

INTRODUCTION

The MedChild Foundation, a non-profit organization, was created at the beginning of 2004 in Genoa. The aim of the Foundation is to promote the development and protection of children's rights throughout the Mediterranean area in accordance with the person-oriented approach of the Convention on the Rights of Child (CRC), and to ensure monitoring of their effective application. MedChild recognizes how such a commitment could be a significant contribution to the stability of the Mediterranean area.

MedChild's idea of the Mediterranean is that of a vast area comprising all the countries forming part of the European Union and the European continent as well as the other countries located round the Mediterranean in what is commonly known as the MENA region (Middle East and North Africa). MedChild chose this "Mediterranean" as its geographical area of operations, because it is here that cultures, religions and social spheres of the modern world can rediscover themselves and their roots: this is the common cradle, the primary locus from which the common values of civilization originated and in which they will be able to find both an ancient and modern rationale for their development. MedChild was further conceived, built and launched to promote contact, exchange and reciprocal enrichment between cultures, so as to foster an increase of peace and tolerance among peoples, starting with children, helping them to grow up as human beings in a better world in terms of education, social aspects and health, regardless of political and religious convictions.

In this view, by mid last year, MedChild launched its first Award for Best Practices as a tool to foster and encourage a process of exchange of experience and enhanced awareness on the health of children, their early development, their rights to education and culture in general, with particular attention to a child-compatible rethinking of urban settings. This Award is designed to promote cooperation between all the major operators in the sector, which will benefit from mutual contact, and to give suitable visibility and broader circulation to

important results of proven sustainability obtained throughout the Mediterranean area, in an effort to increase the well-being of children.

To favor their circulation, all the submitted Best Practices are published on MedChild's website (www.medchild.org). This Paper, however, collects only the three winning Best Practices, the five "specially mentioned" by the Award Jury and (divided in categories and listed in alphabetical order) all the Best Practices that, in accordance with the Jury members evaluations, MedChild considered worthy of being put in particular evidence. Due to editorial criteria, they have been formally revised, to obtain a better coherence of the Paper, their photos and figures have been eliminated and, occasionally, some of them have been shortened, obviously without impairing the main contents, for which the authors remain solely responsible.

MedChild would like to thank all the submitters and congratulate them for their remarkable engagement in favor of children throughout the Mediterranean, and hopes to encounter again – together with new acquaintances – in the next edition of the Award.

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President of MedChild

GUIDING PRINCIPLES OF APPRAISAL AND GENERAL COMMENTS ON SUBMITTED BEST PRACTICES

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General principles and criteria of appraisal

The aim of the MedChild Award for Best Practices is to promote the exchange of ideas and experiences so as to foster the growth of common awareness as regards the condition of children in the area of the “expanded Mediterranean” (the EU, the MENA region and other countries situated around the Mediterranean and along the western coast of the Black Sea). The initiative is grounded on the premise that both the knowledge and spread of programs already underway and those about to be launched can prompt all the actors involved to produce a real and significant improvement of conditions for children in the countries of the Mediterranean region. In order to achieve this aim, MedChild has deemed it appropriate to “reward”, namely to encourage and to promote, the best projects and initiatives that are being carried out in this particular area in the interest of the child.

The objective in recognizing and publicizing the best results achieved by public and private institutions and organizations operating in the area is to foster the adoption of a comprehensive, consistent and coordinated policy with specific reference to the sectors of health, education and culture as well as early child development and urban setting.

Principles

The protection of children’s rights, the promotion of active and responsible participation by children in social life, and recognition of their “citizenship” constitute guiding principles in the appraisal of “Best Practices”. A foundation for the primary role played by these rights in improving the conditions of children is provided in the Preamble of the Convention on the Rights of the Child adopted by the United Nations General Assembly on 20 November 1989. The Preamble recognizes “the inherent dignity and (...) the equal and inalienable rights of all members of the human family”, and that this dignity and these rights are based on freedom and justice. The Convention also recalls that, in the Universal Declaration of Human Rights, the United Nations have “proclaimed and agreed that everyone is entitled to all the rights and freedom set forth therein, without distinction of any

kind, such as race, color, sex, language, religion, political or other opinion, national and social origin, property, birth or other status”.

A further basis is provided for these principles in the Recommendation on a European Strategy for Children approved by the Parliamentary Assembly of the Council of Europe in 1996¹ and in the Charter of Fundamental Rights of the European Union (articles 21 and 24). Noting the need “to give effect (...) to the commitments entered into under the United Nations Convention on the Rights of the Child”, the European Council invites the member countries “to promote a change in the way children, as individual with rights, are viewed and also to encourage their active and responsible participation within the family and society”. To this end, the Assembly recommends the adoption at both national and local level of a “proactive childhood policy (...) which will consider the best interest of the child as a guiding principle of all action”.

The recognition of and respect for the rights and interests of the child thus constitute the essential prerequisite for all policies aimed at children; the basic criterion for assessment of any program of action concerning children in the fields of safety and health, correct mental and physical development, education and protection of the surrounding environment, understood as an environment of play and opportunities for growth, socialization and relations with society on a broader scale.

In the Best Interest of the Child

How does one know what policies or practices best serve the interest of children? This question exposes what is the root problem facing anyone concerned with children’s policy. While this is, of course not unique to children’s policies, it is especially acute in this context because children themselves often cannot speak for their own interests. It is in fact a complex problem. There is no rational criterion on the basis of which it can be decided whether and to what extent a policy acts in the child’s best interest. Moreover, children are all different, and what is in the interest of one may not be in the interest of another. The answer is thus indeterminate, at least in principle.

¹ Council of Europe, *Recommendation on a European Strategy for Children*, adopted by the Assembly on 24 January 1996, n. 1268.

The Convention on the Rights of the Child does, however, indicate a pragmatic solution, pointing out that children also possess all the civil and social rights recognized by the Universal Declaration of Human Rights, including the inherent right to life (art 6); the right to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health (art. 24); the protection of the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (art 19); the protection of children from the illicit use of narcotic drugs and psychotropic substances (art. 33); the protection of the child from all forms of sexual exploitation and sexual abuse (art. 34); the prevention of the sale of or traffic in children for any purpose or in any form (art. 35).

The Convention also emphasizes respect for the rights of the child's personality: the respect of the right of the child to preserve his or her identity (art. 8); the right of the child to express freely his or her own views and to be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child (art. 12); the right to freedom of expression, thought, conscience and religion, and to freedom of association (articles 13, 14, 15).

Finally, the Convention recognizes the child's rights also in the social sphere, e.g. the right to education (art. 28), the right to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language (art. 30); the right of access to information (art. 17); the right to benefit from social security (art. 26) and the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

There is little doubt that child-related issues have all too often been plagued by responses based on charity, sentimentalism, paternalism and tokenism. Such approaches continue to fuel the widespread belief that the only way to help "children in need" effectively is to give either material "assistance" (provision) or simply "protection". By reason of their "physical and mental immaturity", children do of course require "special safeguards and care, including appropriate legal protection, before as well as after birth". The results have, however, often proved negative in term of respect for children's basic human rights. There is thus an urgent need to secure acceptance of the fact that, just as solutions to the problems of adults can benefit from human rights action, children's issues must also be tackled from a human rights angle.

The entire architecture of the Convention rests on the principle of eliminating all discrimination between the child and the adult, and the recognition of a substantial

equality of rights for “everyone (...) without distinction of any kind”. The message is that the rights of the child can best be understood through comparison with the recognized rights of adults. This leads to an implicit criterion of evaluation for policies aimed at children, whereby the practices to be judged in the best interest of the child are those that address children as *pleno jure* “citizens”, as citizens of the society of today and not just tomorrow. And this criterion is adopted in the conviction, as expressed in the Recommendation of the Council of Europe, “that respect for children’s rights and greater equality between children and adult will help preserve the pact between generations and will contribute towards democracy”.

The rights of children

The Convention also provides an opportunity to establish a sort of hierarchy of children’s rights and hence a further criterion for the appraisal of “Best Practices”. In this hypothetical hierarchy, priority is unquestionably accorded to the considerations expressed in the Preamble of the Convention. The practices in the “best interest of children” are thus those that, with full respect for the freedom and dignity of the child:

- make it possible to avoid all discrimination in terms of race, color, gender, language, religion, political or other opinion, national and social origin, property, birth or other status, age having finally been added to these by art. 21 of the Charter of Fundamental Rights of the European Union;
- increase the possibility of the child growing up in a family environment with a view to the full and harmonious development of his or her personality;
- ensure special consideration for children living in exceptionally difficult conditions;
- take into due consideration the importance of the traditions and cultural values of each nation for the protection and harmonious development of the child;
- take action primarily to protect children living in developing countries and areas where fighting is underway;
- recognize the key role of international cooperation in this connection.

At a subordinate level with respect to the criteria listed above, the practices to be assessed in the best interest of the child also include actions and programs that, with particular regard to the sectors of health, education, culture, early child development and urban setting:

- have had a tangible and documented impact on the general improvement of the living conditions of children;
- have pursued an objective of integration, both acting in a number of different spheres at the same time and involving a number of different rights;
- are the result of effective and consolidated partnership between different social institutions and organizations, both public and private;
- have proved sustainable in social, economic, cultural and environmental terms;
- can be exported, developed and replicated in other Mediterranean areas or contexts;
- have had a positive and emblematic impact on the development of legislation of the country in which they operate and in the social, economic and environmental strategies regarding children;
- involve children and adults, and foster relations between the generations;
- are conducive to the genuine integration of children in society, facilitating their participation as actors and promoting their right to full and active citizenship.

Best Practices: provision, protection and participation

As far as possible, the appraisal of Best Practices should also adopt an organic criterion in line with the general principles illustrated above with respect to the four specific areas of health, education and culture, early child development and urban setting. Here too, the Convention on the Right of the Child can provide an adequate model of reference. In general terms, the structure of the Convention rotates around the three “key elements” of provision, protection and participation. These “Three Ps” together adequately describe the content of the Convention. Ideally, no one of these elements should be taken in isolation, and any policy should therefore be decided and evaluated in the light of this three-angled analysis of any situation that is to be tackled. This is valid not only as an obligation of government but also as a guideline for private, concerned professionals as well as non-governmental organizations in order to avoid the risk of simultaneous policies or practices incidentally canceling each other out. In any case, the assessment of Best Practices ultimately depends on the general situation of the country and the economic, social and cultural environment in which the children live.

In principle, it is necessary to give absolute priority and act with the utmost urgency in all situations where the very survival of children is at stake, where children must be protect from particularly difficult conditions, where there is discriminations in terms of race, color, gender, language, etc., where the fabric of the child’s family

environment presents serious shortcomings, where fighting or natural disasters are present, and where the child's harmonious development is jeopardized. The order of priority of actions and policies in terms of provision, protection and participation is not therefore to be assessed in abstract terms but in the light of the child's actual and suitably documented living conditions.

Health. In the case of practices regarding health, the Three Ps involve the need to ensure that children receive prompt and adequate care: first, measures capable of preventing the onset of disease as far as possible; second, the right to health understood not only as protection but also and above all as the right to mental and physical well-being and healthy relationships. Children must also be guaranteed constant and effective protection when hospitalized in specialized facilities and during the subsequent phase of rehabilitation at home through monitoring and care services. Particular importance attaches in this connection to the ability of parents to gain access to the hospital facilities in question and the availability in the wards of spaces for the child's family as well as external accommodation for families awaiting their children's release from hospital. Finally, children and their families have the right to be informed about the treatment administered, the possible consequences, and possible alternatives. Here too, the provision of care, the protection of the child and the participation of children and their families in the process of treatment and rehabilitation should not in principle be considered separately but as integrated elements and as in any case necessary to ensure respect for dignity of the child.

Education and culture. One of the child's most important social rights is the right to socialization. Adequate socialization for children involves the possibility to grow in a safe and protected environment, to develop their personalities through the availability of opportunities for interaction and tools making it possible to participate in cultural, expressive and recreational activities, and to enjoy a livable and usable environment as well as opportunities for play and recreation with peers. The right to socialization means guaranteeing children's ability to express their creativity and participate in social life, making an active contribution and receiving all the information required to achieve this within the family, at school and in the surrounding area. The right to socialization also entails commitment on the part of the community as a whole to enable children to overcome and compensate for deficiencies and difficulties that depend on their specific family conditions. The interests of the child with respect to correct socialization are in any case to be accorded priority over those of adults in terms of legislation and the spatial and temporal organization of social life and the urban environment.

Education and culture constitute particular aspects of the more general right to socialization. As laid down by articles 14 and 15 of the Charter of Fundamental Rights of the European Union of 2000, children have the right to education and training enabling them to develop their personalities, participate fully in social life, and find employment. This right must be put into effect with all due respect for the child's stages of growth, personal requirements and potential, also taking into account family background and the need to remedy cultural and social disadvantages promptly. Finally, children must be guaranteed adequate opportunities for creative expression and public recognition of their technical and sporting skills and abilities as well as the possibility of participating in more than merely symbolic and paternalistic terms in the cultural life of their community and the decisions regarding the spatial and temporal organization of their living environment. Particular importance must therefore be attached in the appraisal of Best Practices to initiatives and programs that, in the first place, enable child to overcome disadvantages related to their conditions of birth and, in the second place, facilitate their active expression and creativity.

Early child development. Early child development includes all the practices focusing primarily on maternal attachment, hygiene, nutrition, mental and physical development, and the acquisition of skills regarding communication and relations with the social environment. The central elements are the prompt identification of situations of family breakdown and crisis and psycho-social risk for children; prompt action to support the family and the child so as to facilitate the processes of personal development and social integration; the creation of extensive monitoring services to identify situations of material and moral abandonment and ensure their prompt elimination; the promotion of communal responsibility as regards the correct and harmonious development of the child's personality. Primary importance attaches in this connection to action focused on abandoned children, children who are not recognized by their parents, children recognized by only one of their parents, and the children of illegal immigrants to you irregular, deprived of adequate protections and facing serious personal, family, social and economic difficulties.

In the sphere of early child development, primacy is accorded for obvious reasons to initiatives regarding provision and the protection of mother and child. Particular importance must therefore be attached in the appraisal of Best Practices to initiatives and programs concerned above all with ensuring the mental and physical well-being of the mother and child, before and after birth, by means of adequate and extensive monitoring services with qualified personnel; aimed at developing the mother's potential and ability to perform her tasks independently; keeping the

mother and child under observation in the months after birth, also as regards social integration, through action regarding accommodation, material living conditions, and ease of access to early child care facilities. No less importance attaches to practices designed to compensate for shortcomings in the organization of public services as well as initiatives aimed at reconstructing the child's family nucleus.

Urban settings. The relationship between the child and the urban environment, the city, has been a central issue in cultural and social thinking for some time now. Two aspects of this relationship assume particular importance in terms of Best Practices aimed at children. On the one hand, the problem regards the way in which the present urban setting negatively influences the development and the mental and physical well-being of children, limiting their capacity for expression and activity with respect to other components of the population. On the other, it is a matter of deciding what action should be taken in order to cater for the primary requirements and interests of children and to what extent children should be heard and involved in this democratic redesigning of the urban setting, the spaces and services of the city. The first aspect mainly involves the elements of provision and the protection of children; the second participation. Most experts agree that big cities do not facilitate the social integration of their inhabitants and instead foster the development of a whole range of phenomena of alienation, closure and separation as well as hardship, insecurity and social exclusion. Children are the weakest members of the population and certainly those most affected. Sociologists and psychologists have drawn attention to the existence of a trend toward the "privatization" of childhood, which manifests itself in the growing confinement of children to the home. The decrease in areas for play, displacement, the organization and timing of services, the unsafe nature of the streets and parks, the danger of traffic, the absence of control, and so on have a great impact on the expressive abilities and free activity of children. The mutation contributing to the "privatization" of childhood has also stimulated the market over the last few decades to supply a vast range of opportunities for meeting, socialization and learning under controlled conditions, which are therefore planned and not spontaneous.

The appraisal of Best Practices has been based on these criteria. Practices positively evaluated as being in the best interest of the child will therefore include initiatives and programs designed to overcome the limits and barriers imposed by the environment on the spontaneous and expressive activities of children; in other words, initiatives that promote meetings with groups of peers and between the generations, permit the social use of urban spaces, and make it possible to compensate for the shortcomings present in particularly disadvantaged social environments and areas of the country. This regards provision and protection. In

terms of participation, particular value is instead attributed to practices enabling children to expand their presence within society and make their voices heard in connection with all the initiatives and decisions of local government with an important bearing on the life and growth of children. There is, of course, a strong risk in this sphere of encountering practices that are merely symbolic, manipulative and for show, where the participation of children is sheer window dressing with no real effect on their development and well-being. It has therefore been necessary to evaluate the real sustainability and effectiveness of initiatives case by case.

General review of the submissions

The quantity and quality of the entries received make it possible to regard the first MedChild Award for Best Practices as a great success, far exceeding even the most optimistic expectations. Over eighty eligible practices were in fact submitted from no fewer than twenty-seven different countries covering most of the “extended Mediterranean” area comprising the European Union, the MENA region (Middle East and North Africa), and all the other countries located around the Mediterranean and on the west coast of the Black Sea: from Ireland to Egypt, from Morocco to Kuwait. Moreover, a large number of practices involve a number of countries rather than a single national point of reference.

In addition to number, attention should also be drawn to the great variety of organizations submitting the practices and their distribution over the Award’s different categories or areas of operation. As regards the former, the extraordinarily rich and varied panorama includes a large number of non-governmental organizations followed by public and private foundations, government agencies, municipalities and local authorities, research and academic institutions, public and private schools, welfare and social service associations, pediatric hospitals, health authorities and agencies, youth associations, museums, media, parent and family associations, and private citizens. Equally varied is the distribution of practices over the different categories. While no strictly eligible Best Practices were submitted for Urban Settings, 41 were submitted for Education and Culture, 24 for Health, and 17 for Early Child Development.

The most striking aspect of the range of Best Practices submitted is, however, the recurrent reference to children’s rights, an element present in the overwhelming majority of cases. The insistence of practically all the Best Practices, regardless of their category, on the primary need to safeguard and respect the rights of the child as a permanent component of every social system and as a citizen demonstrates how far we have come since 1989, the year of the approval of the UN Convention

on the Rights of the Child. The path ahead is, of course, still long and arduous. The living conditions of children in terms of education, health, the economy, the family, and the distribution of goods and services bear witness to the need to maintain the utmost vigilance on all fronts with respect to children's rights, as do the frequent abuses to which they are subjected and which lie at the origin of the initiatives described in the Best Practices. There are still far too many violations of the fundamental human rights of the child as a person. The levels of infant mortality, poverty, discrimination, violence, exploitation, abandonment and neglect are still far too high, at least in some countries, for any lowering of the guard. If we are to start solving these problems and to correct the existing imbalances, it is an essential prerequisite to provide more material assistance and invest more resources. But this is not enough. In addition to improving the provisions aimed at children, it is necessary at the same time to step up protection and above all to foster the participation of children in social life. It is essential that child welfare should become a "public good", i.e. that children's basic needs should be regarded as binding constraints in the political and administrative decisions that govern the life of society: in the environment, in urban spaces, in education, in health facilities and services, in the family, in economic opportunities, in distributive justice, in the relations between generations, and in future investments. The child *hic et nunc*, here and now, not the child as the adult and citizen of some indeterminate future.

In addressing and endeavoring to resolve this broad range of problems, the countries of the enlarged Mediterranean area will certainly have to make further substantial efforts in terms of tangible and lasting investment, reflection and innovation as regards legislation and resources. Consideration of the Best Practices submitted for the MedChild Award suggests, however, that we are moving in the right direction. Being limited to a set number, the Award cannot of course do justice to the richness and importance of the practices established and the results achieved.

It is not the organizers' intention that the Award should be confined to merely establishing a comparative classification of the Best Practices submitted. While in no way detracting from the merits of prize-winners, the primary goal was rather to offer an opportunity for collective learning, for communication and contact, for the exchange and dissemination of ideas and experiences developed in what are nearly always different and distant environments and circumstances in response to distinct situations and needs through the employment of human, professional, technical and financial resources that are mutually incomparable but nevertheless united by the common denominator of response to children's needs, respect for children as human beings and as citizens, and the recognition and protection of their fundamental rights. This means the creation of environmental, economic, social,

sanitary and cultural conditions conducive to the full and harmonious development of personality with no distinction in terms of race, color, gender, language, religion, opinion, national or social origin, property, birth or status.

Urban settings

Though widespread, the awareness of children's rights is not uniform. It is not the same in all the areas of operation. One of the spheres in which this awareness has proved weakest is unquestionably Urban Settings, i.e. the construction of towns and the physical and social environment, the organization of territory and living space, and hence the places in which all citizens, including children, carry out their activities in terms of work, education, relationships, recreation and leisure.

The growth and well-being of children are closely linked to the characteristics of the environment, which determine their safety, the risks to which they are exposed, the opportunities for play and interaction, the quality of the places for socialization, their ability to move independently from one place to another, to have experiences, to explore and become acquainted with the material and human environment in which they live. In this connection, environmental conditions are an effective indicator of the extent to which concern for children has penetrated the "sanctum" of politics, the interests and decisions that govern the life and organization of society. The greater this concern, the more children's needs take concrete shape as binding requisites and are respected in the course of political and administrative decision-making. Conversely, the weaker it is, the greater the risk of children's needs and interests being sacrificed to those of adults, of the attention devoted to children being purely symbolic, a mere façade, or of policies being confined to ensuring provision and protection for children at the expense of participation.

It is hard to say whether there is any connection between these observations and the fact that only one practice was formally submitted for the MedChild Award in the Urban Settings category (being moreover ruled ineligible by the jury and officially transferred to the Education and Culture category). While this might be a complete coincidence, it should be taken in any case as highlighting an area of operations that MedChild will need to strengthen through suitable measures and stimuli starting with next year's Award.

Early child development

Far richer in experiences is the sector of Early Child Development, which constitutes one of the primary areas of action for children. The child is by definition an entity undergoing formation, and the quality of the end result depends

substantially on the quantity and quality of resources invested in terms of time, care, assistance, affection, stimuli and knowledge during the first years of life. There is, however, a risk inherent in this equation. Investing in children is not necessarily tantamount to recognizing the interests of the child as such. It depends on the nature of the investment. Society may be concerned about the growth of children and therefore invest in their education with a view to molding the adults they are to become. In this case, the child is only a means to a future end that transcends the child as such. Experience shows that a non-negligible proportion of the attention focused on the child is of this type, even though it is not easy to distinguish between what directly regards the child as such and what regards the child as a future adult. Children who receive suitable care, attention and protection while growing are of course likely to become healthy adults tomorrow. It is equally true, however, that action in the early stages on the care, development and health of children has an immediate and positive impact also on their well-being here and now. This holds especially for places where there are still high average levels of infant mortality and illness as well as situations in which children's lives are endangered particularly by war, discrimination, and various kinds of economic and environmental problems.

Many of the Best Practices entered for the MedChild Award operate in situations of this nature and share the common objective of creating the conditions for prompt identification of children's physical, cognitive, social and affective needs and potential starting from their natural living environment, namely the family. This primary goal is accompanied by the need to offset the shortcomings of the official system of childcare and assistance, which proves wholly inadequate in many countries and areas. These shortcomings are tackled on two fronts. On the one hand, there is empowerment of the maternal role, whereby parents and mothers in particular are provided with essential information and practical tools to understand the child's elementary needs and respond promptly and appropriately. On the other, efforts are made to create effective integration and to strengthen cooperation between institutions, families and non-governmental organizations. Particular attention is focused on children who have lost their parents, children affected by different forms of handicap, children belonging to foreign communities, vulnerable marginalized children, and children from families of low socio-economic status. In all these cases, the Best Practices endeavor to provide the child with a family setting and to increase access to childcare services, daycare centers, play groups or home-based daycare supplied by trained mothers.

Education and culture

Most of the Best Practices were entered in this category. In some respects, many of the practices classified in the category of Early Child Development are also of this type in that they operate through the typical tools of education and socialization. This comes as no surprise. Education and socialization are central to the life of the child. From the viewpoint of society, the child's life and well-being are largely identified with the development of his or her personality. It is widely believed that children must be assimilated and socialized in accordance with the rules of society, and this integration takes place through learning, first in the natural environment of the family and then at school. Historians see the very birth of the idea of childhood in the modern era as coinciding with the institutionalization of schooling and mass education. In contemporary societies, where both democracy and economic development and competitiveness are increasingly dependent on the level and dissemination of knowledge, children's education is an indispensable objective. The degree to which a country is of modern is measured primarily by the number of years spent in the education system and the quality of learning.

Universal access to education is the crucial goal both of the conclusions of the Cairo Conference of 1994 on population and development and of the Millennium Summit Meeting held at the United Nations in New York in 2000. The elimination of poverty, promotion of gender equality, empowerment of women, reduction of infant mortality, improvement of maternal health, fight against disease, and environmental sustainability all depend directly or indirectly upon its attainment. Many countries, especially in the Third World, are still far from achieving this virtual target set by the UN Millennium Project for 2015. While most of the children in the enlarged Mediterranean area enjoy access to some form of schooling, the situation is somewhat varied. According to UNESCO, the female population has gained access to education in all regions and the gap between them and the male population has narrowed. High rates of illiteracy are still present in some countries, however, and shortcomings are registered as regards the percentage of pupils completing primary school and above all those enrolled in secondary education. Moreover, the phenomenon of illegal child labor has yet to be completely rooted out.

The large number of Best Practices operating in this sector thus constitutes an important indication of widespread and growing attention to the education and culture of the new generations in the Mediterranean area. For all their programmatic variety, all these practices rest on the question of rights, and especially the right of every child to education, as laid down in art. 28 of the UN Convention on the Rights of the Child. Then there is the more general right of the child to freedom of

expression, thought and conscience, a right expressed in freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice (art. 13). One noteworthy development is the fact that recognition of this right is associated in many cases with the ability of children to put their rights into practice through different activities, thus playing an active role in society and participating in its construction.

While this constitutes the primary objective of many of the Best Practices submitted, the tools employed are highly disparate and their selection depends on the specific circumstances. In situations of the greatest deprivation, it is first of all essential to increase the rates of enrolment in basic education. The objective pursued in these cases is to attain education for all by 2015, to reduce the economic burden of families who cannot pay for the education of their children, to decrease the gender gap in basic education, to promote a positive experience of schooling for children from the most disadvantaged classes, and to support the acquisition of basic literacy by children at risk of educational failure. In other cases, the practices back up the official educational system by furnishing additional opportunities through the creation of supplementary learning environments, providing safe and supportive environments for children to express and develop their creativity and acquire the capacities essential for their growth into socially, physically and emotionally well-developed and stable adults. Then there are practices pursuing the more ambitious goal of encouraging creativity, self-esteem and mutual respect, all critical ingredients for building a culture of peace, facilitating intercultural communication between children, and helping children to express their needs and achieve broader community participation stressing equality and respect for themselves as well as the duty to protect these rights for others.

Health

Though placed here at the end of the list, health is unquestionably the child's primary and most important right. With respect to survival, all the other rights become secondary by definition. Fundamental importance is correctly attached to the protection of children's health and mental and physical integrity in all the international charters and conventions on human rights.

While extraordinary progress has been achieved in this sector over the last few decades, not least through advances in medicine and access to new forms of treatment, not all countries have benefited to the same degree. Apart from the most backward areas of the Third World, where the situation is extremely serious, some countries of the enlarged Mediterranean area still present a substantial gap with

respect to the more advanced regions of western Europe. These differences regard such basic aspects as the infant and under-five mortality rates, life expectancy at birth, and public health expenditure per capita as a proportion of GDP. There is thus a great deal still to be done if we are to meet the challenge and ensure full respect of the child's right to life and health.

Given this situation, the fact that a considerable number of the Best Practices entered for the MedChild Award focus on this sector is unquestionably to be regarded as something positive. The concept of health is, however, somewhat vague and in need of sharper definition. The implementation of the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health is not only a matter of reducing child mortality. Alongside this elementary objective, it is indispensable - as expressly asserted by art. 24 of the Convention on the Rights of the Child - to ensure the provision of necessary medical assistance with an emphasis on the development of primary health care, to combat disease and malnutrition, to ensure appropriate pre-natal and post-natal healthcare for mothers, to ensure that parents and children are informed, have access to education, and are supported in the use of basic knowledge of child health, hygiene and environmental sanitation, to prevent accidents and, last but not least, to develop preventive healthcare.

These goals have, of course, different levels of urgency in each country and each community, and the Best Practices fully reflect this diversity. They thus cover a broad spectrum, ranging from the extreme cases of efforts to assist children as passive victims of the horrors of war and violence to programs of health education for children, parents and teachers designed to instill sound habits. On the whole, however, they pursue the common objective of ensuring the full and harmonious development of personality in a state of physical, mental and social well-being so that the child can be recognized as a member of society. A certain number of Best Practices are designed to increase the participation of children and adolescents in the life of the community, especially in the case of those affected by different forms of disability, not least by harnessing the new technologies. A recurrent feature of these practices is the attempt to create a partnership of different parties – parents, medical personnel and educators – so as to spread enhanced awareness of children's rights and requirements. Information also plays an important role, above all with respect to the mothers of infants and pregnant women with HIV. Finally, there is the special case of initiatives designed to improve the quality of life of child patients and medical personnel in hospitals through recreational and musical activities.

DELIBERATIONS OF THE JURY

The MedChild Award jury, consisting of:

the President

H.E. Eng. Nidal Al-Hadid, Lord Mayor of Amman

the Members

Ahmed Al-Salloum, MedChild, Board of Governors – Director General, AUDI (Arab Urban Development Institute), Riyadh, Saudi Arabia

Prof. Alberto Martini, MedChild, Board of Governors – Head, Department of Pediatrics, G. Gaslini Institute, Genoa, Italy; University of Genoa, Italy

Jean-Louis Reiffers, MedChild, International Scientific Committee – President, Scientific Council, Institut de la Méditerranée, Marseilles, France

Mary Eming Young, MedChild International Scientific Committee – Lead Early Child Development Specialist and Child Development Knowledge Coordinator, Human Development Network, The World Bank, Washington DC, USA

convened in Rome on 18 April 2005 to assess, either directly or by conference call with those who could not physically attend, the formally eligible Best Practices submitted within the set deadline.

Whereas it was established that:

the Best Practices examined should, in accordance with the principles laid down, foster the development of a comprehensive, consistent and coordinated policy for children in the enlarged Mediterranean area (comprising the EU and MENA region as well as other countries situated around the Mediterranean basin and on the western shore of the Black Sea) with specific reference to the sectors of health, education and culture, early child development and urban setting;

Recognition of and respect for the rights of the human being with no distinction whatsoever must constitute an essential criterion also for the assessment of policies aimed at children, given that respect for children's rights and greater equality between children and adults will help preserve the pact between generations and contribute toward democracy;

The UN Declaration of the Rights of the Child (1959), the UN Convention on the Rights of the Child (1989), and the Council of Europe's Recommendation on a European Strategy for Children (1996) recognize that children, by reason of their physical and mental immaturity, need special safeguards and care, including appropriate legal protection, both before and after birth;

The order of priority of policies and initiatives should not be evaluated in abstract terms but in the light of children's real living conditions and special consideration is therefore required for children in exceptionally difficult circumstances due to personal, family, social and economic reasons and/or the presence of military conflict;

The family environment is crucial for the full and harmonious development of the child's personality and it is hence essential to accord priority to ensuring that the family receives the assistance and protection needed in order to perform its social function fully;

Taking into account all of the above and in accordance with the rules of the MedChild Award, the jury agreed to attach particular importance in the course of selection to practices distinguished for the following:

- Originality in terms of planning and implementation in the international panorama of policies aimed at children
- Capacity to respond to the urgent needs of the child population while respecting the child as a citizen with equal rights
- Capacity to combine provision and protection with efforts to foster the active participation of children in the life of society
- Capacity to increase collective awareness as regards the conditions and best interests of the child and to prompt action in this connection on the part of public institutions, social organizations and individual citizens, also on a voluntary basis
- Capacity for replication in other geographic and political contexts
- Economic and social sustainability
- Results achieved, suitably documented in terms of the number of beneficiaries

In the light of the above considerations, the jury unanimously agrees to present the MedChild Award of 25,000 euros to the following Best Practices in three of the four envisaged categories:

Health – Children and war: community and School based interventions, submitted by the Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon

- for* being implemented since 1996 by a well-matched ensemble of governmental and non-governmental organizations, and aiming to solve a problem of fundamental importance and high urgency: children exposed to war;
- for* showing a strong and clear attention to the right of children to be protected from all forms of physical and mental violence;
- for* being highly innovative and widely accessible, proving to have a tangible impact on improving the quality of life of the children whom it is addressing (which are many, considering that this action has a great potential for transferability, up-scaling and replication elsewhere), and having as a result the setting up of a strategy to be used for children/adolescent traumatized by war;
- for* being quite consistent with the assumption that childhood is a “permanent social phase”, promoting an effective inclusion of children in society, and all with an advantageous cost-benefit ratio and a real sustainability.

