

EARLY CHILDHOOD DEVELOPMENT IN ACCESS RESTRICTED AREAS OF GAZA

Summary of International Medical Corps Program Evaluation





PURPOSE OF EVALUATION

In 2014 International Medical Corps undertook an evaluation of our Early Childhood Development (ECD) and Community Support for pre-school children and mothers in and around Access Restricted Areas in the Gaza Strip for the Palestinian Community Assistance Program (PCAP). The aim of the evaluation was to assess performance and impact of the three year program (July 2011 - June 2014) and to provide strategic direction for future implementation.

PROGRAM OBJECTIVES & SUMMARY

International Medical Corps' ECD program in Gaza is part of a larger Palestinian Community Assistance Program funded by USAID through Mercy Corps. We have two specific objectives of the program:

Objective 1: Improved psychosocial well-being of children under the age of five in and around the Access Restricted Areas (ARAs).

Objective 2: Strengthened capacity of mothers and caregivers of children under the age of five living in and around the ARAs.

International Medical Corps has addressed these objectives through the design and implementation of ECD sessions in community-based organizations for mothers, caregivers and fathers using a curriculum adapted from the Hincks-Dellcrest Centre Learning Through Play guidelines. The program also provides families with ECD Kits and fosters peer leadership through additional training to promote the extension of ECD messages into the community and to strengthen peer networks.

SUPPORTING CHILDREN IN GAZA

Children living in and around the Access Restricted Areas of Gaza are one of the most vulnerable groups in the territory. With violence, insecurity and poverty persisting in the daily lives of many families as the standard social and economic environment, we can expect these challenges severely compromise the physical, psychological, social and emotional well-being of children and their opportunity for development. In the last six years there have been three major conflicts within Gaza, named by Israel as Operation Cast Lead (2008-2009), Operation Pillar of Defense (2012) and Operation Protective Edge (2014). Many children under five years of age in Gaza therefore have already experienced three wars, in addition to ongoing insecurity in the area. For parents, this means consistent challenges to raising children in an environment that is often dangerous and insecure with very few options to leave or maintain stability.

Prior to the conflict in 2014, when the data collection for this evaluation took place, families and children were in need of a range of services, especially programming focused on early childhood development as part of social recovery through tangible improvements in food security, education, health and psychosocial well-being. International Medical Corps has seen the needs grow even more since the latest conflict. Regular incursions, militant operations and the border shootings that take place in the ARAs make the environment even more challenging for families living in these areas, affecting their ability to support the development of their communities and their children. As the recent United Nations Rapid Assessment indicates, children were not sheltered from the effects of the conflict and, as parents were focused on survival, they were not able to adequately take care of their children. Incidents of violence against children and child abuse reportedly increased, and family separation occurred.ⁱ Of the 2,133 casualties of this most recent conflict, 500 of them were children. A key finding from the health sector component of the United Nations Rapid Assessmentⁱⁱ is that a considerable number of children arrived at health facilities with acute stress-related problems, such as bed wetting, eating and sleeping disorders, fear and violent behavior. Respondents felt that the uninterrupted shelling and sound of drones were main sources of fear particularly among children. Many children were exposed to or witnessed severely distressing events such as losing their parents or other family members, and being forced to leave their homes.

EARLY CHILDHOOD DEVELOPMENT IN GAZA

Community-based ECD services provided by International Medical Corps to mothers and other caregivers are critical, as they provide

