adequate medical follow up would be given even if these cases did come to the attention of the program. The knowledge base of the mothers' teachers in prevention is inadequate to identify a number of prevention areas.

Children are presently screened on the basis of The Alpern, Boll, and Shearer Developmental Profile (Profile), and assessed on the basis of the Portage checklists. Both of these checklists have been translated and slightly modified to fit the Palestinian culture. However, both instruments have not been professionally adjusted to the local culture. The evaluation team feels that more work can be done in this area. Furthermore, the profile was not normed to the typical performance of the Palestinian child. The Denver Developmental Screening Test (DDST) has recently been readapted and renormed on the basis of over 1800 children from the West Bank. It would be beneficial to utilize both the Profile and the DSST together to allow for renorming of the Profile.

All the activities in the mothers program are being conducted by a private organization, a job usually being carried out by a governmental institution. While the cost per child has been estimated as $1.81 per day by SCHC, it is presently costing approximately $12.74 per visit for each child, or $622.25 per child per year. The yearly cost remains the same for either estimate. This is extremely cheap considering the cost of medical care for complications. However this is far above what any Gaza family (with the exception of very few) would be able to pay at this time. While this cost can not be reduced, and indeed if a medical linkage system is added, may be increased, the greater cost to society for custodial care and in the mental well-being of its people must be considered.

b. Work with Parents and Siblings of the Handicapped Child

The Mothers' Teachers appear to have excellent relationships and work well with the mothers of the children. In all observed cases, the mother observed carefully and was able to give return demonstrations of needed activities for the following week. In each case the Mothers' Teacher asked the mother what were her felt needs, but at no time did the mother respond with an issue not in the program plan. The observer was not sure the mother had the energy to think of a possible need. In most cases, the mother had other children three to eight years old in the cases observed. With the needs of her household, the concern and on-going confrontational activities of the occupying forces, the dire financial needs, the overriding concern for safety and security of her entire family, there is no wonder that the mother was not able to concentrate on identifying new needs of the

handicapped child. The mother appeared to be grateful that someone was helping here identify what was needed and how to do it without additional strain on her part.

The relationship with siblings was rarely taken into consideration, nor were concerns of the relationship with the male head of the household or other female members. In fact the other children were chased out of the room, a necessary factor much of the time so that the mother could concentrate on the handicapped child's needs.

The Mothers' Teacher comes weekly and spends one and one half hour, with the mother's undivided attention being given to the handicapped child. It is doubtful if any other child gets that amount of time in one stretch spent on them by the mother. Could more work be done with the siblings in helping the mother work with the child? Even young children should be given ways to help. A certain amount of this is surely already happening with the mother teaching one of the other children what she knows. There is however no certainty that it is exactly as the teacher would have it done if she were directly involved with teaching the sibling.

According to the teachers interviewed, it will not be possible culturally for the Mothers' teacher to work directly with the fathers. Even if the mother is in the room, it is not a culturally accepted activity on the part of the unmarried female teacher. Also, the father is gone, mostly during the day when the mothers' teacher comes to the home. The evening period is culturally considered a time for the family to be together and was not accepted by the teachers interviewed to be a time when it would be acceptable for activities to take place routinely with the fathers.

The program did hold several mothers meeting and parents nights (which included a few fathers) prior to the Intifada. However with the continuous curfews, strikes, and unsettled conditions, it has not been possible for these activities to be held since December 1987. It is very unlikely that these activities will be held until such time as the political situation becomes somewhat more settled. Most people, including the SCHC staff, work a six day week (usually six hour days) with the only day off--Friday which is Holy day and, in general, not acceptable for activities such as parents/mothers meetings.

The problem of how to involve the parents, fathers, siblings more in this program is a thorny one. If there were more family and consumer involvement, it is possible that issues of care and provision of services could be supported. The evaluation team suggests the possibility of involving the diploma and local degree students in the solution of this issue. The Canadian lecture team may come up with some workable plans to help the local degree students "problem solve" a very real problem.

The Canadian group, presenting the diploma/degree program, will have skills in working with family and siblings. Inadequate material/training is being given in this area during the regular training. The evaluation team does not consider it essential that more information be introduced during training, but that scheduled activities/information be given on this subject during the regular weekly in-service periods. At present, better use of the visiting Canadian staff is encouraged. Later it is possible that the Gazan staff educated through the degree program would in fact be the source of this information.

c. Recommendations

The following recommendations are made for expanding and improving services to handicapped children under the Mothers Program.

- Give continuing education to the Mothers' Teachers and the supervisory staff on areas of physical therapy modalities for the handicapped child in the home, speech and language training, handicapping conditions, working with the families (perhaps especially siblings), child development, preventive health care, early detection techniques, involving the community, teaching techniques;

- Investigate the possibility of an improved medical linkage system to obtain original diagnosis and follow-up as needed, as well as a source of support and information for the program. The possibility of hiring a pediatrician specialized in the care of the handicapped child should be considered. It may be possible to charge a modest fee for the physician services, thereby offsetting some of the program costs;

- Give special training in the use of physical therapy modalities for care for the handicapped child in the home to the teachers as soon as possible. This could be done through in-service education. SCHC should consider approaching CRS for the material prepared for the VIP program. The Canadian lecture team may also be considered a valid source for this information, or perhaps a combination of the two;

- Encourage SCHC to hire a physical therapist to work with the Mothers' Program as a resource person and a teacher as soon as possible. The possibility of using a consultant until such time as a full time Palestinian PT is available should also be considered. The need is urgent. The possibility of a Gazan entering the Bethlehem University PT program in January 1989 should be considered. While the Canadian lecture team may be able to fill some of this need, this would be a short term solution only;

- Set up continuing education/in-service training in speech and hearing for the teachers and supervisory staff as soon as possible. All the staff has requested this training. Possible sources for this training have been discussed previously;

- Introduce rehabilitation speech and hearing service as soon as possible. Suggestions are given earlier for possible sources of training for a Gazan interested in this field. While the Canadian lecture team may be able to support this to some extent, it will be short term and eventually an unsatisfactory solution, due to the differences in the English and Arabic languages. There will be possibilities for eventual charges for this service;

- Readapt the Profile to fit the Palestinian culture. Since a large number of items are common between the Profile and the DST, the latter Palestinian norms can be used to rebuild the age scale of the Profile;

- Use the DSST that has recently been readapted and renormed for the Palestinian culture as a second screening tool with the Profile; and

- Replace the sign on the van with a more positive denotation. It was stated that several families objected to the van with the sign 'Handicapped Child' stopping in front of their homes. It may be more suitable to replace the sign to state simply 'Child Care'. In many countries, the use of the words 'Special Child' is being used to denote the handicapped child, and may in fact be a more positive way of increasing the positive aspects of the care of the handicapped person;

- Give in-service education on increased involvement of the family, especially the siblings, to the teachers and supervisory staff. The use of the Canadian lecture team should be considered for this activity; and

- Involve the diploma and degree students in problem solving for increased use of the families, especially fathers and siblings, both in the care and understanding of their own handicapped child, and in the larger context of consumer issues. Since this group does have certain expected projects through their program, it should be suggested as a possible area to the Canadian lecture team.

5. Sustainability of the Program

a. <u>Financing</u>

The recurring costs are well spelled out in the annual budget of 1987. In addition it may be necessary to purchase materials

to make toys or to buy additional toys, as well as some home physical therapy equipment at minimal cost to be used to stimulate the child. Annahda Organization in Ramallah is now making suitable toys which are available for purchase at reasonable cost. If a speech and hearing becomes an area of service, hearing aids and some teaching devices may become recurring costs. Some of these costs will eventually be picked up by the client.

At this time however and in the near future, it will be impossible for the disabled child's family to pay for these services. All of the families questioned as to the possibility of payment for services stated that they would do so eventually, since they highly value the service. On observation of living conditions however, and in consultation with the staff and teachers, as well as personnel from other organizations working in the Strip, only three to five percent of the population at this time and in the foreseeable future would be able to pay anything towards this service. If payment were required, it is felt that the vast majority of the beneficiaries of this service would simply not be able to sustain this activity. If one has limited income, it probably would be spent on improving the ability of the whole to survive instead of one individual.