Education and culture – National Reading Campaign, submitted by the Tamer Institute for Community Education, Ramallah, Palestine

- for* being carried out in the very difficult environment of a Country whose prosperity is crucial for the entire Middle East's destiny, and implemented by an extremely large and composite group of partners from all over the “enlarged” Mediterranean region (as conceived by MedChild and particularly defined for this Award);
- for* being an highly original and innovative action in defense of the right of children (Palestinian children, in this particular case) to a proper education, and approaching fundamental health topics as well;
- for* paying particular attention to children with special needs (like mentally disabled and those with impaired sight), integrating them in the activities as protagonists, like and together with all other children;
- for* showing a successful impact on improving children's quality of life, and revealing a good potential for replication and transferability.

Early child development – With Small Steps to Cities of Peace, submitted by the Fondi Kristian I Femijeve Shqiperi (CCF Albania), Tirana, Albania

- for* combining in a very well structured program the different areas of activity concerned by the Award (Early Child Development, Education, Children's rights, Health), and having demonstrated that "small steps" can get you a long way;
- for* addressing a geographical area that is often neglected, but in fact is in need of support and attention;
- for* promoting an all-round improvement of children's well-being with training courses on development, nutrition, illnesses, vaccination, play, rights and non-violence;
- for* being extremely inclusive and underlining equity in its projects, relying on local population in its execution and addressing all members of family.

Urban settings: as the Award Jury did not receive any appropriate submission for this category, while persisting in underlining the fundamental importance of the relevant topics and the real need for new and effective programs in this sector, it has decided that, this year, the MedChild Award for the category of Urban Setting will not be assigned.

WINNING BEST PRACTICES

CATEGORY “HEALTH”

Children and war: community and school based interventions

- Place of action: South of Lebanon and West Bekaa, Lebanon
- Submitted by: “Institute for Development Research and Applied Care”
IDRAC (NGO)
Achrafieh, 166227 Beirut, Lebanon 1100 2110
- Contact person: Professor Elie G. Karam
- e-Mail: idrac@idrac.org.lb
- The Partners:
- Hariri Foundation (Non-profit Organization)
 - Lebanese Ministry of Interior, Higher Council for Relief
 - Lebanese National Council for Scientific Research (LNCSR)
 - UNICEF
 - The Netherlands Ministry of Foreign Affairs

Summary of the purpose and achievements of the Best Practice

War is a far too common occurrence in many parts of the world, and children are becoming victims of war in many cases (child soldiers, kidnapping, refugees...), but most commonly are the passive victims of the terror of war. In Lebanon, IDRAC decided early on to study the effect of war on mental health. In 1996, the “Grapes of Wrath” military operation affected populations in the South and part of the Bekaa, Lebanon, which comprises around 20% of the total Lebanese population. It became quite clear to IDRAC, UNICEF, Lebanese Ministry of Interior, and other partners that something should be done! A multi-phased plan was devised after consultation with world wide experts. Students attending schools in the South and Bekaa were screened, and a sub group were randomly chosen for either specific or non-specific intervention. Those students were followed up a year later to test the efficacy of treatment. Another group was followed naturalistically for a year. A third component of this initiative was the program for the Orphans of Qana who lived through devastating traumatic grief witnessing the death of parents,

siblings, and friends. They were enrolled in a very special Child Care Program called the “Children of April 96”, established by the Hariri Foundation in association with IDRAC. The aim of the program was to treat these children, prevent future relapses, and ensure that they are developing in optimal psychosocial conditions. The general results of the children and war program show that mental health problems are significant after war but seem short lived in many children except for those with specific risk factors. Early intervention helps in minimizing the HUGE consequences of war, and more focused treatment needs to be applied after trauma as in the case of orphans.

Description of the Best Practice

In Lebanon, the Institute for Development Research and Applied care (IDRAC) decided early on to study the effect of war on mental health (1,2,9-12,15,17-20). Immediately after the “Grapes of Wrath” (April 11-June 27, 1996) military operation in the South of Lebanon and the West Bekaa, IDRAC, in association with the Lebanese Ministry of Interior, UNICEF, the Ministry of Education and other partners initiated a large-scale war trauma project in children and adolescents (May–July 1996). Fundraising activities and grant proposals were submitted by IDRAC to all partners to secure the funds for this project. The project aimed at assessing and relieving the sequelae of war among children and adolescents (age 6-17 years) from schools in the South of Lebanon and West Bekaa. Extensive meetings were planned with school principals, local health and social workers, and decision-making involved the concerned ministries: the Lebanese Ministry of Public Health and the Lebanese Ministry of Education. Dr. EG Karam flew to the United States and consulted with a group of experts in mental health sequelae of trauma, devising a multi-phased plan. Next, the IDRAC team (EG Karam, A Karam, P Yabroudi, C, Mansour, N Melhim, S Saliba, V Zbouni), in addition to social and mental health workers, with the support of the partners, started the careful preparation for the study using the available funds dedicated for this project. This included training health workers and teachers, printed material, translating and adapting instruments, transportation to the remote areas, continuous communication, clinical evaluation, intervention (psychotherapy, group therapy, school therapy, etc.) follow-up, summer camps, data collection, analysis, report/ article writing, and designing electronic file-forms to make it possible to any newly assigned professional to take over at any point in time. The children and war project included three multi-phased programs. The first aimed at assessing the sequelae of war among children and adolescents from the community of the South and West Bekaa of Lebanon; the second aimed at conducting a classroom based group intervention in extremely war-exposed villages for school-age children and adolescents. Two new members joined

IDRAC, a child and adolescent psychologist (C. Cordahi Tabet), and a child and adolescent psychiatrist (J. Fayyad), and a third component of the program: the Child Care Program for the orphans of Qana (1,3-8,10,13,14,16) was initiated.

In the first program, 45,000 children and adolescents were sampled from all public and private schools in the South of Lebanon and West Bekaa. Three instruments were given to 386 children and adolescents and their parents representative of that population: the Diagnostic Interview for Children and Adolescents Revised (DICA-R, translated and adapted by IDRAC into the Arabic language in its three versions: Parent, Adolescent and Child versions), the War Events Questionnaire (WEQ), and Displacement Questionnaire. 143 of these children and adolescents were followed up one year later. Results showed that rates of Depression decreased from 23.6% to 5.6% at one year follow up, Separation Anxiety Disorder decreased from 17.9% to 4.2%, Post Traumatic Stress Disorder decreased from 24.1% to 1.4%, and Overanxious Disorder decreased from 24.9% to 0%. The prevalence of any mental health disorder decreased from 45% to 9.1 % at the one-year follow up. The associated risk factors for these mental health disorders one year after war trauma were: history of previous mental health problems, exposure to war, fear of being beaten at home, financial problems, exposure to family quarrels, and chronic illness.

The second program included 2500 students (age 6-17 years) who all received school based treatment directly after war. Teachers from the schools of the South and West Bekaa were extensively trained by IDRAC to conduct the structured therapeutic intervention by using step-by-step manuals. The purpose of this program was to treat children and adolescents, prevent future relapses, ensure that they are developing in optimal psychosocial conditions, and prevent the emergence of negative social phenomena resulting from the development of specific parameters in the identity of these children in the after-math of war (victimization, tolerance to violence, tolerance to chaos, abuse, etc.). Of these 2500 students, 116 students were selected randomly by IDRAC to be interviewed for baseline measurement (before intervention) and again one year later to re-assess their mental health, and test the efficacy of the intervention. Treatment was divided into specific and non-specific depending on the ratings achieved by reviewing the therapy manuals filled daily by the teachers after each session and evaluating the specificity with which the training instructions were followed. Results showed that both therapy groups improved one year after trauma.

During that period, at the initiative of Deputy Mrs. Bahia Hariri, IDRAC joined a group of experts to design the third program, the “Children of April 1996”, aiming at implementing an integrated support for the group of children and adolescents of

Qana, who were traumatized by a brutal war chapter that left them orphans. Even though social and economic assistance to these children started during the summer of 1996, the organization of psychological-social-educational support required a careful preparation and was operational in summer 1997, at the “Phase I” Assessment, one year after the “Grapes of Wrath”. The program included 72 children and adolescents and was constructed based on four main dimensions of child development: education, medical non-psychiatric health, mental health and social/economic. The children and adolescents’ ages ranged between 8 months and 20 years; 16 were pre-scholars. In the first phase, priority was given to the 56 children and adolescents (23 girls and 33 boys) who were above the age of 6 years, and who were at higher risk of having problems in education and mental health. Some non-orphans were also recruited into the program: two of them were victims of toy mines. These victims found toy mines in the fields and they blew up when attempting to play with them, causing them severe physical injuries and serious mental health problems. A child psychologist (C. Cordahi Tabet) was assigned by IDRAC to be in charge of the Orphans of Qana program.

The preparation phase for the program was from January to June 1997, and it included: 1) Conceptualization of the general guidelines via extensive meetings of the senior clinicians of IDRAC. 2) Creation and adaptation of forms and electronic files for the four dimensions of the program. 3) Training the field workers of the South. This training included: a) introduction to psychopathology through a series of seminars and interactive discussions, held at IDRAC’s offices; b) training the field workers on the use of structured instruments, and electronic coding of information such as educational file forms, socio-familial file forms, and psychiatric structured interview forms (DICA); these instruments were used for quantitative measurements. Clinical assessment and feedback from the social workers were used for qualitative measurements of the impact of the program on the orphans; c) supervising the field workers directly by a clinician from IDRAC or indirectly through audio-taping their work, and having discussion meetings with a senior psychologist from IDRAC. In Phase I, a baseline in-depth clinical assessment was performed by a child and adolescent psychologist from IDRAC, and took place at a dispensary in Qana and in one of Hariri Foundation offices in Barr Elias, West Bekaa. A two-hour structured interview (DICA) by the field workers accompanied the clinical assessment, which allowed us to do at the same time a validity study on the DICA-R translated and adapted locally. Cases of severe psychopathology were immediately referred to the Psychiatry and Psychology services of IDRAC. Lastly, a plan was set for the long-term treatment and follow-up through individual, family, and group psychotherapy. Each Phase started first with a re-assessment of the whole group. The “Children of April 1996” Program was divided into Five Phases

and Three Summer Camps (Appendix I). The goals of the psychological treatment program can be found in Appendix II. The local community was involved in each of the summer camps (Appendix II). The results of this program showed that at Phase I, 62.5% of the children and adolescents had at least one psychological disorder, however at the end of Phase IV this decreased to 23.2%. It is interesting to see that from Phase I to Phase IV Post Traumatic Stress Disorder decreased from 20.7% to 1.4%, Depression from 24% to 4%, and Separation Anxiety from 39.7% to 1.6% (in Phase III). Overall, this showed the positive effect of the Program on the orphans. Another interesting finding was an increasing emergence of externalizing disorders (17.4%) among these children and adolescents at Phase III of the program, revealing what may be a long term hidden sequelae of combined war trauma and traumatic grief in offspring who lose a parent. In addition, the program protected and promoted the children's rights and well being in receiving immediate support from their relatives and community, improving their social skills, and securing a healthy environment.

The general results of the children and war project in its 3 programs showed that mental health problems seem short lived in many children except for those with specific risk factors. More focused and long-term treatment needs to be applied after compounded trauma as in the case of orphans. The efficacy of the program so far, makes it an appropriate strategy to use for children and adolescents who were traumatized by war in Lebanon and any other similar country. The way it was conceptualized, in such a structured and systematic way, using assessment and follow-up file-forms, made it easy to insure sustainability on the long term, and not to be dependant upon its initiators. Having a yearly structured and clinical re-assessment made it possible to disclose the short and long term sequelae of war trauma and grief as well as the new emerging treatment needs at an individual and a group level.

A "training the trainers" model additionally reinforces the sustainability of the program where health workers, social workers, and teachers were instructed in a step-by-step fashion to deliver a structured mental health intervention in the community, which can be replicated whenever the needs arise. In addition the workers who were previously blind to mental health issues in children are now familiar with the various presentations of common childhood mental health disorders so that they can recognize them early on and implement basic interventions or refer to more specialized care if needed. This project is feasible to replicate in war trauma situations, or following other disasters, natural or man-made, as it included a comprehensive package of assessment and treatment components that meet all of the needs for children and adolescents: medical, socio-

familial, and psychological. The program took into consideration the local cultural needs, beliefs, and norms in designing the intervention. Due to this project, the local communities are giving more attention to mental health in children, where various local institutions and NGOs have initiated mental health clinics to deliver mental health services in these regions.

In case of an attempt to replicate this project, we would suggest that screening takes place several months after war trauma and not directly following it to allow for detection of cases still suffering from mental health disorders. Replicating this program anywhere in the world would require at least the following: one senior psychologist working full time for more or less than four months and then on average one full day per week for the rest of each year, one junior psychologist and one social worker and his/her assistant working under the senior psychologist's supervision for a group of 60 children and adolescents. Ideally, the team would include one consulting psychiatrist and one consulting pediatrician. The senior psychologist should first work to adapt/translate/create structured assessment and follow-up forms for the mental health, education, and socio-familial domains to be used by psychologists and social workers.

A treatment plan should be tailored empirically i.e. based on the results of the first local assessment and re-adjusted and re-tailored yearly based on the yearly re-assessment and emerging new-needs. Treatment should combine individual and group experiences. Continuous coordination should be ensured via phone or meetings between psychologists, psychiatrists, social workers and pediatricians. Any decision/discussion /intervention should be documented in writing to allow long -term follow-up by any newly assigned professional. In our experience, such a severe two-fold trauma (war and grief) requires intensive work and continuous follow-up, and successful outcomes can be expected after implementing school based and community interventions as outlined afterwards.

The Prospective Follow-Up Program of the “Children of April 1996”

Period	Type of Intervention
June 1996-Present	Continuous follow-up of children, adolescents and their families with social workers
January '97-May '97	Initial psychiatric training of social workers at IDRAC
Phase I:	
June '97-July '97	First Psychotherapeutic Evaluation for children, adolescents and their families by clinicians from IDRAC
June '97-Sept '99	Individual Psychotherapy and follow-up of moderate to severe cases, by clinicians from IDRAC
August '97-Present	Continuous follow-up of children's and adolescent's needs through a social worker in collaboration with IDRAC
Phase II:	
July '98-August '98	Second Psychotherapeutic Evaluation for children, and their families by clinicians from IDRAC
August 1998	First Evaluation for newly recruited families
Phase III:	
May '99-July '99	First Summer Treatment Camp
August 1999	Third Re-Evaluation: one-by-one case review and psychotherapeutic re-evaluation for cases that were still affected
Phase IV:	
July 2000	Second Summer Treatment Camp
August 2000	Fourth Re-Evaluation: one-by-one case review and psychotherapeutic recommendations discussed between clinician from IDRAC and social worker
Phase V:	
July –Sept 2001	Third Summer Treatment Camp
2002-Present	Fifth Therapeutic Re-evaluation
	Networking and continuous communication between IDRAC, Hariri Foundation and the social workers regarding follow-up on these orphans.

The goals of the psychological treatment program at each phase and camp

Phase I (June 1997): To target the psychological disorders through individual treatment of children, adolescents, and their caretakers.

Phase II (July 1998): To target the psychological disorders through individual treatment of children, adolescents and their caretakers. Psycho-education of parents.

Summer Camp I (August 1998): Orphans only. Anger and Violence Management related to diversity of political adherences among children and adolescent. Answering the urgent need for these children to learn to build self-esteem outside the political identity. Learning to respect others from different political identities and groups, to solve ongoing related problems of violence. Learning from scratch to participate in non-war games and play by emulating non-war related heroic models. Learning to seek appropriate leisure activities. Group debriefing.

Phase III (June 1999): To target the psychological disorders through individual treatment of children, adolescents, and their caretakers. Psycho-education of parents.

Summer Camp II (August 1999): Orphans from war and from other conditions. Learning to step out from exploiting the victim position induced in their identity because of war. Participating in workshops for rebuilding and improving the community. Developing social skills. Learning to seek appropriate leisure activities. Group Debriefing. Behavioral management of severely chaotic, undisciplined, hyper agitated and disorganized behavior particularly in boys aged between 8 and 14.

Phase IV (July 2000): To answer the children, adolescents, and caretakers' needs through targeted therapeutic interventions discussed and recommended to the social worker in charge.

Summer Camp III (August 2000): Orphans and non-orphans from a variety of groups and religions. Learning to live together among different religions. Learning each other's religion from a cultural point of view. Guided field trips to churches and mosques. Discussions among participants. Learning tolerance. Learning to seek appropriate leisure activities. Learning organizational skills. Behavioral management therapy. Recommendations for parents for daily living skills of their children.

Phase V (July –September 2001): Structured questionnaires that tackled the psychological disorders diagnosed at previous phases.

2002- Present: Networking and continuous communication between IDRAC, Hariri Foundation and the social workers regarding follow-up on these orphans.

CATEGORY “EDUCATION AND CULTURE”

National Reading Campaign

- Place of action: West Bank and Gaza Strip, Palestinian Occupied Territory
- Submitted by: “Tamer Institute for Community Education” (NGO)
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Ramallah, Palestine
- Contact person: Jehan Helou
- e-Mail: tamer@palnet.com
- The Partners:
- Daikonía, Sweden (International Humanitarian and Development)
 - NPA, Norway (International Humanitarian and Development)
 - Christian Aid, UK (International Humanitarian Charity)
 - Welfare Association, Israel (Non Profit Humanitarian and Development)
 - Belgium (International Cooperation)
 - Save the Children (International Humanitarian)
 - Heinrich Böll Foundation, Palestine office (International Development aid)
 - UNICEF
 - British Consulate of Jerusalem
 - UN High Commissioner for Human Rights
 - Ford Foundation, Egypt (International Development)
 - UNDP
 - DFID, UK (International Development)
 - British Council, Palestine (Cultural Center)
 - UNESCO
 - Ministry of Culture, Palestine
 - Ministry of Education and Higher Education, Palestine

Summary of the purpose and achievements of the Best Practice

The main aim of the NRC is to encourage leisure reading in order to widen knowledge and improve critical thinking and writing skills and motivate children and youth to seek knowledge while enriching their imagination and widen their multicultural scope. This is achieved by making children, youth and parents aware of the importance of reading for mental and spiritual growth. Through this campaign, the Institute aims to partially compensate for the disruption of education due to Occupation. The reading material we promote encourages intercultural consciousness and tolerance. Many of the workshops that are held aim to help children realize their rights by providing them with knowledge which in turn empower youth positively for change in their own struggle for their rights. The target group of this project is the entire Palestinian Community through children and youth. We also directly target those involved in childrearing (schools, librarians parents etc.). In 2004 there were more than 1,000 workshops and activities with more than 45,000 beneficiaries, 37,973 of which are from the National Reading Week alone. The goal of Tamer Institute is to create learning environments in various locals through encouraging reading and the expression of personal experiences in writing, drawing and learning through action. To do this, we approach children and youth in their locals and encourage them to share their thoughts, achievements, hopes and dreams within small groups, which eventually provide communication network amongst them. Such environments are to give children and youth the opportunities to grow and develop their identity, moral and values. Children's rights are also incorporated through non formal education being workshops and Tamer's publications.

Description of the Best Practice

Tamer Institute for Community Education is an educational non-governmental non-profit organization established in 1989 midst the first Intifada as a natural and necessary response to urgent needs in the Palestinian community. The most important of those needs according to Tamer is the need to acquire means to help learn and produce. The Israeli Occupying forces implemented a policy of denying the Palestinians one of their most basic rights... the right to an education. The large population of children and youth (60%) were the most seriously affected. Knowledge was deprived since knowledge is power. Even the school books that were adapted from Jordan for the West Bank and Egypt for Gaza were censored by the Israeli government erasing any mention of Palestine, Palestinians or the sort. Hence blossomed Tamer... to ensure that an entire nation continues to seek knowledge and instills the Palestinian culture within society. Tamer was established

to counter the effects of the Intifada by building a nation of intellectuals who will be able to challenge the occupation through rationale, as Edwards Said said, "The Zionists or Israelis distorted our history and undermined it. In doing so they imposed tremendous amount of control on ideas that were contrary to their narrative, so our history has made us conscious of the need to protect the free flow of ideas" (Palestine and Education, "Teaching Palestine Project", Teacher Development Center Almagrid July, 1997). The National Reading Campaign (NRC) is an annual, ongoing event that is at the heart of all of Tamer Institutes programs. The Campaign is a community based project with tens of people contracted for specialized activities over 200 institutes, organizations and Ministries (Culture, Education, Sport and Youth), UNRWA and individuals who donate their time for the NRC. The NRC is one that has been being implemented in all of Palestinian Occupied Territory for 12 years. The West Bank, including East Jerusalem, and Gaza Strip have been under Military Occupations since 1967 with a population 3.2 million Palestinians, of which, 60% are youth and 1,505,509² are refugees. Over 72% of the population is living under the poverty line of less than US\$ 2 a day³/person, a result of the high unemployment due to the travel restrictions imposed on Palestinians, hence there is no budget for books when mere survival becomes top priority for families, which means many children are being withdrawn from school in order to provide an additional income for their families. The main aim of the NRC is to encourage leisure reading in order to widen knowledge and improve critical thinking and writing skills and motivate children and youth to seek knowledge while enriching their imagination and widen their multicultural scope. Through this campaign, the Institute aims to partially compensate for the disruption of education due to Occupation. The reading material we promote encourages intercultural consciousness and tolerance. Many of the workshops that are held aim to help children realize their rights by providing them with knowledge which in turn empower youth positively for change in their own struggle for their rights. The target group of this project is the Palestinian Community through children and youth. We also directly target those involved in childrearing (schools, librarians parents).

² UNRWA <http://www.un.org/unrwa/refugees/camp-profiles.html>

³ UNESCO report

Main Components of the National Reading Campaign

1. *National Reading Week*: The National Reading Week (NRW) is usually held the first week of April to coincide with International Children's Books Day and Palestinian Child Day. This week long activity is the climax of the Reading Campaign. There are many activities and workshops held for the general public and all are encouraged to participate. The workshops and activities include: reading and writing workshops, drama, book readings, book reviews, storytelling, national culture etc. The week is advertised with posters, flyers, banners, stickers and newspaper advertisements.
2. *My First Book Competition*: "My First Book Competition" is open for children and youth (8-14) to submit their original writings with illustrations to be published in a book written and illustrated solely by children and youth. This competition has gaining much attention as the number of submissions per year is increasing. This competition encourages children to write creatively about topics of their interest.
3. *"I donated a book" campaign*: This campaign encourages the entire community to donate books to their local library and community centers. During this campaign, a number of youth go door to door spreading the word of the NRC and ask for book donations which are distributed to newly established libraries. The yearly average number of books donated is 1,200.
4. *Summer Days*: Summer Days is an educational summer camp for Tamer Youth. This week long summer camp is filled with educational activities for youth. The activities include a number of workshops and activities that are of importance to youth (campaigning, critical thinking and writing, book discussions, advocacy, human rights, self development leadership and life skills and health issues). During this camp, children are also encouraged to volunteer time for their local community.
5. *Reading Passports*: With the birth of the Reading Campaign also came the creation of "reading passports" which is a 7 series passport. The 7 series reading passport that are distributed free of charge to children in marginalized areas and are designed like any national traveling passport with personal information and a picture of the holder of the passport. Each book that is read by the holder of the passport become a "visa" in the world of books. Upon completion of the 7 series set, the holder of the passport will have read 147 books and is eligible for prizes and to become a member of the Reading Club. This very simple idea became a big inspiration for children and youth to read. Here, we must note the uniqueness of the reading passports; up until the "reading passport", Palestinians who have been under occupation had never owned a passport of their "own".

6. Library Activities: Throughout the year many activities are held in the community based children's libraries as well as Tamer Institute's Library. The activities include: storytelling, drama, arts and crafts, book reviews etc. These activities are open to all youth and children. These past few years, Tamer Institute has been working on integrating children with special needs in the activities. Tamer Institute has also published over 10 titles of children's stories/short novels in Braille which were distributed to schools of the visionary impaired. Tamer also conducts activities for the mentally disabled.
7. Nakheel (Youth) Activities: The youth who belong to Tamer are spread in different areas of the Palestinian Occupied Territory and work on a volunteer basis to run activities throughout the year. These activities reflect Tamer's programs in addition to activities relevant to their communities. Also there are three specialized Nakheel teams: Yarrat, Sirb, and Voices from Palestine. The Yarrat team coordinates and produces Yarrat pages, a bi-monthly bulletin composed of youth creative writings and drawings of their own interests. They also hold many workshops throughout the year in the field of journalism. The Sirb Team are those who have an interest in photography. They get together, hold workshops and film things of interest to them as well as documentation for Tamer Institute's activities. Voices is a group of youth who express themselves and the situation they are living through the Tamer website as forum. All the youth teams volunteer their time and effort for the NRC and help librarians in activating the libraries.
8. Distribution of Educational Packets: These packets consist of a number of books being children's literature and fun math workbooks with writing material. These packets are distributed to children in areas most affected by Israeli aggressions and children are not always able to reach their classrooms or local libraries due to closures, curfews and roadblocks with around 53,300 books being donated. 240,000 books have been distributed to public, private and UNRWA schools and another 17,500 to libraries, organizations, clinics and prisons. These packets are very important so as to keep children interested in reading, and having exciting, high quality children's books seems to be the best way to keep the children motivated and is very important in psycho-social activities.

Also given are health workshops for youth and communities as a whole; topics include: reproductive health, life skills, coping with crises etc.

Tamer, in cooperation with the Ministries of Culture and Education, ventured on a project supporting literacy amongst Palestinian children through the production of supplementary reading materials incorporated in the school curriculum, and

development of local capacity to produce high quality children's literature, while promoting equal opportunity and diversity (disability, gender issues, racial and religious diversity and refugees) through the literature produced and provided the Palestinian schools and community based libraries and children in affected areas 280,000+ copies of 14 books as supplementary reading to the curriculum. The impact of the 13,000 copies of the 14 books which enter the government and UNRWA schools will be used by more than one classroom in the same school, each year. If we assume three classrooms at the same grade level in the average school, it is estimated that the 14 books will have been read by 546,000 students in the first year alone. This impact expands every year that the books are used. Three additional titles were also distributed to schools and organizations.

Tamer has published over 65 books (children, novels, guides and manuals) and also 67 children's stories.

Main funding: International partners: Norwegian's People Aid, DFID and Diakonia and Christian Aid.

Evaluation of the NRC

In evaluating our campaign, we do a comparison, on a yearly basis, of the number of people who participate in the activities. We also use the number of submissions to Yara'at (which increases annually by an average of 20%) and My First Book competition with an average increase of 12% of stories submitted as an indicator as to how many children and youth we are reaching through the campaign.

Another indicator of the success of the Campaign is the number of children who are members of their local library. The Institute also does an internal evaluation with the entire Tamer team and the Board of Trustees as well as invited experts in the field of children's literature. The number of children's libraries, whether community based or through municipalities has increased dramatically over the past five years. Before 1998, the number of children's libraries was two or three and not well equipped with both books and facilitators. Now, there are over 73 children's libraries in which Tamer Institute trains the librarians, helps them in establishing a network and animating their libraries through books donating around 17,500 books and training on activities. This proves that the importance of children's literature is gaining much support within our society.

Given the success of our Reading Campaign, it was adopted by Palestinian Refugees in Lebanon where the same campaign is being implemented in order to promote children's literature in the refugee camps.

Our campaign has made a difference in our society. We received a lot of local and international support (both material and moral) in the scope of children's libraries. Our efforts to promote reading and children's literature as well as the rights of the

Palestinian child are evident; our work includes literature from different societies making our society a haven for children's culture and children's rights. Tamer has become the focal point for providing children's literature in Palestine through workshops for writers and illustrators and becoming member of IbBy. Our Resource Center is also a base for writers and researchers.

As with any venture that must be taken under military occupation, there are usually difficulties faced. For example, in 2002, at the time of the NRW the majority of Palestine was under strict military curfew which meant that many of our volunteers were holding activities for children in their neighborhoods. A way to counter the difficulties is to have a contingency plan in the event of closures. Also, things are usually kept tentative until we can assume that the timing for the different events is final. Other difficulties encountered are curfews, closures and funding.

The events that take place each year are dependent on the funding received. However, in general, and for the year 2004, the year is broken up as follows:

January

Steering Committees are formed in different regions of the West Bank and Gaza Strip to facilitate for a smooth running of the National Reading Week in their respective areas. Weekly activities take place at Tamer's Resource Center and Children's Library for children and one activity is held at the Swedish School for the Mentally Disabled throughout the year. Youth team members also hold at least one meeting per week in different areas in both Gaza and West Bank.

IBBY monthly meetings held.

Public health workshops (reproductive health, life skills, chronic illnesses etc.) conducted in West Bank and Gaza Strip for youth and communities.

February

Steering Committees coordinate with local libraries and Tamer Institute for activities during the NRW. Activities continue to take place in local libraries in both the West Bank and Gaza Strip. Youth teams also continue to meet.

IBBY monthly meetings held.

Public health workshops conducted in West Bank and Gaza Strip for communities.

March

Promotional material is distributed to the different areas of the West Bank and Gaza Strip. Youth volunteers begin distribution in their respective areas. Continued children and youth activities are held with book debates (Tamer publications) not in action.

IBBY monthly meetings held.

Public health workshops conducted in West Bank and Gaza Strip for communities.

April

National Reading Week is advertised in papers and banners in the West Bank and Gaza Strip. Intense activities for children, youth and parents are held throughout the week. My First Book competition is announced and children are encouraged to write and illustrate their first book. Youth teams continue to meet. Psycho-social activities are held in marginalized areas, an average of 2 activities per week..

IBBY monthly meetings held.

Public health workshops conducted in West Bank and Gaza Strip for communities.

May

Evaluation of NRW is conducted with the help of local Steering Committees. Youth team meetings are held, continued psycho-social activities in local libraries. Yara'at publication in its final stages. Illustration workshops held for artists.

IBBY monthly meetings held.

Public health workshops conducted in West Bank and Gaza Strip for communities.

June

Yara'at published. Continued activities in local libraries. Begin working with 4 schools on safe environments. Planning for Summer Camp begins with the help of Tamer Youth. Public health workshops conducted in West Bank and Gaza Strip for communities.

July

Summer Camp for youth held in West Bank and Gaza Strip. Entries for My First Book are collected and begin to be reviewed by selection committee. The number of activities in local libraries increases during the summer months as well as youth meetings and debates. Writers continue to hold meetings. Illustration workshops held for local artists.

August

Psycho-social activities are held in the different area libraries for children. Youth continue to meet and work with 4 schools and safe environments in implementation stages. Evaluation by Tamer and youth for Summer Camp.

September

A number of books are published by Tamer Institute. With school beginning, activities for children return to once a week. However, youth continue to meet and prepare another issue of Yara'at.

October

Planning for “I donated a Book” Campaign begins. Activities held for the four schools to learn what a safe environment is for them.

Youth teams continue to meet and activities are held at the libraries.

November

“I donated a Book” Campaign begins with a number of nightly activities held for the general public. Youth begin going door to door to ask for book donations. Books collected are noted and distributed to local libraries in the West Bank and Gaza Strip.

A large book donation arrives from BookAid International. Books are logged and boxes are distributed to local libraries, schools and preschool classes. Illustration workshops are held. Youth continue to meet as do Ibby members.

December

Yara’at is printed and distributed.

Printing material for the National Reading Week 2005, is printed. Illustration workshops held for artists, My First Book Published.

Planning for NRC 2005 begins.

**** Weekly activities for children and youth include a range of activities such as book debates and discussions, arts and crafts, storytelling, campaigning, drawing, illustration, creative writing, drama, etc. Youth meetings are held in reference to their interests (Sirb, Yara’at, Young Voices from Palestine).

CATEGORY “EARLY CHILD DEVELOPMENT”

With small steps to Cities of Peace

- Place of action: Kukes, Tropoje and Dibra Regions in Albania
- Submitted by: “Fondi Kristian I Femijeve Shqiperi” (CCF Albania)
NGO
Rr. Him Kolli, 38 (prane shkolles Konferenca e Pezes),
Tirana, Albania
- Contact person: Ingrid Jones
- e-Mail: ccf_ingridjones@hotmail.com
- The Partners:
- UNICEF (UN)
 - CCF Inc (International Non-Government Organization)
 - 30 Villages in Tropoje, Dibra and Kukes Regions, Albania (Informal communities)

Summary of the purpose and achievements of the Best Practice

The ‘With Small Steps to Cities of Peace’ Project began in 2003 in three remote mountainous regions of the north east of Albania.

