



# Child Well Being

Program | Progress Report No. 1



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**ANERA**

AMERICAN NEAR EAST REFUGEE AID

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**Frontpage photo**

Haneen receiving a school kit at the youth center in Tulkarem Refugee Camp

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April 1, 2007 – September 30, 2007

## Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the Canadian International Development Agency or the Canadian Government.

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# Abbreviations & Acronyms

ANERA	American Near East Refugee Aid
CTCCM	Community Training Center and Crisis Management
CIDA	Canadian International Development Agency
CWB	Child Well Being
LFA	Logical Framework Approach
M&E	Monitoring and Evaluation
MIS	Monitoring Information System
MoEHE	Ministry of Education and Higher Education
MoH	Ministry of Health
MoP	Ministry of Planning
MoSA	Ministry of Social Affairs
MoU	Memorandum of Understanding
NPA	National Plan of Action
NGO	Non-Governmental Organization
PA	Palestinian Authority
PLC	Palestinian Legislative Council
PRC	Palestinian Red Crescent
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	UN Relief and Works Agency for Palestine Refugees
SCF	Save the Children
WBG	West Bank and Gaza



# Introduction

The Child Well Being (CWB) program, a CIDA-funded program implemented by ANERA, aims to improve the quality of life of Palestinian children. The program seeks to reduce the impact of conflict on children through the provision and improvement of psychosocial programs in West Bank and Gaza Strip (WBG). This C\$1.5<sup>1</sup> million program will be implemented during the period of April 1, 2007 through September 30, 2008.

The CWB program focuses on the provision of psychosocial activities for children in community centers, capacity building of social workers and the development of screening methods for an integrated referral system for psychosocial disorders. In addition, the program intends to create a pool of local volunteers co-organizing activities for children.

This semi-annual report for the second phase of the Child Well Being Program covers the period of April 1 through September 30, 2007. The report provides an update on the progress of the ongoing projects. In addition, a section is devoted to the operational context and administrative issues. Finally, an update is given of the financial status of the program as well as budgetary forecast.

1. All monetary values in the report are in Canadian dollars.



*Art session with a mixed group of children in Anabta (Tulkarem district)*

# Background

## History

On April 1, 2007 an agreement was signed between CIDA and ANERA awarding the implementation of the second phase of the Child Well Being program. The current program is building on the first phase that was implemented from April 1, 2004 through May 15, 2006.

Initially the Child Well Being program was administered through the National Plan of Action (NPA) Secretariat under the auspices of the Palestinian Authority Ministry of Planning (MoP). The projects focused on the training of school counselors and psychologists by the Birzeit University Center for Continuous Education and the Al-Quds University community mental health program. Another important component provided for the implementation of psychosocial activities by community workers in 130 schools. The following accomplishments were reported during the program's first phase:

- 4,160 weekly activities implemented in 130 schools throughout the West Bank and Gaza (WBG).
- Creation of friendly play areas by engineers engaged through the Ministry of Education and Higher Education (MoEHE) in 70 of the targeted schools.
- Two years of training completed by 16 psychologists at the Al-Quds University, community mental health masters program<sup>2</sup>.
- 45 school counselors obtained a higher diploma (one year study) in school counseling at the Birzeit University Center for Continuous Education.
- Draft manual on referral system prepared for school counselors.
- Draft psychosocial law prepared for adoption by the Palestinian Legislative Council (PLC).

Unfortunately, the program was interrupted after the PLC election in 2006. During the following ten months, the CWB was significantly modified, due to the changed political situation. The current program is built on Phase I with the same goals and objectives. However, due to a new donor policy, the focus of activities was shifted to community centers, while still addressing beneficiaries in the same locations. Moreover, the program was brought within the managerial and financial framework of ANERA.

By April 1, 2007 the CWB program was formally reactivated, the CWB team was mobilized and activities started again.

## Objectives and Expected Outcomes

The overall goal of ANERA's Child Well Being program is to reduce the impact of conflict on children through the provision and improvement of psychosocial programs in the WBG. In more specific terms, the project purpose is to improve the ability of Palestinian communities to initiate, manage and evaluate community-based psychosocial counseling programs and services to improve the well-being of Palestinian children. In concrete terms, this translates to four specific projects:

- The provision of psychosocial activities by community workers for children ranging from 6 -17 years at community centers.
- Enhancement of the skills of community workers and local volunteers, providing a link between the program and the community.
- Enhancement of the skills of social workers to deal with psychosocially affected children through a training program.
- Development of screening methods of children to determine appropriate referrals.

The expected outcomes of Phase II are:

- Established integrative community-based psychosocial programs for 13,000 children in 81 community centers in the West Bank and Gaza Strip.
- Improved quality of psychosocial services provided in the Palestinian territories.
- Enhanced coordination between governmental agencies and non-governmental organizations (NGOs) for an integrated referral system for psychosocial disorders.
- Capacity building for NGO staff supporting the psychosocial well-being of children.
- Institutional strengthening of ANERA in supporting psychosocial initiatives in the Palestinian territories.

2. Currently the students are continuing their master's degree programs with CIDA funding.



*Handing out school kits in the Youth Center at the Tulkarem Refugee Camp.*

# Methodology

Psychosocial health represents the interplay between one's individual capacity and abilities and the psychosocial state of a person and his/her social environment. In order to grow in a satisfactory and harmonized manner in terms of psychological health, an individual needs to live in a set of conducive conditions that correspond to a similar number of basic needs described in the well-known Maslow hierarchy.