Sustainability literature also discusses the fact that, throughout the world, preventive or non-curative programs are not easily funded by the population. If there is a curative service, fees will more easily be paid. The team believes that this will also be true for specific therapies, particularly if a therapist in an office is offering the service. If SCHC does have on staff a pediatrician, a physical therapist, and a speech and language therapist, it is felt that modest amounts could be charged for their services, which basically will be support services for the Mothers' Teachers (although they may not see it that way!). The fees collected could cover a good part of the costs of those special aspects of the program.

The SCHC has received funds from a variety of international and Arab sources. Services such as those offered by SCHC are usually expected governmental services and offered to the public free or for a portion of the cost. This is not true in Gaza nor in the West Bank. Several factors impinge on the ability of Gazans who receive services such as the SCHC offers from being able to pay for these services themselves:

- the population of the Gaza Strip is young--at least half of the population is under 14 years of age;

- There is a sex disequilibrium--in 1973 only 41 percent of the individuals in the 25 to 49 year range were men. This disequilibrium may even be more severe now as many young men in the West Bank and Gaza are in jail due to the Intifada. Since very few women have jobs, the income generating ability of the family is severely depleted;

- Secondary to a number of factors related to the occupation, the jobs available for the majority of Gazans is as a member of the low-paying labor force; and

- Families are large. Even if the handicapped child receives an equal share, that share is not large enough to pay for living and medical expenses without affecting another member's share, often the mother's.

While in fact the total amount for the Mothers' Program is presently being paid by the USAID, this represents approximately 28.7 percent of the total budget of the SCHC. The Society is attempting to diversify its fund-raising, and has been relatively successful. The possibility of such a program becoming [illegible]lly cost covered is difficult to imagine anywhere in the wo[illegible]

b. Community Participation in Planning and Identification

The SCHC is a single institution under the directorship of a very able individual and a board of seven. As such it is easier to build in sustainability than the program in the West Bank which includes multiple institutions and a wide spread program. To its credit this program has worked hard to build long term survival into its planning. the education of its top staff as well as a master plan have been considered. Each program has been laid out as a continuun of care for the handicapped child. Education for additional program staff for other programs for the handicapped has also been considered and built in.

The decision making input has however been restricted to a small group of Gazans. One of the goals of the SCHC is to influence all of Palestine in the treatment of the handicapped. For this to happen, it may be advisable to enlarge the Board to include other individuals from the health, educational and other professions. This may be done in the over-all Board of Trustees or it may be through an Advisory committee. If through an Advisory committee, special care must be taken to consider seriously the advice received so that the committee continues to be willing to give advice, knowing that it is received and acted upon. While such an addition to the Board may in fact slow down some phases of the program, the widening of the knowledge base and support in the local community should result. Such a committee (a Liaison and Advisory Committee) has been envisioned in the SCHC Master Plan of 1985, but has not been implemented.

When the SCHC was established, it conducted a limited program. Now its programs, as noted above, are extensive and still expanding. A Board of Directors of seven was undoubtedly adequate in 1975. Now, however, a larger Board with membership from a wide variety of disciplines might better enhance the Society's program. For example, additional physician representation on the Board might help provide more medical content to the Mothers' Program. Representation of the highest UNRWA official might help remove the impasse encountered with

the UNRWA schools for the mainstreaming of students. Careful appraisal of program needs, both immediate and projected, and selection of Board members in relation to those needs is one means of securing resource people who can enrich the Society's services to the handicapped people of the Gaza Strip.

c. Host Country Policy

The Gaza Strip is an occupied territory. As such, it is unable to make its own policies on issues such as the care of the handicapped child. While this service is ordinarily the role of government, and there are services for the handicapped in Israel, no such services are offered or envisioned for the West Bank or Gaza Strip.

d. Appropriate Program Design with Respect to Breadth of Objective

The Mothers Program is based on an internationally known program with great strength in program design. As an initial step for the care of the handicapped child, the program design was excellent. The suggestions for additional aspects to the present design grow out of the needs that have been shown as a result of their work over the past three years.

The entire SCHC program has developed quickly. Within a total of thirteen years, five major aspects of care of the handicapped child have been tackled and handled, in the main, very successfully. The program which is the main thrust of this evaluation, The Mothers' Program, has been developed with an excellent structure and an enthusiastic staff. The team would encourage the program to expand its services to cover more aspects of the handicapped child's needs. It feels that only the tip of what could be accomplished with each child is presently being handled. The vision that has enabled this program to be so ably accomplished, hopefully, will be able to continue to improve on this basic team. The evaluation team would like to encourage the SCHC not to develop new programs in any other areas, although many other areas in the social service arena in Gaza need to be covered since occupying forces are not providing for the meeting of basic needs in a satisfactory manner. However it is felt that the Mothers Program, as well as the other programs of the Society, will be much more solid programs if a consolidation and intensification period in all the SCHC activities were to now take place.

e. Program Management

The Mothers Program is based in a well organized and directed indigenous organization. The overall society management is excellent. The director of the Mothers' Program has excellent skills in working with people, and her dedication to the program is obvious. While it has been suggested that management in-service be given for all the supervisory staff, the team feels that the management team on the

whole has shown excellent potential for growth. The backup skills within the society are excellent.

For the severely disabled person, a continuum of rehabilitation services is required to insure maximum functioning within the mainstream of society. WIth its variety of programs, the Society for the Care of the Handicapped Child is attempting the provide that inter-linking network or continuum of service. The total number of people served in the program is small in relation to the number of Gazans who need and could benefit from the service. This report has also suggested a number of additions that the team considers essential to this program. However an admirable start has been made by the Society that points the way for expansion of SCHC programs and the development of others. With the continuation of this program, the future of many more disabled children in Gaza will not be so bleak as in the past.

f. Recommendations

- USAID should continue to support the SCHC Mothers' Program, to enable the Society to make some or all of the recommended changes to increase benefits to the handicapped child and family.

- Include other professionals in the health, education, and related fields on either the Board of Trustees or an Advisory Board as soon as possible. Selection should be made from Gazans interested in or working in the care of the handicapped child, as well as Palestinians or other individuals working in Palestinian or international institutions who will have some positive affect on the implementation of SCHC plans, such as UNRWA school officials. Parent representation should also be considered.

- Expand services of the Mothers Proram to cover more aspects of the handicapped child's needs.

- Consolidate and intensify existing activities of the SCHC.

ANNEX 1

Evaluation Scope of Work

ANNEX 1

SCOPE OF WORK

Evaluation of the Program for the Handicapped

West Bank/Gaza

In FY84, AID provided funding to a cooperative program for the handicapped in the West Bank and Gaza Strip. Previously, AID assistance has been provided to a number of organizations or institutions through several American PVOs. The earliest forms of support were American Schools and Hospitals Abroad and Near East Bureau grants of over $3.2 million to Holy Land Christian Mission to assist with the construction and equipping of a new wing for Mt. David hospital in Bethleham. Funds have also been provided to Catholic Relief Services (CRS) and Save the Children (formerly known as the Community Development Foundation) (SCF/CDF) to assist with discrete activities in support of indigenous instruction for the handicapped.

With the encouragement of the Asia-Near East Bureau, three PVOs performed a needs assessment of the handicapped population of the West Bank and Gaza and developed a comprehensive and coordinated approach to address the needs of the handicapped. As a result, a total of $2,714,478 was approved in FY84 for projects to implemented by CRS, SCF, and the Society for the Care of Handicapped Children (SCHC). Of this amount, $2,075,875 has been obligated to the following projects and sub-project:

- CRS Village Inreach Program 398-0159.10 (0180)
- SCHC Services for the Handicapped in Gaza 398-0159.11 (0182)
- SCF/CDF Rural Community Development project 398-0159.12 (0183) subprojects
  - 84-0181 Bethlehem Arab Society
  - 84-0185 Red Crescent Center
  - 84-0182 Annahda Women's Association Center.

It should be noted that the Gazan society, SCHC, is an indigenous PVO and was the first and only such organization in the Occupied Territories to receive direct AID assistance.

The Village Inreach Program focuses on providing services to handicapped children in the home, classrooms, and through a referral network. CRS' approach emphasizes sustainability and institutionalization. There is also a major investment in upfront training of teaching staff in this CRS project.

The SCHC project is based on the U.S. Portage model which requires shorter training for teachers in a home-based service program. The SCHC approach does not address directly sustainability or institutionalization issues. Under the grant, SCHC has also established a training facility and carried out a survey of the handicapped in Gaza.