The project was to provide Early Childhood Care and Development for children from birth to seven years old and health and child development information to their mothers. In addition the project aimed to reduce the level of inter-familial conflict known as Blood Feuds through the development of Fathers’ Boards.

The project was developed in partnership with thirty local communities, the local communes and municipalities (local government authorities), UNICEF and the World Bank.

There are now thirty social centers known as Gardens of Mothers and Children in Kukes, Dibra and Tropoje Regions, two Resource Centers in Dibra and Kukes Regional Hospitals and thirty satellite Fathers’ Boards and three Regional Fathers’ Boards.

The Gardens of Mothers and Children Centers are based in family homes and are managed by an Administrative Mother, (the owner of the property) and operate from 0800 to 1200 am Monday to Friday. They offer children aged from three to seven years old preschool education in a safe and friendly environment. In addition the women of the community attend training courses on the stages of child development, infant nutrition, childhood illnesses, vaccination programs, breast feeding, the importance of play to children's learning, child rights and how to provide a non-violent home environment for their children. Health services are also provided for the women and children within the centers and in their homes by gynecologists and pediatricians. Originally the project set out to organize three Fathers' Boards, but they instigated the development of Fathers' Board in each community with a Gardens of Mothers and Children Center. Each Board is made up of commune elders, fathers, local authority representatives, teachers and retired professional men and other interested community members.

Description of the Best Practice

Outline of the situation prior to the initiative

Since the fall of the socialist regime in 1990, Albania has seen a demise in the provision of education and health services and a migration of professionals from the north to the main cities of Albania or overseas. This has led to a lack of or poorly maintained buildings and outdated preschool and education facilities and demoralized staff. The majority of the communities no longer have preschool provision and where it is available it is of a poor standard. The north east of Albania is an isolated and mountainous region not accessibly in the winter due to the snow and ice, with neglected and run down services, lack of telecommunications, limited electricity supply and poor roads that in effect isolate the communities totally. Employment was agricultural but this has suffered from neglect and now there exists a high level of unemployment and migration both legal and illegal to neighboring countries and further into Europe. Women and children have an isolated existence not only due to the poor infrastructure and poverty but also due to the traditional patriarchal family patterns which leads to male dominance, domestic violence, women dis-empowered and children neglected, not spoken to or played with and physically punished.

Summary of the primary objectives, priorities and strategies

The primary objectives of the 'With Small Steps to Cities of Peace' Project was to provide child-centered preschool services for three to seven year olds, health and early childhood care and development information for young women, mothers,

grandmothers and other community members and to reduce the level of inter-familial conflict between the men which led to families living in seclusion and fear of further killings. The priorities were rural communes where there was no early childhood provision or services and where the communities were willing and motivated to work with Fondi Kristian I Femijeve Shqiperi (CCF Albania), to provide a center free of charge to be used as a Gardens of Mothers and Children Center. The strategies used were to organize open meetings within municipalities and communities for local people, local government representatives, village elders, parents and professionals to discuss the idea of the community developing a social center for their young children. The communities would then choose a suitable property to be refurbished and equipped as a Gardens of Mothers and Children Center to be managed by a well respected mother, (the Administrative Mother). Other women and mothers would also volunteer to be active within the center as education assistants or to work as outreach workers in the communities. The other strategy was to work with the men of the communities to develop Fathers' Boards. These Boards were set up to improve the level of understanding of fathers and men about their importance to the development of infants and young children, to promote community participation and to reduce the level of physical violence both within family homes and also within the communities where inter-familial killings known as Blood Feuds occur. Blood Feuds are based on the old common law known as the Kanun, which regulated individuals' and communities' behavior. Now it has reappeared and men or young males are killed in revenge for the death of another male.

Financial aspects, how resources were mobilized and their sources

With Small Steps to Cities of Peace was financed by the World Bank through UNICEF in Albania (60% of the total budget), in partnership with Christian Children's Fund Inc, (24%) and the local communities (16% of the total budget).

The project paid a monthly fee for the Administrative Mothers, for the refurbishment and equipping of thirty Gardens of Mothers and Children Centers and two Resource Centers in Dibra and Kukes Regional Hospitals, plus three local offices in Kukes, Peshkopi and Tropoje and up to 15 members of staff. In addition the project was supported by a Project Manager based in Fondi Kristian I Femijeve Shqiperi's, Tirana office, a portion of the Finance Manager's working time, training provided by the Trainers and Social Workers and a driver. The communities provided their labor in assisting with the refurbishment and maintenance of the centers and in some cases the provision of large outside games equipment. The ongoing costs have been the volunteer time of approximately five women per day to assist the Administrative Mothers in the activities provided for the children and the mothers.

Problems tackled in implementing the initiative and how they were overcome; problems that are still to be solved; local participation

The initial difficulties were related to building up the trust between the community members and the staff of Fondi Kristian I Femijeve Shqiperi, as the north east of Albania has received limited attention from NGOs or their own government. Northern Albanian society is patriarchal and the staff of Fondi Kristian I Femijeve Shqiperi are mainly young women, so initially this was a further barrier for the men to listen to what our staff were offering. Time and patience and accepting the local information provided paved the way for further dialogue. Once the centers were opened the village elders and the men still had to assure themselves that the centers were suitable for their children and wives to frequent. This had a positive side as not only did the women start to attend and learn more about child development and the needs of young children but the men also sat and listened, therefore increasing their knowledge. Once the men were sure their families would come to no harm, their presence decreased although they still visit and assist with celebrations and activities. The local participation within the centers remains at a very high level as the centers are run by local women and men. The local government participation has been limited to initial agreement to a center being opened. It is now that the project is looking for greater commitment from the local government to take on the financial costs and maintenance of the centers into the future. As the north is very poor, financial resources are limited, but under the Albanian decentralization process it is envisaged that some of the communes and municipalities will target some of their finances and resources to the sustainability of these centers. The Regional Education Directorate has provided training over the last six months for the Administrative Mothers and other mothers to bring their vocational skills to a level that is acceptable as kindergarten educators. The mothers have received certificates indicating their level of achievement. Local gynecologists and pediatricians have for a small fee, provided consultations and health information to the women attending the centers and to those women and children isolated in their homes. This has been an extremely well used and appreciated service which if not maintained will reduce the level of health of young children and women. To what extent the project's objectives were realized, how the impact and performance were measured, quantitatively and qualitatively, who measured them and who benefited from them. How the initiative has resulted in:

a) actual improvement achieved in children's living conditions

Children that have extremely limited opportunities to socialize, play together and learn have through the project been given access to a safe, friendly and child-centered space five mornings per week. Each of the thirty centers has a minimum of

thirty children aged between three and seven attending daily, therefore approximately 1,260 children benefit daily and 182 trained Administrative and volunteer mothers. (Mid Term Evaluation the National Albanian Center for Social Studies, 2004 p5). The children learn numbers, writing, drawing, water and sand play, do modeling, painting, singing and other age appropriate activities which were not possible before and are not activities that are found or promoted within family homes in Albania. Elementary school teachers are able to determine easily the children who have attended the Gardens of Mothers and Children when they first go to school, as they are engaged and enquiring or their environment and keen to learn.

b) improved awareness of children's needs, rights and well-being

Parents and other family careers (approximately 2,222 mothers and 801 fathers) have an increased level of understanding and skills in how to meet the needs of babies and young children under the age of seven years old. Less children are taken to the hospitals for minor childhood infections as their parents are able to treat them at home, but also are able to recognize when they need to seek medical attention. Around 3,130 mothers and 778 community members have been informed about Children's Rights. It has motivated the communities' to look at addressing the rights of the children and to lobby for these rights to be met by local and central government.

c) better co-ordination and integration between various actors, organizations or institutions

The project has enabled women to take an active role in the education and socialization of their children and for the men and women of each community to use their joint efforts to build effective centers. In addition the provision of seed grants two in Kukes to provide a crèche for under threes and to supply furniture for a kindergarten in Bicaj, two in Dibra, health clinics in Maqellara and Cernene and the refurbishment of one floor of a crèche in Barrum Curri in Tropoje has enabled the communities and local government structures to provide additional services for children under the age of seven.

d) changes at the local, national or regional level in social, economic and environmental policies and strategies related to children

Two national conferences were held to promote the importance of Early Childhood Development. Participants included the Ministry of Health, Ministry of Education and the Ministry of Decentralization, UNICEF, INSTAT, Mayors of Kukes and Tropoje, Deputy Mayor of Peshkopi, Administrative Mothers and mothers from the Gardens of Mothers and Children Centers, members of the Fathers' Boards, gynecologists, pediatricians, international and local NGOs and the media. The purpose of the second conference held on 30th September 2004 was to develop action plans for the sustainability and funding of the centers.

e) significant changes in children's attitudes and behavior

Parents and families have remarked on the change in their children's behavior and abilities and how keen they are to attend the Gardens of Mothers and Children Centers. Children within Albania are expected to develop and grow without much input from their parents, so it is usual for young children not to be spoken to or played with and more attention given to them by their fathers once they attend mandatory education. Parents speak now enthusiastically about their children's abilities to recite nursery rhymes, to demonstrate acceptable manners and to occupy their time creatively. This has lessened the need to resort to physical punishment.

The most important lessons learned

When setting up a project similar to 'With Small Steps to Cities of Peace' it is important to look at sustainability at the concept and development stages and to work more closely with the local government in designing the project. For the local government whether at commune level (rural) or at municipality level (urban areas) to be partners and to have Memorandum of Agreements stating the process, proportion and the timing for the local government to take on greater financial and management of the centers. This would promote a greater level of interest on behalf of the local government and provide a sense of ownership. Additionally when looking at building the capacity of local people it is a recommendation to involve the Directorate of Education from the start and to encourage the training of the mothers working in the centers, which would both increase the capacity and skills of the women and also work towards good standard practice within all Early Childhood service provision. It cannot be emphasized enough that when working at the community level it is important to spend time listening and gathering the ideas and knowledge from the intended beneficiaries and partners as this will ensure that the project meets the specific needs of the children and their community.

How the initiative is being replicated/adapted elsewhere and by whom

Beginning in February 2005 Fondi Kristian I Femijeve Shqiperi is extending this project in up to twelve more rural communities within Kukes, Tropoje and Dibra Regions. The proposed Gardens of Mothers and Children Centers will only be opened and equipped where the local government gives a firm commitment to partially finance and support the centers from the start.

SPECIAL MENTIONING BY THE JURY

The MedChild Award Jury has unanimously decided that, other than the three winning Best Practices, five submissions distinguished themselves and are worthy of particular attention and mentioning.

Furthermore, to underline the value of these mentioned Best Practices, MedChild has decided to equally divide the prize not assigned in the Urban Setting category between the relevant five competitors.

The mentioned Best Practices are:

FGM – Free-Village Model Project, submitted by the National Council for Childhood & Motherhood Council, Cairo, Egypt

for having aimed at resolving an important problem, that of “female genital mutilation”, uniting a large group of national and international partners aiming at eliminating FGM as a harmful practice that violates the rights of the girl child by reversing existing community pressure, in order to emancipate girls from this practice

for underlining the importance of girls’ rights beyond any difference of religion, raising awareness of these (also through a ample and well-structured media campaign) and promoting girls’ empowerment

for having a wide possible impact, inspiring action and change for the benefit of children’s well-being and having a good possibility of replication elsewhere in the Mediterranean Region.

Freeing children at risk of educational failure to learn: the NWAR Family Literacy Program, submitted by the Foundation for Educational Services (Fes), Rabat, Malta

for being focused on (re-)schooling and on giving to children at risk of educational failure the possibility of learning those skills, which can provide a fundamental basis for the acquisition of further competences.

for addressing problems within the established teaching system, that may obstruct children’s learning process

for actively involving parents and families in the program and providing technical assistance to teachers, thus including many actors involved in the learning process.

HIPPY and HATAF Programs, submitted by the NCJW – Research Institute for Innovation in Education, Jerusalem, Israel

- for* being home-based, community programs focused on the family and built on the basic bond between parents and child, supporting and involving parents in providing educational enrichment for their preschool children
- for* having involved multiple diverse partners in the realization of the project and for having individuated both Arab and Israeli families as beneficiaries
- for* having a wide and significant impact on improving children's quality of life
- for* being very much socially, economically and culturally sustainable, and having demonstrated a great potential for being replicated.

Integrated model of prevention of mother-to-child transmission of HIV infection, submitted by the Romanian Angel Appeal Foundation, Bucharest, Romania

- for* aiming at preventing the transmission of HIV from mother to child by giving voluntary counseling and HIV testing to pregnant women, thus reaching a major part of the population and creating greater awareness of the dangers of transmitting HIV during birth
- for* enhancing the awareness of this problem among decision-makers, and aiming at lasting changes
- for* having a concrete outcome, that improves children's well-being, and a high sustainability

Women and Children Centers, submitted by the Foundation for the Support of Women's Work, Beyoğlu İstanbul, Turkey

- for* designing an alternative, low-cost, parent-run, community-based, sustainable early child care and education service provision model integrated with empowerment of women, providing a framework easily adaptable to local conditions
- for* having a child-centered pedagogical approach, contrary to the existing teacher-centered education
- for* engaging mothers to participate and contribute in the program and being flexible to suit family needs
- for* being an innovative and sustainable initiative which has attention towards both social and cultural equity and inclusion.

FGM – Free-Village Model Project

Place of action: 120 Villages (96 in Upper Egypt and the rest in Lower Egypt Governorates)

Submitted by the: “National Council for Childhood & Motherhood Council” Governmental organization
Corniche el Maadi near Salam Hospital, 3rd Floor,
Cairo, Egypt

Contact person: Mona Amin – Project Coordinator

e-Mail: nccm_fgm@yahoo.com

The Partners:

- At national Level 12 Focal NGOs in following sequence:

Governorate	Name of NGO
Beni Suef	1 - Young Muslim Women’s Assoc. 2 - Coptic Org. for Services and Training
Minya	1 - Coptic Evangelical Org. for Social Services 2 - Young Muslim Men Association
Assiut	1 - Red Crescent Assoc. 2 - Integrated Care Association
Sohag	1 - Association of Upper Egypt for Education and Development 2 - Egyptian Foundation for Dev. and Training
Qena	1 - Community Development Assoc. for Urban and Rural Women 2 - CARITAS Egypt
Aswan	1 - Egyptian Assoc. for Comm. Initiatives and Development 2 - Foundation for Egyptian Family Dev.

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- Dr. Esmat Mansour, Ministry of Health and Population (1st Undersecretary for Primary Health Care, and main representative of the Policy Resource Group)
- from the International Community: Donors Assistance Group (Netherlands – Denmark – Switzerland – USAID – Italian Cooperation – Canada – European Union – UNDP)
- Other partners: media personnel (TV and Radio Union) and renowned Egyptian Journalists

Summary of the purpose and achievements of the Best Practice

Long Term Purpose

Elimination of FGM as a harmful practice that violates the rights of the girl child.

Project Outline

This project aims to reverse existing community peer pressure so village communities can emancipate themselves and their girls from the practice of Female Genital Mutilation (FGM). In doing so, the project will seek to support advocacy, empower girls at risk and address the socio-cultural roots of FGM, in selected villages, through implementation of the following activities:

1. Enhancing awareness of the Rights of the Girl Child with a focus on FGM and its relevance to the well-being of girls, their empowerment and right to participate in decisions affecting their lives.
2. Training of local NGOs to support the NGO advocacy network addressing FGM at the local and regional level
3. Creating a network of informal community leaders to support advocacy activities at the village level
4. Implementing a social marketing and advertising campaign that is based on clearly defined behavioral targets and impact indicators
5. Promoting practical implementation of NGOs Best Practices for enabling and empowering girls and their families to make the right choice regarding their exposure to the practice
6. Implementing community service initiatives representing incentives for mothers and families to participate in project activities
7. Developing an Anti-FGM tool kit with adaptable elements that can be customized to meet the needs of any community
8. Evaluating project and monitoring its impact on the village level to document the methodology for an FGM-Free Village for nationwide dissemination

9. Creating an updated, reliable and consistent knowledge and information based at the national and local level to support policy communication on FGM and the transfer of experience to other communities across Egypt. The project will demonstrate a universal partnership between NCCM, members of the Donor Assistance Group and UN agencies, the FGM taskforce, NGOs and other concerned government entities. UNDP provided the administrative and legal framework of the project.

Description of the Best Practice

Background

For long decades since the early 1930s, several efforts were exerted by the Medical Community and the intelligentsia and renown feminist figures to create public awareness against the detriments of FGM. In 1994 the International Conference on Population and Development has placed FGM as a key priority issue on the map of international development agencies and non-governmental organizations. Egypt being the host country of the conference and a committed government abided to the ICPD recommendations. Numerous projects were previously developed in the Ministry of Health and Population (MOHP), Ministry of Social Affairs (MOSA) and NGOs concerned with Population issues in order to address FGM within the scope of reproductive health, yet such programs did not receive the public response that was expected. These programs diluted FGM within the reproductive health package, thus the public did not give FGM the hype it deserved. Furthermore, the publicity received on FGM during ICPD was negative as the American CNN covered the issue of FGM in a controversial fashion that provoked the emotions of the Egyptian public. Based on the previous mentioned background, the National Council for Childhood & Motherhood (NCCM) as the highest entrusted government entity responsible for the well-being and status of children in Egypt took a stance on FGM as a priority issue that violates the rights of the girl child. The NCCM under the leadership of Egypt's First Lady Mrs. Suzanne Mubarak, Chair of NCCM Technical Advisory Committee adopted a comprehensive model devised for tackling FGM from a child's rights based and socio-cultural approach. Furthermore, there was no need to hide the word FGM under any other subtle umbrella. The NCCM has brought FGM under a strong national entity and it built its model on the lessons learned from the civil society and concerned ministries in order to incorporate successful models and replicate them and avoid past mistakes. The program is designed to create a positive socio-cultural atmosphere at both grass root level in the villages and among decision makers and advocates at the policy level thus supporting the abandonment of the practice in order to transform the

community from one that accepts FGM as a traditional practice into one that resents all forms of harmful practices that violate girl's rights. The program also broke the long lived silence on FGM thus turning the issue into one that is discussed openly among Egyptian families, youth, civil society members, policy makers and all channels of the mass media.

Implementation Mechanisms and Program Impact

Civil Society Partnership and Community Initiatives

Within the framework of building on previous lessons learned the FGM project has subcontracted 12 National Focal NGOs for implementation of community initiatives in 60 villages of Upper Egypt (Beni Suef, Minya, Assiut, Sohag, Qena and Aswan). The NCCM has transformed the role of NGOs as implemented previously by other institutions from grant recipients to partners that are subcontracted and based on the annual performance level of the NGOs the protocol of agreement shall be renewed. This protocol agreement has created a higher sense of ownership for the NGOs and the urge for being part of a national movement that can transform the lives of young Egyptian girls and overcome the long lived practice that contributed to the suffering of the girl child. Under the NGO – NCCM contractual agreement all NGOs are responsible for implementing community initiatives in the selected Upper Egypt villages. The philosophy behind the community initiatives is to provide the villages with actual services, yet these services are tailored according to the need of each village. For example: Establish Functional Literacy Classes – Support MOHP and Medical Schools to promote quality health services in their periodical Health Caravans – Empower Women with girls at risk through micro-credit programs. Below listed are a detailed example of initiatives divided by Governorate.

Community Initiatives Include:

- **Beni Suef.** Initiatives vary amongst awareness seminars separately with youth (males and females), home visits, creation of a “NO To FGM” teams within the youth centers of the villages that organize marathons and football matches for community and during the breaks messages on FGM are passed to community. Messages on FGM are delivered through the CDA activities like the Quran classes. Both Focal NGOs signed agreement protocols with village CDAs in order to give sense of ownership and sustainability to the interventions.
- **Minya.** El-Bent Masria (The girl is Egyptian) Corners have been created in the village CDAs. The Center provides computer facilities for training

youth on MS Office, seminars, payment of the registration to receive the electronic National ID for supporting families in the village. Supporting mothers with girls at risk to issue new form of Electronic National ID and furthermore issue voting Ids in order to make women active partners in the political life.

- **Assiut and Sohag.** The initiatives include the following activities:
 1. Computer classes
 2. Seminars in the village discussing FGM from a complete social perspective
 3. Organize camps for creating empowered youth caravans that perform home visits and are able to organize community activities for the village mothers and men on FGM
 4. In Sohag the local NGOs rely on incorporating direct messages on FGM through their functional literacy classes which are held in the villages CDA. The initiatives also include cultural and sports competitions
- **Aswan.** The initiatives include contests in the village schools after a series of sessions on child's right approach during the school year addressed to children (6-9th grade).
- **Qena.** Meeting with Women and Men in the villages at the youth centers and CDAs. The community field coordinators inside the villages are holding daily home visits to the families that have girls in the age of circumcision.

The Village Profile as an Assessment and Monitoring Mechanism

Prior to the implementation of the community initiatives in the selected hot spots, the project performed a detailed socio-cultural study (Village Profile) on the status of the girl in the villages regarding education, health, FGM, in addition to the identification of key partners in the community such as the influential official and natural leaders. The village profile reflected the magnitude of the problem in the above mentioned Upper Egypt Governorates and the level of resistance of the community regarding their willingness to abandon the practice. Thus, the community initiatives were tailored in a fashion that catered to the community needs in order to assure the success of the program and furthermore establish grounds of trust and credibility with NCCM and make the communities accept bringing the controversial debate on FGM to the surface and start assessing the reasons behind the continuity of the practice. Secondly the village profile serves as an effective tool for monitoring the impact of community initiatives on the ground and the increasing number of support groups that are now voicing their opinions regarding the abandonment of the practice.

The Demand Based Approach (a Comprehensive Curricula)

The secret behind the quick public response on the FGM Program executed by the NCCM is that it adopted a mechanism which answers all inquiries on FGM from a religious (Islamic and Christian), social, medical and legal perspective. The main reason behind the continuity of the practice in the previous decade despite numerous efforts exerted can be summarized into the following points:

- Most efforts were exerted haphazardly and lacked unified strong actions by concerned parties.
- Messages were addressed to a limited target group.
- Messages designed were not convincing as they concentrated solely on the health hazards of FGM, thus people resorted to physicians for practicing FGM.
- The messages (Religious and Medical) were diluted under other programs mainly related to health thus there was no clear slogan such as “No.. To FGM” and this added to the public’s confusion.

Therefore, Egypt’s current program had to come out of the vicious circle of previous experiences that repeated ambiguous messages that are not responsive to the public inquiries. Therefore, NCCM developed its curriculum based on all the inquiries of the public around FGM, and experience has shown that the most important debate is the religious one (Islamic more than Christian). Thus, the project disseminated through the public news stands a booklet that responds to religious inquiries, and furthermore the booklet was priced at a very nominal price in order to measure the demand and receive positive public responses by telephone. This interactive process clarified that people previously lacked the access of valid information. Furthermore, the NCCM has given this campaign a strong national entity, whereas previously FGM targeted a marginal group of the society (NGOs, Service Providers, Government Organizations), so that ordinary public felt alienated in the process of combating FGM.

Secondly, the remainder of the FGM curricula adopted an integrated comprehensive approach on medical, social, religious (Muslim and Christian) and legal dimensions in order to ensure the commitment of community leaders on the ground in addressing their messages at grass root level. The Manual carried for them simplified yet integrated, credible and scientific messages that are based on the community inquiries, thus ensuring that all dimensions are covered. This manual is also accommodated by additional printed materials like posters with summarized messages and audio visual educative materials in order to target also illiterate and newly literate groups.

Youth as Agents of Change

In the process of implementation of the project, the NCCM has incorporated to the program efforts of university students who are keen on changing the painful reality of FGM as a continuing an culturally accepted practice. Primarily a group of female students from rural middle class social backgrounds (Lower Egypt Governorates) expressed their willingness to volunteer in the national movement against FGM. The group was immediately absorbed into the national program because the minute NCCM turns their back to them their enthusiasm would have gone and they would have been alienated once more. These students created a peer to peer program on FGM inside the different Universities in Lower Egypt after receiving intensive training courses on the issue in addition to the relevant communication skills required for implying an effective advocacy program. The preliminary movement created by these girls instigated jealousy among others including young males in other schools. This program empowered them to speak on their real emotions towards this practice which they resent and furthermore, encouraged them to become part of a national movement without having to be linked to any organizational structure. In order to support the youth volunteers, the FGM program contracted them as UN Volunteers thus giving them more official grounds and thus enhancing them to become organized regarding pushing the momentum among youth.

This program demonstrates that youth are strong agents for change especially if they were privileged enough to finish their university studies despite the social barriers. Educated youth earn a highly respected status in the rural communities of Egypt thus they are able to inflict the change required on more elderly people in the communities that are still tied to culturally embedded habits or practices.

Legal Tools on FGM

In order to ensure the effectiveness of this national program, the NCCM found that there is a strong urge to work on the legal tools in order to enforce practitioners that benefit from the practice to abandon it. In June 2003 the NCCM hosted an Afro-Arab Conference on Legal Tools and FGM which was chaired by Egypt's First Lady. The conference was attended by 28 African and Arab countries that suffer from the continuation of the practice. The conference resulted in the Cairo Declaration on the Legal Reference of FGM and its main focus was that laws are essential for abandoning the practice, yet the public awareness raising, advocacy and role of civil society is essential to effectuate any laws or ministerial decrees. In line with the Cairo Declaration the project incorporated a legal perspective, in the training courses for the community leaders, mass media, youth, and civil society members. These courses indicated that it is important to raise awareness on the

legal aspects as many people are not aware that the Egyptian Civic Code condemns FGM.

Actions Undertaken

1. Integrate FGM as a key child's rights issue into the UNDP Human rights training curriculum for judges.
2. Supporting Egyptian Law Schools to introduce the legal aspects of FGM from a comprehensive perspective thus ensuring a new generation of lawyers that demand the abandonment of the practice.
3. Focal person at the governorate level appointed for receiving information about incidences of FGM and reporting them to the Ministry of Health and legal authorities.

Current Plans

1. Raising public awareness on the Cairo Declaration on the Legal Tools of FGM and the Egyptian civic code that considers FGM as an act of assault through a series of seminars at the governorate level for different target groups in collaboration with the Ministry of Justice.
2. Defining legal gaps on FGM incidences in collaboration with the Ministry of Justice through a series of workshops to issue a legal document to the General Attorney on the implications of FGM cases.
3. The program aims to issue through the General Attorney a periodical circular which equals a law to all district attorneys on the legal implications of FGM cases.

A National Media Campaign (The girl is Egyptian)

The Mass Media: A Powerful Tool for Mobilizing Social Anti – FGM Movement

The NCCM FGM Program has instigated the breaking of a long lived silence on an issue that was considered taboo in the national media devices, thus previously the public relied solely on face to face communication methods in addition to few subtle and ambiguous messages through the TV or radio. The National FGM campaign has empowered media personnel to raise further a serious and direct dialogue on the detriments of FGM as a harmful practice that violates all mandates on child and women's rights.

The NCCM structured its media campaign by integrating anti-FGM messages through a number of different media forms such as:

- **TV Spots** (No... to FGM spots that presented the religious, medical and social reasons for abandoning the practice).
- **Series of episodes** on FGM through the National Channels talk-shows that are addressed to families. The anti- FGM messages are incorporated in a thorough fashion that ensures a strong “No... to FGM” message thus ensuring that the public is not left confused on whether to continue the practice or not.
- **Radio Program:** “NO... To FGM” National campaign executed under the NCCM FGM Program in which similar unified messages against FGM are aired, yet targeting poorer and more rural groups that still rely on the radio as an essential information tool.
- **Press Coverage:** The NCCM FGM Program mobilized key intellectual young and leading journalists to adapt FGM into the social issues raised in leading national and opposition newspapers, thus creating a movement of intellectuals against FGM. The FGM national movement has transformed the trend of journalists from the classical coverage of events and conferences to reportage style articles that expound on success stories, the social implications of the practice and legal mandate for actual FGM court cases.

A Synthesis of the Overall National Progress

- The “Free village model declaration” expressing the commitment of village communities through sustainable action
- Transfer of fgm free-village model experiences to a new set of villages reaching out to a total of 120 villages.
- Mobilizing the response and supporting initiatives of the legal society to effectively manage FG cases brought to courts.
- Consistent media messages “no... to fgm” thus reducing the public’s confusion and supporting the debate.
- Launching an nccm help line as an outlet of information on FGM.
- Creation of anti-fgm youth groups in the Egyptian universities and youth-to-youth seminars to break intergeneration transmission of FGM.

Freeing children at risk of educational failure to learn: the NWAR Family Literacy Program

Place of action: 6 districts of Malta (Vittoriosa, B’Kara, Hamrun, Rabat, Tarxien and Gozo Island)

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The Partners:

- HSBC Cares for Children Fund Malta and HSBC Group (international Bank)
- Department of Primary Education, Faculty of Education (tertiary education)
- Department Operations, Education Division (Recruitment, deployment and appraisal of state school personnel)
- Policy Unit, Ministry of Education, Youth and Employment (policy setting organization in the field of education, training and employment)

Summary of the purpose and achievements of the Best Practice

Purpose

The number of children and young people who grapple with the acquisition of literacy skills is significant in Malta. A number of causal factors are systemic in nature and include the lack of differentiated teaching competencies of teachers and the tenuous links between the school and home teaching and learning processes. The NWAR Program attempts to redress some of these systemic factors by:

- supporting the basic literacy skills acquisition of children at risk of educational failure aged between 7 and 13 (secondary prevention measure) on an after school twice weekly basis;
- actively involving and supporting parents in the on-going learning support process thus positively influencing the informal curriculum of the home (primary and secondary prevention); and enabling the capacity building of parents;
- providing on-going technical assistance to school teachers in the application of NWAR methodologies so as to create a multiplier effect within school communities (primary prevention measure).
- training a large number of teachers in differentiated teaching methodologies through in-school professional development sessions, In-Service courses for teachers at national level, and through courses included in the FES Short Course Program for 2004 to 2005 (see FES website: www.fes.org.mt)
- making recommendations to the Ministry of Education, Youth and Employment and Policy Unit at the Ministry on measures that would ensure basic skills acquisition by children at risk of educational failure.
- The program has been included as one of the social exclusion prevention measures under the National Action Plan on Poverty and Social Inclusion of Malta. It offers literacy support in both the Maltese and English languages.

Achievements

The NWAR Program was launched in February 2003 following a three-month pilot project targeting 22 children and their parents between October and December. Since its inception, 215 families have participated in the Program. Through NWAR, referred children who, for years, have failed to learn how to read and write, have gained literacy skills in a very short time span. Factors contributing to the success of the approach are described in the next section. Parents who had never before considered accessing non-formal or/and formal adult education opportunities have, through the NWAR process, become interested in joining parent-focused courses offered by trained FES parent leaders and teachers. For many parents, such participation has led to reflection about their own learning needs and engagement in existing lifelong learning opportunities. The rapid learning gains of children in the NWAR program is attributable both to the involvement of their parents in these processes so as to support their child's learning and growth and to the effective methodologies and approach used by the NWAR Tutors.

The NWAR Program has recently been evaluated by an overseas external consultant from the School of Psychology at the University of East London who is an expert in the field of family literacy. The full report can be made available electronically to the MedChild Award Jury on request.

Description of the Best Practice

NWAR is a secondary prevention family literacy program piloted in mid-2002 and now operational in six regional centers: five on mainland Malta and one on the island of Gozo. Through the NWAR Program, parents and their children with severe reading and writing difficulties go through a pre-service assessment process and subsequently participate in an intensive one-to-two literacy support program over a period of one semester, with the possibility of extended service, if necessary. The service is national in scope and accepts referrals mainly from the Statementing Moderating Panel, various psycho-social services within the Education Division, schools, parents and the Ministry of Education. Individualized Learning Plans (ILPs) are prepared, implemented and reviewed with the parents of each referred child/ young person.

Eligibility

Children and young people aged 7 to 13 who are at serious risk of literacy failure are eligible for admission to the program. More specifically, children who:

- do not speak with confidence;
- do not remember lengthy messages;
- do not listen with confidence;
- cannot blend sounds;
- do not answer relevant questions;
- do not read any given text;
- cannot express an opinion about ideas and events;
- do not attempt to read unfamiliar words;
- do not understand what is being read and are not able to retell main points;
- do not write legibly;
- cannot compose a sentence;
- never use punctuation marks;
- cannot transcribe from a board or a book;
- never use interesting vocabulary.