## Activities

The activities implemented in 81 community centers are designed to provide psychosocial preventive debriefing and recreational services that allow children to express themselves, express their concerns, show their emotions, opinions and ideas, raise the level of their self esteem and control anger and aggression. The project aim is to strengthen the resilience and coping mechanisms of the children through the implementation of the psychosocial intervention activities. These activities will assist in detecting any psychosocial distress or disorders. Through implicit messages put forward by the activities, children will be exposed to the following topics:

- Psychosocial functioning
- Problem solving skills
- Reconciliation
- Human rights
- Anger management
- Strengthening of the weaker groups

## Target Locations and Beneficiaries

For the selection of targeted locations, the CWB second phase relied on the needs assessment study conducted by the monitoring and evaluation (M&E) coordinator in June 2004. The following criteria were taken into consideration during the selection: socio-economic profile, availability of psychosocial services, geographical distribution (city, village and refugee camps), movement and access issues and violence rates. The 130 villages selected under phase 1 were re-selected in April (see Appendix 13, List of Target Locations). Unfortunately, the number of children included in the activities had to be limited in the second phase, due to programmatic and budgetary reasons. The selection of the children was left to the community centers and schools, since they are in a better position to judge the need among local youth for such activities. Most communities decided to select one

child per family rather than have several children of a family join the program. Finally, a list of about 40 children per location was composed. Beneficiaries of the psychosocial activities are children ranging from 6 to 17 years old. In June, the children were selected with the help of the community centers and schools. The beneficiaries come from a variety of backgrounds: some of them live in refugee camps, others in more rural areas or larger cities. All children attend school and therefore the activities are held after school hours (from 2 to 7).

## Community Centers

In April - May 2007, CWB field coordinators conducted a mapping study of all community centers in the targeted locations. In the selection process, several factors were taken into consideration e.g.: no political affiliation of center, presence of a suitable accommodation for activities, safety of children and acceptance of center by the local community. A common problem encountered during the mapping exercise is the lack of proper community centers in rural areas (see Operational Context - Obstacles to Implementation). In May 2007, a final list of 81 community centers was compiled, after a screening of the center's ownership and personnel by ANERA (see Appendix 12, List of Community Centers). A cooperation agreement with the hosting organizations was signed detailing roles and responsibilities (see Appendix 11).

The community centers are spread out over 13 districts in four areas (Northern, Middle and Southern West Bank and the Gaza Strip) and play a hosting role to the psychosocial activities under the CWB program. Coordination with the centers is done by the partner NGOs, who implement the activities under the supervision of CWB field coordinators. The rooms at community centers are at the disposal of the community workers for free. In this way, the community gives an in-kind local contribution to the program (see also Financial Summary). In return, community centers will be given \$1,000 for necessary adjustments (e.g. purchase of toys, maintenance of sanitation facilities, and painting), in order to create a more child-friendly environment. The payment will only be made in the third quarter, when the commitment of the centers to the program has been established. In some cases, this amount will be used for the transportation of children instead with the approval of the CWB team.

### **Partner NGOs**

All psychosocial activities are implemented by community workers (in Jenin and Qabatiya also social workers and educational counselors) engaged by local NGOs. Most community workers have a background in drama, arts and dance. However, all of them have gained a wide experience with putting psychosocial messages into their work. During the activities, community workers address topics that correspond to the program goal and objectives.

The implementing NGOs were selected through a competitive bidding process under the first phase of the program in April 2005. During the second phase, the work with the same NGOs will continue (see Appendix 10, Profile of NGOs), albeit the activities will now be held in community centers instead of schools. Currently, the program is working with four NGOs established in the West Bank and three in Gaza. The selected partner NGOs are providing the 13,000 children in the selected locations with the needed intervention activities (e.g. drama sessions, art activities, debriefing activities, conflict resolution exercises), following their work plans. All NGOs submitted an annual work plan describing their sessions, which were approved by ANERA. The CWB team is in regular contact with the NGOs and their community workers through field trips and monthly meetings. As under the previous phase, NGOs will continue to manage the same number of targeted locations in the West Bank and Gaza Strip. For a detailed overview of the roles and responsibilities of partner NGOs and their community workers, please refer to Appendix 11.

### **Capacity Building of Community Workers**

In parallel to the activities, training will be provided for community workers engaged by the partner NGOs. Participants will be given a course to learn new skills and concepts in psychosocial support and care. Under the previous phase of the program, no CWB training of these community workers has taken place. As NGO staff indicated a need for advanced practical training, the second phase focuses on their capacity building. During the training, participants will draw from their own experience by working on case studies from their field practice. Group coaching is provided in this way. Also, in between two planned training sessions, trainers will provide advice on specific cases on the request of community workers. In other words, a constant monitoring safety net is available to course participants.

Community workers are nominated by their NGOs to increase commitment to the program. Due to budgetary constraints, only 50% of the community workers with the highest needs will be trained. The knowledge and skills which they gain will be shared with untrained colleagues through meetings at the partner NGOs. The training for community workers from the West Bank will be provided at the Red Crescent in Ramallah. For the Gaza Strip, capacity building training will be provided by the director of the partner NGO to its community workers.

### **Volunteers**

Another aspect of the CWB program is the encouragement of voluntarism by engaging local volunteers in the psychosocial activities. Many community centers in the WBG are open to individual membership of local residents. In July, local volunteers have been attracted through nomination by the community centers, drawing from their members list. The majority of selected volunteers are female university students studying psychology or social work, others are people employed in the social sector. On average, each community center now has two active volunteers (around 162 volunteers in total). Their involvement includes transportation of children, purchase of equipment for activities, coordination of activities, to the organization of activities, when social workers are prevented from travel to the community by checkpoints, etc.

Visiting community workers have encouraged these volunteers and members of the hosting organization to participate in the activities given by the professionals, so they can continue with the psychosocial activities after the completion of the entire program. Volunteers appreciate this "on the job" training, as it provides them with professional work experience. Another positive aspect of the involvement of local volunteers is the strengthening of the partnership between the local community and the program. In the end, the CWB program aims to increase local acceptance of methods, psychosocial activities and an understanding of their impact on children within the community. Some volunteers will be trained together with the community workers under the second phase of the program. This concerns volunteers active in community centers in areas that are relatively difficult to access for community workers, thereby providing a safety net for the implementation of quality psychosocial activities.