SCF/CDF activities consisted of providing equipment and furniture to various local organizations to establish or enhance resource training centers, physiotherpy services, and vocational training.

It was agreed that a coordinating group would be established and an evaluation plan developed for this AID financed program. Most activities under the SCHC and the SCF portions of the program have been completed, making this a final evaluation for the activities of these organizations. CRS is at approximately the mid-point in their portion of project implementation.

I. TIMING

This evaluation is scheduled to begin in early March 1988 in order provide information on the request for reprogramming related to FY 88 obligations submitted by CRS dated January 15, 1987 and amended October 6, 1987.

II. OBJECTIVES

The evaluation will have three purposes with respect to the three projects under the rehabilitation program:

(A) To document the current status of the program vis-a-vis stated objectives (see the original log frame, budgets and implementation plan);

(B) To identify major weaknesses and strength of the program design and implementation;

(C) To recommend specific policy and management changes to improve program administration and effectiveness; and

(D) To review progress toward sustainability and institutionalization, analyze problems, and assess future potential for health and rehabilitation sector activities, based upon experience to date in the three projects involved in the rehabilitation program.

III. KEY QUESTIONS

To properly assess this program the following questions must be addressed:

A. Sustainability

ne cost per
are the recurrent costs? How are they being met? How will recurring costs be met after AID support has ended? Describe the process of how financial sustainability will be achieved? What is required for this to occur?

2. Considering all program activities (curriculums, training, home services, equipment operation and maintenance, supervision, etc.) which activities be replicated and/or sustained after the AID grants expire? Which will not be sustained and why?

3. Are there less costly local alternatives available to achieve project's objectives?

4. To what degree have local conditions influenced sustainability of program activities as compared to other areas of the region or world?

B. Institutionalization

1. To what extent is there verifiable information that the program has or potentially will have an impact on the institutional capabilities of the local organizations and groups involved in this program? Consideration should be given to all major aspects of the institutions including budget, personnel, staff development, client population, physical plant, equipment, etc.

2. To what extent have institutionalization objectives of the projects been achieved? What problems have been encountered? What is the future potential for institutionalization for the program activities?

3. What implications do these findings have for institutionalization in the health and rehabilitation sectors?

C. Inputs/Outputs

1. Have inputs been provided in a coordinated timely manner? How do actual costs compare to planned costs?

2. Have program objectives been achieved? Is implementation on schedule? If not, what adjustments should be made?

D. Evaluation and Project Impact

1. What indicators are being tracked by the project evaluation systems to provide impact information? To what extent do baseline data exist and are they adequate to compare with data presently being gathered?

2. What are the present monitoring, evaluation and feedback systems in existence including: users of the information, priority information needs, key variables/indicators being tracked, data sources for information, who gathers data, where data system is located, budget, and suggestions for improvements?

3. What are the specific features of project design, method of implementation, or project environment that is contributing to or inhibiting impact?

E. Beneficiaries

1. Who are the intended and real beneficiaries for each project?

2. What are the feelings and beliefs of the beneficiaries towards project activities? To what extent are they involved in project design and implementation? What are their suggestions for improving project activities? Are projects aligned with the highest priorities for the beneficiary groups? Are they making labor, cash, or other in kind contribution?

3. How do the grants impact on the lives of girls and women?

F. Lessons Learned

1. What are the lessons from the program which should be incorporated into the design and implementation of future activities in the health and rehabilitation sectors?

2. What are the major strengths and weaknesses of the (A) program design and (B) program implementation? What changes are recommended to improve weaknesses?

G. Project Management

1. Do PVOs have adequate staff (numbers, specialities, training, background, experience) to manage the rehabilitation projects?

2. How effective is the coordination of U.S. support, PVO administration, and local organization management in attaining project objectives? CRS is proposing several staff and project changes. What is the evaluation of the prospective effectiveness of these changes?

In addition, we would welcome any comments the team may have concerning priority needs and suggestions for future activities.

IV. Evaluation Team Members

--Specialist in the design and organization of services outreach/community for handicapped children; familiar with the local culture and health situation in the West Bank and Gaza; fluent Palestinian Arabic would also be desirable (spoken).

--Social Science/Health Specialist; knowledgable about AID programming and project experience; knowledgable about the culture, political environment, and health situation in the West Bank and Gaza (A.I.D. personnel)

--Specialist in health services financing especially alternative means in developing countries and financial self-sustainability.

--Medical anthropologist or specialist in the organization, implementation and evaluation of PVO programs in the Middle East.

--Palestrian Specialist in social sciences; knowledgeable about local conditions; familiar with these projects and evaluation methodology; fluent in Palestrian Arabic.

V. Methodology

Phase 1 - The evaluation team will spend two days participating in a Team Planning Meeting in Washington, D.C. to get a shared understanding of the project's background, SOW, individual responsibilities, underlying issues and team work norms. A table of contents, a work plan, and a list of outstanding issues will be drawn up during the TPM. The TPM Facilitator will send the team documentation relevant to the evaluation for their review prior to the TPM.

Phase 2 - The team will spend four weeks in West Bank/Gaza conducting the evaluation. During the three weeks, the team will be the field collecting data and interviewing appropriate beneficiaries. The fourth week will be devoted to drafting the report and debriefing officials.

Phase 3 - After the team has completed the draft report and prior to departure, they will meet with the appropriate Mission staff to review the major findings, conclusions, recommendations and lessons learned. Following the meeting with USAID, the team will meet with Host Country government officials.

Phase 4 - The team leader will stay an additional week to finalize the report.

The team will be expected to work a six-day week.

The team will be responsible for its own administrative and logistical support including securing the clerical assistance for the report.

VI. Reports

1. FORMAT OF THE REPORT:

The contractor will prepare a written report in conformancewith ANE Bureau Evaluation guidance. ANE/DP/E will provide the team with the necessary documentation. The report includes the following sections:

1. Table of Contents
2. Map (s)
3. Acronyms
4. A.I.D. Evaluation Summary [Part 11]
5. Basic Project Identification Data Sheet
6. Executive Summary [not to exceed 40 pages]
7. Body of the Report [not to exceed 40 pages]
   Includes a brief description of the country context in which the project was develop and implemented, project history, sections for each project component evaluated will provide the findings upon which the conclusions and recommendations are based.

8. Appendices. These should include at a minimum:

[a] Evaluation Scope of Work;
[b] Logical Framework;
[c] Description of the methodology used in the evaluation
[d] Findings/Conclusions/Recommendations Matrix; and
[e] Bibliography of documents consulted

2. SUBMISSION OF REPORT:

The contractors will prepare a draft final report and provide five copies to Liane Dorsey, CONGEN/Jerusalem for a review prior to departing Jerusalem. The Team will give an oral presentation of the major findings, conclusions and recommendations to the Consulate Embassy and PVO Staff prior to departure. A similar debriefing will be held in Washington, D.C. following the team's returns the U.S.

Three days in the U.S. for integrating comments and corrections and preparing final report are provided. The Team Leader will submit ten copies of the final report to Kristin Loken, Agency for International Development, Room 4720 NS, Washington, D.C. 20523.

ANNEX 2

CDF-CRS Logical Framework

18

ANNEX 2

CDF-CRS LOGICAL FRAMEWORK

WEST BANK SERVICES FOR THE HANDICAPPED

GOAL

To strengthen the institutional capabilities of institutions serving the handicapped in the West Bank through the initiation of new or the improvement of existing programs.

The Al-Nahda Women's Society, the Bethlehem Arab Society and the Hebron Red Crescent Society are all generating sufficient funds to continue operation of their physical therapy sheltered workshops programs.

The Resource Training Centers are intact, but their use has been curtailed because of program changes.

Each of three charitable societies will generate sufficient financing over a period of 3 years to maintain the operation of their physical therapy and/or vocational training programs.

Each of two societies will operate and maintain district resource training centers with core teaching and supervisory staff to support community inreach programs in 30 villages after a period of 4 years.

PURPOSE

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

This has been done.

1. Handicapped Persons Identified and Assessed for Project Activities

A. Physical Therapy

150 mentally retarded youth, ages 7-20 years, enrolled at the Hebron Red Crescent Society and Annahda Women's Association will be assessed for participation in physical education and/or therapy classes over a period of 4 years.

B. Prevocational / Vocational Training

This has been done.

