

II. Socio-Demographic and Health Related Characteristics of Currently Enrolled Students, 2002-03

9,274 students distributed in 42 schools were enrolled in Ajialouna School Health Program in the AY 2002-03

Table 1a: Socio-Demographic Characteristics of Currently Enrolled Students, 2002-03.

	School-based district clinic						All	
	Zarif	Ras El Nabeh	Mazraa	Tarik jadida	Nijmeh	Abi Samra	No.	%
Sex								
Male	403	737	693	613	358	678	3,482	37.5
Female	743	670	1050	1002	774	1553	5,792	62.5
Birth cohort								
< 1995	380	571	714	586	391	965	3,607	38.9
1990-94	636	759	923	929	646	1070	4,963	53.5
1985-89	130	77	106	100	95	196	704	7.6
Nationality								
Lebanese	800	1162	1377	1342	915	1996	7,592	81.9
Syrian	172	122	186	102	47	49	678	7.3
Palastinian	15	28	23	24	5	17	112	1.2
Other	159	95	157	147	165	169	892	9.6
Grade								
KG I	63	92	146	76	20	149	546	5.9
KG II	90	124	170	135	30	204	753	8.1
Elementary								
1 st	110	206	215	194	182	287	1,194	12.9
2 nd	136	183	215	211	193	230	1,168	12.6
3 rd	151	179	197	229	184	220	1,160	12.5
4 th	188	219	303	306	233	412	1,661	17.9
5 th	180	216	267	236	165	362	1,426	15.4
6 th	228	188	230	228	125	367	1,366	14.7
Total	1146	1407	1743	1615	1132	2231	9274	100

Table 1b: Household Characteristics of Currently Covered Students by School-based District Clinics, 2002-03

Household characteristics	School-based district clinic						All	
	Zarif	Ras El Nabeh	Mazraa	Tarik jadida	Nijmeh	Abi Samra	No.	%
Parental Marital Status								
Married	569	746	1151	909	396	1004	4775	87.6
Divorced	22	33	53	49	18	35	210	3.9
Separated	12	13	20	22	5	6	78	1.4
Second marriage	41	55	45	44	28	46	259	4.8
Death of parent (S)	13	17	32	32	14	19	127	2.3
Crowding Index								
< 1 person / room	59	127	128	99	44	269	726	11.0
1 person / room	70	121	153	121	50	206	721	10.9
1,1 - 2 person / room	334	564	639	564	341	588	3030	45.9
2,1 - 4 person / room	260	363	326	363	188	217	1717	26.0
> 4 person / room	75	85	85	85	37	36	403	6.1
Health Insurance Coverage								
Yes	245	395	468	426	94	370	1998	21.5
No	502	758	947	833	486	954	4480	48.3
Unknown	399	254	328	356	552	907	2796	30.1
Type of Insurance								
NSSF	170	242	246	222	47	221	1148	57.5
Work related insurance	34	70	134	126	19	23	406	20.3
Military related insurance	4	5	15	12	8	25	69	3.5
Employee cooperative	6	11	10	12	10	13	62	3.1
Private insurance	19	25	37	17	4	4	106	5.3
Insurance (not defined)	12	42	26	37	6	84	207	10.4
Drinking Water								
% yes	684	942	1186	856	598	1331	5597	60.4

Fig 3: Health Conditions Detected during the 2002 Initial Screening Examinations Conducted in Schools

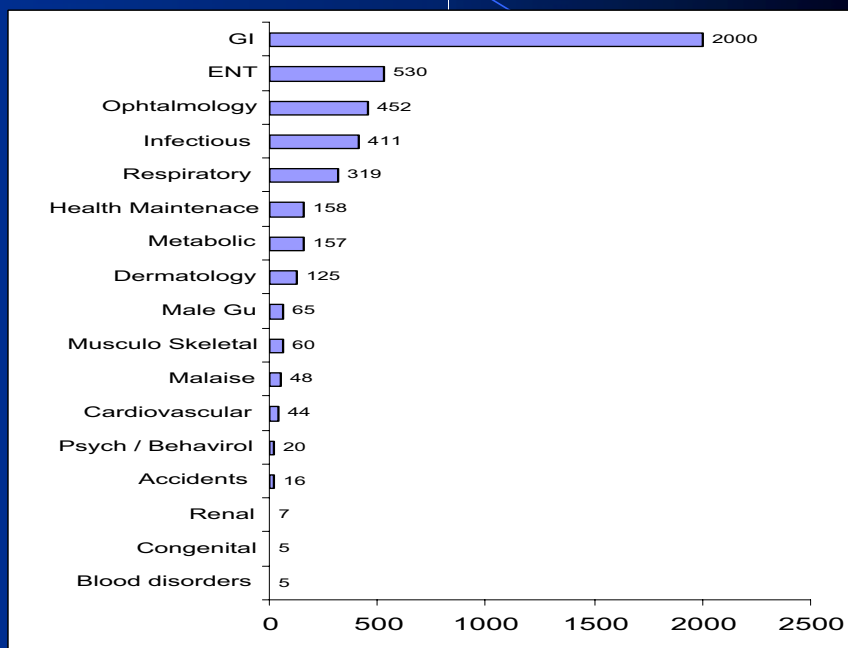


Table 2: Number of Diagnosis at Ajjalouna's school Based District Clinics, 2002-03.

Visits to Ajjalouna	School-based district clinic						All	
	Zarif	Ras El Nabeh	Mazraa	Tarik jadida	Nijmeh	Abi Samra	No.	%
Respiratory	100	171	255	425	7	30	988	26.3
Ophthalmology	128	121	97	222	4	3	575	15.3
ENT	72	100	110	153	4	9	448	11.9
GI	65	54	78	144	24	8	373	9.9
Infectious	37	62	81	87	42	47	356	9.5
Derm	12	50	56	74	13	28	233	6.2
Psychosomatic	8	21	36	41	11	5	122	3.2
Male GU	11	23	18	52	3	2	109	2.9
Muskulo skeletal	4	6	5	32	35	23	105	2.8
Accidents	9	20	26	31	4	7	97	2.6
Metabolic	18	30	19	17	1		85	2.3
Blood disorders	25	3	12	22	8	3	73	1.9
Neuro	6	18	15	25	4	3	71	1.9
Renal	6	11	12	15	8		52	1.4
Cardiovascular	4	19	6	13	2	1	45	1.2
Others*	1	13	3	11	1	1	30	0.8
Total	506	722	829	1364	171	170	3762	100.0

*

Table 3: Number of Visits (inside school based clinics and referrals), 2002-03.