The above criteria are in some cases relaxed when young persons above the age of 13 apply. Acceptance in such cases is based on (a) evidence that the parents have tried all other avenues of literacy support without any success due to very late diagnosis or due to family problems that impede access to literacy support programs; and (b) the young person risks reaching school leaving age without any literacy skills whatsoever.

Referrals

The main sources of referrals are psycho-social service practitioners at the Education Division (Social Workers and Psychologists), the Statementing Moderating Panel – the body that issues classroom support related recommendations in the field of learning difficulties; Heads of Schools and parents.

Process

1. **Referral:** A Referral Form is sent to the referrer. The Form is filled by the school administration and the parents in order to establish the principle that NWAR processes are inextricably linked to the school curricular processes and that the school is not relinquishing its responsibilities for the child/ young person's attainment. Applications are acknowledged in writing followed by an invitation to an assessment session.
2. **Pre-service assessment:** The assessment utilizes a tool developed by FES personnel to determine the level of attainment in oracy, listening, comprehension and writing skills. Through an informal session, the NWAR Program Coordinator and NWAR site Coordinators meet parents and their child to understand their perception of the learning impasse and learning support strategies used at home. Following this, realistic targets are identified and placed within the context of a draft Individualized Learning Plan (ILP). A detailed explanation is provided to parents regarding how the NWAR Tutor plans to work with the child. This would include a practical description of the multi-sensory approach, examples of exercises that would be used to enhance concentration, an explanation of auditory training (combining sounds to form words), decoding of sounds (identification of sounds in words), and a discussion of how the parents could use such learning-stimulating techniques at home. Moreover, parents are encouraged to make a commitment that they would actively participate in the learning process.
3. **Service:** Implementation of the above-mentioned learning plan on a two-families-to-one Tutor basis, two hours a week for a semester. At the start of this stage, the actual Individualized Learning Plan (ILP) is developed between the Tutor and the referred child and his parents:

4. **Day School Contact:** At a first contact meeting with the child's/young person's school, the school gets to know about the NWAR approach and discusses the ILP and its implication to day school teaching and learning processes. Session plans are moreover offered to the school for re-enforcement of the learning process as well as to familiarize teachers with the approach.
5. **Post-semester assessment:** The same tool used for the pre-service assessment is used to compare levels of competencies, determine actual achievements, and to plan targets for the following semester – if so required.
6. **Review of the Individualized Learning Plan (ILP)** and identification of learning targets for the following semester.
7. **Planned closure.** Depending on the need, this stage may include admitting the child/young person into a program for the second language.

Identified success factors of the NWAR Program

Some of the identified key success factors of the NWAR program are:

1. the rigorous selection process for part-time NWAR Tutors;
2. the intensive induction and on-going training of NWAR Tutors;
3. the fact that NWAR field teams are small learning communities that engage in twice weekly (one hour each time) training and planning sessions;
4. the on-going follow-up and mentoring of Tutors by the NWAR Program Coordinator;
5. the on-going active participation of parents throughout the service provision period;
6. the parent-empowering partnership that is established between NWAR Tutors and parents. For many parents, the NWAR process has demythologized the professional role of teachers and relaxed their fear of engaging in dialogue with teachers regarding their child's learning and development potentials and difficulties. The NWAR process has also enabled many parents and schools to link up and maintain contact;
7. the twice weekly circle time for participating families where they share the outcomes of their home-based efforts and the monthly meeting of parents where they discuss issues they themselves bring up;
8. the fact that the program does not directly target illiterate adults (parents) but that such parents become literate indirectly by their on-going presence and participation in the Program; parents who are normally too shy to join basic adult literacy courses find themselves learning for the sake of their children and subsequently realize that learning is in fact fun and join adult learning opportunities;
9. the multi-sensory methodology used within a family literacy context;

10. the one-Tutor-to-two-families ratio;
11. the multiplier effects of the NWAR Program such as the following: (i) FES-trained part-time Tutors apply the NWAR methodology in their own classroom processes during their day school provision; (ii) FES offers practice-based training in the NWAR methodology to a wider group of teachers both during school hours (in-school professional development) as well as through short courses at national level by application; (iii) the technical assistance being offered to secondary schools through which small teams of teachers have been formed to develop and implement in-house literacy strategies and resources in support of struggling students; and (iv) the fact that many teachers have heard from colleagues about the success of the NWAR Program and apply for a part-time position with FES in order to (a) gain/broaden and strengthen their differentiated teaching skills in mixed ability classroom settings, and (b) learn how to stimulate parental participation in curricular processes in school.

Strategic Partners

Four strategic partnerships have been forged:

- 1 The HSBC Cares for Children Fund in Malta has contributed 12% of the 2004 NWAR budget.
- 2 The Department Primary Education of the Faculty of Education at the University of Malta: each summer, the Department assigns student teachers trainees following a 4-year undergraduate degree program leading to a bachelor's degree in Education (B.Ed.) to provide home-based learning support to some of the NWAR families most at risk of educational failure. Entitled Adopt-a-Pupil Scheme, this initiative is aimed at breaking down stereotypical perceptions student teachers usually have of vulnerable and at risk families.
- 3 The Department Operations at the Education Division has loaned a full-time teacher to the FES so that FES would be in a position to develop crucial linkages between NWAR Program processes and day school processes. This approach ensures that swift learning gains gained by children referred to the NWAR Program would be linked to classroom processes to ensure sustainability. Outcomes of the implementation of the NWAR Individualized Learning Plans and strategies used to reach such outcomes are shared with the Head of the School and the classroom teacher.
- 4 The Policy Unit at the Ministry of Education takes the role of a critical friend. It also considers recommendations made by the Foundation for Educational Services (FES) in the following areas: effective learning support strategies for children most at risk of educational failure within the educational system, family learning support measures, recognition at national level of family

literacy as an effective child and parent learning support measure, basic skills as well as teacher training and school support in these areas.

An example of the dynamic link between the NWAR Program and the day school

NWAR has been in operation at the Hamrun state Primary school since October 2002. Families who access NWAR through this center come from different areas around Malta. Like other state primary schools hosting FES after school family literacy programs, the Hamrun Primary School management expressed interest in the teaching methodologies being applied by the NWAR Tutors and requested FES for staff development sessions (a) on the application of multi-sensory methodologies in the teaching of Maltese and English and on (b) the use of phonics as an alternative strategy in the teaching of English. The NWAR Project Coordinator immediately responded to this request holding a professional staff development session at the school with both the school management team and all the school teachers. Interest in these two themes was so high that the staff team decided to adopt a three-pronged approach: (i) integrating alternative methodologies for reading and writing as a key curriculum priority of the School development Plan (SDP), (ii) agreeing on a phased training plan to train all school personnel, and (iii) holding practical skills-based sessions for parents in order to ensure all school stakeholders adopt a unified approach. The process took place as follows:

28th September 2004: A whole morning for all school personnel: School management, classroom teachers, Special Needs Assistants (called ‘facilitators’ in Malta), kindergarten personnel, Complementary Education teacher (who provides literacy support on a withdrawal basis) and the external Literacy support worker from the University. A strategy and plan were developed collaboratively using a participatory approach to idea generation and plan development.

12 October 2004: Practical hands-on demonstrations on the application of the phonics approach were held in each of the year two classrooms.

19-21 October 2004: A progress meeting was held with teachers to determine progress achieved so far. These were followed by long sessions with parents of children in year two classes. Half-way through the parents’ training, their children were invited to the session to demonstrate learning gains.

January 2005: Follow up sessions with parents are scheduled to discuss problems and achievements.

January 2005: Sessions for parents of Year 1 classes will be held to introduce them to this method as well.

2005: The Head of the Hamrun Primary School shall be invited to disseminate this experience to other Heads of Schools interested in raising the standards of teaching and learning in their school.

Appendix 1: Children's and Parents' Voices

Children's Voices: some of the children's comments during a SWOT Exercise undertaken at the B'Kara Town site on the 3rd of June 2004

- I can now recognize all the letters of the alphabet.
- I have learnt how to spell and sound when before I hardly knew anything and was always getting 'O' in spelling tests at school.
- I can understand better the English language programs on T.V.
- I can read better now because I use flashcards and now the teacher has shown me how to sound. I am also reading words in the newspaper.
- I have learnt new words due to fact that I know a different way how to sound.
- When I used to see a lot of words, I used to panic but now I know how to block so I won't panic when I see a lot of words.
- Mum is no longer helping me so much because I'm becoming independent.
- I can now SMS my friends and daddy because I know how to spell.
- I'm learning to write about any craft I do.
- Mummy and I read together now. She prepares flashcards for me. Before NWAR, we never worked together as she was always getting angry because I did not know how to read and write.
- I am given the opportunity to write about what interests me.
- Word building has made me spell better.

Children's Voices: some of the children's comments during a SWOT Exercise undertaken at the Hamrun Town NWAR site on the 11th of June 2004:

- My mother is learning how to read as well so we are reading together. She is trying to help me write as well and my father enjoys listening to us.
- I now know how to listen and join sounds to form words.
- I can find the sounds in words and then write them.
- I can read pages from my book without mama's help.
- I know all the letters of the alphabet, even the silent once like the 'gh' 'h' and I know that I need to drag the vowels that come after them.
- I have learnt the difference between 'z' and 'z' and also between 'g' and 'g' and if sometimes I forget, I remember the story my tutor told me and then I remember.
- I am not afraid of reading anymore. I cannot read everything and quickly, but now I am able to sound the words and say them. It takes me some time but I don't mind because I know I will improve.

- I have started to understand when people talk in English. There is a girl in my class who speaks only in English and I am now staying with her because I understand her.
- I am not afraid to read when my teacher asks me in class and the other children all told me that I am reading better. I can only read in Maltese but later I will also read in English.
- I have started to write sentences about a picture I like. I am also writing in my diary. I don't write everyday but during the weekend.
- My teacher is asking me to read during assembly. I am still a little shy but I am managing to do it.
- When I will go to Secondary school I will not go to a class where they cannot read and write but to a better one because my marks have really improved.
- The teacher at school is helping me now because she knows I am coming here and am improving. She asks me to read to her and always reminds me to use my chain when we are writing.
- I can now read the instructions on my 'Play Station' games and so I don't need my sister to help me.
- When I go shopping for my mum, I can read what she has written on the shopping list.
- I am writing notes for my father because my mother cannot write.
- My mother and I wrote about my cat. I wrote it first then Mama corrected it. When I showed to my teacher at school she was very happy and she sent it to Junior News. They published it in the newspaper last month. My teacher says that since I have been coming to NWAR I am all the time improving.

Parents' Voices (Initials have been used to respect confidentiality)

- Mrs. J.Z. (whose child had been diagnosed as suffering from 'school phobia' and missed two years of primary school): "To all the Tarxien NWAR staff: from the bottom of my heart I thank you for the love and dedication which you have always extended to support us. You have always listened to me when I needed to talk about my difficulties. Because of your support, my 10 year son Charles has managed to learn how to read fluently in Maltese and is now learning to do the same in English. You and myself had a common aim – that of seeing Charles return to school. We all know how difficult it was to help him become convinced that he should return. But, thank God and thanks to you, we have made a step forward and

Charles has started going back to school. I shall never forget all that you have done with my son and myself”.

- Ms. V.B.: “Eric has made good progress in the Maltese and English language. Now he is sounding the words and dividing them into syllables and has improved his handwriting. Due to the fact that he is sounding the words, he is feeling more confident when writing in English. I would like to thank Ms Sue for helping him in the English language and Ms Dimech who was very patient with Eric. I would like to encourage all those mothers who have children with difficulties in reading and writing to send them to NWAR where they are sure to find the necessary help”.
- Ms. M.F.: “Jean Paul has learnt how to spell and therefore can now read the words and this has led him to read simple books and now slowly more complicated ones. He has now started working on his own in Maltese work”.
- Mrs. R.Z.: “This program has helped me a lot since I’ve been coming with my daughter Abigail who has started to read and write. I have learnt the alphabet with her and how to help her in her reading and writing. She has done good progress and has passed her Maltese exam. This is the first time she has done so. I hope that when she stops NWAR, I can continue helping her with the knowledge I have gained while attending these sessions”.
- Mrs. C.Z.: “I think this program is very good for the children. It really helps them as they become more confident and they learn a lot. It has helped Dwayne in his reading and I hope that he can continue to come for this program as he is very happy. He has shown improvement and is doing well”.
- Mrs. K.M.: “This program has been great for my son. He has learnt the letters d and b. The alphabet helps him to read better. He could not read before and now he is learning slowly. He also learnt the ‘ch’, ‘sh’, etc. My son’s problem is that he understands but when it comes to writing he finds it difficult. I have found great help from both his teachers. They are very patient with him and explain well”.

The HIPPY* and HATAF ** programs

***Home Instruction for Parents and their Preschool Youngsters**

****Home Activities for Toddlers And Families**

<u>Place of action:</u>	Israel
<u>Replicated in:</u>	Australia, Canada, China, El Salvador, France, Germany, South Africa, United States
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<u>The Partners:</u>	• Ministry of Education (Welfare-Education Division) • The Jewish Agency – United Jewish Communities and Federations of North America (Public organization) • JDC-Israel, Joint Distribution Committee (NGO) • Jerusalem Municipality, Education Authority • Example of a Local Council: Ussfiya Education Division (local Government) • The Ziman Foundation – Reshit Program (private Foundation) • Steinhardt Foundation – Reshit Program (private Foundation)

Summary of the purpose and achievements of the Best Practice

Many early childhood interventions have emerged over the past several decades to provide support and resources to young children before they enter the world of formal schooling. Some programs focus primarily on the child, some on the parent and others on the parent-child relationship. Two programs designed to provide parents with the tools and support they need to become active and successful first educators of their young children are the Home Instruction for Parents of Preschool Youngsters program (HIPPY) and Home Activities for Toddler and Their Families (HATAF). HIPPY and HATAF are home-based, family focused, community programs which support parents in providing educational enrichment for their toddlers and preschool children. HATAF serves parents and their one to three year-old toddlers. HIPPY serves parents of preschoolers aged three to six. Both programs build on the basic bond between parents and children, by enriching parents' understanding of child development and learning skills in general while strengthening their sensitivity to the unique temperament, pace, needs and feelings of their own child. Evaluation studies throughout HIPPY and HATAF's three decades consistently indicate that socio-economically disadvantaged children who participate in these programs tend to enter kindergarten and school at least on a par if not ahead of their peers in academic achievement - and sustain this level. Furthermore, the regular one-to-one attention from their parents and enriched emotional interaction which frames the programs' operation has long-term, positive impact on the children's social development. Numerous studies have documented the positive results the programs have on children, parents, paraprofessionals and the communities. The most recent surveys based on kindergarten and teacher's feedback show that HIPPY and HATAF children are more knowledgeable, confident, calm and motivated, coping better with the challenges and demands of the formal education system, in terms of acquiring reading and writing skills and math concepts. In addition, their parents are perceived by teachers to be more involved in their children's education.

Description of the Best Practice

A Love of Learning Begins at Home

All children can learn. All parents want the very best for their children. And, given the appropriate support, information and materials, all parents can take an active role in helping their children grow and develop, and in preparing their children for school. These are the basic premises of two innovative programs developed in Israel over the past thirty years. Both programs have tangible impacts on improving children's quality of life and both are made possible by effective partnerships

between the public and private sectors of society. In addition, both programs respond directly to the rights of children as stated in the Convention of 1989: the right to the development of their full physical and mental potential and the right to participation in family, cultural and social life. The Convention also upholds the primary importance of parents' role. It says that governments must respect the responsibility of parents for providing appropriate guidance to their children, including guidance as to how children shall exercise their rights. And it places on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children. The relation between poverty, compromised development and academic failure is well established in the research literature (Duncan, Brooks-Gunn, & Klebanov, 1994⁴; Hunt, 1961⁵; Scarr-Salapatek, 1971⁶). Many early childhood interventions have emerged over the past several decades to provide support and resources to young children before they enter the world of formal schooling. Some programs focus primarily on the child, some on the parent and others on the parent-child relationship.

Rationale, Content and Operation

HIPPY and HATAF are home-based, family focused, community programs which support parents in providing educational enrichment for their toddlers and preschool children. Through the programs' easy-to-use activity packets, home visits, and group meetings, parents acquire knowledge and experience-based confidence to promote their children's healthy development and prepare them for success in school and beyond. Parents receive a progressive series of weekly packets of daily activities. Every other week they attend group meetings with other parents and HIPPY or HATAF staff. Parents in the HIPPY and HATAF programs are trained by paraprofessionals, themselves parents from the community. Paraprofessionals gain job experience guiding parents, while the program's flexibility allows them to deal with their ongoing concerns as parents. As paraprofessionals work (at what is for many a first job), they develop both a sense of responsibility and crucial skills. They undergo pre- and in-service individual and group training which not only expands their knowledge of early childhood development, but also supports their communication and teaching techniques. Along the way, they demonstrate - to

⁴ Duncan, G. J., Brooks-Gunn, J., & Klebanov, P. K. (1994). "Economic Deprivation and Early Childhood Development", *Child Development*, 65, 296-318.

⁵ Hunt, J. M. (1961). *Intelligence and Experience*, New York: Ronalds.

⁶ Scarr-Salapatek, S. (1971). "Race, Social Class, and IQ", *Science*, 174 (4016), 1285-1295.

themselves and to their communities - their power to change lives for the better. Stressing the interdependent development of a child's emotional, cognitive, motor and social skills, and the centrality of play and process in how toddlers learn, the professional and paraprofessional staff in both programs work with parents to:

- encourage their children to explore and discover in safe environments
- turn daily routines into fun-filled learning opportunities
- support and inspire their children's initiative, creativity and imagination.

Learning and play mingle throughout the programs' structured curriculum as parents nurture their children's language development; sensory discrimination; acquisition of concepts and ability to solve logical problems and follow directions. Books and story-telling play a major role in cultivating these skills which promote the child's readiness for school. Parents are encouraged to initiate and introduce their own ideas for learning activities, building on the existing materials and suiting their child's specific interests.

Evaluation

Evaluation studies throughout HIPPY and HATAF's three decades consistently indicate that the socio-economically disadvantaged children who participate in these programs tend to enter kindergarten and school at least on a par if not ahead of their peers in academic achievement - and sustain this level. Furthermore, the regular one-to-one attention from their parents (and essentially enriched emotional interaction) which frames the programs' operation has long-term, positive bearing on the children's social skills. Numerous studies have documented the positive results the programs have on children, parents, paraprofessionals and the communities (Westheimer, 2003⁷) The most recent surveys (Kfir & Elroy, 2004⁸) based on kindergarten and teacher's feedback show that HIPPY and HATAF children are more knowledgeable, confident, calm and motivated, coping better

⁷ Westheimer, Miriam, ed., *Parents Making a Difference: International Research On The Home Instruction For Parents Of Preschool Youngsters (HIPPY) Program*, Jerusalem: The Hebrew University Magnes Press, (2003)

⁸ Kfir, Drora and Elroy, Irit, "Role Perception of the Role Players in the HIPPY and HATAF Programs" in Druck, Kari, ed., *Educational Intervention in Early Childhood: the HIPPY and HATAF Programs*, NCJW Research Institute for Innovation in Education, The Hebrew University of Jerusalem, (September, 2004) pp.47-124 (*in Hebrew*)

with the challenges and demands of the formal education system, in terms of acquiring math concepts, reading and writing. In addition, their parents are perceived to be more involved in their children's education. This is reflected in their regular attendance at parent-teacher meetings, initiation and/or cooperation in kindergarten and school events and activities.

HIPPY and HATAF: past and present

Mass immigration of Jews from North African and Middle Eastern countries during Israel's early years of statehood posed many challenges to its essentially European establishment. Among the most pressing was the need to narrow the educational gap, but, by the late 1960s, it was evident that significant numbers of children of these immigrants were continuing to fail at school or to drop out altogether. Furthermore, despite best intentions – such as extending free pre-kindergarten education – children from these communities were still entering kindergarten and first grade far below par in relation to their peers. Seeking to facilitate “the integration of Israel's disadvantaged children and youth into the mainstream of the country's society”, Hebrew University's National Council of Jewish Women's (NCJW) Research Institute for Innovation in Education (RIFIE), led by Professor Avima Lombard undertook the design of programs which would prove to be a radical and effective departure from the prevailing approach “to counteract family influences as soon as possible”. Instead, Professor Lombard and her associates looked to the parent not only as partner, but as primary agent in the child's educational and socialization process. The alienation of socio-economically disadvantaged immigrant parents from the formal education system, the lack of communication between them and their children's teachers did not signify that these parents considered education of no great importance. On the contrary, they simply felt impotent and bereft of the tools to cope in their unfamiliar new world.

The HIPPY program, outlined above, which began as a pilot project in 1969 for 100 families, thus focused on building parents' self-esteem and confidence in providing their children with educational enrichment. The sibling program, HATAF soon followed suite. Impressed with the effectiveness of these programs, in 1975, the Ministry of Education funded their expansion and since then, HIPPY and HATAF have reached out to over 70,000 families in more than one hundred communities in Israel. (Currently 80 professional coordinators and 200 paraprofessional home visitors are working with over 4000 families.) Later waves of mass immigration in the 1980s and 90s brought an influx of families from the Former Soviet Union and Central Asian Republics and more recently from Ethiopia. While the educational establishment is still in a stage of transition from its original ‘melting pot’ approach to immigrant communities, the HIPPY and HATAF programs are pioneering forces in valuing multi-cultural diversity, recognizing the need to adapt materials so that

they have cultural resonance with each community. Communication between parent and paraprofessional is in whatever language the parent feels most comfortable, and similarly parents are encouraged today to talk and play with their children in their mother tongue, if that is how they can best express themselves richly and spontaneously.

HIPPY, HATAF and Israel's Arab Communities

HIPPY and HATAF programs are used not only in the immigrant context, but also with veteran socio-economically vulnerable groups such as the Jewish ultra-orthodox community and the substantial Arab minority which constitutes almost 20% of Israel's population. Prior to the 1990s, HIPPY and HATAF had made limited inroads within Arab society, but increased funding for this purpose during the Rabin government era broadened the scope of action considerably. In 1994, the programs were running in five Arab communities, and within two years, doubled their outreach. By the late 1990s some 1,500 families were participating in the programs. The economic depression which ensued with the collapse of the peace process severely curtailed the ability of local councils to implement programs in both Arab and Jewish disadvantaged areas. Alarming statistics published recently by Israel's National Council for the Child indicate that not only do one third of Israel's 2,253,800 children live below the poverty line, but a staggering 57% (over 300,000) of Arab children fall into that category⁹. Over 50,000 of these children are under five years old, and could therefore benefit from the HIPPY and HATAF programs. The government, in the wake of small signs of economic revival, has directed resources to Bedouin communities (the most underserved of all sectors) in the north of the country and HIPPY and HATAF programs are now being replicated in a number of communities including J'daidah-Maker; Mghar; Ilut; Tamra; and Tuba-Zangariya. Basmet-Tabun and Bir El Maksur. Thus, together with programs currently operating in other Muslim, Christian and Druze communities, HIPPY and HATAF will soon be serving well over 1,200 Arab families, including parents and children in East Jerusalem and in the Shuafat refugee camp, where the program manages to operate despite exceedingly difficult political impediments. Program materials have all been translated into Arabic, and the potential for reaching out to other vulnerable Arab communities in Israel and other Middle Eastern and North African countries is enormous. RIFIE looks forward to

⁹ National Council for the Child, "Selected Statistics from the Statistical Yearbook "Children in Israel – 2004" (December, 2004).

partnering with educational and welfare authorities and academic institutions in any country interested in adopting and adapting the HIPPY and HATAF programs to advance the educational level of their preschoolers and empower parents as educators and therefore as community builders. We believe that the new MedChild initiative could provide the platform for such path-breaking links in sharing and exchanging knowledge and ideas between ourselves and our neighboring countries, near and far, in the Mediterranean and MENA regions. We welcome MedChild's advice and cooperation in this regard.

HIPPY and HATAF: current international program replication

The NCJW Research Institute for Innovation in Education at the School of Education within Hebrew University (RIFIE) is uniquely poised to support the development and replication of the HIPPY and HATAF programs in and outside Israel. Creators of the programs understand the importance of developing the practice, conducting research on the practice and ensuring that lessons learned from the field directly influence governmental policy making. As a result, program practice, research and policy have consistently informed one another in the creation and development of both HIPPY and HATAF. RIFIE has developed great expertise in the delicate, complicated and very rewarding process of international program replication. In 1985, HIPPY International was created as a new RIFIE project to disseminate the HIPPY program in other countries. The HIPPY program now operates in 8 countries outside of Israel - Australia, Canada, El Salvador, France, Germany, New Zealand, South Africa and the United States. HIPPY International is the network of approximately 200 community-based programs serving over 20,000 families in these countries. HIPPY materials are available in English, Arabic, Spanish, French (partially), and Turkish (partially). More recently, HATAF made its international debut in China, where the government's (urban) single child policy presents a unique challenge for early childhood program development and practice. The international name for the HATAF program is TIP-TAP (Together in Play – Toddlers and Parents) and the materials are available in English, Chinese and Arabic. Together the programs have over 15 years of experience in program replication that places high value on local and national partnerships, quality management, appropriate cultural adaptations and research. Countless lessons have been learned in this process and all of them have been incorporated into the guidelines for starting new programs which can be found on the website: www.hippy.il.org.

HIPPY and HATAF: setting the stage for long lasting change

Most new programs begin with the support and determination of a champion who believes strongly in the benefits of the program and who will weather the early phases of explanation, promotion, acceptance and rejection. All this is necessary to start new pilot projects. If successful, however, program development should move to the next stage which is institutionalization and stabilization. It is at this stage that a program can have deep and lasting impact on policy makers, legislators and other key decision makers. This impact can promote the longevity of the program but, more importantly, can have a long-lasting impact on policies and programs for children in the wider community, beyond the scope and reach of the specific program. This has been true for HIPPY and HATAF. In Israel, as in many other countries where the programs have been replicated, program leaders have had the opportunity to influence legislation to support the guiding principles of their work. In Israel, the programs are funded primarily by the Ministry of Education, in the form of direct grants to RIFIE and indirectly via the educational departments of municipalities and local councils (see Financial Profile). In the United States, several states have allocated budget lines to these programs as a direct result of parental advocacy. Under President's Clinton's administration, guidelines for parental involvement in all aspects of decision-making about children were developed as a direct result of his experience with HIPPY in Arkansas. In Germany, new federal guidelines for programs working with refugee families were adapted to fit the programmatic specification of HIPPY. And in Canada, the Chairperson of HIPPY Canada, was asked to represent home-based programs on a federal advisory council. In addition to these national influences, most local programs are supported by active local advisory groups that include decision makers, education, health and social welfare professionals and parents. The advisory groups assure that the programs fit within the structure and web of services within a given community. When effective, they are critical to the programs' success or failure. HIPPY and HATAF work on both the individual and societal levels – helping parents be the best they can be and using grassroots work and support to help create a society that understands the importance of supporting families.

Integrated model of prevention of mother-to-child transmission of HIV infection

Place of action: the program has been implemented in collaboration with the national and local institutional partners and representatives of public health authorities, in 16 areas, nationwide (Romania): Arges, Bacau, Braila, Brasov, Bucuresti, Caras Severin, Cluj, Constanta, Dambovita, Dolj, Galati, Giurgiu, Olt, Hunedoara, Suceava and Timisoara, under the partnership agreement with the Romanian Ministry Health and Family

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The Partner:

- Ministry Health and Family, General State Direction of Public Health and Sanitary Inspection

Summary of the purpose and achievements of the Best Practice

At the beginning of 2000, Romanian Angel Appeal implemented the first Romanian integrated program of mother-to child HIV transmission prevention in Constanta County - a local area with the highest rate of HIV/AIDS infection of both children and adults comparative with the national rate. The program benefited Ministry of Health support. A protocol of regularizations and appropriate methodology for mother-to-child HIV transmission prevention has been drafted in a successful and satisfactory collaboration with the Ministry representatives. A first prevalence study of risk factors was conducted and 11,423 pregnant women were counseled and tested with the proposed methodology. The pilot has been evaluated and replicated in Giurgiu County in 2003, allowing revision of the methodology

according with recommendations and lessons learned. Program benefited capacity building, by opening local counseling and testing centers, by specializing counselors with training adapted to local conditions, by networking local decision-makers enabling local working groups formed by medical specialists and public health managers, and by strengthening local capacity through the provision of needed medical equipment, vehicles for rural visits and educational materials. The positive results were conducive toward the current expansion of the program in 16 counties in a nation-wide program implemented between 2004-2006. This program overcame logistical, financial and institutional gaps that have determined irregularities and practical barriers in implementing the norms and recommendations issued by legislative policies. The Program networks health professionals and managers, adapts the methodology at local context, provides expertise and raise awareness at the level of general practitioners, raises the number of specialized services for voluntary counseling and testing with trained staff, and ensures psychological assistance for HIV infected pregnant women. It also implements information and education components addressing pregnant women, stressing on respecting the women rights, including gender roles factor in counseling process, putting a significant accent on quality of information.

Description of the Best Practice

We have promoted standard PMTCT Methodology

The program aims to prevent HIV mother to child transmission. An efficient methodology has been put in place. A main component envisage promotion of HIV voluntary counseling and testing among pregnant women, so that women in general population become aware on HIV/STIs risks and prevention measures available and to be identified as early as possible (first trimester) in pregnancy so that they can benefit from the full panel of vertical transmission prevention interventions (ARV therapy, regular medical checking and treatment, intra-natal care including ARV and caesarean section where recommended, post-natal care, recommendations for baby care - especially artificial feeding - ARV treatment and monitoring for mother and baby, social and psychological support before and after birth). Another major component of the Program networked health professionals and health managers. Emergent working groups formed at local level contributed to the localization of the methodology, adapting it to the local context. RAA continuously provides expertise and raises awareness at the level of GPs regarding the PMTCT issues, increasing the number of specialized services for VCT with trained staff, and ensuring social and psychological assistance for HIV pregnant women. The program includes information and education addressing pregnant women, stressing on respecting the

women rights, including gender roles factor in counseling process, putting a significant accent on quality of information, and developing guidelines for counseling ethnic minorities (i.e. Roma) and/or illiterate women. Other program components ensured corroboration of PMTCT efforts with general HIV/AIDS prevention activities, so that women in general population become aware about the HIV/STIs risks and prevention measures available by disseminating information through a large amount of leaflets and brochures culturally and language adapted for women, in accord with their level of education and ethnic background.

We have developed working local networks

The program, benefiting prior assessment of prevalence trends of HIV infection in pregnant women at county levels and risks factors associated with MTCT, focused on two main directions:

- Networking local authorities representatives responsible with the pre- and post- pregnancy services with clinical and epidemiological HIV infection surveillance specialists
- Developing and implementing locally adapted PMTCT program

Local PMTCT Committees were formed and RAA boosted collaboration among its members in adapting the methodology at local level, in order to ensure a smooth local project implementation and project sustainability, to raise awareness and knowledge among GPs community on the issues, as they have the key role in developing a successful program, and to provide standard prevention measures. Collaboration with the Ministry of Health in all phases, such as: review legislation and ensure its application at districts level, national meetings, implementation process including ensuring continuous supplies of HIV testing kits (Elisa, Western Blot and HIV quick testing kits), training, improvement of pre-natal care services nation-wide, project evaluation, proved the success of our efforts.

We have localized the program, adapted to the needs and context.

Over 2,500 health care workers (general practitioners, obstetricians, infectious diseases specialists, nurses and midwives, VTC counselors, pediatricians, family planning staff) in all program locations (approx. 150 medical staff / location) were trained and involved in adapting the project methodology to the needs / particularities of each specific area.

We have implemented a pilot phase in Constanta County, revised it with a replication in Giurgiu country and extended the program nation-wide, in 16 counties out of 42 in Romania.

According to the first prevalence study and analysis of risk factors conducted during 2000-2002 by Romanian Angel Appeal and partners in Constanta in 11,423 counseled and tested pregnant women, overall prevalence of HIV infection was 1.75 per 1000 (20/11423). Between June 2000 May 2002 a program offering routine antenatal testing and counseling was implemented by Romanian Angel Appeal in partnership with the County Epidemiological Centre, Municipal Hospital, County Hospital and Medgidia hospital in order to provide medical and social care to HIV pregnant women. The project tested the RAA capacity for implementation a coherent PMTCT methodology at local level based on successful efforts to efficiently networking local authorities in public health. The pilot project findings, its conclusion and recommendations issued, as well as lesson learned concluded toward the revision of the project methodology and its successful optimized replication in Giurgiu county, during the year 2003. New components have been added in order to optimize the program impact. Training has been provided for local counselors, adapted to the local context also including ethnical background issues within the curricula. Language localization has been achieved by translating the information disseminated in romani language, according with the local ethnical background in prevalence evaluation. A rural insertion has been envisaged providing the local working team with resources for local visits. Based on these results, an expansion of the program has been enabled in 16 counties nation-wide, with the support of Global Fund to Fight AIDS, Tuberculosis and Malaria, in partnership with the national Ministry of Health, currently under implementation.