60 mentally retarded youth, ages 7-20 years, will be identified for participation in pre-vocational/vocational training of programs over a period of 4 years.

19

C. Village In-Reach Program

182 handicapped children were referred to the VIP and 71 for institutional care. Also, 53 adults were referred for service since Dec. 1987.

400 handicapped children, ages 0-8 years, identified and referred to one of the village based programs: i.e. home-base or classroom.

2. Identified and Referred to other services

A. Physical Therapy

None

25 mentally retarded youth, ages 7-20 years, enrolled in either Hebron Red Crescent Society or Annahda Women's Association referred to other appropriate services (medical, educational, social.)

B. Village In-Reach Program

123 handicapped persons have been referred for service.

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

2. To provide training/therapy programs for handicapped persons and for persons working with the handicapped.

1. Recipients of Services

A. Physical Therapy

Over 150 mentally retarded youths served by these two agencies take part in their PT and Physical Education Programs.

150 mentally retarded youth, ages 7-20 years, enrolled in physical education and/or therapy programs at the Hebron Red Crescent Society and Annahda Women's Association.

Over 1000 patients receive physical therapy treatment per month at the BAS .

800 handicapped persons will receive in-patient or out-patient physical therapy treatment on a monthly basis at the Bethlehem Arab Society.

3. To establish service programs 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)
22 villages now have early intervention/ family support programs. One village has a classroom based program. No children received after care.	
4. To establish inter-institutional linkages and community based networks so that the needs of handicapped persons identified through the district level institutions and community in-reach program can be met.	8 meetings will be held over a 4 year period involving West Bank charitable societies for the purpose of defining and developing services for the handicapped. Future institutional support grants will be annually submitted to US-AID totalling an amount up to $250,000/year to strengthen the capabilities of cooperating or additional institutions involved with service provision for the handicapped.
12 meetings held involving over 400 attendees for defining and developing services.	
Deleted.	
<u>OUT PUT</u>	
1. Equipment and commodities for the establishment of Physical Therapy, Vocational Training and Resource Training Centers.	Refer to CDF Project Descriptions for agency specific listings of equipment.
Equipment provided. (see Body of Report)	
2. Resource Training Centers for training of professional and paraprofessional staff.	Training completed of core training/supervisory staff in Resource Training Centers through CRS funding. Commitment of Annahda and Hebron Red Crescent to provide salary for core professional staff after a 4 year period.
Done.	

	B. Vocational Training
Over 100 mentally retarded youths are enrolled in the pre-vocational and vocational programs of the BAS, Hebron Red Crescent and Al-Nahda Society.	60 mentally retarded youth, ages 7-20 years, will be enrolled in vocational or pre-vocational training programs for a minimum of 10 hours/week.
	C. Village In-Reach Program
182 handicapped children have been referred to the VIP and 71 for institutional care.	400 handicapped children ages 0-8 years, identified and referred to one of the village based programs: i.e. home base or classroom.
	2. Training Programs
	A. Physical Therapy
Hebron Red Crescent Society hired a qualified PT instead.	1 physical therapist and 1 paraprofessional from the Hebron Red Crescent Society will be trained at the Holy Land Christian Mission.
Four VIP core staff were trained for 2.5 months at Princess Basma in home physical therapy techniques.	2 paraprofessionals from Annahda Women's Association will be trained in physical therapy techniques at the Bethlehem Arab Society.
	B. Vocational Training
Done	2 paraprofessionals from the Hebron Red Crescent Society will be trained in vocational training techniques at the Swedish Organization for Individual Relief in Jerusalem.

One Hebron Red Crescent Society teacher at the Tayseer Center for the mentally handicapped sent to U.S. for 6 months placement training by AmidEast.	1 professional and 1 paraprofessional from Hebron Red Crescent Society will be trained in vocational training methodology through the AMIDEAST.
	C. Village In-Reach Program
11 core staff are currently employed.	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.
Not implemented.	12 paraprofessional staff supported by local institutions. will be qualified to work with parents and children in home-based program.
182 parents are qualified to carry out the home based program.	600 parents will be qualified to carry out the home-based program for their handicapped children.
Referral network of 25 institutions and agencies has been established and is operative. 218 staff are involved in this process.	250 medical, educational and charitable staffs will be qualified to form a referral network to the program.
3 teachers were trained for 1.5 years in mainstreaming handicapped children in a pilot program serving 5 villages. As a result, a manual for training village teachers in mainstreaming has been developed and printed by CRS.	6 village classroom teachers will be qualified to develop kindergarten programs serving handicapped children.

3. Standardized curricula and diagnostic measures.	Development of appropriate teaching curricula for village outreach personnel.
Teaching manuals prepared for Core (Supervisory) staff. Manuals not prepared for village worker.	
Denver, Portage and Physical Diagnostic measures developed and used in Program.	Development of diagnostic measures for identification of handicapped children.
4. Inservice modules.	Development of inservice modules for persons involved in Health Care Programs, Charitable Societies, and Kindergartens.
Done.	

ANNEX 3

Matrix: Findings/Conclusions/Recommendations

ANNEX 3

Matrix: Findings/Conclusions/Recommendations

THE VILLAGE IN-REACH PROGRAM IN THE WEST BANK
AND THE MOTHERS HOME PROGRAM IN THE GAZA STRIP

VALUE OF PROGRAMS/INSTITUTIONALIZATION/SUSTAINABILITY

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
The Catholic Relief Services (CRS) and Save the Children (SC) undertook in 1984 to establish in the West Bank an innovative method of serving disabled children in their homes. In the Gaza Strip, the Society for the Care of Disabled Children (SCDC) established a similar program. Both programs were funded by AID.	Great foresight was displayed by the sponsoring organization in devising these programs and putting them into operation.	Every means should be explored to keep these programs operative as they meet a critical community need.
Extensive use has been made by mothers with disabled children of the VIP program, as the home rehabilitation program is known in the West Bank, and the Mothers Program, as the program is called in the Gaza Strip.	Mothers served by the programs are enthusiastic about the service, as they have found a means, heretofore lacking, of making a positive contribution to their disabled children's well being.	AID should encourage the further development and expansion of these programs.

ANNEX 3

Matrix: Findings/Conclusions/Recommendations

THE VILLAGE IN-REACH PROGRAM IN THE WEST BANK
AND THE MOTHERS HOME PROGRAM IN THE GAZA STRIP

VALUE OF PROGRAMS/INSTITUTIONALIZATION/SUSTAINABILITY
(Continued)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
Without the services provided to the disabled children in their homes, they would have no other means of receiving restorative and rehabilitation services.	Many of the disabled children would become further impaired without the programs and, in adulthood, be completely dependent upon others for support or be institutionalized. This is not only a humanitarian program but it is also a cost effective program.	AID should consider promoting the development of similar programs in other developing countries.
Institutionalization of the programs in both the West Bank and Gaza has been achieved in the short period of time these programs have been operative.	There is enthusiatistic acceptance of the in-home rehabilitation programs, not only by the administering agencies, but by all other human service agencies as well. There is little question that the administering agencies will wish to make these programs an essential part of the agencies' overall programs. Financing the programs will be a problem in the next few years. Local funds are very limited and demands upon the agencies greater with the Intifada than before. Hence the problem of sustainability of the programs is most serious.	That AID assist these projects for another three years to permit the agencies sufficient time in which to achieve local funding.

ECONOMIC ISSUES

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
Families with disabled children in the home rehabilitation programs are generally in the lower economic brackets.	The amounts these families could contribute toward the. cost of the services provided is not more than five percent.	Continuation of AID funding of the projects for another three years until such time as the required support funds become available locally.
Communities are in no position, at this time, to contribute toward the cost of operating the home rehabilitation program.	Members of the Societies that operate the home rehabilitation programs have already increased their membership dues to their Societies to meet increased costs resulting from the uprisings. They cannot be asked to contribute more at this time to support the home rehabilitation programs, as their incomes have been drastically reduced.	Continuation of AID funding of the projects for another three years until such time as the required support funds become available locally.
Disabled children in the project are making substantial gains physically and mentally. Some have entered regular schools and are being educated along with their nondisabled peers.	Many children in the program have a better chance of becoming self-supporting when they reach adulthood than they would have had were there no program.	This is a cost-effective program which AID could promote as a model for other developing countries.