Services Provided By Ajjalouna	Nb	% Sub	% Ttotal
I In Ajjalouna Clinic (Medications)	3991	100.0	47.8
II Hearing Clinic	573	100.0	6.9
III Referrals outside the Clinic			
Referrals to specialists			
Ophthalmology	799	74.1	9.6
ENT	121	11.2	1.5
Cardiology	13	1.2	0.2
Derma	59	5.5	0.7
Family Med	3	0.3	0.0
Neur	10	0.9	0.1
Pediatric	22	2.0	0.3
Other Specialties *	51	4.7	0.6
Tests			
Laboratory	445	76.1	5.3
Radiology	58	9.9	0.7
Other Tests**	82	14.0	1.0
Hospitalization / Surgery	58	0.8	0.7
Dental treatment	1860	100.0	22.3
Eye Glasses / Lenses	196	100.0	2.3
Total	8341		

- The cost every student incurs including the screening exam and treatment has decreased from 33\$ to 25\$ between 1995 and 2003.
- Reasons:
 - Ç the Ë in # of students and volunteers
 - Ç the Ë in # of clinics

III. Trend Analysis

The following section summarizes trends observed for the services provided by Ajialouna School Health Program since its inception in 1995-96 until the current AY 2002-03.

Fig 7: Cumulative Number of Students Covered, Total Number of Services Offered, and Cases Referred to Outside Clinics between 1995-96 and 2002-03.

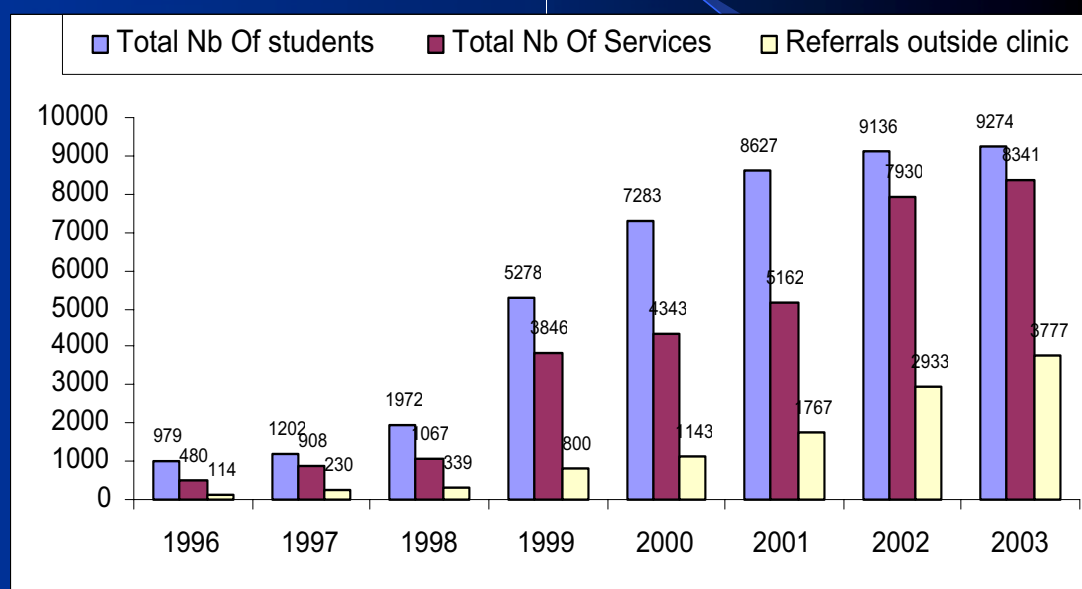


Table 4: Trend in Services Provided by Ajjalouna: Number of Visits Made to School-based District clinics, to the Specialty Clinics and Outside Referrals, 1996-2003.

Services Provided By Ajjalouna	1996 No.	1997 No.	1998 No.	1999 No.	2000 No.	2001 No.	2002 No.	2003 No.	1996-2003 No.
Type of Treatment									
In Ajjalouna Clinic (Medications)	366	678	728	3,046	3200	2859	4534	3991	60.49
Hearing Clinic						316	387	573	3.98
Enuresis Clinic						220	76	0	0.92
Referrals Outside the Clinic									
Eye Glasses / Lenses	12	31	41	139	131	163	169	196	2.75
Dental treatment	0	0	0	0	170	760	1462	1860	13.26
Hospitalization / Surgery / ER									
	11	15	32	29	37	53	57	58	0.91
Laboratory									
	31	71	104	192	306	239	511	445	5.92
Radiology									
	5	6	12	28	33	38	72	58	0.79
Other Tests									
	5	7	14	36	76	23	12	82	0.79
Specialty Clinics									
Ophthalmology	29	69	85	244	234	278	279	799	6.29
ENT	3	9	10	60	51	89	159	121	1.56
Cardiology	4	6	8	8	15	15	19	13	0.27
Derma	3	2	17	23	30	36	53	59	0.70
Family Med							65	3	0.21
Neur							15	10	0.08
Pediatric							22	22	0.14
Other Specialties	11	14	16	41	60	73	38	51	0.95
Total	480	908	1067	3846	4343	5162	7930	8341	100

IV. Preventive Programs and Interventions

- Nutrition and Personal Hygiene Program (1999)
(Beirut public schools)
- “Always” School Program -increasing awareness about puberty for girls ages 11-13 (from 2000 until now)
(Beirut Public & Private schools)
targets 17,000 girls per year
- Injury Prevention Program (from 2001 until now)
Beirut Public schools
- Oral Health Awareness Program (from 2002 until now)
Lebanon Public & Private schools,
targeted 35,000 students
 - Yearly Awareness Health Fair

V. Expansion of Services and Activities

- The # of schools has $\hat{C}$ and # of students $\hat{C}$ from 1000 to 10,000 students.
- This $\hat{C}$ required the establishment of:
 - 6 school-based clinics
 - two dentistry clinics
 - an outpatient department consisting of five specialty clinics:
 - Dental care,
 - Dermatology,
 - Endocrinology,
 - ENT, and
 - Ophthalmology clinic.
- It is preparing to cover family medicine, geriatrics, and pediatrics services.

V. Expansion of Services and Activities

- Dentistry program
- ENT program
- First conference on School Health, 1999
- Regional Conference on School Health titled 'Promoting School Health 2020', 2003

VI. Future Prospects

Ajialouna's School Health Program gives a good example of an NGO that coordinates efforts with international, local agencies, and governmental institutions to promote health through schools with the aim of achieving Health For All.

Ajialouna's ambition is to expand its School Health Program with the support of the national, regional and international organizations.