We reached a significant amount of beneficiaries.

Around 11,000 pregnant women in Giurgiu benefited the PMTCT program in Constanta County. Other 2000 pregnant women, including Roma women, have been included in the program implementation in Giurgiu County. In current extension of the program in the 16 areas, over 2,500 health care workers (GPs, obstetricians, infectious diseases specialists, nurses and midwives, VTC counselors, pediatricians, family planning staff) in all locations and general population are involved in information and raising awareness activities, specialized training as well as implementation PMTCT methodology accordingly with the needs and particularities of each specific area. Current program implementation will reach out 40% of the pregnant women in the targeted counties, during the year 2004, tending to reach out 90% of them till the end of 2005, with counseling, testing and educational activities.

We developed a standardized, locally adapted, working methodology, with Ministry of Health endorsement.

The program working methodology, based on the Ministry of Health and Family recommendations for health management of HIV/AIDS infected pregnant women, is focusing its efforts on integrating the collaborative and sustained model of preventing vertical HIV infection transmission, between relevant psychological, social and medical services at local level, successfully involving local public health authorities in the PMTCT process. We have developed standardized working procedures, a networking protocol to include all medical specialists and health managers which relate with vertical transmission issues in the program implementation, and we have introduced standardized data base in monitoring the vertical transmission at local level.

We have involved a significant amount of stakeholders in mother-to-child HIV transmission health issue.

Networking representatives of the key institutions responsible with pregnancy at local level contributed to the introduction of standardized pre-test form, formal recording of positive confirmed cases and standardized post-test counseling and effective methods for referrals to clinical HIV infection medical services as well as to the epidemiological departments of public health management authority on HIV cases surveillance. The family unit physicians and obstetricians were responsible in pre-test counseling of pregnant women. The role of medical personal having professional contacts with women who wanted to become pregnant was to explain them how important it is for themselves, their child and their past, present or future sexual partners to know their HIV status. An emphasis was put on having access to HIV testing before the conception. The prevention measures have to be presented to the pregnant women that were at risk of infection during pregnancy, especially if their partners were HIV positive and the HIV testing was to be repeated every trimester. Test results were to be given, whenever possible, by the same health care professional who performed the pre-test counseling. Confidentiality of the information had to be respected. The clinical HIV infection specialists were responsible in infectious disease medical assistance for HIV positive pregnant women and obstetrics and gynecology services in case of pregnancy termination or prophylaxis of HIV positive pregnancies that are to be delivered. Collaboration between infectious disease specialist and obstetrical and gynecological specialists during pregnancy period was to be procedurally facilitated. Referrals to familial planning cabinets were to be made toward all HIV positive pregnant women in case of fertility age, in order to ensure access to adequate contraceptive means.

Standardization of HIV positive confirmed cases referrals to the public health local authorities' representatives was to be enforced. Following deliveries, in case of HIV positive pregnancies, further referrals were to be made toward the neonate pediatric specialists, to adequately establish and ensure the HIV prophylaxes for neonates till children's HIV status is confirmed or infirmed. The public health management representatives were responsible in pre- and post- test counseling for pregnant women referred to them. Educational services were to be supplementary provided. Cases management was to be ensured, in order to have a HIV infection epidemiological surveillance. Standardized procedures were to be enforced. Medical nurses and familial planning units' personnel were responsible in providing HIV positive pregnant women with contraceptive counseling as well as with adequate contraceptive means. Informative educational materials were to be distributed emphasizing specific case of HIV-positive pregnancies. An important contribution was given by the women's participation, as they were also consulted in the process of PMTCT methodology implementation at local level. Facilitating the community approach, the organization became also active in raising awareness over the need to change the traditional gendered familial roles pattern toward empowering women to understand and benefit of all-related reproductive rights. An expertise team with international outstanding professional expertise, coming from University of Padua – Italy and the Institute for Children's Health in London were contributing with important expertise on updated training curricula for medical care services addressing HIV positive pregnant women.

We have strengthened local capacity to further implement sustainable PMTCT efforts.

The prevention program involved a first training component addressing general pediatric HIV issues, for GPs, nurses, and specialists for pregnancy and infectious diseases, followed by a prevention component encouraging antenatal counseling and testing for pregnant women alongside with the introduction of specific prophylactic measures for HIV positive pregnant women, such as the use of antiretroviral treatment during pregnancy and for the new-born baby, formula baby milk feeding versus breast feeding, caesarean operation for delivery. Methodology of HIV maternal-fetal infection prevention program included a networking component between representatives of local authorities responsible in management of pregnancy cases. The overall methodology has been drafted and submitted to the Ministry of Health, obtaining the final authorization and the governmental support for the program implementation. Procedural networking routines among medical practitioners were developed and facilitated, as well. Monitoring and assessment tools and processes were created, such as standardization of prevention, testing and epidemiological surveillance methods, developing and facilitating the use of

program related reports, continuing professional medical education, regularization of monitoring, networking and evaluation site-visits, developing role description for every partner involved in program implementation. RAA proved to successfully implement the program nation-wide, being the only Eastern European organization with proven experience in the field. Transfer of expertise in region is envisaged, as part of ensuring our efforts sustainability, integrating the regional perspective and ensuring a coherent plan of action that allow standardized statistics, comparative approaches, collaboration between countries and replication of Best Practices.

We have raised support from various groups in civil society, from non-governmental agency, European commissions to for-profit medical companies.

Our efforts were constantly financially supported by various actors of civil society, from United States funds dedicated to development programs as well to child education and protection programs (UNDP, UNICEF), to European Community funds supporting programs tackling public health issues, from non-profit organization sustaining our efforts (“Franco Moschino” Foundation – Italy) to foreign community matching funds (Piedmont Region – Italy) and for-profit companies non-reimbursable investment (GlaxoSmithKline – Partners for Life Foundation). Current program is undergoing with financial support form Global Fund to Fight Aids, Tuberculosis and Malaria benefiting the Romanian Ministry of Health partnership agreement. The support we gained to sustain our efforts in program implementation demonstrated the health stakeholders investment in a practice that showed to be powerful, innovative and matured as a model of success in the Southeastern European region.

Women and Children Centers

- Place of action: Ýstanbul-Mardin, Turkey
- Submitted by: “Foundation for The Support of Women’s Work” NGO
Bekar Sok. 17, Beyoðlu Ýstanbul, Turkey
- Contact person: Ms. Sengul Akcar
- e-Mail: kedv@tnn.net
- The Partners:
- Mardin Valisi (Governor of Mardin)
 - Municipality of Bahçelievler

Summary of the purpose and achievements of the Best Practice

In Turkey, young children (0-6) have limited access to childcare and education services, one of the essential parts of children’s rights. FSWW started this initiative to expand quality child care and education services to the poor communities through grassroots W-women’s leadership and community mobilization, and thus increasing the chances of children to develop their full potential. FSWW has created Women and Children Centre model which are established and run by grassroots women groups in partnership with other sectors, mainly municipalities, governors and business owners in the community, NGOs, etc. In these centers, early child care and educational service are provided for young children while quality services, educational quality, early child care, and education services run by mothers/women collectives along with other empowering activities for women. Depending on the results of the needs assessment done by women themselves and the availability of the resources, early child care and education services are provided; namely day care, play groups or home based day care provided by trained, experienced mothers in their own homes. The educational process is child focused and forges an interaction among the child, the family, the educators and the community. These centers also provided public spaces for mothers and women in the neighborhood for peer exchange, learn from each others experience, build self confidence and operate collectively for their strategic needs and benefit a variety of capacity building activities. This model is replicated by 16 groups in different parts of Turkey on women initiatives supported by their communities and local administrations.

Description of the Best Practice

Outline of the situation prior to the initiative (including major issues, trends and conditions affecting children in the area)

In Turkey, young children (0-6) have limited access to child care and education services, which is a basic children's right. Under 5 population is around 7 million, of which only 5.7% of the 3-5 year olds (UNESCO, 2003), 11% of the 4-6 year olds and 14% of the 5-6 year olds (Ministry of National Education, 2003) benefit from early child care and education services. These services are concentrated in larger urban centers and more affluent neighborhoods. In Turkey, where 36% of the total population is considered "economically vulnerable" (World Bank), children of low-income families have almost no access to early child care and education services. Early child care and education services in Turkey are regulated and closely supervised mainly by the Ministry of National Education (MONE) and to some extent by the Social Services and Child Protection Agency (SSPCA). The system is based on a center-based model, with strict criteria for physical conditions, formal qualifications of the staff and curriculum. This model mainly targets preparation for primary school and does not respond to diverse needs or individual differences. It is teacher-centered with the "teacher" dominating a one-way teaching process as the ultimate authority, and there is no validation of families' life expertise and culture in the educational process. Quality of services is perceived as merely hygiene and physical conditions. Some of the reasons behind this situation are:

- Traditionally the state culture is highly centralized and authoritarian and it does not favor partnerships with civil society in service provision. The public administration envisages a top-down planning and direct provision of services. This approach gives little emphasis to community organizing or pro-poor, women-centered local development strategies.
- Early child care and education services are commonly perceived (both by officials and most academicians) as a mystified "scientific area" where only highly qualified professionals can function effectively. This approach makes it difficult to introduce and implement local initiatives, innovative solutions and community involvement. This is manifest in the regulatory framework blocking parental involvement and community participation.
- The priorities and needs of women and children are not taken into account in the allocation of public resources. Like elsewhere in the world, women and children are most affected by poverty in Turkey, and it is not recognized that women's needs for access to social and economic opportunities and children's needs for better care and education services are interrelated.

Summary of the primary objectives, priorities and strategies of the initiative

The FSWW first opened up a Women and Children Center (WCC) in 1988 in one of the poor neighborhoods of Istanbul, to meet the children's need to have better care and education and women's need to work outside the home. This experience made clear the importance of service quality, the drastic need for such services by poor women and the extreme scarcity of resources. In this milieu, early child care and education services became a democracy forum at community level where children, their families, the community and public policies come together and interact. Mothers' leadership, community involvement and multi-sectoral partnerships were essential and advocating for their own needs provided a socially legitimate reason for women to enter the public arena. A child-centered approach tailored to each child's individual needs and active learning strategies based on the interactions between children, families, educators and communities ensured educational quality. This process evolved and resulted in 1993 in the following initiative. The overall objective of the initiative is to expand high quality early child care and education services through community mobilization under grassroots women's leadership.

The primary objectives of the initiative are:

- Designing an alternative, low-cost, parent-run, community-based, sustainable early child care and education service provision model integrated with empowerment of women, providing a framework easily adaptable to local conditions.
- Developing child-centered education programs, emphasizing local culture and parental involvement.
- Setting up a model Women and Children Center in partnership with other sectors.
- Documenting the process and preparing training programs and materials for dissemination.
- Creating a more favorable environment for dissemination of the project outcomes.

The priority issues are:

- Child-centered pedagogical approach contrary to the existing teacher-centered education
- Grassroots women's leadership

The strategies used are:

- Building partnerships at local level (mainly with municipalities) to support women's initiatives.
- Advocacy at national level for policy change
- Capacity building among mothers/women at grassroots level to assume a leading role in elevating quality of their lives and fostering democracy.
- Creating a considerable number of such initiatives for serious consideration and visibility.

Financial aspects, resources mobilized and their sources, key actors

The FSWW's program development efforts are supported by the Bernard van Leer Foundation (BVL), the Netherlands. However, the costs of the actual service provision are shared by parents, community, local governments, private sector and NGOs available at a given local setting. The participatory approach and women's leading role in needs assessment and action planning has facilitated cash and in kind contributions of local actors. Documentation and dissemination of the achievements have been instrumental in mobilizing community and public resources in different settings. Assessing needs at the local level and designing the center to meet the local needs and priorities using flexible standards and solutions and transparency in all transactions have reduced start-up and management expenditures by almost 60%, compared to a government facility with a capacity of 40 children, not to mention the potential of reaching more children by expanding services with little investments (e.g. neighborhood mothers and street activities) and empowering women to mobilize for their common needs. Unless the centers are in a context of severe poverty and no cash economy, they have a high level of financial sustainability due to sliding scale fees or in kind contributions from parents, center capacity matching local needs and flexible implementation of requirements for sophisticated infrastructure and university graduates as educators. Attached are the budgets of two sample centers: one urban, Kocasinan Center in Istanbul, and one rural, Mardin in southeast Anatolia where per capita income is almost 1/3 of the national rate. FSWW provides both technical support for capacity building and direct financial support for service provision, which Mardin is still receiving. FSWW's economic enterprise for sale of donated second-hand goods generates seed money for new initiatives and their running costs.

Problems tackled in implementing the initiative

One major problem for women at local level was to get the supervising/licensing institutions to accept and support this model shaped by local needs and available

resources but not always meeting the set standards in terms of physical facilities and staff competencies. This obstacle has been partially overcome by appropriate documentation, inviting officials to other WCCs and signing protocols with SSCPA for flexibility with regulations. A second problem was financial sustainability. In very poor communities and where working parents are scarce, the centers need more matching funds. Resource allocation from public resources depends on the personal attitudes of local administrators. Regulatory changes for public financing of parents' initiatives are needed. A temporary solution was to use governmental programs for local initiatives. Also, FSWW started advocacy work at national level with the Ministry of National Education, including a study tour by group of high-level officials and academicians to European Best Practices. These efforts will be followed by an international conference and regional piloting phase. The existing 16 WCCs provide a sound base to get serious consideration for the model. A third problem was reluctance of educators to leave their traditional role. This is a long-term process, and needs more frequent in-service trainings, networking and close monitoring.

Local participation in the initiative (people, communities, organizations and institutions etc.)

The model and its dissemination with its child-centered pedagogical approach and elements of mothers' leadership, community involvement and partnerships with other sectors require participation of local women groups, government officials and other sectors. FSWW has developed the written and visual materials for this purpose and then encouraged all stakeholders to interact and collaborate around early child care and education issues through multi-sectoral meetings, training activities, peer exchanges, and study tours. Local women determine their needs and resources through participatory needs assessment and action research, prepare an action plan, negotiate with the local officials for resource allocation and register as formal cooperatives under a contract with SSCPA. The cooperative is collectively in charge of all decision making to do with management and services including curriculum. The internal transparency of WCC management is matched with a transparency and proper information disclosure to external partners, whose support is essential for sustainability.

Level of implementation of the project's objectives

- Low-cost, parent-run, community-based early child care and education service provision model integrated with empowerment of women, was developed and implemented. Collaboration with SSCPA allowed some flexibility in the implementation of the existing regulations. 16 centers

serving more than 1200 children and mothers per year proved that women/parents cooperatively provide affordable, high-quality early childcare and education services tailored to the needs and resources in their communities, and also start collective economic initiatives and build self-advocacy skills.

- Child-centered educational programs emphasizing local culture and parental involvement were developed and their impact on children's developmental needs was scientifically validated and materials were developed for its dissemination.
- Not only a model WCC was opened in Istanbul, but the model was disseminated to 16 other communities located in Istanbul, the Marmara Earthquake Region (Izmit, Adapazari, Duzce), and Southeast Anatolia (Diyarbakir, Mardin).
- The whole process was a documented and training program and dissemination materials were developed.
- Through collaborating with SSCPA and MONE, advocacy efforts have been undertaken to create a more favorable environment for dissemination in terms of policy change and resource allocation.
- Leadership and other skills training programs were conducted for women resulting in cooperatives with collective economic initiatives to support WCCs and their families. Hundreds of women found employment at WCCs and as neighborhood mothers.

Quantitative and qualitative measurement of the impact and performance of the initiative

Annual evaluations were done till 2000 by an internal evaluator and since then a team of academicians led by the Dean of the School of Education at Yildiz Technical University. A participatory evaluation process was adopted in planning, data gathering and analyzing. Data gathered included written documents (such as day care centre records, reports, feedback notebooks of parents, decision logs, etc.), in-depth interviews with all stakeholders (group leaders, parents, municipal officials, community leaders, etc.), meetings with these groups conducted separately or altogether, and child observations. Evaluation reports were finalized after the feedback on the drafts from parents groups, educators and volunteering/professional staff members at the centers. Mainly the parents, educators and FSWW benefited from the evaluation reports. They were used as self-assessment tools to improve ongoing activities, providing insights and recommendations for future strategies. They were also used as advocacy tools for the expansion and mainstreaming of the model by presenting to officials and as references in the papers/presentations

submitted at conferences and in advocacy documents prepared for different target groups.

Lessons learned throughout the process that led to improvements

- Key concept for expansion and sustainability lies in the formal ownership of the initiative. So, informal groups who want to replicate the model were asked to get registered before starting.
- As long as the financial sustainability is a main concern issue, educational approach and quality becomes negligible. So, many efforts should be put on the recognition of their initiative as a public service to get public resources. FSWW encouraged women to insist to have access to governmental programs rather than fund raising on their own.
- In advocacy efforts, creating critical mass is important. However, clustered numbers in one area increase visibility and helps recognition, rather than dispersed larger numbers. FSWW realized this very recently and started to work in that direction.

Experience and expertise derived from other practices

The project has made an intensive use of similar experience in European countries, and exchange opportunities, like the groups in Germany, Greece, etc. Also, in terms of participatory evaluation methodology, experts from England were used for internal capacity building.

Suggestions for future changes/improvements

As a part of advocacy, the FSWW later realized to use of academicians for scientific validation of the outcomes and their influential role in over the policy makers, and only three years before started to work with academicians.

Number of protocols/formal or informal partnerships/task forces etc. or any other results at the community level. The approximate population in the catchments areas.

As expressed above, the centers are dispersed, so the catchments areas were very large. However, they still created a niche in this industry in terms of good quality of education and effective strategies for women's empowerment and replicable models. Several protocols were signed with the Social Services and Child Protection Agency, at different stages for dissemination. Also, municipalities were contacted for their contribution.

SELECTED SUBMISSIONS

The complete texts of all eligible Best Practices can be found on MedChild's website (www.medchild.org)

CATEGORY “HEALTH”

Children and seropositive adolescents: study on procedures and communication techniques of the diagnosis. Definition and experimentation of a protocol of intervention in support of the acceptability and the elaboration of the diagnosis of HIV-seropositivity for the minor and their families.

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 - Institute for the analysis of the Affective Codes “Minotauro” (Social Cooperative)
 - First Pediatric Clinic “De Marchi” (University of Milan)

Description of the Best Practice

The infection from HIV is a world emergency more of the past years, a serious problem that not concerns only the countries in the process of development but even the Europe and it doesn't involve anymore only what is usually defined as “dangerous” world, as it is that of the drug addicts, or the homosexuals but even the world of the “normal and general” population. The children are always more involved and often without knowing it, in spite of the Charter of the Laws of the Seropositive Child in a point recites: “The child is entitled to receive information on

his conditions in suitable way to his age". The ANLAIDS Association (Sez. Lombardia), the "Gruppo di Volontariato per Minori ed Adulti Sieropositivi", the Social Cooperative "Minotauro" of Milan and the First Pediatric Clinic "De Marchi" of the University of Milan have been operating for a long time in synergy in the intent to furnish a support to seropositive children and to their families. The practice has had two aims: the support to the seropositive minor and their families (across the offer of a space of psychological counseling) and the comparison in equipe between physicians, psychologists, social workers and volunteers. So it has been worked in parallel on the problem list of subjects and on the problem of the operators. The listening activity and consultation are seemed valid tools in supporting families, that have come to the awareness of the necessity of facing the questions of their seropositive children about their real condition, offering a sharing space and a possibility of elaboration of the problems that HIV-seropositivity involves. In the last few years of activity the demand of the communication of the diagnosis of HIV-seropositivity to the minor emerged as priority. If previously, on account of the short hope life of the seropositive children, the communication of illness was considered useless, destructive, to avoid in support of the quality improvement of a life foreseen as brief; today it becomes necessary thanks to the pharmacological evolution, the notable progresses of the therapy and the meaningful extension of the survival period; but it delineates new problem list. In a lot of families there are, in fact, meaningful resistances to the idea of facing this argue and often it happens that such communication is only distorted, partial, deferred in the future. Really sharing this parents' behavior results difficult by the physicians employed in the care and interested to the adhesion to the therapy by the patients. The voluntary operators, busied with the seropositive minor, and that desire to maintain a suitable role and a relationship of trust with them, also sustain the necessity of the communication of the diagnosis to the children. That is all emerged from a study carried out by the Social cooperative "Minotauro" about the affective culture of the volunteers that assist the seropositive minor. Across the realization of individual interviews and the psycholinguistics analysis of the text: the lives, the representations and the waits of the voluntary operators have been investigated. It emerges that the communication of the diagnosis is perceived from the volunteers as away essential to opening a space for a sharing and a common elaboration of the illness, that however meets with the opposition of the parents of the minor. From this reasons and verifications, it has been decided to realize, thanks to a financing on behalf of the Higher Institute for Health (IV National Research Program on Social Aids - 2000), an intervention-research turned to families with seropositive children with the following aims:

- offering a space of listening and psychological support;

- understanding better the specificity that characterizes the communication of the diagnosis of HIV-seropositivity, across the analysis of the existing relationship among the illness and the affective context, to the end to individualize the strategy to start a more aimed communicative process at the demands of the minor and the characteristics of his family.

The intervention has been realized in accordance with the methodology of the brief counseling. It consists of realization of interviews inspired to the clinical psychology, that don't have therapeutic aims but they intend to clarify and support the elaboration of a specific and focused theme, in a relationship which mirrors the emergent affective dynamics. The consultation work has been developed from the month of February up to the month of December 2002, during the Day Hospital, at the First Pediatric Clinic "De Marchi" of the University of Milan. Very differences are emerged in family situations due to the composition and the problem list to face together. In some cases next to the parents, the interviews have concerned other adults of reference: grandfathers and uncles. In the course of the meetings it has departed from the listening of the requests for the family, centered on the relationship with the child or boy and on the difficulty that the questions in connection with their really situation had already aroused. In this situations understanding the necessity of facing the possible questions of the children has met with some resistances and fears for the possible consequences of an unexpected and devastating revelation on the plan of the inside relationships to the family, but also with the outside. The social environment is seemed generally repelling and threatening, considering the actual social connotation about HIV seropositivity. Then the discourse has been focused on some fears, that, according to the situations, have assumed more or less importance in the consultation work as inhibitor factors or possible resources to use in the communication. Leaving from the history of the child, it has moved to the history of the family, to the weigh that the illness has assumed in its evolution, underlining prevailing aspects: mourning, abandons, actual fear of the death. It has been worked on the imaginations that the possible communication actives in children in relationship to the really adult experience, looking for identity aspects or differences. In short: it has been looked for working on the ambivalence and on the tolerability of the communication. The psychological specificity of every situation and then the inevitable particularity of every communicative scenery have been emerged; the roles that the figures of reference assume in the comparisons of the illness and then of the communication have assumed a lot of importance: sharing or less the HIV-seropositivity, being natural parents or trustees, for example, postpone to different problems, to different relational attitudes, to different defensive orders. Besides, it has been tried to consent and sustain emotionally the thought expression and the feeling associated

with destructive aspects and the anxiety of social refusal as consequence of seropositivity, recovering yet contemporarily vital and evolutionary aspects, of which the families are bearers and that become poles of positive identification for the child: that, for example, the reagency and cohabitation with the illness and the experimentation of affective and social positive relationships. In parallel to the work with the families, regular equipe have been programmed with the physicians and the social workers that operated at the day hospital, finalized to the presentation and discussion of the cases and to the individualization of the problematic principals in the patient cure relationship. The demand of a constant monitoring of the therapeutic alliance with the reference adult figures for the patients is seemed fundamental. In the second place, it has been underlined the possible assumption of greater awareness and autonomy on behalf of the minor in the management of the therapy, in parallel with the communication of the diagnosis. The intervention-research has concerned even a formation and supervision for the volunteers that were employed with the seropositive minor and their families by the psychologists involved in the project. Monthly meetings groups have been destined to the volunteer, faced to the discussion of the cases, to themes about the role of volunteer associated particularly with the specificity of the condition of seropositive minor. It has been underlined that the volunteer work was extremely involving on the emotional plan, requiring a devotion and extraordinary affective mobilizations, extended in the time. Their role has often required the passage from a function of external support to the family to a true parents' function due to inadequate and faulty figures. Even the work of the volunteer has been conditioned by the progresses in the life of the seropositive subjects: for which, at the beginning, they were supposed to face the reality of the "physical death" of patients, now instead they are supposed to sustain the children in their process of growth, incompatible with a secret about their illness condition, above all in their adolescent subject becoming. From the work of psychological counseling and from the equip with also volunteers have been sprung some indications that are currently driving the continuation of our work:

1. The utility of the activity of listening and support to the families has been confirmed, along with medical cares and social interventions, because they make possible a sharing space and elaboration of the problems that are the consequences of HIV-seropositivity condition and the relationship with children and boys in growth. This space answers to the necessity to give word to the doubts and the fears of the adults, to think answers to the possible questions of the children, limiting so the risk of misleading communication and negations; it also allows to face even critical knots relating to the course of the therapeutic

project (therapies and their changes, side effects) and more generally on the growth problem of the children.

2. In the care of actual historical phase of the illness, characterized from pharmacological specific answers and from a general lowering of the death physical risks, the prevailing anxieties in the families concern, above all, the fear of “social death” and not “physical death”, in the meaning of repugnance and exclusion on behalf of social group, after the revelation of the condition of HIV-seropositivity. In this levels the support need seems more substantial.
3. For a good course of therapeutic project, the quality of the collaboration between equip (physicians, volunteers, psychologists, social workers) results very important. The “net”, on behalf of people that are point of reference for the minor and their families with different work and roles, constitutes a protection factor and one stimulus in facing illness situation and psychological and social uneasiness, in the moment when it works in an integrated way.
4. The obstacles to the communication by the family and operators have different motivations associated with more complex psychological aspects to face. The intervention-research has permitted to gather the specificity that characterizes the communication of the HIV seropositivity in evolutionary age. It has to be understood not as an event to act, feared and postponed in the time, but as a process, to effect in personal and specific way, from the emotional resources and from the history that every family and every minor have built with regard to the illness and in parallel with the psychological-physical development and the evolution of the ability of comprehension and psychological assimilation. It is a process to activate already from the beginning of the taking in load with the adults.

The present research proposes then a model of intervention that promotes a containment and favors a new kind of work for seropositive children taking advantage of the inside resources of person, family and group of reference. The individualization of the specificity of the communication of the diagnosis to the children has furnished important indications for the management of the event with the children of our national territory; yet the importance that in this intervention protocol has the listening and the attention to the history of each subject determines the adaptability of the model to the ethnic and cultural characteristics of the patient, making it exportable to subjects from other nations and other continents. Anlaids, the “Gruppo di Volontariato per Minori ed Adulti Sieropositivi” and the Social co-operative “Minotauro” are going on with their search activity on the specificity of the communication of the diagnosis of HIV-seropositivity, when it is addressed to seropositive children by now become adolescent. In this situation, the transparency on the condition of illness becomes always more necessary and obligatory: on one

hand for the factor of social risk due to the start of the sexual activity of the teenager and from the other for the adolescent desire of knowledge about the novel of the really life. The matter that is set is as sustaining the teenager to do the HIV-seropositivity integrate in the evolutionary specific phase tasks and in the image of himself that he is looking for defining.

Early intervention in partnership with families

Places of action: Cairo, Alexandria and other Governorates (Egypt)

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Description of the Best Practice

Early Intervention services in partnership with families was developed by SETI Center in 1991. This model assists families in ensuring that their children with disabilities develop to their full potential as families are the primary care takers of these children and they usually carry out this duty with little or no instruction. This is due to the fact that children with disability below 4 years, multiple handicapped and severely handicapped children with specific disabilities are categories falling out of services in Egypt. The model also takes into account Egyptian context characteristics with its strength and weaknesses. It addresses challenges such as lack of resources, negative attitude, poor awareness, parents illiteracy, high cost and low accessibility of services.

The model is aimed at:

- Offering an Intervention program for children from birth to age 4 who have various disabilities such as Down Syndrome, Cerebral Palsy, autism, cognitive disabilities, chromosomal anomalies, metabolic deficiency or multiple disabilities to help them develop their motor, social and cognitive abilities as well as their communication and self-help skills
- Supporting families to help them to understand their child's disability and overcome feelings of shame and embarrassment, as well as to show them how to carry out the intervention plan
- Supporting and training pediatricians, health professionals and community health workers to raise awareness of disability characteristics and services and the importance of early screening
- Training the staff of NGO's and governmental organizations on the strategies and techniques of early intervention in order to replicate the model, thus increasing the number of beneficiaries.

This model of service delivery is built on the belief that creating true partnership with parents is essential to the success of any early intervention program, otherwise the effect of any effort of intervention appears to erode rapidly once the program ends. Moreover, one of the aims of the program is to restore parent's confidence in their parenting skills and demolish the imaginary barrier which is built between them and their child once they know he/she has a disability. This approach can be contrasted with packaged "recipes" for action prepared without parental involvement which risk increasing rather than decreasing parental dependence on specialists and eroding parental autonomy and self – confidence. Moreover the program respects home environments and routines and sharing of knowledge, skills and experience between parents and professionals. Parents' involvement ensures that the practices being performed serve the best interest of the child and are most suited to his needs. The SETI Center's model is thus based on the importance of family involvement for optimal child outcomes and on belief in the capability of parents to act as intervention partners.

This model of service delivery has six main objectives:

- Ensure parent involvement
- Provide parents with knowledge and skills
- Ensure program structure and continuity
- Make equipment available
- Maintain motivation and participation

- Spread awareness and improve service accessibility

Specific strategies have been adopted to attain these objectives. A description of each follows.

Ensure Parent Involvement

The program is designed to involve parents in assessment, objective setting, and intervention using the methods illustrated next. User-Friendly Assessment Tools. The program utilizes developmental checklists with simple terminology, such as the Portage Guide to Early Education (Bluma, Shearer, Frohman, & Hilliard, 1976) translated into Arabic and adapted to Egyptian Culture. Such checklists have proven successful in explaining to parents the process of assessment, the kind of information needed, the features of child performance to observe, and the levels of functioning to identify. Sometimes these charts are given to parents to complete at home, thus involving fathers and other family members as well. A system of drawings and checkmarks is adopted for parents who cannot read. Clear, Accessible, Simply Formulated Objectives. After identifying the child's level of functioning, parents are helped in selecting objectives for intervention according to their child's capabilities and their own priorities. Objectives are formulated in simple, clear words. They are directly applicable to the home, making use of equipment and materials that are already available. Home visits are planned at this stage to ensure the home environment is accounted for while further planning the intervention. Parent Input in Adapting Activities. Parents are invited to express their opinions as to whether suggested activities are appropriate for their child. They are also asked to help modify and adapt the activities to improve them. Parents' suggestions are welcomed, valued, and put into practice. This collaborative model enables professionals and parents to generate together creative solutions to various problems.

Provide Parents with Knowledge and Skills

In true partnerships, both partners possess equal information to ensure efficient action. This is accomplished through the following activities. Parent Education Program. The parent program runs parallel to the child's intervention program. It is designed for groups of parents whose children have similar needs. This provides parents with the theoretical background to understand typical child development in various domains, the nature and causes of disability, the rationale for intervention, and suggested action when faced with delays in certain areas. Visual aids, such as videotapes and drawings, are used to make information accessible to parents from various educational backgrounds. Written material is distributed, complete with

charts and illustrations, for parents' future reference. Practical Demonstration in Addition to Counseling. Professionals demonstrate methods for teaching the child. Parents practice these procedures with the professionals so that they can continue the support at home. Information and Feedback. A specific time is set within each session for both parents and professionals to comment on what occurred, to determine whether the activity was a success, and to make recommendations for future sessions or home activities. In achieving this objective, professionals learn to “give away” their knowledge and skills. This empowers parents to actively perform these activities. Parents need the professional’s warmth, interest, concern, understanding and his ability to allow their participation besides his experience and efficiency. A mother commented, “No matter how slowly my child is progressing, at least I know that once a week, someone is there to listen to me and share my burden”.