STAFF TRAINING

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
The CRS and SCHC have done an excellent job in training staff for their programs. These are people who are not professionals, but nonetheless are providing essential services that are often provided by professionally trained people.	While staff in the home rehabilitation program cannot in any sense substitute for professionals, they can with proper training provide elements of rehabilitation services of great benefit to disabled people.	The methods as well as the instruments used in the home rehabilitation program could be replicated to great advantage in other developing countries.
Valuable training documents have been developed by CRS, SC and SCHC.	These training materials have been adapted to the cultures of the West Bank and Gaza.	Valuable training materials are available for duplication in other places having similar problems and similar cultures.

MANAGEMENT ISSUES/INPUTS/OUTPUTS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
The local Palestinian agencies in the West Bank and Gaza administering the programs have done a creditable job in initiating their respective programs. This is a health service operational area that is new to many of the organizations and their Board members.	The administering agencies could use help in devising the most effective means of structuring and operating the programs, particularly in the West Bank when local communities are brought into the program.	If AID has the means to do so it should consider offering technical assistance to the local Palestinian agencies in the most effective and efficient means of operating the programs.
The number of cases carried by a visiting home teacher has not been established on the basis of scientific case load studies. What is the optimum number of cases to be carried by a village home worker?	The number of cases carried by a village worker varies from 11 to 19.	In any management technical aid that may be provided, AID may wish to include the issue of the optimum number of cases to be carried by a village worker.
Implementation of the program in Gaza has from the start been ahead of schedule and project objectives in terms of children served have exceeded planned objectives. In the West Bank the project has been behind schedule due to key staff changes, misunderstandings with the local administering organizations and the Intifada.	Where one agency is administering the project and in a more confined geographical area, the likelihood of attaining project objectives is better with an innovative program such as the home rehabilitation program.	In any continuation of the West Bank project, operations should be through a limited number of local agencies, perhaps not more than two and in a more restricted geographical area than at present.

STRENGTHENING SERVICE FACILITIES AND IMPACT

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
As part of the program, SC provided basic physical therapy and other simple therapeutic equipment to facilities in augmenting the services provided in the home.	Excellent use has been made of this equipment purchased with USAID grant funds.	AID could develop a listing of basic rehabilitation equipment along with guides for its use and the training needed by the people who will be using it. This information would be of benefit in other developing countries where similar home based programs may be established.
This equipment, in every instance, is suited to the needs of the people served and is in excellent operating condition though used to maximum capacity.	Not only are children in the VIP program benefitting from this equipment, but other disabled people in the community as well including adults. For example, adults disabled by low back pain now have a source of treatment. These programs are self sustaining, as patient fees cover the cost of operation.	
The agencies in the West Bank and in the Gaza Strip have minimum baseline data for use in measuring progress. Only recently have data on disability been collected through scientific collection methods and this is Gaza only.	The agencies administering the in-home rehabilitation programs as well as all other social service agencies in the West Bank and Gaza could benefit from studies in disability.	Technical assistance to the health and social service agencies on data collection, analysis and the development of good case records on clients served would be a valuable contribution by AID to the organization in the West Bank and in the Gaza Strip.

STRENGTHENING SERVICE FACILITIES AND IMPACT
(Continued)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
The West Bank and the Gaza Strip do not have the usual governmental agencies that collect vital statistics and other data that can be used in monitoring program developments, identifying key needs and improving project operations.	The agencies administering the in home-rehabilitation programs have made use of such data as is available, but it is insufficient for proper evaluation, monitoring, budget development, etc. Few of these agencies have had experience in data collection and the use of data in monitoring program activities. Most of the programs operated by these agencies have been programs within the institution itself, such as education of mentally retarded children, custodial care to infirm older people, in-house social services, etc. Now that the agencies are extending their programs into homes there is a need for better data and better data collection systems geared to the circumstances and conditions of the West Bank and Gaza.	The agencies in the West Bank and Gaza could use technical assistance in developing good data collection systems, methods of analyzing such data, sharing and exchanging their basic data with other agencies and in developing systems for monitoring progress, budget development and identifying geographic and program areas needing attention.

ANNEX 4

List of Individuals Interviewed and Homes Visited by the Evaluation Team in the West Bank and Gaza

ANNEX 4

List of Individuals Interviewed and Homes Visited by the Evaluation Team in the West Bank and Gaza

West Bank Interviews

Sr. Leona Donahue	CRS/Director
Liane Dorsey	Consulate
Chris George and Farid Jaber	Save the Children
Chris Gredich	CRS/Resource Person
Mrs. Nadia Tarazi	An-Nahda/Director
Mrs. Badieh Khalaf	An-Nahda/Chairperson
Ms. Amal Aruri	An-Nahda/Core Staff
Dr. Hala Attallah	An-Nahda/Consultant
Mr. Edmond Shehadeh	BAS/Director
Dr. Jihad Awawi	Hebron RC/Chairperson with the core staff: Moh'D Tayseer and Randa Bader and Mr. Faysal Salhab
Dr. Nadeem Adili	CDC/Hebron-Pediatrician
Mr. A. Brighieth	Beit Ummar/Chairperson of Village Council
Dr. Ahmed Zaiter	Mount David Hospital
Mr. Abed Al-Assad and Mr. Akef Zaitawi	CRS/Life Cycle Program
Ms. Sue Waller	CRS/Physiotherapist
Ms. Nabila Dakkak	BAS/Workshop Director
Ms. Ingum Jordal Tjore	BAS/VIP liaison Off. with the core staff: Raghda Wehbeh, Ibtissam Zughayyar, and Hadia Abu Riyala
Mr. Tariq Kamal	Nablus RC/Ad. Officer
with Mrs. Hanan Al-Masri	VIP liaison person
Arwa Abu Zarour	NRC-Physiotherapy Director
Nablus Core staff: Wijdan Abu Jady and Sana' Haba	
Mrs. Betty Majjaj	Princess Basma/Director
Ms. Gunhild Johansson	Swedish Organization/Director
Mr. J. A. Murphy	CRS/Assistant Director
Ms. Ruby Young	CRS/VIP Project Director
Ms. Ibtisam Al-Khateeb, Ms. Tamam Shalabi, Akef, and Abed Al-Assad	CRS/Life Cycle Program
Mr. Ibrahim Al-Rai	Morivian/Asst. Director
Dr. Naim Abdel Jalil	CDC-Ramallah/Peditrician
Dr. Yasser Obeid	CDC/General Director
Mr. Farid Jaber and Ms. Anne Nixon	Save The Children
Dr. M. J. Kamal	Head West Bank Hospitals

Dr. J. Awwawi and	
Mr. Nasser Tahboub	Hebron Red Crescent
Ms. Adla Nimr	VIP Core Staff Senin
Dr. Ahmad Al Bakr	Bier Ziet University
Dr. Nafez Zein	Director CDC
Ms. Haifa Orshad	CDC Worker

Gaza Interviews

Dr. Hatem Abu Ghazaleh	Chairman SCHC
Mrs. Aida Abu Ghazaleh	Director, Sun Day Care School
Ms. Naila Shawwa	Director, Mothers Program
Ms. Adalat Yaseen	Psychologist, Mothers Program
Ms. Yousra Abu Areaf	Supervisor
Ms. Abla Abu Samhadana	Supervisor
Ms. Hana El Habbab	Supervisor
Ms. Miriam El Shawwa	Supervisor
Dr. Aileen Wight Felske	Coordinator Rehabilitation Services Mount Royal College Faculty Member Gaza Program
Dr. Mitchell Clark	Mount Royal College Faculty Member Gaza Program

Group meeting with two groups of six teachers each - Mothers Program

Large group meeting and inservice with 25 teachers and supervisory staff - Mothers Program

96

Homes Visited In West Bank and Gaza

LOCATION	HOME VISITS
Beit Ummar (Hebron)	One visit
El-Khadder (Bethlehem)	Two families
Nablus City	Two visits
Beit Al-Ma' Camp (Nablus)	
El-Mizra' El-Qibliah (Ramallah)	One visit
Dair Dubwan (Ramallah)	Two visits
Al-Yamoun (Jenin)	Three visits
Gaza	Three visits
Gaza - Beach Camp	Four families

ANNEX 5

Institutions in the West Bank Participating in the Referral Network System

ANNEX 5

Institutions in the West Bank Participating in the Referral Network System

Twenty-four institutions participate in the Referral Network System.