ARAB DECADE FOR PERSONS WITH DISABILITY-
(2004-2013)
AND ITS IMPACT ON THEIR LIFE QUALITY



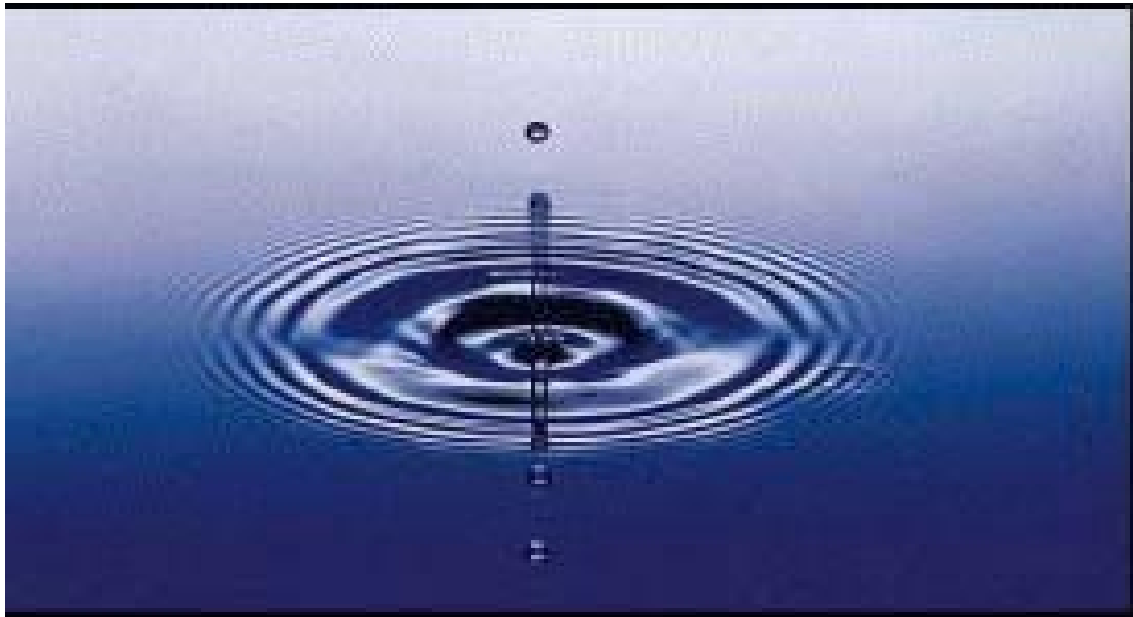
Children & The Mediterranean
Health, Culture, & Urban Setting
Genoa Italy
January 7-9/2004
Moussa Charafeddine MD

Societal Platforms

- Ä Historic Development of Community
- Ä Towards Ideal Well-being for each
- Ä Mutual Cooperation
- Ä Religious and Civil Conventions
- Ä United Nation Declarations

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ATTITUDE
is a little thing that makes a BIG difference.



OPPORTUNITY
There is an island of opportunity in
the middle of every difficulty.

Universal Regulations

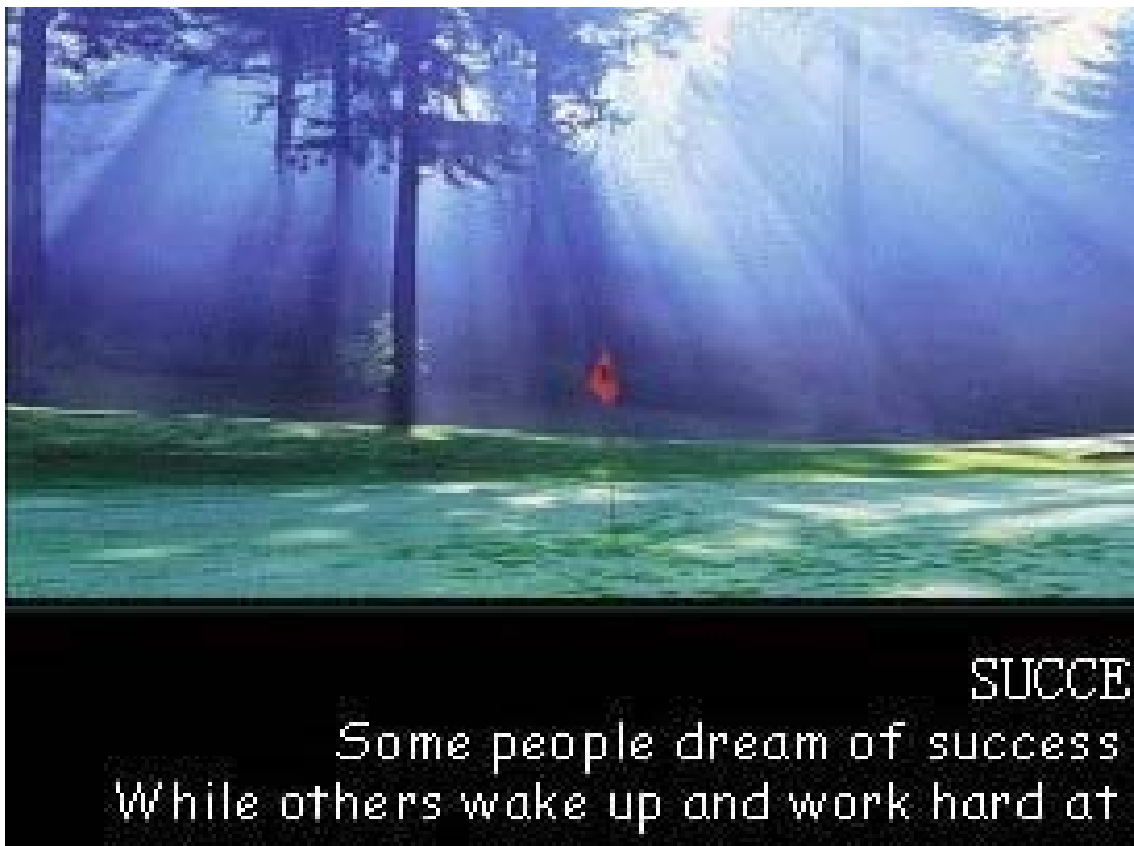
- Ä Spiritual Values
- Ä Islamic Ressalah, Qouran, & Sunnah
- Ä Human, Women, Child's Rights
- Ä People with Disability Rights
- Ä UN Standard Rules

Societal Disability Criteria

- Ä Cultural Development
- Ä Social Development
- Ä Knowledge, Technical, & Economical
- Ä Efficiency of Civil NGOs
- Ä Efficiency of Disabled & Families
- Ä Definitions /Stigmata

Rights & Obligations

- Ä Extend of equality
- Ä Terms: ethnicity, Gender, Normalcy
- Ä Disabled Have Social Entity
- Ä They are entitled as other
- Ä They have Special Needs too



Impact of Disability

- Ä Needs & Demands
- Ä Services
- Ä Needs & Services Reverse Proportion

Needs & Demands

- Ä Physical, Medical , Psychological
- Ä Familial Educational
- Ä Vocational Training, Employment
- Ä Social , housing, Independent

Being WELL

- Ä Physically, Psychologically
- Ä Communication, Knowledge
- Ä Social Interaction
- Ä Sense of belonging, Security
- Ä Participation & Contribution



Measurements

- Ä Variable level of services
- Ä Vital Basic Needs
- Ä Theoretical Measures
- Ä Practical Measures

-SOCIAL MODEL

- Ä Basic influential Factor
- Ä Stigmata, Values, Norms
- Ä Proportionate to Social Image
- Ä Promote or reduces RIGHTS
- Ä Decisive of Life Quality

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Social Image-HUNT

Ä UNFORTUNATE

Ä INVALID

Ä USELESS

Ä DIFFERENT



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1975, UPAIS DPI-

Ä Disability “does not mean impotence, & deprivation from social contribution & Interaction”