### Capacity Building of Social Workers

The third project aims to enhance the skills of social workers. Through an open registration procedure announced by newspaper advertisement, social workers could indicate their interest in the training program. Only participants nominated by their organization, having a background in social studies and interest in child protection issues are selected. Participants include social workers employed by the child protection unit of the Ministry of Social Affairs (MoSA), UNRWA, Red Crescent and YMCA. The selected social workers will receive training in social work at Birzeit University in the West Bank. In the long run, increasing the capacity of those professionals will ultimately improve the quality of psychosocial services provided to Palestinian children. After the one year study, students will obtain a higher degree in social work. The training program will start on 17th of October 2007 and will continue until the beginning of September 2007. The last three months will be dedicated to supervision of the social workers in the field.

### Development of Referral System

Lastly, the CWB program aims to develop screening meth-

ods of children to determine appropriate referrals and co-development of a new referral system. In 2006, a national committee was formed to lead the process of establishing a national referral system. The lead in this process has been taken by the MoEHE and UNICEF. Also, other organizations show interest to cooperate and coordinate the work between them. In April, ANERA became a member of the national committee and attends all scheduled meetings.

Initially, the work focused on a manual to be used by school counselors working for the MoEHE, social workers from the MoSA, the Ministry of Health (MoH) and NGOs in the fields such as Development Counselors International. The aim is to refer all cases to the MoH and specialized NGOs like the Palestinian Counseling Center. By May 2006, a first draft manual was compiled. Thereafter, the national committee started establishing relationships with all psychosocial service providers to obtain their feedback on the process. At that time the first phase of the CWB program was suspended. At the restart of the program in April 2007 the national committee progressed to the stage of modifying the original draft.



*Masking exercise at the Nour Shams Youth Center (Tulkarem District).*

At the end of the process, work by the national committee will focus on the introduction of the new referral system. After the completion of the referral system, the CWB program itself will prepare a case management manual for field practitioners. The aim is to compose a manual consisting of a number of tools and procedures that may assist social workers in identifying possible disorders affecting children and facilitate referral. The process of screening potential disorders is conducted through observations, family interviews and the review of medical, school, developmental and cognitive records. The proposed screening tools will include: vision and hearing status, cognitive or developmental, academic development, communication development, social or behavioral development, and adaptive development.

The manual will help counselors with special procedures on how to scan and diagnose psychosocial or behavioral disorders with children and how to refer the case to a specialized organization. The procedure proposed in the manual will include interviews with the child, family, and teachers; a review of his/her educational files and advice on how to write a referral report. In 2008, a scanning and diagnosis training will be held for supervisors and school counselors.

### **Sustainability**

Throughout the program, ANERA is investing in its partner NGOs not only by providing them training, but also by involving them in the monitoring and reporting process. The successful monitoring of the output and impact of the program is made possible through the adopted community-based monitoring system. On a monthly-basis partner NGOs and fieldworkers provide an update on all indicators. In addition, the capacity building training enhances the skills and experience of community workers, which will increase their employability and continuity of service to clients. Also, the use and training of volunteers in the program will enable the community to arrange psychosocial activities within their local communities in the future.

In addition, the training of social and community workers will strengthen the continuity of the diploma programs in the medium and long term. The diploma programs target already

employed social workers and counselors and therefore the sustainability of their work is ensured. Although direct impact is difficult to measure due to the nature of counseling, it has been estimated that over 12,000 women and children have benefited from the improved skills trained counselors employed after training. However, one of the largest efforts needed in making a change for the future is the development of a referral system. ANERA works on networking with other social oriented organizations to continue raising awareness of the need for preventive psychosocial services. The referral system will serve to help people work better together and in that way will make a difference in the quality of services provided in the future.

### **Gender Strategy**

Even in the most developed countries, girls and women often do not have free and equal access to services and activities. In times of crises, sustained access to quality services may become more difficult for girls and women. ANERA's long-term commitment to the promotion of equality is grounded in the recognition that equality between girls and boys and the rights of the girls to participate are not only a matter of simple justice, but also essential to the achievement of the Millennium Development Goals. In concrete terms, the following steps will be taken during the implementation to ensure equal access to activities and the promotion of equality in general:

- Sensitize communities especially men to girls' rights to access to services. This will be done by encouraging the community to participate in the psychosocial activities that are organized for children, conduct joint activities with parents and personalities of the local community.
- Ensure that programs meet the differentiated psychosocial needs of girls in different ages.
- Provide training to the club members to enable them to create a more gender-sensitive learning environment.
- Ensure that women trainers, counselors and service providers are placed in the program.
- Meet the targeted percentage of girls' participation is 40% of the total number of participants.





*Ankam, 10 years, clutching her school kit and teddy bear.*

# Operational Context

## Humanitarian Context

Palestinian children experience the same challenges as children everywhere: overcoming psychosocial problems and learning difficulties, coping with the pressures of growing up, and learning to fit in socially. However, Palestinian children must face these universal challenges under particularly difficult conditions. Decades of occupation, increasing poverty, and political uncertainty make “normal” childhood impossible - even worse, family support systems often crack under these pressures.

According to the “PCBS Psychosocial Survey 2004, Recalculated”, 32% of families indicated that their children suffered from at least one symptom of psychosocial distress. Among the top five symptoms cited by families, there are examples from the three major categories of psychosocial distress: anxiety (excess agitation and shouting), phobia (constant fear of darkness, of being alone, etc.) and depression (feelings of hopelessness and frustration). 11.7% of Palestinian children suffer from excessive agitation and shouting, 11% from constant fear of darkness, 10.8% from constant fear of loneliness, 9% from bad temper, 7.2% from frustration, 6.4% from nightmares and 5% from insomnia. Of families reporting that their children suffered from psychosocial problems, only 38% of families reported that the child suffered from only one symptom. (PCBS Psychosocial Survey 2004, Recalculated).

Negative impacts on child behavior include inability to concentrate on study (10.34%), shouting, beating others, cursing and breaking (6.15%), increased attachment to mother or any other family member (7.88%), wanting to sleep near parents or siblings (5.76%), fear of going out of the house (3.00%) and hyperactivity (2.79%) (PCBS Psychosocial Survey 2004).