Ensure Program Structure and Continuity

Some well-conceived programs have failed for lack of follow-up or because schedules are either too lax or too busy. Sometimes, parents also have complained that activities were too time-consuming. To ensure a balanced schedule, several procedures were adopted. Weekly Sessions. One-hour weekly sessions have proved successful because they allow ample time for home practice of the objectives and for close follow-up and monitoring if problems arise. In addition, professionals can serve more children per week than they could before parents began carrying out activities at home. Short, Clear Home Assignments. Activities for selected objectives are agreed on jointly, and parents indicate the frequency at which they will perform these activities throughout the week. On the weekly assignment sheet, they mark which activities were completed and include their comments, which are to be discussed in the following sessions. Follow-Up at the Program's End. Monthly sessions for follow – up are scheduled to give parents support when needed.

Make Equipment Available

Parents frequently complained that materials or equipment used in traditional services are not readily available or are too costly. The following components address this issue. Low-Cost Materials. Toys, books, and materials used during the sessions either are inexpensive and easily obtainable or can be made with materials available at home. Empty cheese boxes, colored clothes – pins, and wooden spoons, for instance, have been used to produce attractive and durable toys. Parents are allowed to borrow such toys from the center or are shown how to make their own. Custom, Low-Cost Aids. Adapted aids and equipment for children with cerebral palsy or other motor disabilities can be custom made at low cost in a workshop

attached to the early intervention unit. Standing frames, adapted chairs, and special eating utensils are manufactured out of inexpensive but durable material.

Maintain Motivation and Participation

Involving additional family members and showing parents how others can benefit from their experience proved instrumental in maintaining parents' interest and enthusiasm. Various factors helped achieve this. Family-to-Family support. Meetings between families are arranged for sharing experiences, exchanging useful addresses, discussing particularly helpful activities, or simply expressing feelings. Families new to the SETI Center are encouraged to attend these meetings to get valuable support from people who have already been through it all and who can counsel them. Fathers' Involvement. By arranging meetings on Fridays (day off) and scheduling excursions for the whole family, the early intervention service tries to engage fathers. The aim is for fathers to meet together and feel that they have an important role in the lives of their children and wives. Fathers seem passive because they do not know what to do or are afraid of doing it awkwardly. SETI Center has found that allowing fathers to express their feeling and talk about their children, as well as explaining to them how they can help their children and share their feelings with their wives, helps fathers take a more active role with their families and other families that need support. Meeting other fathers who have succeeded in taking this active role is more effective in changing fathers' negative attitudes than advice and directions given from the best of professionals. Siblings' Program. In answer to parents' request, a siblings' program was started and proved to be quite successful. Group activities for brothers and sisters are organized to explain the nature and causes of disability, to allow siblings to express and discuss their feeling, and to suggest ways in which they can help their brother or sister and their parents. They get the chance to meet other siblings who have overcome their feeling of shame, embarrassment or rejection and they form among themselves groups of mutual support. In addition, they have subsequently exerted a positive impact in their schools and among their friends. For instance the brother of a boy with Down syndrome indicated suitable services to his teacher who himself had a baby with Down syndrome and did not know what course of action to follow. From this program emerged a magazine regularly written by the siblings about their experience with their brothers and sisters. Family Outings. Extended family is still a significant unit in Egyptian culture. Extended family members may undermine parents' efforts through constant pressure or criticism, or they may support these efforts if the objectives are understood. To ensure this support, grandparents and aunts or uncles living with the family are invited to excursions and summer camps.

Spread awareness and Improve Service Accessibility

The pediatricians or existing health services from whom parents initially seek help are often disappointing. However, instead of creating new structures, it is more important and economical to revitalize existing ones-especially those of primary health care- through training for physicians and personnel. Several programs were implemented to accomplish this goal. Physician Awareness Program. Awareness meetings for pediatricians, physicians, and health care workers are organized to increase their knowledge about disability, increase their ability for early detection, give them information about existing services, and modify their attitudes toward disability. During these meetings, parents share with physicians their experiences of first being told about their children's disabilities. Painful versus reassuring ways of breaking the news are discussed. Medical professionals with a positive attitude toward children with disability are invited to share their knowledge and experience. Pamphlets containing useful information and typical development charts to help detect early signs of disability are distributed. Professional Training Programs. Professionals in primary health care units, or pediatric hospitals are offered training on early intervention service delivery in partnership with parents. Such services' networks have good coverage and are reasonable in cost. Adding early intervention makes it accessible to the tens of thousands of families already visiting these units for examination or routine vaccinations.

Health care for diabetic children in Morocco

<u>Places of action:</u>	Children's Hospital, Rabat, Morocco
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Description of the Best Practice

Situation prior to the initiative

Diabetes is the first cause of acquired blindness in the world, as well as a leading etiology of terminal renal insufficiency. In Morocco, according to the Ministry of Health evaluation, 6.6% (around 2 million Moroccans) suffer from diabetes and approximately 100,000 among them are insulin dependent including about 10,000 children. To avoid diabetes complications a rigorous daily treatment and thus information, training and support are required. Until 1986 the diabetic children were dependent on Health Centers for their daily insulin injections. They experienced frequent readmissions to the hospital for metabolic complications and growth problems (involving 25% of the diabetic population), a high drop-out rate at school and early degenerative complications excluding young adults from work and compromising their future. Type 1 Diabetics Type concerns approximately 10,000 Moroccan children below 15 years. When lacking appropriate care, these children are subject to iterative hospitalizations and, in the long term, to handicapping degenerative complications. Appropriate care involves information and training of the patients, as well as material and psychological support to their families. To reduce the frequency of these complications, an outpatient clinic for diabetic children was created in 1986 at the Rabat Children's hospital, gathering in 2004, 800 young diabetics. In addition to clinical monitoring, a team composed of a variety of different care providers and specialists provides a continuous training program to the diabetic children and their families according to a standardized protocol.

Primary objectives, priorities and strategies

Our objectives were initially to:

- Ensure the independence of young diabetics
- Prevent iterative re-hospitalizations
- Avoid delayed growth as well as degenerative complications
- Provide diabetic children a normal life.

To achieve them we used simple ingredients:

- Informing and training young diabetics and their families
- Standardizing medical follow-up
- Providing a material support to the poorest

Initially composed of a diabetes pediatrician and a nurse, the medical team includes today 4 pediatricians, one biologist, one nurse, a young dietician and a social assistant. In order to support and assist the young diabetics and their families, a parents association was created in 1987. The experience developed and continued thanks to regular subsidies provided by a national holding (1990). This experience led to recommendations on diabetic child care which were adopted by consensus during the National Pediatrics Congress (June 1999) and validated by the Ministry of Health. Nevertheless, if “human structures”, i.e. professional staff and patients, are there, the lack of a geographical structure adapted to the needs of young diabetics threaten the project’s sustainability. That is why a separate structure accessible to all diabetic patients is required. Another guarantee for sustainability is to gather all partners involved.

Interventions

The role of the medical team

Contact with the family of the diabetic child starts at the admission into hospital to announce to the parents the diagnosis, as well as guidelines for care. A protocol for initial care has been already developed and is available in all pediatric services.

Initial information and training starts the day after and include three steps:

- Daily learning of technical gestures.
- Basic theoretic program.
- Basic dietetic program.

The educational material are an audio tape in dialectal Arabic developed locally and targeting above all illiterate mothers, as well as a range of educational cards in Arabic/French and a logbook in Arabic designed and produced locally. Continuous training after leaving hospital is provided twice a week and gather about thirty families. These group sessions allow deepening or refreshing knowledge, sharing experiences among families, and providing psychological support. Methodology is different depending on the issue: focus groups, workshops, etc. Children who followed a 8-week training session receive a symbolic diploma. Clinical monitoring is provided at the outpatient clinic, on the second floor of the Children’s Hospital. Each young diabetic is seen at least once a quarter for:

- Monitoring his growth and puberty development
- Seeking local complications;
- Motivating and deepening his knowledge;
- Testing HbA_{1c} hemoglobin

A personalized letter is sent to parents to inform them about the results and measures to be taken. After five years of evolution (earlier in case of poor follow-up) and every 2 years, young diabetics are screened for complications: retinopathy through angiography, and nephropathy through microalbuminuria thanks to an informal but efficient partnership with other specialists.

The community association's role

The parent's association is active in schools where it gets in touch with teachers in case of children difficulties. With the collaboration of the medical team, it contributes to children organizes summer camps. Since 1995, it manages a cooperative to sell to families – at half price – tools (injection kits, meters, glycaemia strips) required for the treatment and not reimbursed by health insurance.

The sponsor's role

The sponsor provides quarterly the Rabat outpatient clinic for 200 diabetics among the poorest with insulin and reactive strips. He funds educational materials production as well as a yearly continuous training session for health professionals. His material contribution allowed extending the experience to other public outpatient clinics (see below). In 2001, he financed a database development, Freedib, specifically designed for diabetes consultations (see below).

The role of the Ministry of Health

The outpatient clinic is located in the children's public hospital. The ministry of health contributes directly (salaries of some members of the team) and indirectly (by giving a subsidiary to the hospital administration's). The administration of the hospital takes in charge the treatment of the inpatients (excluding strips) and some other salaries.

The results: Impact and performance

General results

The results are particularly encouraging:

- All children are autonomous for their injections and daily monitoring.
- Their growth has notably improved: the 236 children monitored since the beginning of their diabetes up to the end of their growth have a normal height

- Families – more particularly mothers who often are in charge of care at home – have built new capacities
- The number of hospitalization days significantly decreased: while in 1985, the number of hospitalization days amounted to 700 for 131 young diabetics, it amounted to 500 in 2000 for 600 young diabetics among which 80 new cases
- The lack of statistics before 1986 does not allow us to demonstrate a decrease of mortality (in our case, ten deaths in fifteen years among children living almost always far from hospitals and related mostly to a major hypoglycemia, but also 4 times to a severe acidosis)
- Degenerative complications occur later today and are only seen in young diabetics who have a poor metabolic control. A recent study done in Rabat demonstrates that after 10 years of diabetes, retinopathy is six times and nephropathy three times less frequent among children regularly monitored since the beginning of their diabetes.

Specific monitoring indicators

a. New cases of diabetes

The clinic includes today more than 800 children among which about 650 are regularly monitored. These children age varies from 12.6 to 23 years with extremes, currently from 14 months to 23 years. The mean beginning age is 10.64 years (9 months-15 years). The number of new diabetes cases moved from 7 in 1986 to 86 in 2003 reflecting the consultation relevance.

b. Patients social and economical profile

Young diabetics hospitalized represent all the region social categories. While 41% of the families have no steady work and 7% are totally poor, 8.4% of diabetic children are senior executives. 36% have a medical insurance. Equity means for us paying more attention and time to the poorest categories.

c. Mortality due to keto-acidosis

This indicator is the first one to reflect the quality of initial care. No death due to keto-acidosis has been recorded in Rabat in 2002 and 2003. This result might be partially related to an earlier diagnosis and a stricter implementation of protocols.

d. HbA_{1c} hemoglobin rate

This indicator shows objectively that metabolic control quality decreased from 9% in 2000 to 8.29% $\pm$ 2.05 in 2003. This decrease is only partly related to a higher number of new patients during the last years and thus with a higher percentage of

diabetics with “honeymoon” remission. About 36% of the patients have a very satisfying HbA_{1c} hemoglobin rate, inferior to 7.2%.

Experience extension

Since 1992, and thanks to the sponsor contribution, ten other clinics have opened in provincial public hospitals. Sponsoring concerns insulin and urine strips, two HbA_{1c} hemoglobin tests per patient and per year, as well as medical files and logbooks. Altogether, 3,000 out of about 10,000 young diabetics in Morocco are monitored in these clinics linked to the Rabat clinic and naturally integrated in the health system. In addition to sharing common educational materials, this network includes a database developed by a group of young Moroccan computer specialists in collaboration with the Rabat team. Quality of care is a challenging point for these clinics, requiring the patients and theirs families’ information and training and thus the training of health professionals. The connection to the Internet network with different code accesses, will furthermore allow a central administrator monitoring quality.

Partners’ involvement

- A. A partnership about child diabetes is organized in Rabat. During the first meeting held on June 28, 2002, all actors concerned by child diabetes have been gathered: parents, professors from the faculty of medicine, health Centers professionals, public health insurance company managers, physicians in charge of diabetes and chemical laboratories representatives. This meeting led to the creation of an association, Badil (alternative) gathering in his board main stakeholders and whose objectives are: advocacy on diabetes, building an integrated Center for diabetic children inside the public hospital and discussing with public health insurance. For more efficiency, this association should merge with the diabetic children parents’ association whose status does not allow managing a clinic. In 2004 ,the project has been validated by the MOH.
- B. Since January 2003 and thanks to the vice-director of the public health insurance company who is member of Badil, 3 strips per day are reimbursed to covered patients

Conclusion

Progress achieved at the Rabat outpatient clinic are beyond previsions. Referring to it’s design and implementation, this experience sticks totally to “Towards Unity For Health” strategy (WHO) criteria of relevance, quality, equity and efficiency at the best value for money. The example of child diabetes could be used for the follow-up of other chronic diseases. Programming based on in-site health professionals and

patients needs, initiation on a small scale, focusing on geographically targeted population, standardizing the approach based on equity and efficiency , are elements to be extrapolated. As for other chronic diseases, the diabetic children medical follow-up must combine care services and preventive action. All the interventions must be integrated. For chronic diseases, resorting only to health professionals is not enough; for sustainability and viability, the approach must also appeal to political, economical and social operators. Above all, the patient himself and his family must become allies and informed partners thanks to this approach based on information and training.

Kuwait Association for the Care of Children in Hospital (KACCH)

<u>Place of action:</u>	Amiri, Farwaniya, Jahra, Ibn Sina, Al Razi and NBK hospitals in Kuwait
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<u>The Partners:</u>	• Ministry of Health • University of Kuwait, Faculty of Allied Health Sciences • Grant Thornton – Anwar Al-Qatami & Co. • Kuwait Financial Center • Kuwait Foundation for the Advancement of Science

Description of the Best Practice

The Kuwait Association for the Care of Children in Hospital (KACCH) has radically changed the way children are treated in hospital in Kuwait. Before KACCH began work in 1989, children were treated as small adults and were expected to cope with unfamiliar medical procedures and unexplained pain. The child's rights to be informed, consulted, familiarized with proposed treatment procedures and included in appropriate socialization were rarely met within the prevailing hospital environment. The hospitalization of the Founder's youngest son dramatically demonstrated the absence of any child-friendly features in the hospital. Although her son received excellent medical care, the pediatric ward was without decoration or area where children could play. This sterile environment was common to all children's wards in Kuwait and contributed to the stresses and anxieties of both child and family. This experience led to the founding of KACCH which was to have a huge medical and social impact on the way sick children are treated in Kuwait. The movement has involved all sections of society, has challenged accepted attitudes and has established a practice which can be widely replicated in the region. In purely local terms KACCH has created a new health care profession in Kuwait which did not exist before 1989. The priority was to start a program of play activities on the hospital ward with the primary objective of improving children's experiences of hospital. With the agreement of the Minister of Health a playroom was allocated on the pediatric ward of the Amiri Hospital. The Founder gathered together a group of women of many nationalities to organize play activities and to decorate the pediatric wards. This informal group of volunteers began to promote their activity and sought help from individuals and businesses so that they could expand their scope, draw in more helpers and start a basic training program. The Minister of Health agreed to bring experts from the UK and USA to Kuwait to hold seminars and workshops on aspects of play in hospital and the effects of hospitalization on children and their families. The visit of the experts was a crucial stage in the development of KACCH. The small group of pioneering women were now an informal association embarking on a major expansion of activities. Other hospitals in Kuwait saw the progress at the Amiri and wanted to share in the advance. The next step was to start a professional training program for suitably educated local women. A curriculum was drawn up with the help of a visiting expert and was developed into a post-graduate certificate course for the training of Child Life Specialists (CLS) run by the Faculty of Allied Health Sciences at Kuwait University. Over 10 years thirty Child Life Specialists have graduated from Kuwait University. The basis of the course is child development and communication skills. It includes medical terminology, the effects of hospitalization, family dynamics, ethics, conflict management, and documentation. Supervised practicum include a two week practical experience at Great Ormond

Street Hospital for Sick Children and the Middlesex Hospital in London. The final examination is conducted by an expert from London who is flown each year to Kuwait by the Ministry of Health. During his visits Mr. Kuykendall gives continuing education to the practicing Child Life Specialists and lectures to medical and nursing staff on topics relating to children in hospital. The Child Life Specialist graduates are employed by KACCH to give psycho-social support to children and their families in six hospitals in Kuwait, including one near the border with Iraq which has seen a huge expansion in demand for pediatric services. They provide developmentally appropriate play opportunities in attractively decorated playrooms in the pediatric wards, out-patient departments and other areas where children are treated. Through specialized hospital play children are helped to understand their medical conditions and treatments, are able to express their feelings, and are taught coping strategies to use when facing painful procedures. Research has shown that when children are given such support in hospital, their stress levels are lowered, they respond better to treatment and have fewer complications. The function of the Child Life Specialist is supported by the work of the KACCH Play Leaders who organize normal play activities in ward playrooms. This allows the Child Life Specialists to give one-to-one support and preparation to children who are undergoing treatment or diagnostic procedures.

KACCH objectives:

- to minimize the stressful impact of hospitalization and illness on the child and family in hospital
- to facilitate optimal growth and development of the child in hospital
- to prepare children and families for their health care experiences
- to communicate effectively and to represent children and their families to other members of the health care team
- to ensure the continuity and development of the Child Life program in Kuwait
- to share knowledge and expertise with similar organizations
- to recognize when hospital is not the optimum health care setting for the child and family and to promote the provision of pediatric palliative care at home or in a children's hospice, so that parents can choose how they wish to care for a child with a life-limiting or life-threatening condition.

Problems and how they were overcome

Legal Status

Owing to a Kuwait government moratorium on the formation of new associations, KACCH had no legal status during its early years. In 1999 the President set up a

Foundation to promote the aims of KACCH. This was a step forward but restricted fundraising. However in 2003 when the Government of Kuwait was reviewing the activities of local charities in the aftermath of 9/11 the President of KACCH presented a request in person to the Prime Minister of Kuwait that KACCH be granted the formal status of an Association. The Council of Ministers approved the request in May 2003 giving KACCH the legal status it required to pursue its activities.

Iraqi Invasion

The Iraqi invasion in August 1990 and the consequent lengthy disruption to life in Kuwait nearly put an end to the new-born project. Hospital equipment was destroyed or looted, medical treatment totally disrupted, and the corps of KACCH volunteers scattered across the continents. It was four years before KACCH could begin to pick up the pieces of a shattered dream. The social climate in post-occupation Kuwait was understandably much more conservative and suspicious of foreigners. The Director made a concerted effort to involve more local women on the Executive Committee and in the management of KACCH. More Kuwaiti women graduates were recruited for the Child Life Course at Kuwait University.

Resistance in the workplace

It is not surprising that the arrival of members of the new profession of Child Life should have been perceived by Social Workers in some hospitals as a threat to their own profession. The Child Life Specialists sought to overcome this by making presentations of their role and by collaborating with them on many issues.

How Child life specialists have made a difference

The CLS are accepted as part of the pediatric team in hospital and respond to referrals from doctors, nurses, and other health professionals. CLS make a difference in many ways, such as:

- CLS are often the first professionals to observe behavior that might indicate child abuse. CLS are often the person to whom a mother will open up as they are not seen as authority figures or judgmental;
- CLS are often included when pediatricians have to break bad news to parents;
- Parents are encouraged to participate in their child's treatment and are supported in this by CLS;
- Many parents learn about their child's illness and treatment from the specialized play designed to help the child understand their experience

- CLS represent children during procedures and can negotiate a break when there is difficulty;
- Children are prepared for procedures using role play and distraction techniques.
- Doctors and nurses are encouraged to talk to the child and listen to their concerns. Many anesthetists now allow the CLS to accompany the child during induction of anesthesia.
- The experience of the CLS has indicated that the existing service does not meet the needs of children who are terminally ill, many of whom would prefer to be looked after at home.

The next step forward: a hospice for children, Bayt Abdullah

In 1989 the mother of a terminally ill boy called Abdullah sought help from KACCH in caring for Abdullah at home during his last nine months of life. KACCH put together a team to help until Abdullah died at home just before his fifth birthday. Witnessing the courage of Abdullah and his family in the face of his impending death has stimulated KACCH to work towards the provision of similar care for other children who are terminally ill.

The objectives of Bayt Abdullah are:

1. To offer a free palliative and respite care service to children with terminal conditions.
2. To provide 24/7 medical back-up and consultation for the hospice home-care teams.
3. To create an attractive, homely, child-friendly day-care and residential facility.
4. To reduce the stress and trauma often associated with inpatient admission to hospital.

Preparatory work for the hospice is already well under way:

- A young Kuwaiti architect has designed the hospice.
- The Ministry of Housing has donated a piece of land.
- A donation of approximately Euro1.9million has been pledged.
- A public awareness campaign has been started.
- KACCH is planning the first Middle East International Pediatric Palliative Care Conference in Kuwait in April 2005.
- The Kuwait Ministry of Health has approved an application from KACCH for a license to provide medical services.

- A local businessman has donated two Toyota Land Cruisers to provide transport for the home care team.

The future of KACCH

1. To extend Child Life services to all hospitals in Kuwait.
2. To develop a diploma in Child Life at Kuwait University.
3. To establish a Regional Child Life Council.
4. To lobby for a Children's Hospital with all pediatric specialists under one roof.

Mobile Psycho-Social Center

Place of action: Palestinian Territories, West Bank, Bethlehem, Hebron, Suburbs of Jerusalem, Jericho, Ramallah; Palestinian Territories

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The Partners:

- Palestinian Ministry of Education
- Palestinian Ministry of Social Welfare
- Physicians for Human Rights (Israel)
- Médecins Sans Frontières
- Bir Zait University

Description of the Best Practice

For more than 55 years, SOS Children's Villages worldwide has been a pioneer in family-based care for destitute and orphaned children, giving them love, confidence and security. Furthermore it offers humanitarian aid and emergency relief programs

all over the world to those who are suffering from stress and violence. Since 1969 the SOS Children's Village Bethlehem has taken care of and sheltered abandoned children as well as children of deprived families. Since the beginning of the year 2000, the social problems and psychological stress have spread in the Palestinian Territories as a result of violence. The continuing violence has led to a high percentage of psychological disturbances such as trauma, stress and anxiety among Palestinian children. A study showed that almost 60% of children are suffering of post-trauma, 30% of disturbance in behavior, another 30 % of depression and 35% of lower receptiveness at school. All of this has a negative impact on the future of the children, their families and the entire Palestinian society. There are no well-equipped, professional institutions and centers specialized in dealing with these cases. Among the 2,000,000 Palestinians in the West Bank there are only ten psychiatrists. In many cities and communities there is no psychiatric or psychological care available at all. How can we reach peace in this region with the absence of services and institutions to refer to for support and protection? A proverb says: "Who doesn't have, cannot give". How can insecure people grant peace and stability? Who lacks peace of mind and social communication does not know the meaning of freedom, as he is a captive himself. A child does not think of politics, religion, racism or hatred; it is taught to him and he builds it in his mind day after day. What do we say to children who live around death, destruction and who dream about killing and torture and their mind grasps nothing but hatred and torment? In their brain there is no place for thinking, learning or even playing as it reflects the sound of explosions, fighting and destruction. The aim of the SOS Mobile Psycho-Social Center is to reach every Palestinian area particularly those that are difficult to reach. We treat children and families who are facing violence as a result of the situation and who are suffering of psychological traumas, depressions, disturbance in behavior and social problems. As SOS Children's Villages have helped and taken care of deprived children all over the world, the SOS Children's Village Bethlehem took the initiative to establish this Mobile Psycho-Social Center, which is the first one in the Palestinian Territories specialized in treatment, psychological and social guidance and offering its services to all Palestinian children. During the last two years, the center has treated and given guidance to more than 5,000 children in areas of the West Bank; in Bethlehem, suburbs of Jerusalem, Hebron, Jericho and Ramallah. The center stays for four months in every city on a rotating basis. Symptoms like nocturnal enuresis, anxiety, insomnia, rashness and aggressiveness that are scientifically described are highly visible everywhere, but we experience even more symptoms that have not been scientifically described yet. This grave situation was not addressed until the SOS Children's Village Bethlehem initiated some actions. As a first step a center was established to serve in a limited area, later converted to a Mobile Psycho-Social Center to serve the whole of the West Bank

but particularly the deprived areas. In a very short time a plan was developed to realize this project that is now highly appreciated by the communities. Even the media described it as if it was a large medical center, although its lay-out does not exceed 48 square meters for the whole professional team and services area, providing psychological and medical help to the children in need. The unit provides a psychiatrist, a general practitioner, medication, a psychologist, and a social worker who helps and supports family stability for the welfare of the child. The Mobile Psycho-Social Center is a large container, metal from outside and wood covered inside (see photo attached). It is transported from city to city on a big trailer. The center is composed of an examination room for the psychiatrist, an office for the psychologist and social worker, a medical lab and an area for the medical secretary for registration and documentation. In addition there is a closet for medicine needed for the treatment of children and families. The center itself is isolated from busy areas to keep the place quiet and calm for psychological sessions and treatment. The station works as follows:

- The social worker operates in the field to identify cases and introduce the center and its services to the surrounding community. In addition she/he organizes workshops, arranges for group therapy for students at schools and specialized institutions.
- The psychologist interviews and evaluates the psychological status of the patient.
- The psychiatrist makes the diagnoses and prescribes the treatment, gives the medicine and coordinates the follow up with the responsible persons in the community.
- The medical lab provides the required analyses for the patients.
- All mentioned services are offered free of charge or when possible with a token payment.
- There are also seminars on family guidance and other seminars at school as well as courses for those who work in the field of psychology and sociology.
- In addition, research is done outside working hours by the staff of the center in cooperation with other international NGOs on how to lead psychologically disturbed children of this territory into a better future.
- The dream of the center and its team is to acquaint every Palestinian home with the existence of a psychological guidance that any child can take advantage of and every mother can consult.

Operation Smile Italy Onlus

<u>Place of action:</u>	Eastern Europe, Middle-East and Africa
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<u>The Partners:</u>	• Operation Smile Morocco • Operation Smile Jordan • Romania, Medical Humanitarian Not-For-Profit • Belarus, Medical Humanitarian Not-For-Profit • Operation Smile Palestine • Operation Smile UK • Operation Smile Ireland

Description of the Best Practice

Operation Smile, Inc. (OSI)

In much of the world, children born with facial deformities will suffer a lifetime of public humiliation, discrimination, and private pain. Unlike in Italy and the United States, where a child born with a cleft lip or cleft palate receives surgery soon after birth, many children in developing countries wait a lifetime for this life-altering surgery. These children are shunned and hidden away, isolated and ostracized from society. Many are malnourished and ill because they cannot eat and drink normally; many are forced to leave school because their faces are too frightening for the other children; many are abandoned and left to their own fate at the hands of strangers. Cleft lip / cleft palate is one of the most common congenital deformities found in developing countries. Research has shown that up to 1 of every 500 children born in developing countries is born with a cleft deformity. The definitive treatment of this deformity requires surgery to reposition the deformed tissues and takes forty five

minutes to one and a half hours to complete. Even though this is one of the most prevalent congenital deformities it is also one of the most correctable. The physical effects from clefting are not merely cosmetic. Children with these deformities can suffer a multitude of medical problems including ear disease, chronic ear infections, malnutrition, dental problems and difficulties with speech development. The emotional effects from these deformities can be devastating to children. They often hide away from the world, their self-esteem shattered. Cruel remarks and stares from other children result in many of these children never attending school or simply “dropping out” in the early stages of their educational development. Operation Smile was founded on the premise that no child should have to live with the humiliation and isolation caused by a facial deformity that is correctable. To this end, Operation Smile medical volunteer teams travel to developing countries offering free surgeries to indigent children with facial deformities. In five days of surgery Operation Smile teams consistently perform between 125 and 150 surgeries in a safe, controlled environment, side-by-side with local medical professionals. In as little as 45 minutes, our volunteers are able to restore dignity to the life of a child, giving that child the opportunity to attend school, speak clearly, or simply to smile without being ashamed of his or her appearance. Operation Smile mandates and maintains the highest medical standards on medical missions: safety is our number one goal. To participate on missions each medical volunteer must be credentialed by Operation Smile’s Medical Councils (Surgery, Anesthesia, Pediatric, Nursing, Dental, Speech Therapy, and Child Life Therapy). Each council is composed of experienced and longstanding Operation Smile volunteers, all well-respected in their fields. The councils demand the highest credentials from applicants, such as Pediatric Advanced Life Support (PALS) for all anesthesia and nursing volunteers, a level that not all pediatric hospitals demand of their staff. In addition, Operation Smile has gone to great lengths to ensure that operating room facilities on every mission have the same safety standard. For this reason, Operation Smile travels to each mission with state-of-the-art, standardized medical equipment and supplies, including Datascope Passport II monitors and Anmedic Hawk Anesthesia Induction Machines utilizing Sevoflurane. Operation Smile’s goal is not simply to fix the smiles of children currently suffering from cleft lip and cleft palate. Our goal is to improve local healthcare systems and to improve access to these systems so that there will be no need for Operation Smile volunteers: we dream that no child born with a correctable facial deformity will go without access to reconstructive surgery and related healthcare.

As such, our primary objectives are to:

- Provide reconstructive surgery to needy children with facial and functional deformities, who would otherwise not have access to such care, so they may have the opportunity to live socially and economically productive lives.
- Develop the necessary organizational skills of volunteers, both medical and non-medical, within mission countries so they can provide enhanced health care and sustain the Operation Smile program in future years.
- Provide specialized education programs to medical professionals in mission countries to enhance and expand their capabilities, and elevate the standard of medical care which they offer.
- Coordinate the various local groups whose major concern is improving the health care of children.

The fulfillment of these objectives leads to self-sufficiency. This is realized on Local Missions, where local medical professionals are capable, equipped, and willing to perform free surgeries on their own children without outside help. This is Operation Smile's true measure of success. To date, Operation Smile volunteers have performed over 76,000 surgeries in over 25 countries, and 15 countries currently perform local missions. Supporting these countries is Operation Smile's Global Network- made up of Mission Countries and Resource Countries and friends and supporters, who all believe in and share the same vision.