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MIKE OLIVER -93Then DPI

Ä “Disabled people are victims of an imposed social image”

Ä Helin Kellers Comments



Universal Instructions

- Ä Equality Full Participation
- Ä Equal Opportunity
- Ä Integration
- Ä CBR

CBR

- Ä Social Integration Components
- Ä Individual, Group, Govern.
Roles
- Ä Role of Disabled & Family
- Ä Coordination & Monitoring

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CBR

Ä WHO

Ä ILO

Ä UNESCO

Ä Social Policies



CBR

- Ä Almata WHO 1987
- Ä Equal Opport-194ILO-
- Ä Thialand, Salamanka I.FA
- Ä Inclusive Education

Integration/Inclusion

Ä Application

NORMALIZATION -

MAINSTREAMING -

INCLUSION

- Ä Variable levels on the Ground

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Axis of Integration

- Ä Educational
- Ä Rehabilitation
- Ä Vocational
- Ä Social

Suitability Criteria

- Ä Theoretical
- Ä Practical
- Ä Sustainability

CRITERIA

- Ä Commitment to Conventions
- Ä Willingness to Change
- Ä Flexibility of the Social Policies
- Ä Availability of Believes and Visions
- Ä Availability of tools & Instruments

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DEVELOPMENTAL

- Ä Financial Resources
- Ä Technical Availability
- Ä Democracy
- Ä Gender Equality



Arab/UNDP 2002-3

- Ä Arab World is wealthier than developed.
- Ä Wide range of Economical Development
- Ä 1999 Arab GDP are less than Spain
- Ä Translated books in century < Year-Spain
- Ä Investments of foreign funds < Year-Singpur
- Ä 15% unemployment rate. 25% in 2010
- Ä Low levels of Inequality



The Deficits in Arab World

- Ä Bureauc. constraints-Freedom
- Ä Lowest women Participation.
- Ä Research Development is less than 1/7 th of Average

Globalization Challenges

- Ä GDN Conference in Cairo
- Ä Reducing Values to market Prices
- Ä World Bank
- Ä G8 Countries
- Ä OECD countries
- Ä World Trade Organization
- Ä Political Reforms- Re-Shaping policies



Globalization/Inclusion

- Ä Developmental Delayed People
- Ä Movement towards Inclusion-Inevitable
- Ä Developmentally Delayed Countries
- Ä Movement towards Globalization/Inevitable
- Ä People with Disability/ Basic needs
- Ä Developing Countries/ Basic needs
- Ä Similar trends, and strategies



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Arab Decade -1

Ä AODP Conference Nov.2002

- Ä Priority of Disability Issues/Policies
- Ä Data Base, kind, level, age, sex, local, Ids
- Ä Research, Studies, and finance
- Ä **Change in social attitudes**

Arab Decade-2

- Ä Facilitate the formation for organizations of disabled persons
- Ä Promote, and activate the National Committees
- Ä Improve the Government services
- Ä Exploitation of Modern Technology

Arab Decade-3

- Ä Family support (financially, knowledge, Tech
- Ä Tax FREE for equip, and facilities
- Ä 50% discount for travel expenses
- Ä Capacity building and development
- Ä Promote Training / Updating



Arab Decade-4

- Ä Inclusive Education,
Employment, Leisure, Housing
- Ä Institutions as Exception
- Ä Political and civil Representat.
- Ä C.B.R Programs





Arab Decade Domains-1

- Ä Sport & Leisure
- Ä Education
- Ä Training, rehabilitation, Employment
- Ä Females with Disability
- Ä Medical, Paramedical, & Health services
- Ä Legislation
- Ä Accessibility & Transportation

Arab Decade Domains-2

- Ä Mass Media & Social Awareness
- Ä Disability, Poverty, Globalization
- Ä Children with Disability

Globalization vs Inclusion

- Ä Instructions, & Recipes
- Ä Variable Dosage
- Ä Inclusion, & Globalization must not CRIPL
- Ä Basic Needs- Knowledge, Means.
- Ä Without such factors no sustainable development

Sustainability

- Ä Wealth, & Social Contribution
- Ä Prevalence of Legislation
- Ä Generations of trained Disabled
- Ä Change of Norms and Attitudes
- Ä Regaining of Islamic & Arab Heritage





Characteristics of Pediatric Trauma Patients in an Urban Developing Country: A Hospital –Based Study



Umayya Musharrafieh, Wael Shamseddine,
Suzane Steitieh, Muhieddine Taha., Hala Tamim,
American University of Beirut Medical Center
Genoa, Italy 7-9, 2004

Background

- Æ Trauma is estimated to account for 15% of the burden of death and disability.
- Æ More than 20 million children are subject to traumatic injury annually
- Æ Currently trauma is considered the leading cause of death in children over one year of age
- Æ It is estimated that by the year 2020, the lost years of life due to infectious diseases and due to accidents will be equal

Murray et al. The global burden of disease, 1996

Background

- Æ In USA, there are 14 million episodes of injuries to children less than 15 years old, resulting in 9 million ER visits, 250,000 hospital admissions , and 6,500 deaths
- Æ In 1999, it was estimated that a cost of childhood injuries was \$345 billion, or 3.8% gross domestic product, GDP

Health Center For Health Statistics USA, 1996-97

National Center for Injury prevention, CDC, 2001

U.S. Dept of Commerce. GDP, 2002

Background

- Æ The issue of accidental injuries is still neglected in developing country
- Æ In 1998, developing countries accounted for more than 85% of all deaths due to road traffic crashes globally and for 96% of all children killed
- Æ It is important to understand the burden of these injuries on society in order to set priorities

Krug, ed WHO, 1999

Background

Objectives of the study

- Æ In Lebanon, trauma research is still needed
- Æ No studies on in - hospital pediatric injuries pre- and post war period
- Æ By identifying the most frequent types of accidental injuries and circumstances that under which they occurred, efforts toward prevention can be more focused

Methods

- Æ **Design:** Retrospective study
- Æ **Setting:** American University of Beirut Medical Center (a tertiary care center)
- Æ **Subjects:** Revision of charts and filling of questionnaires of all admitted patients to the hospital after a traumatic injury in addition to those who were dead on arrival or died in ER
- Æ **Study Period:** January 2001-February 2003

Data Collection

Questionnaire included:

Æ Demographics

age, gender, residence, education, insurance coverage, religion

Æ Injury description and EU data:

mechanism and cause of injury, body region injured, and corresponding injury severity score (ISS), PE and vital signs on arrival

Data Collection

Æ Hospital data

Preexisting condition, type of ward, ICU admission, length of stay, number and type of surgical interventions, complications, and discharge information