About 6% of families reported that their children had developed psychological problems as a result of indirect exposure to violence or accidents. Of these families, 3.2% indicated that their children needed psychological/medical aid, and 2.1% indicated that their children required counseling. Psychosocial programs and services must therefore strive to promote healthy psychosocial wellbeing in the long term, as well as addressing the immediate distress of children and families. Psychosocial wellbeing is part of an overall developmental process (within the individual, social and national

developmental process) that effects and is affected by any imbalances or negative conditions impacting on the infrastructure surrounding the child.

The potential rise in violence levels is combined with a deterioration of preventive and recovery services for those affected – which is of course likely to continue if there continues to be erratic or limited funding to the Palestinian Authority (PA). There is a potential for interruption of school counseling in PA schools, a gap in the provision of psychosocial and mental health services by the Ministry of Health, and a reduction in the social protection services to vulnerable households by the Ministry of Social Affairs. If the delivery of these services is affected, it would be an insurmountable task for other agencies to compensate fully. There is also a risk that services now provided free of charge would have to be paid for by users, which would severely impact the marginalized and excluded families. Increasing difficulties in access – including a 25% increase of physical obstacles and an acceleration of the separation system in the West Bank – will further isolate families from their support networks and limit their access to remaining services.

It is therefore expected that Palestinians, including children, might face a higher risk of exposure to violence in every setting in which they live and that their access to recovery services might be further limited, resulting in the likely worsening of the population’s psychosocial well-being. The Child Well Being Program is addressing these problems, in an attempt to prevent a further deterioration of the psychosocial state of Palestinian children.

## Risks and Assumptions

While a Palestinian unity government was appointed in mid-March 2007, three months later a new cabinet was named in the West Bank after the Hamas takeover of the Gaza Strip. Interfactions during the Gaza events caused a significant disruption of the lives of residents. However, after the change of power, the security situation calmed down and humanitarian aid slowly picked up. One of the current difficulties is that only primary goods such as food and medicines are permitted to cross into the Gaza Strip. Non-humanitarian supplies are not allowed in, constituting a situation that

can seriously hamper the quality of life of Gazans over time. Subsequently, all infrastructure development projects came to a standstill, while seriously hampering all other development programs. While development work in the West Bank is continuing, the Gaza Strip is becoming more and more isolated. In the West Bank, the situation on the ground is also becoming more tense. After the developments in Gaza, heightened Palestinian security was put in place in all major West Bank cities.

It is against this background that the first psychosocial activities started to be implemented in July. The risks identified in the Logical Framework Approach (LFA) are monitored through observations by the CWB team and monitoring reports from the NGOs. Although a reoccupation has not taken place, for the first time the Gaza Strip has witnessed a violent takeover. Movement in and out of Gaza has become limited (see Obstacles to Implementation). The level of participation and commitment of community centers were listed as a low risk. Only two centers dropped out of the program: Mesha (Salfeet district) and Deir Irpzeih (Ramallah district). In Mesha, the head of the community center was negatively interfering with the activities on several occasions. It was decided to stop further cooperation, before signing an Memorandum of Understanding (MoU). In Deir Irpzeih the confusion surrounding the leadership of the center led ANERA to select another community center. Overall, community centers have been very cooperative with the program. Only in some cases, community workers encountered problems to book a room, due to the busy schedule of a community center.

During the sessions our expectations of the community workers were satisfied. Activities are carried out in a professional way and children notice the difference between recreational activities in schools or elsewhere and the CWB activities with a psychosocial perspective. Children bonded quickly with each other and the community worker; in most areas the participation rate is close to 93%. Especially amongst girls, a high participation rate was registered (98%) in all districts. Community and families seemed to be aware of girls' rights to participate. In some areas parents are culturally more sensitive. However, after splitting some of the teenagers into in male and female groups, the activities did not seem to pose a problem to them. Another reason for the high acceptance of the program by parents and children is the fact that, under the first phase, the activities were organized in schools in the same target locations. Parents have a good understanding of the importance of these kinds of activities for their chil-

dren, since these kinds of debriefing intervention activities have been provided through development programs since the 1980s.

Only in isolated cases there were some problems with the participation of girls in activities. Therefore, there was no need for joint activities with parents and personalities of the local community. Parents were briefed on occasions by community workers who address all their questions before or after the sessions. Prominent community members are already closely involved with the program through their membership of the board of community centers. The program ensures that all psychosocial needs of girls and boys are met by the two-level approach of the activities. During the sessions, community workers divide their attention between group level work, but at the same time work on the individual level with children having specific psychosocial needs. These cases are picked up on during the group sessions and if needed they will be referred for special psychosocial services. The CWB program has been very adamant in engaging women's trainers and counselors in the program. Most service providers involved in the program are female including many volunteers and 16 community workers.

Lastly, the risk of poor coordination between relevant institutions is a real threat to the quality of psychosocial services. Organizations have shown little interest in developing a cooperative system between them. The effort has to come from larger international organizations and the government. Only a clear and well introduced referral system will stand a change of being successfully adopted. Also, the maldistribution of services across the Palestinian territories is a real problem. The mapping exercise showed that the lowest % of community centers is found in the Southern West Bank (see Appendix 12 List of Community Centers). In the Hebron area, all organizations are located in the old city. Slowly, service providers are becoming aware of the neglected marginalized areas. The CWB team hopes this awareness will be manifested in policy steps.

### **Obstacles for Implementation**

In the Northern West Bank (Jenin, Qalqilia, Tubas, Nablus and Tulkarem areas), field work was strained by closures, flying checkpoints and the inaccessibility of certain roads. These movement restrictions prevented social workers sometimes from reaching community centers in time. For instance, in the case of Marda (Salfeet district) the gate at the entrance to village is controlled by the Israeli authorities. In

two instances the gate was closed and traffic to the village was prohibited, so the activities were postponed to the next day. Overall the success rate of community workers reaching the planned districts is about 90% during the last six months. In most of the cases community workers live in the district and do not have to travel very far. The CWB program attempts to limit the impact of this obstacle by involving local volunteers in the program (see the Chapter Methodology). In this way, children can participate in activities under the supervision of volunteers, despite the absence of the certified social worker.