Operation Smile Italia Onlus (OSIO)

Operation Smile Italy Onlus (OSIO) is a resource country. Founded in 2000, OSIO has taken a leadership role in shaping and supporting Operation Smile's Central Region- Europe, the Middle-East and Africa. OSIO functions as a facilitator for our partner countries, assisting and supporting mission countries in terms of volunteers, fundraising opportunities, and educational opportunities. The mission countries in the region are Morocco, Kenya, Romania, Belarus, Jordan, Gaza/ West Bank, Iraq, Afghanistan, and most recently Ethiopia. In addition countries are two other resource countries, modeled after OSIO: Ireland and the United Kingdom. As a resource country OSIO is primarily responsible for staffing international missions, assisting on local mission and specialized mission, educational support and exchanges, conferences, and funding support. OSIO has made many significant contributions to the region and as such has a large responsibility to the countries OSIO supports. The most visible contribution of OSIO to the region is the participation of OSIO medical volunteers on International Missions in the region. These medical volunteers are nurses, surgeons, anesthesiologists, pediatric

intensivists, and medical records specialists who form part of the medical team that perform the surgeries. OSIO volunteers participate on every single international mission in the region. At each mission there is an education day, where both the international team and the local team present topics pertaining not only to the care of CL/CP, but other important medical topics, such as difficult intubations and rapid patient assessment. Not quite so visible is the behind-the-scenes education that happens on missions – OSIO volunteers work side by side with local counterparts and forge both professional and personal friendships. Trust is built. Techniques are exchanged. Knowledge is shared. This is the true Best Practice of OSIO. During International Missions language barriers, professional predispositions, and human prejudices are overcome; people from different nations, states, backgrounds, and religions come together to help children. The by-product is increased knowledge and awareness, and an improvement in local area healthcare from which all children can benefit, not only those with facial deformities. The relationship that has been created between volunteers is invaluable. Operation Smile Morocco (OSM) conducts numerous local missions a year, in addition to two large international missions. However, because of the relationship that OSIO and OSM have created, OSM will host a specialized orthognatic mission in February. A dedicated OSIO maxilio-facial surgical volunteer, who has been on numerous missions to Morocco, will bring with him all the tools necessary and work with local professionals for a hands-on training mission. OSIO has agreed to fund the travel costs and OSM will host the volunteers. It is a cost-effective method and one with an extremely high educational yield. When countries in the region identify cases that are too difficult for them to handle they routinely call OSIO. Sometimes OSIO is able to bring the patient to Italy to perform the surgery, sometimes OSIO will send a specific volunteer specialized in the type of surgery needed for the particularly difficult case. OSIO always acts as resource for the region and the region never hesitates to contact OSIO for assistance. In the past year, OSIO has begun purchasing equipment and soliciting in-kind donations to be used on missions. OSIO volunteers are able to bring with them on local missions equipment and supplies that aid our partner countries and help them meet the standards of Operation Smile, Inc. This has been a great financial expense for OSIO, however one that the board and has embraced because it helps ensure that every child in our care is offered the best standard of care possible. OSIO's next challenge will be supporting Egypt. An Operation Smile Egypt is in the process of being established and in the next quarter hope to launch missions. OSIO will take a strong roll in this process, sending volunteers, helping establish fundraising contacts, and using OSIO's medical equipment on local missions. OSIO is excited for this challenge. Aside from the responsibilities to the region, OSIO also has responsibilities to its domestic audience. OSIO constantly seeks to engage Italian society in its endeavors,

including the medical community, Official Entities, and the general public. The medical community is a logical sector to involve, and around Rome, where OSIO is based, this has been to a large extent successful. The challenge OSIO now faces is recruiting new volunteers outside of Rome and its traditional base of support. To continue to grow as a charity and resource for the region OSIO must grow its volunteer base; OSIO must overcome this challenge in order to continue to staff missions in the region at a time when new mission countries are being explored and OSIO volunteers are being requested more and more. OSIO has formed relationships with official Italian entities, including the Ministry of Health, Ministry of the Exterior, Ministry of Defense, and the Italian Army. These relationships have enabled OSIO to transport patients to Italy for surgery and have opened doors to help more patients in their own countries. Most recently, OSIO was approached to staff a mission to Afghanistan with the collaboration of the Crisis Unit in the Ministry of Defense. It is incumbent upon OSIO to optimize these relationships to positively impact the lives of children. OSIO also leverages the Italian Media to motivate the Italian public to help sustain its activities. At no cost, the media publicizes OSIO humanitarian activities and fundraising initiatives to the public. In doing so, it helps educate the public to the existence of this problem and allows them to help these children, through supporting Operation Smile. Because Operation Smile is completely supported by private donations, this is extremely important as it directly impacts the sustainability of OSIO. The search for new and engaging fundraising opportunities is a constant in the non-profit world, and one that OSIO daily considers. OSIO must make the most of their relationships and the connection with the public in order to remain a relevant and connected not-for-profit. The Operation Smile Italia Onlus model has been successful and has been replicated in the United Kingdom and Ireland. In both countries, the OSIO model has been repeated: supplying volunteers to the region, fundraising, motivating the public, and advocating for children and health care systems. It is through the expansion of the Operation Smile network that we are able to help more children. At Operation Smile Italia Onlus, we do so much more than operations - we are committed to the sustainable development of resources in every country in which we operate. Through sustainability of knowledge, technology, volunteers, supplies and funds, our volunteers are changing medical infrastructures as well as faces. Operation Smile partner countries are moving toward a state of self-sufficiency, building long-lasting networks of families, medical professionals and partners who make a difference, each and every day.

Practices for encouragement of breast-feeding

Place of action: Denizli city center, districts and villages within Denizli, Turkey

Submitted by: Denizli Health Administrator (Dr. Erdoğan Taş) – mother and child health and family planning department (in the name of Health Ministry of Turkish Republic)

Contact person: Dr. Nural Çilengir (or Kibar Özdemir, Dr. Bülent Özdemir)

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The Partners:

Description of the Best Practice

Investing in every child at an early age is an investment in human, and economic development for all. Children born in poverty are far more likely to grow undeveloped in both body, and mind. Science tells us that early child development (ECD) is critical, and marks a child for life, and, young children who are well nurtured, do better in school, and develop the skills to compete in a global economy. In April 1996, the World Bank organized a global conference on Early Child Development: Investing in the Future in Atlanta, Georgia. Representatives of governments, non-governmental organizations, foundations, academia, multilateral and bilateral agencies gathered to affirm the importance of promoting a deeper commitment worldwide to children's rights and to meeting children's developmental needs. At the conclusion of the conference the following list of necessities – which are endorsed by UNICEF, WHO, and numerous NGOs – was defined as basic to children's growth. These principles recognize the importance and synergistic effect of healthy physical, cognitive, and emotional development. One of these conclusion is “immediate and exclusive breast-feeding, for intensive mother-child interaction, bonding, and the timely introduction of regular feeding”. Most term infants gain weight satisfactorily during the first 6 months of life if their calorie and water requirements are met by the consumption of 90 to 120 calories/kg and 150 to 200 ml/kg/ day. Although this can be accomplished with either breast milk or formula

feeding, human milk is the ideal food for these infants. Breast-feeding has many advantages, including the high biologic value of the protein in human milk, the presence of antibodies; low electrolyte content, and a calcium to phosphorus ratio favorable for high calcium absorption. In addition, breast-fed infants have a low incidence of allergy and a lower rate of infection. In recent years, there has been increasing effort to develop formulas that more closely simulate human milk by lowering the saturated fat content increasing the unsaturated fat lowering the protein and salt content adjusting the calcium-to-phosphorus ratio and using lactose almost exclusively as the source of carbohydrate. Breast-fed child' intelligence level is ten point higher than non breast-fed. Gastrointestinal system diseases, malnutrition, diabetes and speaking problem are less common in breast-fed children. Breast-fed infants of mothers who are well nourished do not require vitamin supplements unless the mother is not exposed to sunlight. Artificial milk formulas that simulate human milk care diluted to contain 67 calories/100 ml and are fed to provide 150 to 200 ml/kg/day in infants less than 1 year of age. Denizli is located in the Eagen Region in Turkey. The most popular place of Denizli is Pamukkale. We studied in Denizli city center, districts and villages within Denizli on 847.417 population (1). Baby (0-11 months) number is 107.272 and birth rate is 14.9 ‰ (according to 2003 chart). Breast-feeding is common in Turkey. 97 % of the newborn is fed by the mother. But, feeding decrease to 95 % during the second months. At the end of the 3rd month , it decrease to 10 % and at the end of the 6th month, it decrease to 1.3 %. The causes of decreasing are working mothers and the belief that breast feeding is not enough after the 3rd month. So, families begin to go towards formula milk. Furthermore, formula milk producers makes advertisements very well. Especially, in developing countries, they make known their product everywhere very easily. Because, there has been no legal arrangement about them. Formula milk are able to be sold without doctor's prescription. In fact, breast milk is the primer right of child until it is stopped spontaneously. It is not right to influence mothers and families directly to milk formula. Immediate and exclusive breast-feeding is very important for the child's development. Doctors must have decide if child needs milk formula or not. Medical doctors and other health officers are not aware of importance of breast milk. Sometime, it is worthwhile to call medical doctors and the other health officer's attention to breast milk importance. Working mothers in all area are not aware of their rights about feeding their children. Especially, working mothers in private sector have very hard condition. They have no nursing room, they have a little or no time for nursing their child. So, they never nurse or they give up to nurse their child. We can summarize the objectives in our region:

1. The importance of the breast milk aren't known sufficiently by doctor's, health officers, mothers and finally by people in general. It is worthwhile to call their attention to breast milk importance.
2. Breast milk must be a right of the children. So, It is needed to make legal arrangements:
 - a) Formula milk are not able to be sold without doctor's prescription (especially in first 6 months)
 - b) It is not right to influence mother and families directly to milk formula advertisements
 - c) The factories, big markets, bus stations and place with crowded people must have room for nursing and milk machine.
 - d) Disabled mother must be educated about breast milk

Practices

Firstly, as a Denizli city health administrator, we determined ten main items of breast-feeding, then we followed a certain political line and pursued this political policy (2). These were included the education of 2670 health officer deal with the mother and child at least 18 hours, the education of the pregnant women, and finally to tell the all the people the importance of the breast feeding. It was told that all the women begin to nurse their children in a half an hour immediately after birth, then they try to give their child only breast milk (according to their doctor) until 6th month, they should not give up to nursing until it stopped simultaneously (until 2 years). Nursing was put into practice. If it is not prescribed by doctor, milk formula is not used. In our city hospital, it was provided atmosphere that newborn is very near interaction with the mother just after birth, at least 24 hours. Families and relatives were educated not to use comforter and baby's bottle. Consultation with the mothers and families about nursing problem and solutions continued all the time (We took polls before and after education of health officer in order to see the success of the education) (3). We announced the advantageous of the breast feeding on bulletin board. We prepared posters that tell the benefit of the breast milk. We were also in different press, newspaper and television programs. We told the ten principle of breast feeding and our practice at there. We put speaking at telephone central of the health administrator (4). We opened stands at the big markets and place that people gathered too much, as formula milks salesman had done. We told the breast milk against milk formula. We distributed brochures about breast milk (5). The most important and hard part of this practice was to prepare legal arrangement about the advertisements and selling of the milk formula. We provided Hygiene Committee of the Denizli has prohibited the advertisements of milk formula directly to mother and family, and prohibited the sales of milk formula

without doctor's prescription. With the education and other practices, milk formula sale decreased to 40 % (6). The factories, big markets, bus stations and place with the crowded people opened room for nursing. Many factories in city bought milk machine (7). We had cooperation with the Denizli deaf society and Denizli women union society. We educated deaf mothers about breast milk and nursing practice (8). We wanted to share our study with the Pamukkale University, Faculty of Medicine, Public health department. They started a study that chart the results of the practice. This study will end in 2007. So, we can learn the results of this study in 2007 perfectly. Our practice won The Turkish Health Ministry 80th year service award about encouragement of breast milk and child friendly hospital (9). Many hospital and cottage hospital became child friendly hospital in Denizli. Studies began on January, 2004. Education has continued. So far, we spent 10.400 Euro (□19.750.000.000-Turkish Liras (TL) (19.750 New TL)). This money has been supported by health administrator of Denizli. It is the Vice Minister of Turkish Health Ministry. It means that all the money has been paid by government. Breast feeding is very important in early child development. Firstly mother, than all the people must be educated. Most importantly, legal arrangement must be done immediately. We tried to do them in our city and we wanted to shared our experience and knowledge with other cities and countries. We hope that we are able to go on to make many legal arrangement permanently about child health.

Reference CentEr for Pediatric AIDS

Place of action: Department of Pediatrics – Azienda Ospedaliera, Padua, Italy

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The Partners:

- Azienda Ospedaliera of Padua
- European Commission

- Istituto Superiore di Sanità
- Fondazione Franco Moschino
- University of Padua – Dip. of Pediatrics
- Veneto Region - Direzione Relazioni Internazionali
- Romanian Angel Appeal

Description of the Best Practice

The Best Practice of the Reference Center for Pediatric AIDS consists in the care of HIV-infected children born to HIV-infected mothers by an inter-disciplinary group sharing all the issues raised during the different phases of the health and social care of these pediatric patients. The main aim is to improve the quality of life of HIV-infected children and support their rights (see “Chart of the Rights of the Seropositive Child” below). In this regard, it is important to identify any health or psycho-social problems affecting the child or his/her family. This is done during the first medical visits and, when necessary, the first meeting with the social worker. On those occasions health and psycho-social risk indicators are applied and subsequently discussed during formal team meetings involving three doctors. In the early 90s, the world scenario was characterized by about 1 million HIV-infected children under 5 years of age, 90% of them living in sub-Saharan Africa. More than 5000 HIV-positive children lived in Europe (mainly Italy, Spain and France). In Italy, about 3000 high-risk children were reported by the Italian Register for HIV-infected children. More than 95% were born to seropositive mothers, mainly intravenous drug abusers, but the cases of children born to immigrants from sub-Saharan Africa were starting to be seen. At the Department of Pediatrics of Padova, the approach to the illness and to the HIV positive status was mainly a clinical approach. Little was known of the evolution of AIDS, even less in the pediatric field. Being HIV-infected in the early 90s meant being doomed to death and the attitude of the physicians was to accompany the child to the final event. Up to 1992, the team who took care of HIV-infected children was made up of 2 physicians (dr. Carlo Giaquinto and dr. Ezia Ruga) working in collaboration with the neuropsychiatric team. Investigation was needed to improve the knowledge on the illness factors and evolution in children both from a physical and psychological point of view. An hindrance to the work was the problem of discrimination. The difficulty of social inclusion was huge: the illness often affected most members of the family, thus accumulating social and psychological problems on top of medical issues. Being seropositive in the 80s and early 90s meant discrimination, as the society rejected the HIV-infected child/person, and also auto-discrimination. Effective actions to start dealing with the quality of life of HIV-infected children and their rights within the society were necessary. This problem was also tackled by

a group of Italian experts on pediatric AIDS (Dr. Carlo Giaquinto was part of that group) including physicians, psychologists and lawyers who in 1992 issued, on behalf of the Italian Society of Pediatrics, the “Chart of the Rights of the Seropositive Child” envisaging the following rights of children with HIV infection or born to HIV-positive mothers:

1. not to be discriminated against or isolated because of their disease
2. to grow up in a family like other healthy children
3. to receive social and psychological care if needed
4. not to be admitted to hospital for reasons other than their health
5. to be protected because of their condition
6. to grow up with children of the same age, to attend nursery school and state school, to visit places of entertainment and to practice sports
7. to have access to all safe available treatments for the prevention and the cure of AIDS and opportunistic infections
8. to be protected from unethical experiments
9. to receive information about their health appropriate to their age and culture
10. not to become experimental “guinea-pigs” in any speculations

The content of the above chart well summarizes the needs of HIV-infected children at the starting point of our initiative. The fulfillment of those needs has been both the priority and the objective of our Best Practice. The first step was the creation of a dedicated team whose strategy was to involve actors outside the mere medical environment and promote the social inclusion of children also through home care intervention and integrating actions within local environment, in particular schools. To this end, one social worker, Serenella Oletto, and one training educator, Chiara Novello, were selected and joined the HIV pediatric team. First it was necessary to have schools (in particular primary schools) accept the HIV-infected child. This implied targeted training sessions to primary school teachers. This intervention added to the work done within the hospital with the support of volunteers, who have been working in collaboration with the multi-disciplinary group. After a three-month training course, volunteers are now involved in group entertainment activities during the weekly day hospital, in children care during their hospitalization and home care to support families in their every-day needs (taking the child to school, do some shopping, helping the child with homework, etc.). Furthermore volunteers provide support to group entertainment activities like trips, parties and holidays organized to have parents and children meet and help them to overcome the loneliness and discrimination affecting HIV-infected families. These actions have been important also to involve local bodies (people, communities, organizations). To this end a project was financed by the EU Commission and the

Istituto Superiore di Sanità for the creation of a network involving about 100 people working in the community health and social sector in the Veneto Region. In the three years of the project, the creation of a network dealing with foster care, home care, disclosure and school for HIV-infected children was achieved: this has promoted the awareness of the HIV-infected children needs and rights at regional level and supported the work of the pediatric HIV team. Each of the participants is now a reference point for pediatric HIV-related problems for colleagues within his/her local association/organization. Furthermore the Centro Assistenza Ricerca AIDS Pediatrico (CARAP – Center for Care and Research on Pediatric AIDS), an NGO supporting and coordinating the activities of the team within the Department of Pediatrics of Padova, was created in 1994. The Reference Center for Pediatric AIDS which has developed thanks to these resources is today one of the main European Research and Assistance centers for HIV-infected children: it has been taking care of over 500 children up to 2004. Since the start, it was also clear that the features of the AIDS problem required an international approach. Thanks to the relations established in the years, CARAP has taken part in different programs with Eastern European countries (in particular Romania) Africa (Uganda) and Latin America and developed a collaboration network with no-governmental organizations (Fondazione Franco Moschino, Romanian Angel Appeal) and institutions (WHO, European Commission) which produced important projects requiring the integration of different actors with different tasks (financial, creative, coordinating ones). The co-operation program with Romania is important as, with the support of Fondazione Moschino (www.fondazionemoschino.it) and Romanian Angel Appeal (www.raa.ro) NGOs, the Best Practice of the Reference Center has been replicated in Romania, where 60% of the European HIV-infected children live. Medium and long term projects have been carried out with Romanian local and health authorities for sustainable intervention in the field. Thanks to these projects, over 30,000 health and social services have been offered to 3500 Romanian HIV-infected children in a year within the day clinic network. In particular, the Mobile Unit (MU) project providing dental and dermatological treatment to Romanian HIV-infected children makes medical services available to children and youth subject to discrimination or refusal from medical practitioners or live in remote areas. Furthermore, the MU team offers conferences, seminar and courses to local practitioners to create safe and open medical services to all (see www.raa.ro for further details). Substantial financial resources have been necessary to back the Pediatric AIDS Reference centre activities through C.A.R.A.P., the University of Padova and the Azienda Ospedaliera of Padova. A turning point in the team approach to the Best Practice was the introduction of antiretroviral drugs in 1996. These new drugs increased life expectancy of children and raised the need to do not only medical but also educational follow-up to adolescents. Since then

education has always been a critical point both to avoid the transmission of the infection and to support the compliance with the therapy, one of the main problems faced by the Best Practice. Other major problems related to the complete absence of any educational patterns on the issue, the discrimination underlying the nature of the illness (see above), disclosure to children and cultural factors. Compliance is a crucial issue in the care of HIV-infected children. To be effective, antiretroviral therapy has to be followed strictly and compliance is not easy to obtain, as antiretroviral therapy is based on a considerable number of unpalatable drugs to be taken at regular hours during the day and accompanied with a strict diet. Monitoring is necessary and is done both during the regular visits at the Reference Center by means of questionnaires and during holidays organized by the educational team, when the children's attitude to the drugs is supervised. In the future, holidays could also include some training to help children/adolescents not only to share and discuss their problems, but also to tackle correctly with the medical side of their illness. Disclosure is also a main issue. Most children are told of their HIV status when they become adolescent. Many problems surround this issue: anger, the fear of the development of the illness, the feeling of isolation, of being different from their peers and of discrimination. The risk of these adolescents abandoning their studies and their plans for the future is high. Effective educational programs are being implemented to overcome these problems. In this regard, group meetings have helped HIV-infected adolescents followed by the Reference Center team to share their fears and raise their awareness about the discrimination. Most of them have decided not to feel victims but rather to be active protagonists in the struggle against social stigma. Promotion of tolerance is being pursued by communication with young people through an anonymous website or participation in European projects (SEYPA, Eurosupport) involving infected/affected young people from other countries, who take active actions to identify ways to reduce HIV-related social exclusion. Cultural issues also arose in the years, mainly related to a changing society. Up to 2000 HIV-infected children born to Italian mothers outnumbered HIV-infected children born to mothers coming from HIV endemic areas (mainly Africa and Eastern Europe). The trend reversed: in 2003 the number of HIV-infected children born to foreign mothers was over twice the number of HIV-infected children born to Italian mothers. Cultural factors have to be properly tackled for intervention to be effective. One valuable means has been the implementation of focus groups where the presence of cultural mediators guarantees a correct approach to immigrant mothers within the group. A lot has been learnt on those occasions and applied to every-day intervention. The impact and performance of the initiative have been measured both quantitatively and qualitatively by the outcome of the projects and the results of the questionnaires submitted to children, adolescents and their parents during their regular visits at the

Reference center. Furthermore, better coordination has been achieved thanks to the creation of networks (like PENTA for clinical trials, Eurosupport for social care, Seypa for education among adolescents, European Forum for the right of HIV-affected children, European Collaborative Study for the natural history and TEDDY for the development of new drugs for children at large) and contacts with local and national association dealing with HIV. The members of the team are often invited as experts at national and international level, as well as by the families themselves at meetings. In such a complex issue, the integration of different tasks carried out by different specialized operators is essential. These actors need great flexibility in monitoring and adapting to the needs of HIV-infected children. In this regard continuous training is fundamental. The experience also showed that sometimes stronger intervention is needed. Because they often live in families without adequate supporting adults, with only one parental figure or with alternative careers, HIV-Infected children need adult figures with an educational role to follow them during development. The team may have even to replace the family when the family is not able to cope with the care of an HIV-infected child. This can be very difficult and painful because very often one of the parents has AIDS and it is difficult to ask him or her to give up their role of parents.

Sunflower – Smile Day Clinic Network

<u>Place of action:</u>	Sunflower – Smile Day Clinic Network, Bucharest, Bacau, Brasov, Constanta, Craiova, Giurgiu, Galati, Petrosani
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Description of the Best Practice

In early 1990s, Romania was confronted with an unprecedented situation: a large number of seropositive people, especially children, and overcrowded, poorly equipped and severely under-staffed residential hospitals. Full hospitalization was the only option, even when the child was not very ill: there were no day clinics. Children would thus be unnecessarily exposed to opportunistic infections and the stress of being away from home, when a day visit might have sufficed. The longer their stay in hospital, the bigger the risk of eventual abandonment - especially by the predominantly poor families less able to cope with the travel, expenses and family disruption caused by full hospitalization. Statistics show that between 1989 and 1991 a large number of children died in hospitals or were abandoned by their families. Aware of these facts, RAA revolutionized the assistance system for the seropositive child by creating a multidisciplinary approach that combines medical services with the social, psychological and educational ones: the "Sunflower" day clinic. This model was introduced in Romania in 1991 by RAA with the opening of the first day clinic in Constanta. Currently, there are eight day clinics over the country: Bacau, Brasov, Bucharest, Constanta, Craiova, Galati, Hunedoara and Giurgiu, which are organized in a network of information, experience sharing and mutual help. One of the main successes of this project is illustrated by the gradual integration of the day clinics within the hospitals where they function. Unfortunately, most of the Romanian hospitals offer only medical services, and the take over of the social and psychological services of the day clinics represent a real progress in improving the services patients are provided with. The integration process of the non-medical staff in the hospitals personnel diagram has been progressive and with difficulties, due to financial constraints and obsolete mentality. However, if in July 1999 Romanian Angel Appeal was still remunerating 76% of the specialists (social workers and psychologists) working at the day clinics and the hospitals only 24%, in March 2003, this proportion reversed, the hospitals supporting financially 98% of day clinics' staff. At present, the Sunflower Smile Day Clinic Network benefits from an intensive development program funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The program aims to extend the existing Sunflower Smile network (www.raa.ro - SSNet project) to eight new locations and provide multidisciplinary services for almost 80% of the total registered patients in Romania. The day clinics will be implemented in partnership with local health authorities and with the acknowledgement of the Ministry of Health. By replicating the existing model and increasing the number of the day clinics, approximately 3,000 seropositive patients will have access to treatment and support within a multidisciplinary system. Each location of the project has been initially assessed and the day clinics – has been set up in local infectious diseases

(or county) hospitals and provided with furniture and equipment. Two social workers and one psychologist recruited in each location in order to complement the medical team assigned by the local partners. The personnel has been trained in already set up day clinics (training and study tours) and their professional development was complemented with informative materials, access to Internet, networking activities. Monthly communication and administrative consumables were ensured in order to facilitate the monitoring activities. The social activities were developed in accordance with the Practice Guide of the Sunflower Smile network, a comprehensive volume containing the working procedures to be implemented in each day clinic by each staff category in daily activities. The Practice Guide also provided standardized patients records, assessment and monitoring forms, reporting templates, adequate for each service. The activities were monitored by RAA field coordinators through regular site visits and through monthly reports. Due to the combined counseling support, its resources and coverage, the model of the day clinics is a suitable infrastructure for large prevention programs, addressed to specific population segments, e.g., prevention of HIV vertical transmission, prevention of HIV transmission within the family, health education for young people. The network will include, in addition to the existing day clinics in Constanta, Giurgiu, Bacau, Brasov, Bucharest, Dolj, Galati, Hunedoara, other four during the first year of the project: Suceava, Dambovit Timis, Cluj, and another four during the second year: Braila, Caras, Arges, Olt. The network is the only specialized multi-disciplinary service for HIV infected people and their families and it has a major impact at local level. In 2004, the eight day clinics offered over 40,000 consultations (out of which over 6,000 social and over 5,000 psychological) for 2,500 beneficiaries on a monthly basis. During the whole project, over 100,000 consultations have been offered and over 120,000 informative materials distributed. The multidisciplinary services are provided by over 101 professionals (infectious diseases specialists, psychologists, social workers). RAA support the professional development of the network by providing access to training participation to workshops, conferences and experience exchanges. Over 90% of the day clinics' beneficiaries are long-time survivors and the mortality rate decreased consistently due to appropriate care and permanent monitoring. The Romanian Ministry of Health is involved as partner in project and supports its implementation through the local hospitals hosting the day clinics for HIV infected young people. During the past 11 years, The Ministry of Health provided constant logistic support for projects designed to empower the HIV infected young people to fight social exclusion. The hospitals involved in the project are:

- County Hospital Bacau
- Infectious Diseases Hospital Brasov

- Institute for Infectious Diseases Prof. Dr. Matei Bals Bucharest
- Municipal Hospital Constanta
- Infectious Diseases Hospital Craiova
- Infectious Diseases Hospital Galati
- Infectious Diseases Hospital Singureni Giurgiu
- Emergency Hospital Petrosani
- Infectious Diseases Hospital Cluj
- County Hospital Dambovita
- County Emergency Hospital Suceava
- Infectious Diseases Hospital “MD Victor Babes” and Emergency Hospital for Children “Louis Turcanu” Timisoara
- Other four hospitals will be selected in 2005, based on a professional evaluation to be carried by RAA specialists.

The Day Clinics Network is also a perfect support for developing other projects to fulfill the continuously changing HIV infected people's needs. The most outstanding initiatives and pilot projects built on the structure of the Day Clinics Network are:

Young People's e-Forum

Started at the beginning of 2003, the E-Forum complements the services provided by the Sunflower-Smile day clinics network. The initiative is based on the idea that children and young people affected by HIV/AIDS have the right to participate to the decision making process on matters related to their lives. In addition, they must be involved in improving the services they need. To do all these, they need information and access to means of communication. Most of the children and adolescents benefiting from the services provided within the Sunflower day clinics network usually do not have access to Internet and their only sources of information are the family and the healthcare professionals working at the day clinics. Many of them have left school and face social exclusion. A big number of children and teenagers do not know their HIV status. All these young people face similar problems and have common interests according to their age. To fulfill the needs of the young people for social relationships and for information, all the day clinics were connected to Internet and equipped with computers, so that the beneficiaries can search for information and can access the web page created specially for them. The web page hosts both the e-forum that allows HIV children and teenagers to debate topics they think important, and opinions and information on various topics (health, music, horoscope). The web page is accessible at www.forumtineri.net. In 2004 a special component designed for the communication of HIV infected teenagers with journalists was added to the e-forum. A number of 17 seropositive

adolescents - discuss with journalists on HIV-related issues. This activity is an initiative of the young people and proves their strong commitment in becoming activists in fighting social exclusion and discrimination of people living with HIV/AIDS.

Mobile Unit - Dental and dermatological treatment for Romanian HIV infected children

Mobile Unit is a Romanian Angel Appeal health care initiative, started in 2000, for people infected or affected by HIV/AIDS (especially children and youth), who are subject to discrimination and refusal from medical practitioners or live in remote areas where medical services are not available. In addition, the courses, seminars and conferences offered by the Mobile Unit team to local practitioners target medical services that are safe and open to all. A careful examination of the accessibility of HIV infected patients to medical services revealed that these people are often refused to be treated by local practitioners. The causes for this peculiar situation are frequently justified with the lack of protection materials, the absence of a circuit for monitoring and administration of prophylactic treatment in case of professional accidents, and last but not least by a mentality barrier mostly generated by insufficient information on the HIV infection. A network of 80 dentists and dermatologists from 22 locations, who offer local services to HIV infected patients, has been created within the project, promoting and supporting local initiative for increasing the accessibility to medical care to over 2,000 HIV infected patients. For now, these services are provided by the Mobile Unit, but many practitioners involved in the project started to see seropositive patients in their own offices.

The Right to Adolescence (Enhancing HIV/AIDS Affected Children Participation through Health Education and Reducing Isolation)

The Right to Adolescence project, started in 2001, aims to facilitate the diagnosis disclosure to children/adolescents living with HIV/AIDS by their parents, so that these young people can responsibly take decisions regarding their lives and enhance their response to treatment and orientation in life. Multidisciplinary teams offer support and counseling both to the parent and the child, before, during and after the diagnosis disclosure process, medically and psychologically monitor the child, and educate them in regard to hygienic rules to be followed and sexual life. The project is supported by multidisciplinary teams (social workers, psychologists, physicians, medical nurses), and complemented by a series of informative materials, over 12 training courses for the project staff and access to up-to-date information, available on Internet and disseminated throughout the "Sunflower-Smile" day clinic network. The children and young people enrolled in the project have the possibility to go to

one-week camps. Since 2002, 10 summer camps have been organized for 297 children and adolescents.

Penta Study

Starting with 2002, Romania is part of PENTA (Pediatric European Network for Treatment of AIDS). PENTA was set up in 1991 in order to improve the collaboration between the HIV pediatrics centers in Europe. PenPact 1 (PENTA 9 / PACTG 390) is the first PENTA study conducted in Romania and it started in December 2002. The Romanian Angel Appeal foundation was chosen for the implementation of PENTA network in Romania and to manage all PENTA studies here, including PenPact 1. For more information on PENTA studies, please visit the international website. PenPact 1 is a phase II/III (e.g., drugs that are known and used before), randomized, factorial design (2X2), open label study, with different regimens of antiretroviral drugs and switch strategies for naive children (e.g., without any history of antiretroviral therapy). In Romania, 14 types of antiretroviral drugs are used and included in three classes, depending on their site of action on the virus. These drugs do not totally clear the virus, but they slow down its multiplication and also reduce the presence of the virus in the blood. It is well known that the combination of three drugs is much more efficient than the administration of just one or two drugs. Presently, there are no sufficient data defining a particular strategy as being optimal for first line therapy.

Continuing Medical Education

The pilot project on *Continuing Medical Education through distance learning modules for the healthcare professionals involved in the care of HIV/AIDS patients* started in May 2002, when the first package of modules was launched with UNDP support. Romanian Angel Appeal provided free of charge, to all interested professionals, 3 modules on several of the main topics in the HIV/AIDS area: Pediatric HIV therapy, Counseling and testing for HIV, Prevention of HIV transmission in medical practice, and Diagnostic disclosure to HIV infected patients. The modules are available on the web-site, on CDs and printed form and are accessible at national level, allowing all interested professionals to become familiar with the topic and aware of the fact that prevention can only be achieved in a joint effort. All members of the multidisciplinary teams working in the Sunflower network benefited from this opportunity, as well as those who needed some guidelines in order to approach this complex issue in a professional manner. The pilot project on Continuous Medical Education initiated in 2002 was highly appreciated in the medical community. Therefore, RAA extended the curricula of

CME with 11 other modules, under the Global Fund to Fight AIDS, Tuberculosis and Malaria program (<http://www.hivability.ro/>):

- HIV counseling and testing
- Prevention of HIV transmission in medical practice
- HIV counseling of pregnant woman
- The role of the infectionist in the prevention of vertical transmission
- The role of the general practitioner in the prevention of vertical transmission
- The role of the neonathologists in the prevention of vertical transmission
- The role of the obstetrician in the prevention of vertical transmission
- The role of the mid-wives in the prevention of vertical transmission
- Clinical manifestation of AIDS in children
- Clinical manifestation of AIDS in adult
- General information on HIV

The modules have been launched in October 2004 and gained 500 users within one month only. From all feedbacks registered from the users, 63% consider that the information was really interesting and useful, 84,62% wish to learn more on HIV/AIDS. Based on these results in 2005, the e-learning modules will be combined with residential training through a collaboration with Trento Region, Trento, Italy.

The rights of children in movement - Program for the promotion of humanization in children's hospitals in Puglia

Place of action: Bari, Puglia, Italy

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The Partners:

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- Regional Scholastic Office
- Direction Board of Voluntary Work in Hospitals (Associations of volunteers)
- Italian Society of Pediatrics
- Italian Federation of Pediatricians

Description of the Best Practice

Situation prior to the initiative

In the last twenty years knowledge and interest about children have considerably grown, and in particular a number of actions and policies in favor of children have been pursued. As a matter of fact the rights of children in hospitals have been the object of national and international debate. It is possible to find large psychological literature about the interference of hospitalization on the emotional and cognitive development. It refers that the adaptation to the experience of illness and of the hospitalization is the result of the interaction among different elements that are to be referred both to the child and to the sanitary institution (structural, organizational and managerial characteristics, professional and relational skills of the workers...).