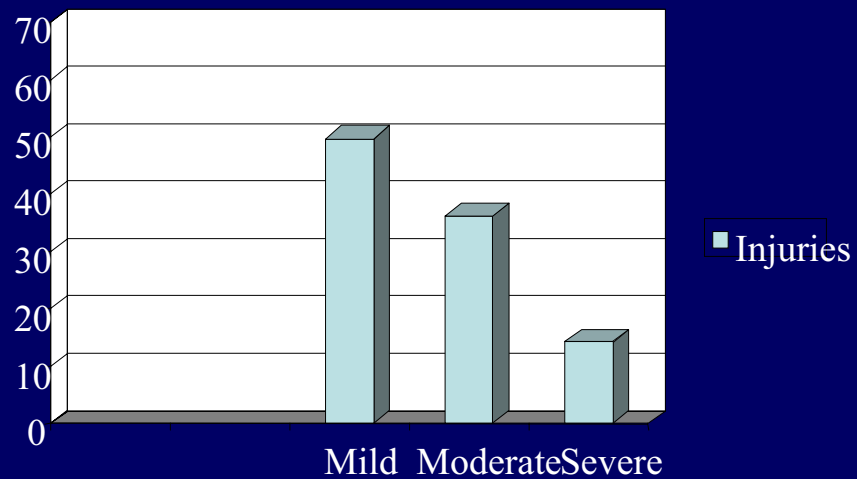
Data Analysis

Patients categorized according to Injury Severity Score (ISS) as

- Æ Mild (1-6), Moderate (7-15), Severe (16-75)
- Æ Age categories included
0-5, 6-11, 11-18 years old
- Æ Analysis was done using SPSS Software for windows version 11
- Æ χ^2 test was done at the bivariate level to determine demographic and trauma factors associated with patients of different age categories.

Results

- Æ Demographics: Study sample consisted of 214 patients
- Æ Males: **68%**
- Æ Mild injury: **49.7%** (130)
- Æ Moderate injury: **36.1%** (69)
- Æ Severe injury: **14.15 %** (27)
- Æ Except for gender none of the demographic characteristics was associated with severe injury



Results

Æ Admission Characteristics

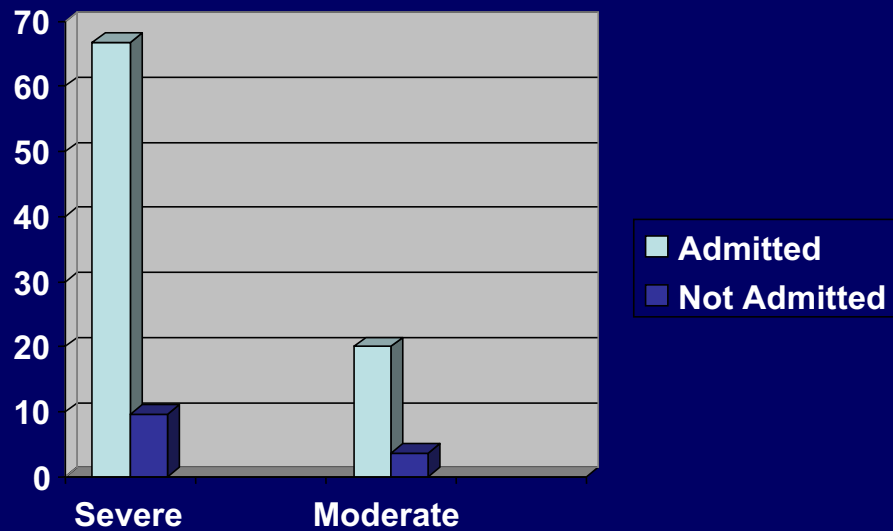
Admission to ICU was significantly associated with severe injury, $p < 0.000$

Æ Of those admitted to ICU, 66.7% had severe injury, 20% had moderate injury, as compared to 9.7% and 3.7% of those who were not admitted

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Results



Results

Injury Nature

- Æ Falling (<5 ft height) was the most (40.1% of total injuries)
- Æ Falling (>15 ft): 1.4%
- Æ Road accidents 12.3%
- Æ Blunt trauma: 10.4%
- Æ Burn/electricity: 8.5%
- Æ Penetrating /gunshots: 8%
- Æ Sports.3.3%
- Æ Suicidal. 3.8%
- Æ Intoxications. 4.2%
- Æ Others: 8.0%

Body parts affected:

Æ Upper extremity: 46.7%

Æ Lower extremities: 23.8%

Æ Head: 18.7%

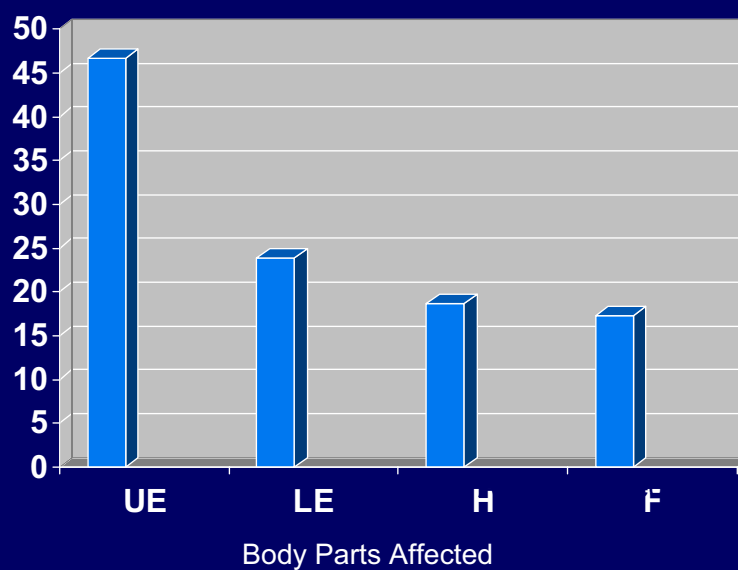
Æ Face :17.3%

Æ Abdomen and Pelvis: 5.6%

Æ Thorax. 3.7%

Æ Vertebral column: 0.9%

Results



Results

Mechanism of Injury and Severity:

Æ Mechanism of injury was significantly associated with severity, $P = 0.029$

Body region affected and Severity:

Head and abdomen and pelvis were the only two body regions significantly associated with severe injury

% distribution of severe injury

Æ 66.7% of those falling >15 ft

Æ 32% of road accident victims

Æ 16.7% of those with burn/electricity

Most blunt trauma, sports injuries, were mild injuries

Results

Mechanism of Injury (MOI) and age group

Æ Male gender significantly associated with MOI, ($P < 0.000$)

0-5 years

Æ Blunt trauma 2nd (16.9%)

Æ burn /electricity 3rd (15.7%)

6-10 age group

Æ Penetrating/ gunshots (18.0%)

Æ road accidents (12.0%)