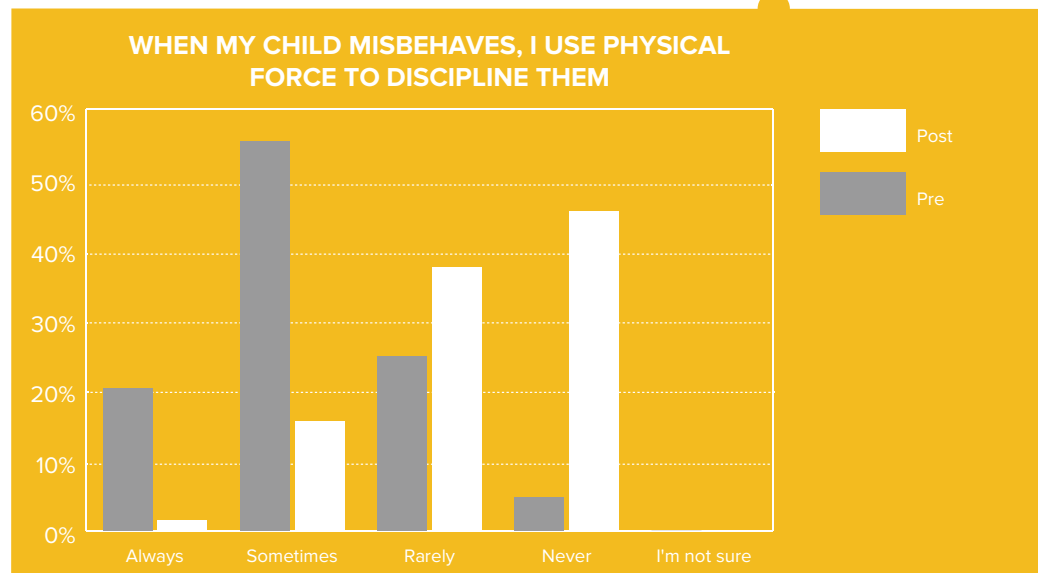
stable routines, safe spaces, access to health services, and sustainable psychosocial support for families. International Medical Corps' ECD project has focused on improving early childhood development by strengthening existing networks and ties within families and communities in the most vulnerable areas of Gaza; those in or bordering the access restricted areas along all five Governorates.ⁱⁱⁱ During the first six years of life, when development for cognitive, social, emotional and physical attributes are most critical, positive interaction with caregivers is vital not only to children but also beneficial for maternal well-being.^{iv}

EVALUATION HIGHLIGHTS

The program exceeded almost all targets with the highest performing indicators being the number of mothers and caregivers that attended at least 9 out of 10 ECD workshop sessions (171%) and the number of mothers that have received a resource map consisting of community-based resources in their area (169%).

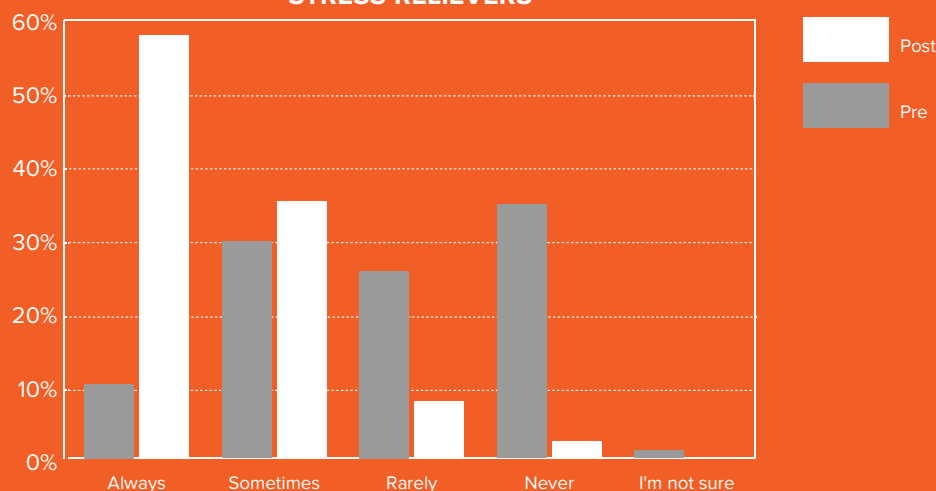
- A total of **3,412** mothers and caregivers completed the ECD course and **314** female peer leaders completed the peer leader facilitation training.