In addition, regulations governing the Erez Crossing (Israel - Gaza) prevented frequent meetings between West Bank and Gaza staff members. A more intensive use is being made of modern communications technology (including videoconferencing) to followup with implementation. Also, transportation difficulties were encountered by the field coordinator responsible for the Northern West Bank, because of the absence of a well functioning transportation network. In response, the CWB team assigned the program's vehicle to the Northern

field coordinator. In the meantime, field trips by other staff members are made by public transport or private car.

Another problem encountered in rural areas is the absence of community/recreational centers. The CWB program addresses this problem by clustering villages together, using one center for children from the surrounding villages. Parents and community centers have been very cooperative in driving the children to the psychosocial activities.

However, the most serious obstacle will be the inability of social workers from Gaza to participate in the diploma training course at Birzeit University. Although the closure of the Gaza Strip is affecting all development work, the absence of any psychosocial training course in the GS will seriously hamper the implementation of the program. Although Birzeit University is studying the possibility to provide such a program in Gaza, the instability of the political situation continues to be a major obstacle. The CWB team is also exploring the possibility of engaging a Gazan consultant to implement an intensive course to compensate for any possible delays.



*Interaction between a volunteer and a child participating in the program.*

# Project Progress

## General

On April 1, 2007 ANERA was awarded the implementation of the second phase of the Child Well Being program. The CWB team started with an immediate mobilization by developing a project implementation plan, budget, logical framework and performance measurement framework (see Appendix 6, 8 and 9) submitted to CIDA by the end of May. In July, a meeting took place with CIDA representative Ms. Marie Bélanger to discuss the project documents after which they were adopted. Two more meetings and a field visit between CIDA and ANERA took place during the reporting period focusing on the start-up of the program. Local supervision to the CWB program is provided by Mr. Raid Malki, Development Program Officer.

In April and May, a mapping study and screening took place to identify potential community centers to work with. During that time, ANERA's team met the selected NGOs and the hosting centers to explain how the program runs and the involvement of the three partners. The direct relation between ANERA and the implementing NGOs was explained, including supervision, follow-up of implementation of activities, reporting, preparation of work plans and budget. Also, the direct relation between the implementing NGOs and the target location (hosting center) was discussed in detail, including the planned activities and the target groups. Lastly, the direct relation between ANERA and the hosting centers including its financial support to them was addressed.

The relationship with partner NGOs was renewed and a new MoU was signed (see Appendix 7 for an example of an MoU). The progress accelerated in June by conducting training for the partner NGOs. Thereafter, efforts focused on the modification and adoption of annual work plans submitted by partner NGOs. At the beginning of July, additional workshops were organized to orient the hosting community centers and implementing NGOs, before the start of activities in all districts. By mid July, the first activities commenced and after two sessions cooperation agreements were signed between ANERA and the centers. Only when the commitment of the community centers has been established, the payment for minor renovations will be transferred to them.

After the summer, the focus of the CWB team slowly shifted

from start-up to implementation of activities. Standard monitoring forms were developed to be filled in on a monthly basis by partner NGOs. In October, an electronic newsletter was produced covering all newly implemented activities and was disseminated to psychosocial-related organizations. In the same month ANERA's private donors contributed, school kits containing note pads, crayons, pens etc. were distributed to the 3,000 children participating in the program.

## Monitoring and Evaluation System

During the reporting period, a community-based monitoring system was set up for the CWB program. A Monitoring

Information System (MIS) spread sheet was designed to be filled in by fieldworkers and partner NGOs on a monthly basis (see Appendix 4, a copy of the Monitoring Information System). In this way, projects are tracked and quantitative data is collected per indicator. Qualitative data is gathered through monthly coordination meetings with partner NGOs and their monthly monitoring reports. In addition, observations during field trips, meetings with community centers, volunteers and parents provide an extra input to the monitoring system.

For the second phase of the CWB program, a baseline survey was planned, in order to enable accurate observations on the impact of the projects. Before the start of the psychosocial activities, a baseline questionnaire was designed. Several experts in the field were consulted for the design of the questionnaire (see Appendix 14 for the Baseline Questionnaire). Fieldworkers were trained in handling interviews with the beneficiaries, to obtain objective, standardized results. The M&E coordinator who managed the baseline survey set the sample of the baseline questionnaire at 800 beneficiaries evenly covering all districts, age groups and sexes.

The process of data collection started in mid-July and lasted until late August. This was longer than expected, since the interviews with the youngest beneficiaries took more time, in order to collect a quality response. Currently, the process is focusing on data entry into the designed SPSS database. Initial findings (after entering 164 questionnaires) indicated that 47% of the children are subjected to violence in or outside

the family (see Appendix 15, Preliminary Outcome Baseline Survey). At present, the sample of entered data is too small to make an analysis of the psychosocial functioning of the children. The work during the coming quarter will focus on finishing the data entry and the analysis of the results. As soon as the results are analyzed they will be presented in a separate report for the donor. The final evaluation for the second phase of the program will use the data to establish impact of the program.

The training organized for community workers and volunteers in June was evaluated by participants on the last day of training (the findings of the evaluation can be found in Appendix 16, Outcome of Training Questionnaire). As indicated in the Program Implementation Plan, the CWB team will regularly conduct internal evaluation meetings. The first meeting will take place in the next quarter.

### **Cooperation with partners**

ANERA believes that cooperation between the relevant PA ministries, NGOs and international agencies is essential to make development programs more efficient and effective. Therefore, this program works in parallel with other psychosocial programs aiming to improve the psychosocial well-being of Palestinian children. Close coordination has been established with the Palestinian Red Crescent, Save the Children, UNRWA, and other NGOs active in the field of psychosocial services.

Contacts with the Palestinian Red Crescent were focused on coordination of activities, the implementation of the training for community workers. The director of the mental health unit provided a free consultancy on the baseline questionnaire. Meetings between ANERA and Save the Children focused on coordination in the start-up stage of the CWB program. Save the Children implements another psychosocial program and the aim of the coordination is to avoid duplication and assure a better geographical spreading of services. More contacts will be made to explore the possibility of having more complementary services. Geographical complementarities are being guaranteed by coordination with organiza-

tions involved. Technical complementarities are safeguarded through a new coordination mechanism led by UNICEF. In the near future, one work plan will be presented to donors and different NGOs will implement different complementary services.