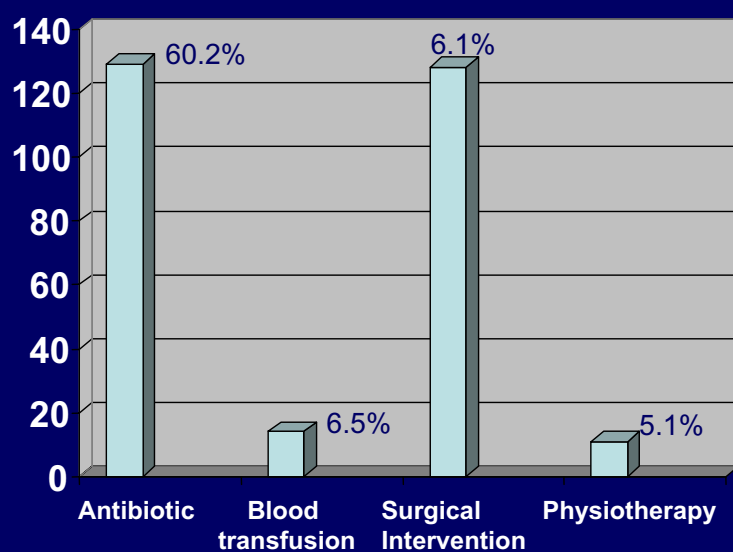
11-18 years

Æ Road (20.3%) and suicide (10.1%)

Treatments

- Æ All patients were admitted to hospital
- Æ Three intubations
- Æ Tetanus vaccine to all to all with wounds or those not sure of their immunizations
- Æ 129 patients (60.2%) were started on antibiotics-five
- Æ 14 patients (6.5%) needed blood transfusion
- Æ 128 patients (60.15%) needed surgical intervention-2 underwent 2 operations
- Æ 11 patients underwent physiotherapy

Treatments



Outcome

- Æ Length of stay ranged from 0-5 days (mean 3.75,SD 6.07)
- Æ **65%** admitted for < 2 days
- Æ **4.2%** discharged on same day
- Æ **7.5%** admitted to ICU
- Æ Minimum stay was 1 day and maximum was 8 days (mean 3.67, SD 2.440 day)

Complications

- Æ Most common was wound infection(**2.3%** of cases)
- Æ Pneumonia: two cases (**0.9%**)
- Æ UTI: one case (**0.4%**)
- Æ Mortality :one case (**0.4%**)
- Æ Length of stay was significantly associated with severe injury with an average stay of 9.33 for severe injury, 4.24 for moderate and 2.21days for mild injury

Discussion

- Æ Pattern of injury and severity was not significantly associated with any of the demographic variables except for gender
- Æ Only rate of injury among males was more than double than that of females
- Æ Falling was the main cause of injury in all age groups (similar to other reports, **48.9%** of childhood accidents)

Phlemon e al. Falls among children and teen agers. 1998

Discussion

- Æ Road accidents were the second most cause after falling **13.2%** in all child hood injuries (lower than other reported figures in literature **20%**)
- Æ Average stay in Hospital for road accidents was 3 times that for falls
- Æ Our values is lower than those reported in other countries
- Æ Beirut lacks high speed-roads and highways
- Æ Bicycling is restricted to certain areas and not a way of transportation

Brrok U, Patient education and counseling,2003Boaz M.

Discussion

- Æ All intoxicated cases were children taking medicines or chemical substances by mistake , with **78%** occurring in the age group 5-10 years (98% of intoxications occur <14 years)
- Æ All suicide in the age group 11-16 years (adolescents are vulnerable group)

Kotwica et al .Int J Occup Med Environ Health 1997.

Practical Implications

- Æ Most accidents in children are preventable
- Æ National governments should provide funds to help in prevention this threatening problem of childhood accidents
- Æ Instructions to children should start early during school years
- Æ Parents should be educated about possible risks that surround their children and be aware of the risks and measures to be taken as related to each age group

Developing the Capacity of Refugee Community Projects and NGOs working with Palestinian refugee children in the Middle East

Aisling Byrne, Project Director HOPING Foundation London, England

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This paper will address the issue of developing the long-term, sustainable capacity of grassroots NGOs and community projects providing services to Palestinian refugee children in the Middle East. The focus will be on the role played by grassroots and international NGOs in ensuring that Palestinian refugee children receive their basic rights. As a result of the on-going conflict and the precarious situation of Palestinian refugees, predominantly those living in refugee camps managed by UNRWA, the role played by grassroots and international NGOs in providing basic services and facilities for refugee children is vital.

This paper will focus on strategies for long-term capacity development - will include current projects and initiatives funded/co-ordinated by international agencies (UN agencies, EU, World Bank, etc.), international NGOs (OXFAM, Save the Children Fund, Norwegian People's Aid, etc.), and grassroots NGOs, forums and community projects.

The aim will be to assess existing capacity development strategies to highlight models of good practice and innovative models/approaches. The paper will be based on research undertaken through interviews/questionnaires with key stake-holders, agencies' and NGOs' reports, published strategies, and findings from a brief literature review.

I have worked for 11 years in community development work in the Occupied Palestinian Territories and in London with refugee and migrant communities, and have been involved in developing projects on user involvement, involving communities in policy-making, action research and capacity-development initiatives. This paper will be written from a policy perspective, highlighting models/approaches of good practice, and arguing that in light of the on-going political conflict in Israel/Palestine, particularly regarding Palestinian refugees' rights, in order to ensure that Palestinian refugee children receive their basic rights and opportunities for a brighter and more just future, development of long-term strategies to ensure successful capacity development of NGOs delivering services at the grassroots is vital.

SHORT PERSONAL PROFILE:

Education:

BA (Hons) Balliol College, Oxford University, 1989-91
Politics, Philosophy and Economics

MA, School of Oriental & African Studies, University of London 1993-94
Middle East Studies (History, Economics and Arabic)

Diploma, Hebrew University, Jerusalem, Israel
Rotary Foundation Ambassadorial Scholar, 1996-97
Arabic and Hebrew Language

Employment:

Project Director, the HOPING Foundation
Registered charity in UK providing grants to Palestinian refugee children's projects in the Middle East (part-time, 2002 – current)

Head of Equality and Diversity
Westminster National Health Service Primary Care Trust, London
(part-time, April 2003 – current)

Manager of Black & Minority Ethnic Health Forum
Kensington, Chelsea & Westminster Health Authority, London
(Jan 2001 – April; 2003)

Director, *Al-Hasaniya* Moroccan Women's Centre, London
(Dec 1994 – Dec 2000)

Economic Researcher/Consultant, Occupied Palestinian Territories
Jerusalem Media & Communications Centre – 1992-93
Alternative Information Centre – 1996-97
Norway Business House – 1996-97
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Previous publications:

Various articles and conference papers – including in *Middle East International* (London), *News From Within* (Jerusalem)
Economic reports (JMCC, Norway Business House, Kvaerner, Jerusalem)
Conference papers: International Conference on Community Development UK (with colleague from University of Westminster), *National Council for Voluntary Organisations in UK Research Conference* (with colleague from University of East London), paper at conference organised by Palestinian Human Rights Centre, Gaza
Book review in *Race & Class* (London)

Effects of Ill Health on Income-earning Capacity among Urban Poor

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WORKSHOP V

Background: In developing countries, a wide array of health-care resources exists. Still wide gaps remain where health services do not comply with the demand and the need of the community.