FIG. 1.0



- The percentage of respondents who use physical force to discipline children reduced from **20.22%** to **1.44%** after completion of the course. This reflects the learning and behavior of mothers and caregivers based on the ECD sessions, specifically a session on Structure, Rules and Discipline. Mothers and caregivers learned to discuss consequences to negative behavior with their children and to follow through on appropriate discipline.
- **Improved Relationship between Husbands and Wives:** Respondents reported that this program helped couples to increase discussion, communication and time management as a couple and problem-solving as a team. One mother even said she now has a friendly competition with her husband about how to apply what they have learned in the ECD sessions. They say they are now working as a team to assess their child's

I PRACTICE RELAXATION TECHNIQUES OR OTHER STRESS-RELIEVERS



The survey given to mothers and caregivers who learned the stress management module found that not only have mothers learned a new skill, but they recognize its value enough to practice it more often.

FIG. 2.0

IN THE PAST WEEK, I PRACTICED RELAXATION TECHNIQUES OR OTHER STRESS-RELIEVERS

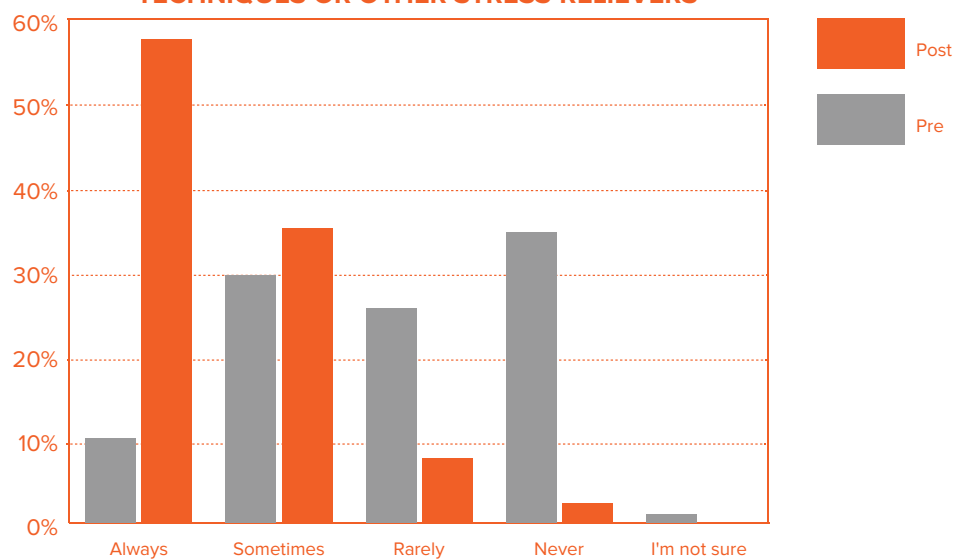


FIG. 2.1

development and to manage any issues together. One mother said that her husband's behavior has changed and that he has begun to care about her feelings. Their fighting has reduced, which is also having a positive effect on their children.

- **Increased Confidence of Caregivers:** Peer leaders felt this program opened ways for women to discuss these training topics with family in order to apply skills and change behavior. Women are now "discussing" instead of "talking against each other" and peer leaders feel empowered as they are fixing problems. Peer leaders and fathers felt that mothers became more confident in their ability to communicate and one mother even stated that her psychological well-being improved and she learned to express her opinions. In addition, this program supported *Replacing Violence with Communication and Play* - fathers strongly responded that they now realize they

can communicate, listen and discuss issues with their children to solve conflict or understand a complication rather than beating or screaming at their children. As a result they say that they now spend more time with their children.

- **Built Trust through Mother-Child Interaction:** Trust between mothers and children was gained as mothers began to play, spend more time and communicate more frequently with their children. Peer leaders felt that mothers now allow their children to express their feelings.
- **Impact on Children:** Building trust has reduced the necessity for children to lie or be stubborn with parents, because parents are more understanding and willing to listen. Many respondents also felt that children were less aggressive and calmer with parents and other children.

EFFECT OF PROGRAM ON MOTHERS:

Improvements in Emotions and Behaviors: Mothers stated many times that they are now able to manage their stress better. They feel they have more self-control over their emotions, less anger overall, more patience and positive changes in the way they interact with other women, their children and their husbands. Fathers agree that mothers now show more love and kindness, as mothers realize the negative effects their behavior can have on their children. Many mothers and peer leaders noted that the stress relaxation techniques were very useful and that mothers benefited from practicing these techniques often. This may be contributing to their ability to manage stress. One mother even reported teaching these techniques to her own mother.