Coordination with UNRWA took place in a practical spirit. The CWB program is training social workers employed by UNRWA in the diploma program at Birzeit University. In addition, close cooperation was established with UNICEF and the Palestinian Counseling Center, since these organizations take the lead in the common project of improving the psychosocial referral system. Lastly, the Ministry of Social Affairs and Ministry of Education, local community centers and NGOs are involved in the various implementation phases from preplanning to the final evaluation of activities. Already under the first phase, the CWB program enjoyed excellent cooperation with those organizations. The period of suspension has not affected the trust that was building with these organizations.

### **Community involvement**

Two general meetings were held with the families of children (mostly mothers) at the start of the activities in the Northern, Middle and Southern West Bank. The meeting served to clarify the project goal and ensure their acceptance of girls' participation. The parents were enthusiastically welcoming the activities for their children to start again after the suspension period. During implementation, parents' involvement is limited to transporting their children to the centers and talks between the community worker and themselves. At many target locations, parents attend part of the activities to see what caused the changes in the behavior of their children. In the Salfeet areas many groups of mothers joined to talk to the community workers to receive another briefing on the program. Other members of the community also stop by the sessions to get an idea of the program. Community workers have briefed mayors and members of village councils about the psychosocial aspects of the program and the impact on the community's children.

# Organization of Psychosocial Activities

## Partners

Young Artist Forum  
Popular Art Center  
Young Scientific Forum  
Ibdaa center  
Community Training Centre and Crisis Management  
El-Hanan Society  
Fekra Center  
81 Community centers  
CIDA

## Budget

\$810,000

## Implementation period

July 13, 2007 - June 31, 2008

## Priorities for next quarter

NGOs will continue providing psychosocial activities according to the agreed workplan. Another, priority is the completion of the data entry, in order to complete the data analysis. The work on individual cases will continue as well as interventions on the group level. Field workers will make two field visits per week. Also, meetings with families and community members are foreseen to discuss the implementation and impact of the program on the children and the community. Finally, a field visit will be scheduled with CIDA representatives to visit ongoing psychosocial activities.



*Children in Khan Younis sitting on the "parachute", trying to relax and dream of a nicer world.*

### Key achievements

From July 13, psychosocial activities are organized in 81 hosting community centers throughout the West Bank and Gaza (see Appendix 12, List of Community Centers). During the summer holiday one activity was organized every week by all seven partner NGOs. In September, when schools started again, the number of activities was reduced to two activities per month in each community center. On average sessions last for about 2 to 2 1/2 hours. In six months time, 2,348 activities have been organized reaching 8,861 children in the 130 target locations. (See Appendix 4, Monitoring Information Sheet for a more detailed update on all progress indicators).

A variety of activities was implemented during the last six months. Depending on the NGO and its staff, a smaller or bigger range of activities was presented. For instance, not all NGOs have traditional dance in their program. For the 6-12 year olds art, animation, music and dance activities were organized. For the 13-17 year old children, art was replaced by drama.

The painting and drawing activities showed great results on the smaller children. More freedom and time than at schools was given to the children to express their own emotions. Moreover, in some areas of the West Bank schools simply lack funds for paper and crayons. In the Salfeet district, the children were very excited to draw with colors for the first time. The art works gave an insight into the lives of the children expressing their feelings, fears, happiness, and sadness. During the activities, group work was introduced to learn the importance of sharing. An example forms the "masking exercise". The children are asked to make a mask for themselves through which they will see their dream world. The activity not only asks them to express their emotions, they also have to explain in the group how they see their dream world. As a result of the activities children open up again to their surroundings, engage better with their peers and relax more.

For the teenagers also sessions in drama and social awareness were organized. They focused on relaxation and breathing exercises, improvisation and role plays. For example the "parachute exercise" focused on relaxation by imagining one is flying in the air and seeing the world from a different per-

spective. Many of the exercises were used for debriefing;

experiences were shared in the larger group. In the mixed groups, boys and girls learned to interact in a completely new way through the exercises. By focusing on the activities, boys learned to be more at ease when interacting with girls. For the older children, conflict resolution workshops were held providing them with skills needed to solve their own problems and conflicts in a peaceful way. Finally, role plays proved to be very efficient for children to develop their communication skills, through the use of body language, face expressions and their senses for delivering an idea or a message.

### Beneficiaries and Community

Around 20 to 25 children participate in each organized activity. During the reporting period, the participation was strong and consistent. Contrary to the team's expectations, no declines in the attendance rate were registered after the beginning of the new school year. In fact, during Ramadan their attendance increased with 20% compared to usual days. While the target attendance for girls was set at 40% of the total number of participants, during the last six months the average was 54% compared to a 46% attendance of boys. Compared to the overall target of 80% attendance, participation was high. Data on the consistency of attendance will be available after evaluation forms from community workers are returned during the next quarter.

No major difficulties were encountered regarding the participation of girls. As reflected in the monthly monitoring reports of partner NGOs, girls particularly enjoy the psychosocial activities, since there is a lack of activities organized for girls due in part to cultural restrictions. Boys have a larger access to leisure activities such as sports and visits to traditional cafés (teenagers). Families are very amenable to this kind of activities, because they can notice the impact on their children and the change in their behavior (see also Chapter Operational Context, Risks and Assumptions). Only in Taybeh (Ramallah district) girls have problems to explore themselves in front the group and do not like to talk about personal matters. This attitude might be more explained by common traditions in the area than religious reasons, since Taybeh is a predominately Christian village.

Another issue that was reported by NGOs was the difficulty in engaging 12-17 year old boys in the activities. On average, it took about four sessions for the teenage boys to take the activities more seriously and open up to the group. They did participate in the sessions, but halfhearted, so it took a while for the community workers to break the ice and build the trust with the group. At the end of the reporting period, no more problems were faced by the program in engaging boys. An explanation for the lower participation rate might be the existence of more leisure activities for them.