Objective: To investigate the influence of incapacitating ill-health in urban poor households.

Methods: A survey on health care utilization was conducted between June and November 1993 in a sample of 905 households (4,310 individuals). This sample was selected by a two-stage sampling from a 1991 database of the slum population of Dhaka-City. The interviewers biweekly visited the households and collected data on selected socio-economic variables, self reported morbidity and health care use patterns. Data for this presentation are from the socio-economic surveillance, where respondents were mainly spouses of the household heads.

Results: One fifth of the households experienced loss of income anytime, of which one third was due to illness. The later were higher (50-55%) during the survey months, exclusive climatic situations, such as floods, or important religious festivities. The households experiencing illness-related incapacitation, the estimated value of income forgone far exceeded the estimated health care costs (33% and 4% respectively of all income earned). When the income-earners were considered, daily wagers reported far more income-earning disability (26%) than weekly (5%) and monthly wagers (2%).

Conclusion: Health care programmes should be redirected from classical mother and child health programmes to cover all household members, particularly income-earners. Cost-sharing schemes and credit programmes for alternative income generation should be encouraged to decrease the burden of illness on household income, particularly in those households dependant upon the earning of daily wagers.

EXPERIENCES IN CHILDREN'S PARTICIPATION IN THE FRAMEWORK OF ENVIRONMENTAL EDUCATION

Giorgio Matricardi

1. Introduction: the international context

In a recent interview, Gardner (1991) states that culture allows people to form the better and personal answers to the crucial questions of their life only if the subjects are able, to a significant extent, to centre themselves on the experiences of other people. Even before, knowledge enables people to make a deep and creative sense to the information they receive from other persons and from the surroundings during the everyday life.

From a social point of view, culture is also the inalienable background for political resolutions. In fact, the European Union urges the decision makers to be more effective in meeting society's needs and to favour participatory procedures that help to gather politicians, experts, civil society, interested parties and the public at large, as normal and integral parts of the decision making processes. In a knowledge based society, such a process is supported by science together with technology, which allow achieving politically aware decisions about the common wealth.

The contemporary international strategies oriented to strengthen social equality and to reduce poverty (Robb, 2000) consider citizens' participation one of the main topics. The youth involvement is specifically recommended as a critical element in sustaining democracy both at the global and at the individual community level. The Convention on the Rights of the Child (UNICEF, 1989) insists on the youth's right to participate in the decision-making processes which concern the life and the social welfare of children and adolescents.

Young citizens' can also play an important and durable role in environmental education actions because of their commitment to the environmental issues; as stressed by Hart (1997), they can be involved in defining problems and acting as reflective and critical participants in planning, designing, monitoring and managing of physical environment. Also the Agenda 21, adopted during United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992 (UNCED, 1992), took into account the importance of children and youth participation in environmental decision-making, linking the need to provide them a secure and healthy future (which includes an environment of quality) to their access to information and education. This document stressed also the importance to develop programmes specifically targeted to the youth population and focused on critical environmental issues pertaining to youth.

In the international context, as stated by the Charter of Educating Cities (IAEC, 1990), the exchange of experiences between people (both adults and youth) is also considered the base action supporting the enrichment of the lives of the citizens in the urban centres. The decisions of the Municipal system, indeed, can turn the public opinion into practice, uniting citizens through the common connections of the participated life (Molas, 1990). On a regional scale, in Italy the city of Genoa got involved in citizens' participation topics in 1999 and in 2001 the mayor included in the strategic plan of the Municipality the concept of "educating city" (Borja, 1999) and promoted a collective project aimed to facilitate the citizens' involvement and to produce welfare.

This is the international and local background on which the Didactic of Natural Science (DINAS) research group of the "Dipartimento di Biologia Sperimentale, Ambientale ed Applicata" (DIBISAA)

of the University of Genoa developed an environmental education program to contribute to the European Commission research project "Actions for raising critical awareness towards environment and for diffusing scientifically sound information related to E.U. environmental policy among citizens" (ARCA, DG Environment). The ARCA project was aimed to prepare and diffuse materials for raising awareness among European citizens and abroad in order to favour a real culture of peace among peoples, founded on the respectful treatment of land, biodiversity and environment.

The institutional purpose of DINAS (established in 1995) is to contribute to the diffusion of a sound knowledge about biological and natural sciences. The common scientific background in marine biology and ecology of the members of the research group, their experience lasting more than ten years in scientific education and communication and the high importance of the marine environment for the geographical, historical, economical and social texture of the Liguria region, suggested to focus the group's attention on the marine ecosystems.

Besides being addressed to both young and adult people, the DINAS program for the ARCA project was addressed particularly to the youth, to answer to their personal involvement in the environmental sustainability problems and because they will be, at different levels, the future decision-makers about the environmental issues.

2. The methodological approach.

Conscious attitudes and awareness towards the use of the environment can be better developed by the direct involvement of the final users in the planning of any action devoted to tackle environmental problems. On the other hand, citizens usually need better and more accessible information to take an active part in the decisions about the environment. Besides, a process aimed to the involvement of both young and adult people in the development of behaviours respectful of the environment, requires to be interesting for the subjects to which it is addressed and to move their creativity. Thus, such a process needs an educational action focused on the critical social and environmental issues, providing options for community involvement on the individual and group level and giving the opportunities to participate constructively as part of the solution on a variety of levels.

The main methodological feature of the program developed by DINAS was to set up a mixed planning group composed by young and adult people and to give them a job: to project activities which could allow enhancing the public knowledge about the marine environment. The planning group was composed by youth aged 9-17 which, in a former survey, declared their direct interest in teamwork and in marine environmental topics. Also adults (experts, scientists, representatives of organisations, local users and citizens) participated to the group, but their role wasn't to be "somebody who knows" in contrast with the youth which "doesn't know": they played the same role of the other participants to the group.

Constructivism (Von Glaserfeld, 1993) has been chosen as the reference educative paradigm both for the group work and for the planned activities. In the constructivist context, the subjects involved in the culture construction process experience the collaborative learning and the sharing of the personal knowledge together with the other participants. This allows adding appropriate and freely constructed concepts to their spontaneous feelings resulting from the everyday life. So, a sound knowledge and a critical thinking aptitude can be generated.

The task given to the planning group was to develop a project aiming to enhance the knowledge of the not specialised public about the marine environment, from both a scientific and a cultural point of view. In a phase following the planning activity, it was intended to address the project to the public at large; so, a test and evaluation phase of the planned activities has been scheduled in the proj-

ect framework, to perform an evaluation of the feasibility of the projected actions on a selected target users group.

During the evaluation phase, a number of subjects, interested in expanding their expertises in environmental education topics and methods, participated to the activities as in-service training course; this coaching period should prepare their future employment on a sound and scientifically correct base.