1. Yamena Society/Mentally Handicapped/Beit Jala
2. El Khader School/Mentally Handicapped/El Khader Village
3. Physiotherapy Center/El Khader Village
4. Bethlehem Gov. Hospital/Bethlehem
5. Hospital for the Mentally Ill/Bethlehem
6. Sirra Society/Epilepsy/Bethlehem
7. Caritas Baby Hospital/Infant Care/Bethlehem
8. Efetta/School for the Deaf and Speech Impaired/Bethlehem
9. Terres des Hommes/Medical Relief Organization/Bethlehem
10. Society for the Deaf and Speech Impaired/Bethlehem
11. Hadassa Hospital/Jerusalem
12. St. John Hospital/Jerusalem
13. Princess Bassima/Physically Handicapped Residential/Jerusalem
14. Aleen Hospital/Jerusalem
15. Swedish Organization/Handicapped Children/Jerusalem
16. Al Makassed Hospital/Jerusalem
17. Al Mutala' Hospital/Jerusalem
18. Child Development Center/Diagnosis Center/Hebron
19. Al-Ehsan Society/Multiply Handicapped Residential School Hebron
20. Child Development Center/Diagnosis Center/Ramallah
21. Child Development Center/Diagnosis Center/Jenin
22. Anglican Hospital/Nablus
23. Woman Union Hospital/Nablus
24. Social Welfare Departments/West Bank
25. Six Charitable Societies in the VIP

Categories of institution staff who have participated in training by the VIP and cooperate in the referral network system.

No.	Participants	Subject	Trained by
29	Health Workers	Handicapped in the W.B./Referral system	VIP staff
36	Teachers/Social Workers/Nurses	Denver Test	Dr. Sanber Core Staff
29	Physiotherapist	Maximum potential of the cerebral palsied child	VIP Staff, other physiotherapist

ANNEX 6

Training Curricula and Training Seminars

ANNEX 6

Training Curricula and Training Seminars

I. Curriculum -- Core Staff

Normal Child Development
Variations from Normal Development
Parental and Family Acceptance
Dealing with a Handicapped Child
Assessment
Interventions
Referral Systems

II. Curriculum Training Manuals -- Core Staff Training (Revised)

Administrative Procedures (Referral Network)
Normal Development
Physically Disabled
Mentally Disabled
Sensory Disabled
Home Visiting/Parent Training
Self Help Skills
Behavior Management
Adaptive Equipment
Assessment Tools

III. Conferences/Workshops

Inservice _____ Title _____
Sponsor: CRS and Caritas Hospital
Place: Caritas Hospital
Date: April 26, 1985
Attended: 150 West Bank and Gaza health professionals

Village In-Reach Program Workshop
Sponsor: CRS
Place: Hotel Abu Diis, Jerusalem
Date: January 1986
Attended: 17 individuals from 6 VIP Societies

Workshop: Developing Maximum Potential of the Cerebral Palsied Child
Sponsor: CDF, CRS & Princess Bassima Center
Place: Princess Bassima Crippled Children Center
Date: January 31, 1986
Attended: 24 Physiotherapists from 12 societies in West Bank and Gaza

Seminar: Adaptive Daily Living (Occupational Therapy)

Village In-Reach Program Workshop
Sponsor: CRS
Place: Annahda Society, Ramallah
Date: March 13, 1987
Attended: Core staff and 52 others from 6 VIP Societies

Workshop: Developing Maximum Potential of the Cerebral Palsied Child - II
Sponsor: CRS and St. Luke's Hospital, Nablus
Place: St. Luke's Hospital, Nablus
Date: April 10, 1987
Attended: 36 Physiotherapists from 12 Societies in the West Bank and Gaza

VIP Educational Program for CRS Health Teachers
Sponsor: CRS
Place: 5 regional centers for health education
Date: August 1987
Attended: 145 health education teachers

Seminar: Speech therapy
Sponsor: CRS and Princess Bassima Crippled Children Center
Place: Princess Bassima Crippled Children Center
Date: July 6-17, 1987
Attended: 10 Core staff & 7 others from 6 Societies

International Symposium on Disability Education
Sponsor: American Association for Disability Communicators and Canadian Association for Disability Communications
Place: Jerusalem
Date: July 26-31, 1987
Attended: From VIP, VIP staff and 5 Core staff

Workshop: Nuts & Bolts
Sponsor: CRS
Place: CRS office
Date: January 1987
Attended: 11 Core staff

Workshop: Nuts & Bolts II
Sponsor: CRS
Places (2): one for South Staff in Bethlehem Arab Society; one for North Staff in Nablus Red Crescent
Date: March 1987
Attended: 5 Core in north; 6 Core in south

Seminars: First Aid -- Tear Gas Treatment, Immobilization of Fractures, Post Trauma PT -- 10 different sessions so far -- to continue as needed
Sponsor: CRS Life Cycle and VIP
Place: Bethlehem Arab Society
Dates: February through April 1988 - several one-day meetings
Attended: 11 Core staff and 168 others - varied backgrounds

Workshop: Constructive Adaptive Equipment
Sponsor: CRS
Place: Bethlehem Arab Society
Date: January 1988 - 9 day workshop
Attended: 11 Core Staff, 13 others from 3 societies, and 4 mothers

Seminar: Cerebral Palsy
Sponsor: CRS and Princess Bassima Center
Place: Princess Bassima Crippled Children Center
Date: March 1988 - 5 day workshop
Attended: 11 Core Staff and 4 others from 2 societies

Workshop: Toy Making
Sponsor: CRS
Place: 3 workshops - BAS, Hebron (Dar Eh Ehsan), Tulkarem (Dar El Yateen)
Date: May 1988
Attended: 11 Core Staff and 14 others from a number of societies

Workshop: Denver Developmental Screening Test
Sponsor: CRS
Place: _____
Date: May 1988
Attended: 29 from 6 Societies

Workshop: Teaching Techniques
Sponsor: CRS
Place: CRS
Date: December 28, 1987 - January 22, 1988
Attended: 11 Core Staff

103

ANNEX 7

Present Activities of Core Staff in the West Bank

ANNEX 7

Present Activities of Core Staff in the West Bank

The eleven Core Staff who are employed by six local societies, but paid from the USAID grant, have been unable to visit some of their patients due to curfews and lack of public transportation. To make the best use of their time they are employed as follows:

No. of Core Staff	Society Name	Work Placement	No. of Handicapped Children	No. of Society Staff	No. of Adult Patients Schoolage Children
2	Red Crescent Society/H	Dar El Ebsan/ Residential	16 pt/ot	3	
2	Bethlehem Arab Society	Beit Jala Physical Handicapped Program/ Residential	16 Intensive pt/ot 20 indirect aid	8	
1	Bethlehem Arab Society	El-Khader School/ daily	12 pt and/ or individual education program	3	
1	Moravian Society/ Ramallah	Moravian/ Residential	6	5	
	Moravian Society/ Ramallah	Latin School			24
1	Friends of the Sick Society/ Jenin	Yamoun VIP-Home Visits	12 Regular cases in Yamoun		
	Friends of the Sick Society/ Jenin	Home Visit in Jenin Camp	4 2		

No. of Core Staff	Society Name	Work Placement	No. of Handicapped Children	No. of Society Staff	No. of Adult Patients Schoolage Children
2	Red Crescent Society/ Nablus	Home Visits	7 referred by their society or by the Swedish organization		
	Red Crescent Society/ Nablus	Ein Beit El Ma'a/Camp			8
	Red Crescent Society/ Nablus	Women's Union Hospital			19
One of the same Core Staff	Nablus	Camp			2
1	Dar El-Yateem/ Tulkarem	VIP Village-Home Visits	10		
	Dar El-Yateem/ Tulkarem	New Village-Home Visits	6		
1	Dar El-Yateem/ Tulkarem	Used to work in Nablus area at the Women's Union Hospital			
1	Dar El-Yateem/ Tulkarem	Placement unknown			
		Total:	111	19	53

100

All Core Staff, since the start of the uprising, have attended all or part of the following training programs:

a. Ten-day workshop on constructional adaptive equipment.
b. Four-day seminar on Care of Children with Cerebral Palsy.
c. One-day workshop on making toys for Children.
d. One-day workshop on current health problems, i.e., tear gassing, immobilization of broken bones, post trauma physiotherapy.
e. Core Staff one-day workshop/Nuts and Bolts Program.