Ability to Manage Issues: Many mothers specifically stated that before the ECD course they did not know how to deal with issues like bedwetting, misbehavior and stubbornness. After the ECD course, mothers were able to cite specific examples of how they managed to work with their children in response to all of these issues. For misbehavior, the ECD expert heard from one mother that before the ECD course, the mother was always waiting for the father to come home so that he could deal with the misbehavior. The mother would essentially report to the father all of the misbehavior

that occurred throughout the day, expecting the father to take care of the situation. This approach, she claimed, caused a lot of fighting between her and the husband, because they were arguing as soon as he walked in the door. Now that the mother has attended the ECD course, she has completely changed her approach. She is able to communicate with her child during the day when misbehavior occurs and she is able to ask 'why did you do that' and is able to appropriately discipline her child without waiting for the husband. From her perspective, this has greatly improved her relationship with her husband, because they are no longer arguing over how, when and who will discipline their child. It seems that providing mothers with tools and skills to respond to issues that arise has increased their ability to manage certain issues without becoming distressed and without using violence or yelling as a form of discipline.

Expression of Feelings: In addition, almost all groups of mothers stated that they now express love and kindness to their children through hugs, kisses, holding them, telling stories, spending more time together both inside and outside of the house and allowing children to help them with household duties. There is better communication and more understanding between mothers and children.



FAMILY AND COMMUNITY:

Building Routine: To benefit the family and household many mothers expressed a recognized need to build routines for children around play time, eating and bed time in addition to trying to assess the changing needs of their children based on developmental stages. For some caregivers, family dynamics make it difficult to apply this knowledge, especially when multiple generations are living in one household. Some fathers also felt that living with an extended family did not allow them to implement everything they wanted to.

Sustainability and Community Outreach: To what extent are the peer leadership component and community-based events sustainable in attempting to share the messages of ECD in the community so that families can continue to apply these lessons at home?

Peer Leaders, Mother and Fathers all feel that peer leadership is a component of the program that is necessary for sharing messages in the community. A few mothers felt that it was the community-based events developed by peer leaders (e.g. picnics that were held at the end of program cycle) which put mothers back in touch and made them feel connected enough to begin holding their own ECD groups.

To support the *Role of Peer Leaders* through the Improvement in Peer Leader Training, ECD Trainers suggest that Peer Leaders need more training in how to present information, how to be confident in delivering ECD messages and presenting in front of a group. This is also relevant for building the skills needed to coordinate community-based events.

ⁱ United Nations Office for the Coordination of Humanitarian Affairs Occupied Palestinian Territories (UNOCHAOPT), "GAZA INITIAL RAPID ASSESSMENT". Jerusalem, Israel: UNOCHAOPT, 2014.

ⁱⁱ United Nations Office for the Coordination of Humanitarian Affairs Occupied Palestinian Territories (UNOCHAOPT), "GAZA INITIAL RAPID ASSESSMENT". Jerusalem, Israel: UNOCHAOPT, 2014.

ⁱⁱⁱ International Medical Corps (IMC), "IMC_OPT_PCAP Implementation Plan". Washington, DC: IMC, 2011.

^{iv} ANERA, "Early Childhood Development in the West Bank and Gaza". Washington, DC: ANERA, 2014.



AUTHOR: Ashley Leichner

CONTRIBUTORS: Inka Weissbecker, Mitrej Gillesen

For more information contact: ALeichner@InternationalMedicalCorps.org

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www.InternationalMedicalCorps.org

HEADQUARTERS
INTERNATIONAL MEDICAL CORPS

12400 Wilshire Blvd., Suite 1500
Los Angeles, CA 90025

PHONE: 310-826-7800
FAX: 310-442-6622

WASHINGTON, DC
INTERNATIONAL MEDICAL CORPS

1313 L Street NW, Suite 220
Washington, DC 20025

PHONE: 202-828-5155
FAX: 202-828-5156