The economical support for the activities of the planning group and for the testing phase came from EU ARCA project, while a youth welfare program supported by the Municipality of Genoa provided the site facilities for the group's meetings. The planning group itself had to identify local, national or international funding to support the projected activities to be proposed to the large public. The activity of the planning group lasted from November 2001 to October 2002. It consisted in meetings, visits to environmental sites, interviews with experts and in some direct evaluations of the actions.

3. First planning phase. Working with the dreams.

The work of the planning group engaged in the DINAS program was centred, firstly, on the group itself. The first activity was to collect the feelings and the dreams of the members about the actions that could improve their knowledge about the marine ecosystem. The constructivist approach gives large value to the spontaneous feelings of the subjects participating in a process of culture construction. To share the personal knowledge with the other subjects (also of different ages and/or cultural background) involved in a group work, allows improving the knowledge and the behaviours of each participant (Gardner, 1999). To increase creativity by unstructured discussion, youth and adults participating in the group sessions have been encouraged to contribute their relevant ideas freely, without critical examination. By this brainstorming method the choice of proposals is maximised.

Of course, some of the former group's meetings were devoted to solve the problems of social interaction between the members and to facilitate the absolutely free expression of personal ideas; later, the group considered to spend some time to organise the collected material in large clusters of actions which could characterise the enclosed feelings.

The result of this phase is a network of proposals (Fig. 1) which lie more in an ideal dimension than in an effective one. The members of the group arranged the arguments of this network in the following categories:

- materials and actions aimed to enhance a sound scientific information;
- materials and actions aimed to facilitate the learning activities;
- materials and actions aimed to facilitate the interaction with other users.

3.1 Materials and actions aimed to enhance sound scientific information.

To supply sound scientific information to the users of the projected activities has been considered by the planning group participants to be an important purpose of the project itself. Several materials and actions have been proposed and grouped in this cluster: to prepare thematic posters and calendars, to edit books, to organise or participate to exhibits and conferences, to design gadgets (caps, T-shirts, stickers etc.) on marine environment subjects. Also children's games or toys have been proposed as effective tools to spread information to an important portion of the final users of the project. Sound information was the main content of these products, and the marketing of the objects have been estimated as a possible source of financial support for the other activities in the project.

3.2 Materials and actions aimed to facilitate the learning activities.

The group split these kinds of products of the project in two domains, without any need for discus-

sion. The first domain is linked to the knowledge construction processes: the youth identified learning as an important step to improve their marine environment knowledge. *In situ* observations and experiences have been defined as crucial for the learning activities and the assistance of both the experts (biologists, ethologists etc.) and the technology (engines facilitating the direct underwater observation, scuba diving equipment, remote operating vehicles etc.) could facilitate, in the opinion of the group's members, these activities. The direct interaction with the living portion of the marine ecosystem has been defined as a key opportunity for the learner. To get in touch with nature (sometimes also with animals) through scuba diving and to take care of the environment (both by waste removal and by veterinary care) are some of the most widespread dreams of youth. In connection with the main subjects of the contemporary media productions, Cetaceans (dolphins, killer whales), turtles and sharks were the main marine subjects to meet in their natural environment.

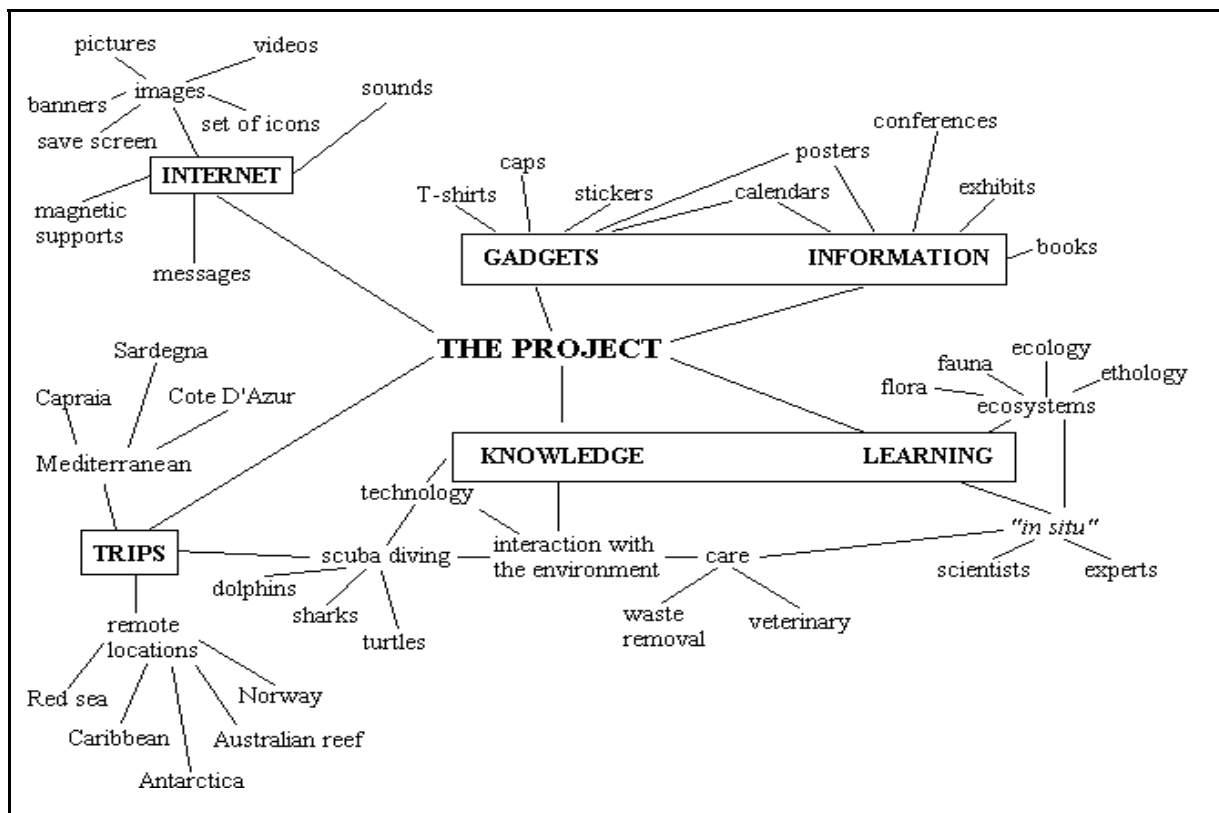


Figure 1 - The network of proposals coming from the "mind storm" planning phase.

Thematic trips are the second domain of the proposed learning products. The main purpose of the trips was the exploration of wild environments in which nature would not have experienced the human impact. In opposition with the declared purposes of the trips, the destinations suggested by the group's members were directly affected by the media information: tourist and remote locations, like Australian barrier reef, Red sea, Caribbean, together with the coast of Norway and the Antarctica, have been mixed with Mediterranean sites like Capraia and Sardegna islands or Côte d'Azur. The youth imagined, besides, they could investigate an intact environment in these localities, or dreamed to explore the open sea by sailing. In addition to the dreams of exploring the natural environment of some unknown locations, the proposal to contact a tour operator which could suggest activities planned in some tourist structures came from the group's discussion.