Reports from partner NGOs indicated a high interest from the community in the activities. This was expressed by a smooth

facilitation of activities, offers for transportation services, assistance in easing the access for the community workers. Moreover, community members also offered assistance in convincing some families to let their children participate (especially the girls).

There are some variances registered between the planned and implemented activities during the last 6 months. These variances are mainly caused by access issues and sickness of community workers (see also Obstacles to Implementation).



# Capacity Building of Community Workers

## **Partners**

Consultants in psychosocial support and care  
Red Crescent  
CIDA

## **Budget**

\$15,000

## **Implementation period**

June 2007 and February 2008

## **Priorities for next quarter**

During the next quarter, the CWB team will prepare for the next training. The course is scheduled for February.



**Key achievements**

After consultations with other psychosocial organizations, a list of potential consultants was drafted for the community workers training. Finally, two qualified consultants were hired: Dr. Fathi Flefel and Mr. Imad Jaouni. Over the course of several meetings, a training plan and schedule was developed with the trainers.

The aim of the training is to give an update to community workers on new concepts in the psychosocial field and information on how to use drama, art and music as debriefing tools. Also, facilitation and organizational skills were addressed by focusing on training planning and interaction with parents.

The training consists of a theoretical and a practical part. The practical part of the training was done in the form of a debriefing support group. Participants have to present case studies on their practice with the aim of receiving feedback from trainers and participants.

During the reporting period, the first training took place at the Red Crescent in Ramallah. The course was attended by 20 community workers and six volunteers. The community workers were selected by the NGOs. The course lasted from 25 until 28 June 2007. Please refer to Appendix 16 for the outcome of the training by participants and trainers.

The next training for the West Bank is planned for February. The following changes will be made to the training program:

- All community workers will be targeted in two training groups. The initial approach of transfer of gained knowledge from trained community workers to untrained colleagues has not worked as satisfactorily as expected.
- All recommendations (except for the summer camps) made by trainers and participants will be implemented.
- More coordination will take place with partner NGOs on the training content, so that community workers come better prepared to the training.
- The upcoming training will focus on different topics, including intervention activities through the use of drama and the popular and effective debriefing through case studies.

In October, the planned training for the Gaza community workers will take place at CTCCM, Fekra Institute and Al Hanan Society. The focus for those training will be on the same topics as listed above.

No differences between planned and implemented activities occurred.

# Capacity Building of Social Workers

## Partners

Birzeit University Centre for Continuous Education  
Ministry of Social Affairs  
UNRWA  
Red Crescent  
YMCA (Ramallah)

## Budget

\$76,000

## Implementation period

October 17, 2007 - September 31, 2008

## Priorities for next quarter

On October 17, the training course will start for 22 social workers. The CWB team will follow up with Birzeit University on the progress of students during the next quarter.



*Community workers cooperating at a training session.*

### Key achievements

After the suspension period, contacts were resumed again with Birzeit University, the child and family protection program which trained 45 school counselors during the first program phase. Meetings focused on the content and duration of the training for the group of social workers.

This training is aimed at improving the counseling skills of professional social workers, in order to increase the quality of services provided to psychological and emotionally traumatized Palestinian children. Trainees will be introduced to significant models and schools of counseling including e.g.: Rogers, Egan, and Gestalt. These theoretical approaches will be analyzed in terms of their philosophical, theoretical underpinnings, key concepts and contract indications for application. Finally, trainees will have the opportunity to develop practical skills with a specific emphasis on particular client groups e.g. counseling of adolescents, grief work, and working with abused women and children.

ANERA and Birzeit University decided on the following aims for the diploma program:

- To provide an educational program which ensures that all students are able to address and critically engage with the formal knowledge underpinning the counseling practice.
- To provide trainees with professional training in counseling, so that they may become more competent counselors.
- To develop trainees' personal and intellectual qualities, so that they are able to respond effectively to changes in society and counseling practices.
- To provide a program of study that develops knowledge, skills and values required for effective anti-discriminatory practice in a multi-cultural society.

Furthermore, a terms of reference was developed for the selection of participants. The screening of the candidates that responded to the newspaper advertisement (see Methodology for more details), was done by Birzeit University. On September 1, 2007, a work contract was signed between ANERA and Birzeit University to formalize the outcome of all meetings. By the end of the same month, interviews with potential students were completed and 22 social workers were selected. Participants come from a variety of organizations that nominated them for the capacity building training (see section on partners). At the end of the reporting period, a detailed training schedule and agenda of the training course was prepared.

The project is progressing satisfactorily. No differences are registered between planned and implemented activities. For the next quarter a delay is foreseen in the implementation, due to the travel restrictions for citizens of Gaza. Social workers from Gaza are expected not to be able to participate in the diploma course provided by Birzeit University in the West Bank (see also Obstacles to Implementation).

# Development Referral System

## Partners

Ministry of Education and Higher Education  
130 Palestinian Schools  
UNICEF  
Palestinian Counseling Center  
Red Crescent  
UNFPA  
Ministry of Planning  
Ministry of Social Affairs  
CIDA

## Budget

\$70,000

## Implementation period

September 23, 2007 - September 31, 2008

## Priorities for next quarter

The review of the draft manual will continue and detailed comments will be prepared during the next quarter. The participation in the national committee meetings will proceed according to schedule. Meetings are planned with the MoE-HE and MoSA on the content of the scanning and diagnosis training for the school counselors. The CWB team will also participate in the UNICEF annual review of psychosocial and child protection activities.



*Debriefing of community workers through case studies.*

**Key achievements**

During the reporting period, a re-engagement with the work of the national committee took place. Also, individual meetings were held with UNICEF and the MoEHE to coordinate ANERA's role in the national committee's process. Currently, the modified draft is being studied in detail by the CWB team.

In the field, it became clear that most children with psychosocial disorders are already receiving treatment. In the Southern West Bank, a few cases came up that have been notified to the community centers and the school counselors. The cases involved teenagers' bedwetting and hysteric reactions to others.