ANNEX 8

The Red Crescent Society of Hebron

ANNEX 8

The Red Crescent Society of Hebron

The society was established in 1965. It has about 3,000 members. Each member pays a fee of $4.50 per year. The society accepts local donations from its members, and the population of Hebron at large. It has several funding sources which include Jordan's Ministry for the occupied territories, the Hebronites who live in the Gulf states, benefactors in Amman, the Union of Charitable Societies, and the Red Crescent of Kuwait that covers about four-sevenths of the monthly salaries of the society's employees. Some income is generated for the society by several of its activities such as the kindergartens which raise enough fees to cover its current expenses, and the clinic where patients able to pay are charged about NIS 3.00 and the cost of the medicine. The total expenses of the society in 1987 were JD 151643.915 (about $430,000.00)

The society has a well-established organization. The general assembly of 3,000 members elects the administrative council which is composed of seven members. Four physicians currently serve on the council.

The major goals of the society are to improve the educational, social, and health conditions in the district. Its major focus is the child. It renders its services through 15 different centers. The society's activities include:

- The operation of five kindergartens in different parts of the city. Two other kindergartens will be in operation soon. The total enrollment in 1986 was about 580 children. They are served by 36 teachers.

- Kindergarten teacher training center that has trained 32 teachers. About 36 teachers were trained in the academic year 1986-87. The center included a toys library and a children's library that loans books to the children of the city.

- Literacy centers. These centers are for men and women. One of the centers operates in Hebron, and the second in Al-Majd village in the District of Hebron. Fifty women and 28 men benefitted from these centers in 1986.

- The childrens' rehydration center. The center's capacity is 36 beds. It includes a specialized pediatric clinic, and a medical laboratory.

- The night emergency clinic. About 15,400 cases were treated in this clinic during 1985 and 1986. It operates 24 hours including curfew and sever weather days. It is staffed by three doctors and three nurses.

- The physical therapy clinic. The only clinic of its kind in the district, it treats about 500 patients a month. Its facilities are open to the public as a recreational center. It is staffed by a specialist in physiotherapy and three nurses.

- The dental clinic. This clinic treats mainly needy individuals and charges nominal fees.

- Maternity and child care centers in two different parts of the district. These two centers receive about 300 cases per month. Their services include providing care for mothers and children and mother education.

- Ambulance service. The society operates three ambulance vehicles. They transport patients to different parts of the country including the East Bank of Jordan across the bridges.

- Village clinics. Two clinics operate in two different villages (Al-Thahrieh, and Yatta). They include X-ray units, medical lab, maternity clinic, and rehydration centers.

- Sanitation project in villages (latrines). This project is sponsored by CRS. Several units were constructed in Al-Majd village.

- Medical and social services for needy families. These include free medical care and food distribution. .

- Life cycle centers.

- Al-Rajaa center for special education. This center includes eight classes with 64 children. It operates vocational workshops of sewing, tapestry, and bamboo works.

- Detainees services. These include organizing visits of parents to their detained sons.

- Village in-reach program.

The society has constructed a children's hospital in Hebron with a capacity to accommodate 30 children. It includes five incubators, medical labs, and pharmacy. It will house several of the society's projects. Its expected operating cost will be about JD 150,000. The society is waiting to receive permission from military authorities to operate the hospital.

The society employs about 100 individuals in several of its activities. These include 36 kindergarten teachers, six nurses, a

dentist, four physicians, a physiotherapist, several special education teachers, two core staff, and several administrative staff members.

The village in-reach program is looked upon by the chairperson of the council (the board) as an essential element of their services to the children at large and the handicapped children in particular. He favors initiating the village workers' training as soon as possible. He feels that his core staff can handle the training. The chairperson feels that his society can help village societies financially, if needed, for the VIP.

ANNEX 9

The Red Crescent Society of Nablus

ANNEX 9

The Red Crescent Society of Nablus

This society was established in 1950. It has about 900 members. Each member pays a fee of $9.00 per year. The society accepts local donations from its members, and the population of Nablus at large. Its main local funds come out of the Ramadan 'zakat' (the annual donations of Muslims that is collected during the month of fasting). The society receives an annual donation from ARAMCO (Saudi Arabia) of about $40,000. It receives an annual assistance from Jordan through the Union of Charitable Societies. It receives a limited assistance from the Welfare Department in Jordan. Some income is generated through the services of its different activities (e.g., clients able to pay about two NIS for the service that they receive from the physiotherapy center). The total income in 1987, as revealed by its budget, was JD 69815.733 (about $200,000).

The society has a well-established organization. The 900 members compose the General Assembly that approves the budget and elects the board members for a period of three years. The current board consists of eleven members. It includes a physician, six business persons, and other notable individuals. Five women are serving currently on the board.

The society activities include:

- An Emergency Ambulance Center (including five cars; two were recently acquired). During 1986 the center handled about 658 cases. It has been very active during the events of the Intifada. Its services are not limited to Nablus. Recently its cars have been called to Gaza.

- A Senior Citizen home. It houses about 20 residents of both genders. The home is run by five workers, and is supervised by a physician.

- A school for the mentally handicapped children. Its current enrollment is about 40 students. A simple vocational program is provided for students who are 14 years of age or more. The school is run by a principal, five teachers, and a social worker.

- A physiotherapy center for children. Hundreds of children have been served during the last year. Its clients come from Nablus, Jenin, and Tulkarem (it serves about 150 children a month, ages 1-12). It houses about six children. The center includes a nursery. It is manned by two qualified physiotherapists and three assistants. The social worker acts as its director. Two specialist doctors visit the center every week.

- The center for the deaf and mute. This center has 23 children. It is run by five teachers, one of them directs the center as well. All the staff have had three months training at a special course held at An-Najah University. A speech specialist from An-Najah University visits the center twice per week.

- Blood Bank. This bank operates in cooperation with the hospital of the Women's Federation in Nablus. It served about 5,800 individuals in 1986.

- A social program for the Care of Prisoners and Detainees. This program aims at distributing winter clothes, books, and stationeries to the prisoners, and coordinating the visits of their families.

- Village In-Reach Program.

The society employs:

5 Administrators
4 Physicians
6 Nurses
9 Teachers
2 Physiotherapists
1 Speech impairment specialist
3 Technicians (at the P.T. Center)
11 Social Workers
7 Drivers
3 Janitors
4 Machine operators

The society's different services spread to the nearby villages. The major inhibiting factor for wider geographical services is the difficulty of transportation. As an example of the geographical extent of its services, the Deaf and Mute Center has six children from Nablus, and the rest (17 children) from seven villages adjacent to the city.

The society has completed plans, acquired the land. and raised the necessary funds to construct a new building that will house all of its activities, except for the senior citizen home. The only obstacle to its completion is acquiring the building permit.

Both of the administrative officers, Mr. Tareq Kamal and the VIP acting coordinator, Mrs. Hanan Al-Masri (who is a board member) believe that the VIP has left a positive impact on the handicapped, and has been an essential element in their efforts to serve the handicapped. They are excited at the idea of establishing a training center in Nablus. They have already allocated the training space at the Deaf and Mute Center, which is accessible to the incoming village teachers.

ANNEX 10

Provision of Equipment to Facilities in The West Bank

ANNEX 10

Provision of Equipment to Facilities in the West Bank

Through an AID grant to Save the Children, equipment was supplied to three West Bank agencies providing services to handicapped children and adults. All of these agencies are an integral part of the Village In-Reach Program. The three agencies are listed below along with the value of the equipment purchased by them from the grant:

(a) The An-Nahda Women's Association . .$ 38,047.

(b) The Bethlehem Arab Society . . . . .$ 60,000.

(c) The Hebron Red Crescent Society. . .$125,000.

Visits were made to all of these institutions by the Review Team and the equipment assessed in terms of the following: its current condition and use; its suitability in relation to the agency's clientele; appropriateness of the space in which located and used--size of area, light, etc.; whether staff is trained in its proper use; conditions of purchase--i.e., title, maintenance, guarantees; and the extent to which the provision of the equipment has upgraded the agency's service and/or enabled the agency to serve additional handicapped people on the West Bank.