The project is progressing satisfactorily. No differences are registered between planned and implemented activities.



*Artwork from the Youth Center at Anabta (Tulkarem district).*

# Field Trips & Partner Meetings

Throughout the implementation of the CWB program, all field coordinators conduct three to four field trips per week in his/her district. Field trips are indispensable for an effective monitoring and supervision of the psychosocial activities carried out in the WBG. In this way, field coordinators observe progress of the project and the impact of activities on the children and ensure activities are taking place according to the project goals and objectives. In addition, monthly meetings with the implementing organizations are organized to discuss progress of project activities against the annual work plan, the commitment of hosting community centers, obstacles encountered and planned activities. ANERA keeps minutes of these meetings (see Appendix 17 for an example of minutes of a coordination meeting with a partner NGO), as well as minutes of the staff meetings (see Appendix 18).

The following topics were discussed/noted during coordination meetings with partners:

- The problems concerning the community center in Me sha were discussed extensively, after which the decision was taken to stop activities and replace the center with another.
- It was confirmed that staff of implementing organizations are qualified and can cope well with their obligations created under the program.
- In El-Ein Refugee Camp (Nablus district), the commitment of the community center dropped during the transition of the executive board after elections. A meeting took place between the field coordinator and the center's management to discuss the importance of their commitment and the need for the program in the community. Up to now, they have delivered on their promise to be more cooperative and extend help when needed.
- Some access issues came up concerning the Jenin, Qalqilia, Tubas, Nablus and Tulkarem areas. Local volunteers from those areas have been trained together with community workers, in order to cover for community workers that reach community centers with a delay.
- Regular meetings and field trips empower NGOs, community centers with skills to supervise activities in the field and increase their motivation.
- Transportation costs for community workers exceed budgeted costs, so an adjustment is needed in the coming months.
- In Ramadan, the participation rate dropped slightly in Hebron. In contrast, to other areas where participation rates were 20% up from normal. Also, there was also a delay in the submission of the monthly action plan.

## Administration

During the reporting period, a new office was rented in Ramallah for the program manager and administrative staff of the program. The field coordinators for Gaza and the Northern and Southern West Bank were installed at ANERA's regional offices in Nablus, Hebron and Gaza city. In the new Ramallah office, internet services and two phone lines were installed. Also, the office was equipped with furniture purchased under Phase I of the program. In April, additional office equipment was purchased including: a photocopier, refrigerator, oven, kitchenware, two cabinets, phones and a room divider. No large expenditures on equipment are expected for the coming quarter.

The restart of the CWB program also warranted the signing of staff contracts with ANERA. Currently, there are eight full-time staff members on the CWB team. The field coordinator for Gaza, Mrs. Huda Shami was on pregnancy leave from July 14 through September 24, 2007. She delivered a baby girl. By the end of the reporting period, she has fully returned to her work. Finally, new MoUs were signed with the partner NGOs in the West Bank and Gaza (see Appendix 7 for an example of an MoU concluded with the NGOs).



*Haneen, ten years, is shy, yet curious and loves to participate in the psychosocial activities.*

# Financial Summary

The CWB program Phase II is an 18-month program with a total CIDA grant of \$1.5 million. From April 2007, the financial officer has provided follow-up with an external auditor to close liabilities from the previous phase of the project. During the reporting period, the review of the bookkeeping has been ongoing.

Since the start of the CWB program on April 1, 2007, ANERA has expended around \$320,000<sup>3</sup> on project activities, out of the total project budget of \$1.1 million under phase II of the program. For the full financial overview please refer to Appendix 1. The program expects expenditure rates to increase during the coming quarters. This will be achieved through payments for the referral system project, training for social

workers from Gaza, the renovation fee for the community centers and the payment of second and third installments to partner NGOs. See Appendix 2 for the financial projections for the upcoming three quarters and Appendix 3 for a Request for Advance.

One of the program's intentions is to involve the local community through voluntarism and a local contribution. The local contributions of community centers are in-kind contributions in the form of the provision of a hall for activities, electricity, cleaning and the time of a local coordinator. During the reporting period, a local contribution of around \$108,000 was collected from the 81 community centers.



*Ahmad shows what he means during an animation session in Al-Shijaya (Gaza).*



*One of the beneficiaries of the installation of a water network in An Nuwei'ma, Jordan Valley.*

## More about ANERA

ANERA is a leading international non-governmental organization that provides humanitarian aid to Palestinians and other populations in need in the Middle East. We are an independent, apolitical, non-religious entity. Since 1968, ANERA has partnered with local groups in the West Bank, Gaza, Lebanon and Jordan to work on education, health care and job creation. Our funding comes from private, public and corporate donors.

ANERA's projects improve the quality of life for countless families by increasing agricultural production, expanding and

improving domestic water supplies, and helping small, local businesses grow and thrive. We provide education scholarships and specialized postgraduate training, helping men, women, and children learn and find jobs. ANERA also delivers emergency relief and ongoing support to health facilities that offer quality care and public health education.

ANERA's projects translate into growing economies, higher individual incomes, healthier families, and prospects for a better future in the Middle East.



# Appendixes

Appendix 1	Financial Report (April 1 - Sept 30, 2007)
Appendix 2	Budgetary Forecast
Appendix 3	Request for Advance
Appendix 4	Monitoring Information Sheet
Appendix 5	Press Coverage
Appendix 6	Program Implementation Plan
Appendix 7	Memorandum of Understanding with NGOs
Appendix 8	Logical Framework
Appendix 9	Performance Measurement Framework
Appendix 10	Profiles of NGOs
Appendix 11	Roles and Responsibilities of NGOs
Appendix 12	List of Community Centers
Appendix 13	List of Target Locations
Appendix 14	Baseline Questionnaire
Appendix 15	Preliminary Outcome Baseline Questionnaire
Appendix 16	Outcome Evaluation Psychosocial Training
Appendix 17	Minutes of Coordination Meeting with Partner NGOs
Appendix 18	Minutes of Staff Meeting