THE AN-NAHDA WOMEN'S ASSOCIATION

The An-Nahda Women's Association is one of the oldest social service agencies on the West Bank, having been established in 1925. Located in Ramallah, the Association provides a wide range of services to disadvantaged and disabled individuals and to needy families.

In 1984 Save the Children allocated $40,000. to the Association to purchase equipment for two purposes. The first was to establish, as a new aspect of their educational program, a physical education program for 44 mentally retarded youths, enabling them to improve their physical coordination and motor skills. The equipment purchased for this program, at a cost of $15,000., includes the usual gymnasium equipment--exercise bicycles, running mats, mattresses, wall ladders, shoulder wheels, tennis tables, chest pulleys, therapeutic exercise balls of various sizes and parallel bars.

Upon receipt of the equipment, the Association employed a physical education specialist and an aide who oversees the operation of the physical fitness program.

In addition, the Association established keep-fit classes which are open to the general public and serve as a source of partial income to the Association.

116

The equipment is used extensively in a well-lighted area in a modern building which houses a number of the Association's programs. It was the intent of the Association that the physical education program would also serve children who could benefit in the VIP program.

Equipment purchased for the second program in the amount of $25,000. is principally audio-visual equipment used for the establishment of the Resource Training Center for the training of core and other staff in the VIP programs, for use in seminars and special training programs, for professional personnel such as physical therapists providing services to disabled people, and for parents and others interested or involved in the VIP program.

This equipment, which consists of a movie, slide and overhead projectors, video equipment, tape recording equipment, a photocopy machine, furniture for the audience in training, and educational toys and books, was fully used in the training program for the VIP core staff and for a few special seminars. The Association plans to use the equipment for its own educational and community programs when conditions permit.

THE BETHLEHEM ARAB SOCIETY

The Bethlehem Arab Society, which, as noted earlier, received AID funds for construction of its new quarters, also received funds in the amount of $60,000. for the purchase of equipment: commercial laundry equipment to replace a washer and dryer destroyed by a fire in 1983, and physical therapy equipment.

The heavy-duty laundry equipment, which cost $21,000., is in place in the Society's main building located on the Bethlehem-Hebron road. This building houses, among other programs, the Physical Therapy Department and the Central Offices. Up until a few weeks ago, both the washer and dryer were in good working order. The washer, however, has a broken part which is on order and is expected to be in operation within a month.

The physical therapy equipment, which cost $39,309., consists of special posture wheelchairs, parallel bars, posture mirrors, a low frequency therapy unit, chairs for bathing, a paraffin bath, a diatron unit, shoulder exercise wheels, and sundry articles such as weights, sand bags, etc. The provision of the equipment not only improved the quality of the physical therapy services provided by the Society, but also increased the Society's capacity to serve more disabled children and adults and to help individuals with disabilities not previously served -- e.g., adults with low back pain or rheumatoid arthritis, and children with cerebral palsy or congenital hip dislocation. The number of patients served by the Physical Therapy Department has increased dramatically since the provision of the new equipment in 1984. In 1982 the Department served seventy in-patients and one thousand out-patients. By 1985, the number had doubled and continues to increase each year. Two additional therapists were hired to accommodate the increased case load. The therapist in charge received his physical therapy training in Jordan and has had refresher courses in Cyprus and in Europe. Currently assisting in the Physical Therapy Department is a physiatrist[1] from Paris, sponsored by the French

[1]A physician specializing in rehabilitation medicine.

government, who is assessing all disabled children and adults served by the Society. He will remain with the Society an additional six months to round out a year of service.

THE HEBRON RED CRESCENT SOCIETY

The Hebron Red Crescent Society (HRCS) is the primary resource for the Village In-Reach Rehabilitation Program in Hebron and the entire southern sector of the West Bank served by the Society. More than a quarter million people live in this southern district.

Established in 1952 to meet the needs of mentally retarded children and their parents, the Society now provides a wide range of health, educational, rehabilitation and other human services. The Society has constructed a pediatric hospital which is awaiting licensure. When licensed, this thirty-bed hospital will serve children with all disorders.

Among other programs, the Society operates a physical therapy clinic which serves disabled children in the VIP program as well as the public at large. The clinic was equipped in large part from an AID grant to Save the Children. The physical therapy equipment consists of outside gymnasium equipment, exercise bicycles, parallel bars, therapeutic exercise balls of various sizes, treatment tables, ultra violet and infra-red units, low frequency therapy units, walking aids, and hot and cold cooling units.

The Society's physiotherapy service is located in a spacious, well-lighted and well-arranged area in the Society's newly constructed Al-Raja Center for special education. Staff consists of a qualified physiotherapist, three aides and a nurse. The Center operates six days per week. The provision of the physiotherapy equipment vastly increased the capacity of the Center to serve more people. For example, 850 cases were registered for treatment in 1986. In 1987 this number increased to 925. Also, through use of the new equipment better service is provided and a wider variety of disabling conditions can be dealt with. HRCS expects the number of cases treated at the physiotherapy center to continue to increase. HRCS provides low cost mini-bus transportation from downtown Hebron to the Center twice daily. Substantial income is derived from fees paid by the public for physiotherapy sessions.

In addition to the physiotherapy equipment, the Center received authorization to purchase the same kind of audio-visual equipment (movie projector, video equipment, slide projector, etc.) as the An-Nahda Women's Association for the establishment of a Resource Training Center. All of this equipment is in good working order.

Although the Society has made ample space available for training related to the VIP program, the equipment purchased for the Resource Training Center has not been fully utilized. Part of the problem has been curtailment of the VIP training activities and part the lack of a steady supply of electricity. This latter condition is now corrected.

Finally, vocational training equipment was made available to the Society to strengthen and enlarge the scope of vocational training

provided to handicapped young men and women. Carpentry equipment, equipment for hand skills and crafts -- sewing machines and weaving machines, for animal husbandry and for farming -- were added to the Society's vocational training equipment. A large cistern to collect rainwater, and animal sheds are in place for implementing the agricultural training program. The bamboo and handicraft components of the vocational training program are fully operative. The agricultural training program has been slow to develop due to shortage of funds for construction of the cistern. With the cistern now in place, the agricultural training program should go forward shortly.

ANNEX 11

Reference List: Gaza

ANNEX 11

Reference List: Gaza

Abu Ghazaleh, Hatem. "Needs and Difficulties in the Medical Field in the Occupied Gaza Strip." Unpublished lecture presented at European Coordinating Committee for NonGovernmental Organizations on the Question of Palestine. Geneva, September 5, 1987.

Abu Ghazaleh, Hatem. "The Mothers' Home Care Early Intervention Program in the Gaza Strip. International Aspects of Portage."

Buzzard, Shirley. "Development Assistance and Health Problems: Issues of Sustainability." Unpublished paper for USAID Washington, D.C., October 1987.

Frohman, Alma, Weber, Susan and Wollenburg, Karen. Portage Home Teaching Handbook (revised edition). Portage Wisconsin: Cooperative Education Service Agency 12, 1983, p. 83.

Lesch, Ann M. "Gaza: Forgotten Corner of Palestine." Journal of Palestine Studies 15: 43-61, 1985.

Mitchell, David R. and Abu Ghazaleh, Kawthar. "Evaluation of Mothers Home Program." Unpublished report for Society for the Care of the Handicapped Child, Gaza Strip. November 1987.

Neufeldt, Alfred H. "Report on Services for Handicapped Persons in the West Bank and Gaza." Unpublished report, USAID Washington, June 1985.

Society for the Care of the Handicapped Child. Unpublished handouts.

Estimated Yearly Expenditure. June 1987.

Master Plan. 1985.

Proposal for the Development of Special Education Units in Schools for Normal Children in the Gaza Strip. October 1986.

Special Education and Integration in the Gaza Strip. October 1986.

The Mothers Home Care/Early Intervention Outreach Program. April 1988.

The Mothers Home Care/Early Intervention Outreach Program-Estimated Yearly Cost. April 1988.

The Mothers Home Care/Early Intervention Outreach Program Expansion Proposal for Non-Handicapped At-Risk Children and Their Families. April 1988.

The Society for the Care of the Handicapped in the Gaza Strip. May 1988.

The Sun Day Care Centre. April 1988.

Training and Education of Rehabilitation Personnel in the Gaza Strip. May 1988.

Vocational Training and Rehabilitation Program for Adolescents and Adults. May 1988.