In order to satisfy the indications of the national and international legislation about rights of children in hospital it is advisable to build hospital environments that are suitable from the structural, relational and emotional point of view, so that it will be possible to set also the right respect of the global needs of health and care. The activities of humanization held in the different children's hospitals of Puglia have been monitored, to get information about: educational activities; structural standards concerning accommodation (two-bed rooms, place for the person who accompanies the child) and other comfort (specific furniture, playroom, colored walls); adoption of protocols for the therapy of pain and soft approach to treatment; presence of Pet Therapy; presence of activity leaders, volunteers, clown therapy, activities to guarantee scholastic, playful, expressive continuity. The experience of hospitalization in childhood obliges the child to face several difficulties, as the difficulty to understand illness, the separation and the subsequent passage from the familiar environment to the unknown environment of the hospital. For children and adolescents hospitalization and the experience of illness, particularly when it is chronic, gets the meaning of an obstacle to their autonomy and to their personal expression, thus interfering with the process of building a solid sentiment of personal Identity. It is now well acknowledged that a missing or inadequate respect of the psycho-physical exigencies of the child could favor some risky situations for

his/her development. The assistance in pediatrics has progressively focused on the promotion of actions that can answer the “psycho-physic exigencies of the age of development, with care for the growing quality of hospitalization and diagnostic-therapeutic intervention, in order to be more and more respectful of the emotional, cognitive and expressive needs of the child, considering the different stages of children development” (DM 24 April 2000 ‘Adoption of the project objective nursery’ referring to PSN for the years 1998-2000). In order to satisfy such questions it is advisable to build hospital environments that are suitable from the structural, relational and emotional point of view, so that it will be possible to set also the right respect of the global needs of health and care. In order to monitor locally and implement the operational processes for the protection of the rights of children in hospital, the Agenzia Regionale Sanitaria of Puglia, has adopted a program for the promotion of humanization in children’s hospitals in Puglia.

Primary objectives, priorities and strategies

General objectives

- Promotion of the quality of pediatric assistance.

Operational objectives

- Qualitative and quantitative mapping of the activities of humanization in children’s hospitals in Puglia
- Creation of a regional network of the people responsible for the children’s hospitals estimated by the “Piano di Riordino” of the hospital network.
- Central coordination of programmatic actions, considered also as an instrument of confrontation, exchange of experiences and cooperation.
- Adoption of the document of children’s rights.
- Support the acquisition of effective technical and relational skills in the workers.
- Define the requisites of quality for children’s assistance.
- Development of a “health culture” through actions that contain the psychosocial dimension both of health and of illness.
- Adjustment of the hospital to the new exigencies also concerning environmental comfort, as implied by the statements of the Document of children’s rights in hospital.
- Promotion of a network among institutions, both regional and local, concerning the Hospital, political Institutions, schools, families committed in the promotion of children’s rights.

Ultimate addressees

Children, adolescents and families

Immediate addressees

Workers in children's hospitals, schools, workers of the third sector who do playful, expressive and didactic activities in favor of children, associations of volunteers working in children's hospitals in Puglia.

Fulfilled activities

Mapping of activities of humanization

The activities held in the different children's hospitals of Puglia have been monitored through a form, properly set, to get information about:

- educational activities in the field of humanization of children's treatments (addressees, types of events, eventual effects on the service)
- structural standards concerning accommodation (two-beds room, place for the person who accompanies the child) and other comfort (specific furniture, playroom, colored walls)
- adoption of protocols for the therapy of pain and soft approach to treatment
- Pet Therapy
- Presence of activity leaders, volunteers, clown therapy, activities to guarantee scholastic, playful, expressive continuity.

Out of 36 children's hospitals considered by the "Piano di Riordino ospedaliero", 29 of them have answered (80,5%), representative of different provincial institutions. On the whole the qualitative analysis has highlighted a heterogeneous attention to the questions asked in the form and a not always detailed description of the activities. Specifically, the educational activities appear to be present only in 48% of children's hospitals, and in particular 16% of them concern specialist disciplinary areas and 32% concern relational skills areas. As far as structural aspects are concerned, 55% of children's hospitals in Puglia guarantee the structural standards, whereas 41% of them are not organized with two-beds rooms even though they guarantee the place for the person who accompanies the child. Moreover, 41% of children's hospitals in Puglia have dedicated a particular attention to create places proper to children, as for example playrooms, libraries, suitable furniture and colored walls. As regards the educational activities for children, 69% of children's hospitals guarantee the presence of continuous playful activities in the hands of associations of volunteers and/or professional agencies.

The most frequent activities are: activities in the wards, expressive workshops and playroom. School is present only in two hospitals. Clown therapy is the least common, while Pet Therapy is not present in Puglia at the moment. On the whole there is a noticeable attention to the psychophysical needs of the ill child, but the initiatives of humanization are not widespread in a uniform way all over the regional territory. The gathered data have been published on a regional magazine and are visible at www.arespuglia.it.

Adoption of the Document of Children's Rights

With resolution n. 125/2004 25 November by A.Re.S (Agenzia Regionale Sanitaria) of Puglia has adopted the program of promotion of humanization in pediatrics titled "Os...pedaliamo: I diritti in movimento" (n. t.: it is a pun in Italian obtained putting together the word "hospital" and the word "ride a bike", suggesting the idea of movement). The people in charge of the project, partnership and operative strategies to adopt have already been appointed.

Creation of regional network

Two people responsible have been appointed in all the children's hospitals of Puglia (one Doctor and one member of the nursing staff per each pediatric ward) and a conference on humanization in pediatrics has been organized on the 26th 11.04 to share experiences. People involved in it are the appointed responsible for the hospitals, the associations of volunteers that work in children's hospitals, schools, and the person who is responsible for the permanent conference of children's hospitals in Puglia. The conference has been a possibility of confrontation on the experiences already realized in the different realities, and an occasion to share the actions of the program.

Adherence to the permanent conference of children's hospitals

Contacts for the formal adherence have been taken.

Activities now going on

Actions addressed to workers

1. Educational courses for:
 - Promotion of breast-feeding and parents supporting
 - Precocious mapping, diagnosis, guardianship and charge in situation of maltreatment of children
 - Effective relational skills

- Psycho-educational activities to limit the stress of hospitalization addressed to volunteers, teachers, third sector
- 2. Definition, circulation and adoption of processes of diagnosis and therapy for “hospital without pain”
- 3. Adherence to the Permanent Conference of Hospitals for the rights of children in hospitals.

Actions addressed to children in hospital and their families

1. Psycho-educational activities, playful activities and playroom.
2. Informational briefing about the rights of children in hospitals.

Activities to be made

Actions addressed to workers

1. Formalized procedures to start cooperation with:
 - the pediatrician freely chosen
 - the territorial socio-sanitary services
2. Annual educational-refreshment plan with reference to the obstetrical – pediatric area
 - with specified budget
 - with the analysis of problems and educational needs, and of criteria used for prioritizing.

Actions addressed to children in hospital and to their families:

1. Preparation to assistance procedures through information (videos, photos, readings...), playful activities to defuse the assistance procedures.
2. Use of psychological technologies (relaxing, imaginative techniques, guided fantasies...) for the pain control or management of intense emotional states.
3. Informed consent to children’s extent.

Activities for school:

1. Guided visits, meeting with workers, seminars about psychological needs associated to the illness and hospitalization in order to favor the knowledge of the hospital context.
2. Organization of meeting for confrontation and debate between school and hospital, between school and associations about the topic of children’s rights in hospital.
3. Having students of high schools to make playful activities or activities of adjustment of the structures in the areas of hospitalization.

4. Having students take care of production of web sites and of information material about the hospital.
5. Studying deeper, from the historical and philosophical point of view, the evolution of the idea of right, illness and health.
6. Making a “map of orientation” about the sanitary services.

Problems tackled:

1. Structural problems to be overcome by conforming hospitals to the new regional building standards recently ruled (Accreditation Guide Line)
2. Cultural attitude

Local participation:

1. Regional Scholastic Office
2. Associations of volunteers
3. Italian Society of Pediatrics
4. Chair of Urban Sociology at Politecnico of Bari

Lesson learned

These are the targets reached by the above mentioned experience:

1. A less painful hospital stay for children and families
2. The spreading of the meaning and importance of solidarity among students

Replication

Our experience has been replicated in other regions in Italy (Trentino Alto Adige, Tuscany, Lazio, Liguria) and other countries like Great Britain and US, with very successful results.

CATEGORY "EDUCATION AND CULTURE"

Activities and play centers for Palestinian refugee children in Lebanon

Place of action: Refugee camps of Rashidieh, Qasmieh, Burj el Shamali (Tyr), Burj el Barajneh (Beirut) and Baddawi (Tripoli), Beirut, Lebanon

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The Partners:

- Délégation de la Commission Européenne au Liban (EU)
- Fonds de Coopération pour la Jeunesse et l'Education Populaire (France)
- Stichting Vluchteling (Netherlands)
- General Union for Palestinian Women (Lebanon)
- Najdeh (Lebanon)
- Medical Aid for Palestinians (Canada)

Description of the Best Practice

For twenty years, Enfants Réfugiés du Monde has been committed to providing humanitarian assistance to refugee, internally displaced and returnee children, affected by war and natural disaster, by addressing both their material and non material needs. Our approach is multidisciplinary, including health, nutrition and educational programs. It is based on both the principles embodied in the International Declaration of Human Rights and the International Convention on the Rights of the Child. Above all, we believe that a refugee child is a child who still

needs to play. Therefore, our aim is to help Palestinian refugee children in Lebanon to regain hope and pleasure in life by supporting and developing socio-educational projects using activities and play centers. Psychosocial and educational activities are run by professional local staff regularly trained and by the supported partner organizations. This project aims at ensuring the children's development by providing materials, space and psychosocial support for children's play in refugee camps. It focuses on play as a means to allow the children to restore their self confidence, trust in others and learning capacities and cope with the wounds of violence. They can participate to activities of their group age, regain childhood and confidence in themselves and others. This project encourages their creativity through activities in the centers. Our aim is to support children in their learning process, avoid them to fail at school and put school-leavers back to the class. The project is located in the Palestinian refugee camps in the region of Tyr (Rashidiyeh, Qasmieh and Burj El Shamali camps), Beirut (Burj el Barajneh camp) and Tripoli (Baddawi camp). The objective of this project is to contribute to the improvement of psychosocial well-being and the educational environment of the most vulnerable Palestinian refugee children in Lebanon.

The specific objectives of the project are:

- to create and develop recreational spaces for children in the camps
- to ensure the development and the coming out of vulnerable children
- to develop the additional-scholar sector in the Palestinian refugee camps in partnership with schools
- to improve and spread educative activities for the young Palestinians
- to strengthen the educational and operational skills of the Palestinian partners
- to develop local network activities on the issue of children's rights and focusing on exchanges between children and teenagers.

The beneficiaries are:

- Children:
 - 450 children from 6 to 12 years old in the activities and play centers
 - 35 teenagers from 13 to 18 years old in the teenagers' activities and play centre
 - 1 000 children during the summer camps
 - 300 children at school
- Staff:
 - 11 trainers

- 33 childcare workers
- 6 social workers
- 6 centre managers
- 20 volunteers
- 30 teachers
- Partners
- Families and community

The project has been implemented in February 1997, opening date of the first centre called “Atfal al Salam” – “Peace children” in Burj el Shamali in south Lebanon where entertainment and remedial teaching is provided to children from 6 to 12 years old. The last ones opened in June 2003, in Burj el Barajneh camp (Beirut) and Baddawi camp (Tripoli), once the 4 other centers strengthened.

Activities in the Centers

Each centre is ruled by a centre manager and a team of 5 or 6 childcare workers and of a social worker. The centers offer recreational facilities and services to the children. The activities offered stimulate the children’s self esteem and development through expressive, creative and manual activities such as sports, games, drawing, theatre, dabke (local dance), singing, puppets etc. During the activities, the children are accompanied by the childcare workers who are facilitating the game, playing with the children, observing or organizing the activities. Each centre has a library and an entertainment facility. Children can chose the game to play during free game. The playing space is divided in different areas, depending on the game category. Childcare workers are working with small age-groups of children. Psychosocial support is provided through collective activities. The childcare workers are able to identify children’s traumas, expressed during activities or in the behavior. 2 psychologists make individual counseling for the children in huge psychological distress. Educational support is set up for all the children of the camps in order to increase their curricula development. Each childcare worker deals with a group of 10 to 12 children. The educational level of the children is evaluated at the beginning of the year in order to estimate their improvements. The childcare workers use play and active pedagogy methods for science, foreign languages, Arabic and history courses for instance. Meetings are organized between teachers and school managers in order to start the game methodology for educational support. This help is adapted to the child’s needs and its school level. The educational support is determinant for children because UNRWA’s schools are full and school is often double-shifted. Every summer, activities and holidays (summer camps) are organized in partnership with UNRWA and other local associations.

Network activities

They are set up in all the refugee camps. On a local level, the network animator develops animation activities on the issue of children rights, organizing meetings and exchanges with families, teachers and professionals working with children and local representatives as well as between children from the different camps and communities.

The aims are:

- The introduction of joint projects between children from different refugee camps and also discussion of experiences between the childcare workers,
- The organization of awareness campaigns aimed at families, teachers and people working in the social sector, within the community and in associative and institutional establishments to promote children's rights
- Creation and distribution of material to encourage awareness.

Childcare professionals training:

In order to improve the educational and psychosocial quality and environment of the children, the professionals working with children are regularly trained in Lebanon by local formation or international professionals. The 2 pedagogical specialists working for ERM are also trained in France and then diffuse their knowledge in the centers in Lebanon. Centers directors, childcare workers and social workers are trained with a curriculum combining theoretical and practical courses about pedagogical, technical, financial and management aspects of their work with the children (administration, organization, evaluation, relationships, techniques of entertainment, social educational and cultural environment of the job). These progressive training techniques are based on a rotation principle between theory and practice. The training goal is to give them knowledge on non-formal education and to make them sensitive about its importance for child's development. Those abilities are not developed a lot in Lebanon, except by ERM and one of our long term aim is to make this formation recognized by the Lebanese state.

Activities for the parents and the community

The parent's involvement in the organization and the realization of the activities strengthen the relationships with the children. Meetings and information days are regularly organized. A social worker ensures the follow-up of the children and their families: visits to families facilitate more personal exchanges and allow parents to

better understand their children behavior and respond in a better way to their material and non-material needs. ERM and its partners, by developing awareness actions aimed to parents, teachers and other actors from the educational community, are firstly contributing to the effort necessary in order to re-establish the community social links, damaged by years of harsh conflict and isolation. Those meetings and forums focus on children's rights, on the importance of playing for psychological restoration of children, and on pedagogy of dialogue. It reminds to all communities the fundamental principles of an education without violence, which is an universal value necessary for the building of a civil society. It represents an encouragement to share experience, give each other a mutual support related to children and promote positive practices in their favor. The coordination team is made of 2 educational coordinators, 2 psychologists and one assistant – administrator. This team and the local staff (see beneficiaries) are supported by the expatriated coordinator and an administrator. The project is delivered on the field in coordination with our partners and the local community.

Partners

This program is implemented with two Lebanese NGOs since 1997.

Najdeh

Association Najdeh is a Lebanese NGO that works since 1978 in and around the Palestinian refugee camps in Lebanon, targeting primarily women and children. Najdeh has projects in Beirut, Tripoli (north), Sidon (south), Tyre (south-south) and Beqaa (central north).

The General Union of Palestinian Women

GUPW was established in 1965 in Palestinian territories and in 1972 in Lebanon. It is considered to be the official representative body for Palestinian women around the world. It is also the umbrella for all women's organizations in Palestine and in exile.

Capacity building – improving partners skills

Although the children are the program's main beneficiaries, ERM focuses also on developing professional training leading to a qualification for local socio-educational organizers with a view to sustain the program. ERM team helps managerial staff from local partners to develop their ability to find financial resources. In order to be able to undertake the necessary steps to obtain financial support from institutional and private donors. Working in close collaboration with

its associative and institutional partners, ERM will provide educational and structural support (project management) to local partner associations. The educational coordinators from Najdeh and GUPW participate to the trainings and are involved on the educational decisions. Local Palestinian associations mobilized in educational action in favor of young people lack the means, openings and opportunities to exchange their experiences and skills. There is a lack of places and times for exchanges and meetings between the various social parties involved in the educational community, and there are few moments available for reinforcing awareness of the need to act in favor of children. The various network activities – debates on education, cultural events (exhibitions of children's work, videos and theatrical performances) – organized by ERM and its partners will make possible collaboration with the authorities and with other local organizations working with children and, on a wider scale, with refugee communities. This coordination will contribute to the development of a network to serve the interest of children better.

Working within a network of children professionals

This program is part of a regional program keeping with an overall process of cooperating with and supporting the various parties involved in considering the psychosocial needs of the most vulnerable children and, more broadly, with protecting the rights of Palestinian children wherever they are in the region and whatever their status. Within this framework, the following are getting implemented.

Organizing regional biennial meetings

The aim of these meetings is to make it possible to exchange and share experiences linked to similar programs in the various fields of ERM intervention in North Africa and the Middle East. Creating a network with a regional team of specialists and resources people. In order to favor exchanges and consistency between the different intervention areas, we will organize local educational visits on the various programs and training courses for partners in France. The activities aim at promoting the joint development of training programs.

Developing and distributing educational resources in Arabic

The aim is to provide various documents and tools: collective experiences, training manual and assessment tools with a view to publication and distribution at regional level.

Against school abandon

Place of action: Nevogilde, Lousada, Portugal

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Description of the Best Practice

Context

In an area where cultural opportunities are almost inexistent (there is no Public Library, Culture Centre, Theatre, etc) and the parents scholarship level is particularly low, it is not hard to understand that children tend to mime their parents way of life and attitudes. School is often seen as an obstacle to pass through until they finally get into the job market to contribute to the increase of the family income. When our students leave school in the end of the day they have to stay at home or play in the streets, as there are neither interesting places to go to, nor a public transport network.. They keep limited to the parish where they live and study without being in touch with the outside world. In fact, no spaces or activities serve them as an opportunity to value themselves in a healthy growth. The lack of our students future expectancy and the surrounding illiteracy rate leads to a situation of effective child labor where dream, illusion and adventure are things that can only be found on TV screens, such is the 'island' where they seem to live in.

Achievement of the Best Practice

Thanks to the motivation and commitment of teachers there was a decrease of school abandon ratings from 13,3% in 1998 to 1,7% IN 2004 and our school has seen teachers work recognized by the National Press. We work to have a school where our children feel happier. We need to get closer to them, give a lot, be alert and create conditions to support their motivations, their interests and broaden their minds. School Abandon percentage since 1997 Escola E. B. 2/3 de Nevogilde stands in the centre of a nice rural area next to river Mesio valley, municipality of

Lousada, Oporto district, and is part of Zona Pedagógica do Vale do Tâmega (River Tâmega School District). The population served by this school is constituted by families with low scholarship levels, most of them having no more than the fourth grade, specially mothers who are frequently housewives. Fathers often work in low wage production jobs, trade and services and unemployed parents are often reported. Illiteracy ratings are not to be neglected as well. These people lack professional skills and qualifications and their activity is aimed at small industrial units of the area, performing not qualified jobs. In this context it is easy to realize the parents' need to have their children working as soon as possible to balance the fragile family income, thus child labor is also a worrying and growing reality. This reality challenges the school to develop a series of projects to fight school failure and consequent abandon and to motivate students for brighter perspectives towards their future.

Computers Courses

Once a week students are given the opportunity to learn /improve their knowledge on Word (beginners – 5th and 6th grades) and PowerPoint and Internet for 7th, 8th and 9th grades. They are also given support on school assignments and teamwork has been developed concerning a School Internet Site.

Music Club

Our students have also worked on a series of pedagogical concerts based on the work done at the music lessons. An average of four concerts a year have been given in the auditorium of the City Hall of Lousada, being part of the Municipality's cultural program, thus involving their families and all the community. These performances motivate our students to dedicate themselves to music and they can do it in other school clubs such as the Guitar Club, Dance Club, Portuguese Folk Music Instruments, School Choir and Orff Orchestra weekly.

School Radio

The School Radio project was started and developed through fund raising activities led by students and the studio itself was set by them. We tried to qualify students to use radio connected technology, as well as to perform programming and speaking tasks having in mind the continuity of a school radio.

Media studio and «on the road cinema»

As far as media projects are concerned, our students researched folk music of the area and edited a CD; short films were created, based on stories written by students,

as well as some documents and a news program. At present a school club is preparing activities aimed to the production of cartoons, fiction and documentaries. We are still working on an “on the road cinema” to show movie sessions in other sixteen schools (eight Kindergarten, eight primary schools) of this area which belong to the «mother-school».

School Newspaper

A school newspaper and a magazine are also part of these strategies to involve our students in school activities. With an editing section constituted by students supervised by some teachers, each section of the newspaper and magazine has a group of students in charge. They define contents, composition and page set up, they write and sell to support these projects.

Media room

An ordinary classroom was transformed in a sort of amphitheatre, with the help of the students who raised funds for the purchase of a DVD recorder, a computer, a giant screen for data show, and so on. This constituted a clear attempt to bring to them films they could never watch if dependent on their families and a way of avoiding their early working hours by keeping them freely at school. A group of students is responsible for the selection of a film, for all the organization of the cinema session and, of course, of the popcorn. The idea was extremely well accepted by the schoolmates of all grades and has been a terrific success.

Art workshop

Sculpture was the area elected by the students in this club who weekly work for the final school exhibition in the entrance hall. It will be the result of hours of dedication and patience throughout the school year and all the community is invited in the school cultural week to visit this show of students' art.

Sports club

Energy and Will are the necessary items for those students who join this club and form teams to compete in different sport fields, such as basketball, festal, badminton and handball.

Library

Updating materials, strategies, equipment and staff was the basis of the library «revolution» and made it possible to transform an ordinary, unpleasant space in an interactive room where books, magazines, newspapers and computers broaden

students and, why not, teachers horizons. The team which works here supervises the process of borrowing books for all the school and non school members, thus replacing a non existent public library and opening the school gate to all the community. Children from the nursery schools and primary schools come here to read and listen to stories while parents and relatives come mainly for their first formal contact with the book and the environment of a library. Their coming means to as a very positive feedback on the part of our students who recognize the need and the interest of such a place. A final aim is that students tell stories to parents who cannot read. Whenever it's possible the library is visited by a writer who gives interviews to the school radio, school magazine and talks a bit about the process of writing to those who attend this nice, cosy room in our school. The ratings of students participation in all the projects stresses the idea that when children dream, plan and perform, their self fulfillment is particularly high. This leads to a greater commitment with school and their pleasure is noticeable. They show more interest for school and their motivation for studying is greater.

Caring Community

<u>Place of action:</u>	8 neighborhoods in Jerusalem: Katamonim-Pat, Kiryat Menachem, Neveh Ya'akov, Beit Safafa, A-Tur, Romema, East Talpiot
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<u>The Partners:</u>	• Jerusalem Association of Community Councils • Joint Distribution Committee (JDC) – Israel

Description of the Best Practice

Background

Jerusalem is the poorest of Israel's large cities, with 41% of its population and nearly 52% of its children living under the poverty line. More distressing than these statistics was that many of these residents had just lost hope. They felt disempowered, which passed on to their children:

- On a personal level, they believed that they were unable of attaining anything better, relying on the "system" to take care of their needs.
- On a communal level, they were alienated from one another and from community institutions, and were therefore unable to organize themselves to promote change.
- On an institutional level, they lacked opportunities to participate in decisions relating to their fundamental welfare and aspirations.

This disempowerment was manifesting itself among the children. Children were not properly prepared to enter the first grade, which handicapped their learning from the start. Immigrant children did not have a strong knowledge of Hebrew, which affected their scholastic achievements, and their integration into school and society. Older children moved from elementary to junior high and high school unequipped to weather the transition. With little support from home, children were falling behind in school and not taking matriculation exams, closing any opportunity to study in a post-secondary framework. A large number also dropped out and wandered the streets, getting into trouble and causing vandalism. The purpose of the Caring Community is to ensure children's right to decent education, even in Jerusalem's poorest neighborhoods. The program aims to empower individuals and communities to take responsibility for their children's future by improving educational opportunities. The program also aspires to help children in poor neighborhoods to break a multi-generational cycle – and culture - of poverty. An initial model was developed in 1999 by a team headed by David Harman, Ed.D., and consulted by faculty from the School of Education at the Hebrew University, as well as professionals from the Jerusalem Institute for Israel Studies. The team had quickly discovered that while many different agencies, organizations and institutions were working to boost children's education in the neighborhoods, their efforts were poorly coordinated and often ineffective. The Caring Community model strove to streamline efforts and ensure that residents were involved in deciding how to best educate their children. Implementation began in the year 2000 in the neighborhoods of Katamon and Kiryat Menachem. In light of the success in these neighborhoods, the program was expanded to Neveh Ya'akov and the Arab

neighborhood of Beit Safafa in 2002-3, and in 2004-5 is being expanded to the Ultra-Orthodox neighborhood of Romema, and the Arab neighborhood of A-Tur. The Jerusalem Foundation's ultimate goal is to bring the project to all Jerusalem communities (15 more have already expressed interest), encompassing the entire scope of the city's diversity: Jews and Arabs; secular, religious and ultra-Orthodox Jews; immigrants from Ethiopia and the Former Soviet Union, and veteran Israelis; those from Middle Eastern and European backgrounds. Each year the program's goals, objectives, priorities and strategies are reviewed by the a citywide Steering Committee that today includes the Jerusalem Foundation, the Joint Distribution Committee (JDC)-Israel, the Jerusalem Association of Community Centers, the Israel Association of Community Centers, the Jerusalem Municipality – Jerusalem Education Authority, the Ministry of Education and the Hebrew University of Jerusalem. The community center directors have been instrumental in mapping the neighborhood and bringing together the local organizations, schools, and welfare offices that operate in the neighborhood. Updated in 2004, the Caring Community's main directions include:

The Project's "Ten Commandments"

1. The child at the center – all programs focus on children and their families
2. The child is not alone – including all factors, family, school, friends, community
3. Children's education in our hands – empowering community for change
4. Today's achievements are tomorrow's achievements – academic achievements today pay off in the long run
5. Everyone can do – strengthening individual capabilities
6. It's not about me, it's about us all – strengthening pooling of resources
7. It's everybody's business – community responsibility and mutual involvement
8. Community wasn't built in a day – long term investment for real change
9. Each community is unique – considering each community's identity and letting residents lead the process
10. My community, your community – fostering local and community pride

The Project's Basic Assumptions

- Education is the key to social mobility
- Community solidarity, communal responsibility and mutual caring are important elements in creating a supportive atmosphere for individuals in the community
- The community whole is greater than the sum of its parts: Cooperation between the community, the education system and local organizations

bring much higher returns working together than each of the bodies acting alone.

Project Goals

- Improve academic achievements
- Improve personal, environmental and family functioning, with an emphasis on the welfare of the child, the youth and the family
- Encourage residents to remain in the neighborhoods
- Increase residents' involvement in and responsibility for education in the neighborhood
- Increase cooperation and coordination among organizations that work in the neighborhood

Objectives

- Young children entering first grade will know the alphabet of Hebrew or Arabic and basic counting skills
- Immigrant children in elementary school will increase their knowledge of Hebrew to enable them to perform better in school
- Children in grades 1 – 12 will improve their scholastic achievements, as measured by teachers and national standardized tests
- Children will make a smooth transition between grades 6 –7 (elementary to junior high school) and grades 9 – 10 (junior to senior high school) and after grade 12, reducing dropout rate and improving achievements
- Students will graduate high school with complete matriculation certificates, enabling them to continue on to post-secondary frameworks
- Fewer youth will be left to wander the streets and vandalism will be reduced.

Strategies

The initial program included a four-step approach, that consisted of:

1. Formation of neighborhood Steering Committee. Made up of a wide variety of municipal, community, educational and social service professionals, together with representatives of the community itself. This was often the first time residents sat together with professionals on an equal standing.
2. Establishment of each neighborhood's priorities, examining the particular needs of the community, the current provision of services, and explore ways to enhance the efficacy of services and create new programs to fill in the gaps.

Although the Steering Committee established its own priorities, improving education and educational achievements are central to the project.

3. Implementation of specific programs according to neighborhood priorities.

Programs in the different neighborhoods included:

- Preparation for first grade
- Learning centers for elementary school, for junior high and for high school students
- Working on educational and emotional issues to ensure smooth transitions
- Teaching Hebrew to immigrant children
- Evening matriculation courses for high school students
- Enrichment and sports activities for youth at risk
- Enhancing professional development for teachers
- Engaging parents as partners in their children's education
- Treatment for learning disabled children
- Encouraging youth leadership through a Youth Council, and more.

In all, more than 3,200 children, youth and parents were involved in these educational programs.

4. Evaluation, comparing the outcomes with the general goals for the project as well as the specific objectives set for each of the programs, with suggestions for changes in the continuation of the project.

Problems in implementation

1. Place of the schools in the program. Many of the learning centers that are part of the program are based in the community centers, which worked with their own materials and those brought by each child. Schools were only peripherally involved. This lack of input from professional educators was sorely missed. As a result closer ties were constructed between the educational programs and the children's schools in ensuing years of the program, a partnership that has shown more effective results.
2. Ensuring effective programming among the most difficult populations:
For example, in Neveh Ya'akov:
Program for Youth at Risk participants had never developed a sense of normative social skills, and holding social activities was a complex task at first. A delicate balance was eventually struck between allowing the youth to let loose in sports and other activities, and teaching them social skills through group thinking games and other activities.

Teaching Hebrew taught elementary school children from Ethiopia and from the Former Soviet Union. The Ethiopian children were generally religious, those from the FSU secular, with few commonalities between their cultures. Integration issues were compounded last year because only 7 of the 35 children came from the FSU. This year more efforts are being invested in working with the secular elementary school, to even out the cultural balance of the program. In addition, teachers are undergoing in-service training in working with immigrant children.

3. The importance of residents' input. One of the programs in the Katamonim / Pat neighborhood was to improve the image of the neighborhood, both in the eyes of the residents and in the eyes of the city. At first an outside public relations firm was contracted to study the neighborhood and suggest courses of action. However, because they came from the outside they were essentially ineffective. The neighborhood steering committee then chose to replace this program with another one that worked on improving parents' relations with the neighborhood schools, thus improving neighborhood image.

Extent Objectives were realized

The program's objectives have largely been realized. Children are better prepared to enter the first grade, as well as weather other transitions throughout their school career. Children's grades improved at all levels in the learning centers. Ninety-eight percent of all participants in the matriculation prep course took the exams, and vandalism was significantly down. Immigrant children learned Hebrew, although their grades did not quite reach the national average, as stated in the original objectives. Objectives on a community level have also largely been achieved. As reported by the community centers, community-wide cooperation among organizations, agencies and educational institutions has improved considerably. After a long process, they are accepting and acting according to the programs "Ten Commandments". They are caring for their children, the future generation.

Lessons Learned

The most important lesson learned in the Caring Community experience is the necessity of including formal education frameworks in the program. While the programs began as informal after-school educational enrichment, the educators' professional input has proven critical for the improved success of the program. Another important lesson is the need to foster financial independence after the Jerusalem Foundation finishes its commitment. In the model's first two neighborhoods, an extra (fourth) year was needed to allow the neighborhood

Steering Committee to learn to raise funds on their own, while the Foundation cut its support in half.

Replication / Adaptation

In light of the success of the Caring Community, the model is being expanded to three additional neighborhoods this year: East Talpiot, Romema, and A-Tur. In future years it is expected to expand to additional neighborhoods around Jerusalem. As the program has developed, the programs in the new neighborhoods will have a more comprehensive structure, comprising:

1. Formal Education Frameworks cooperating with the community
2. Community-led informal education programs
3. Voluntarism, encouraging community members' involvement in everyday lives
4. Cooperation and Outreach with the Hebrew University of Jerusalem

Casa Famiglia Pinocchio, Progetto di affido familiare

Place of action: Convento San Pietro Celestino, Ripalimosani
(Campobasso) – Italy

Submitted by: Associazione di volontariato “Bimbononno” ONLUS
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The Partners:

- Social Services, Municipality of Campobasso
- Social Services, Municipality of Isernia
- Social Services, Municipality of Ripalimosani
- Social Services, Municipality of Bojano
- Health and Social Services, Municipality of Venafro
- Social Services, Municipality of Aversa
- Social Services, Municipality of Mirabello
- Ministry of the Interior

Description of the Best Practice

Family custody does not only have a protective function, but is part of a larger project which aims at recovering for a whole family temporarily unable to take care of its children. From a complex consideration of the social politics regarding family support and the best ways to intervene in order to guarantee the minors protection, hospitality and prevention, the attention is towards the particular experience of custody. The objective is to re-examine and discuss the advantages and limits of a form of action in favor of the minor and the family, sustaining this with other forms of help. Leaving the minor with the family allows experimenting various forms of intervention and presence. The concept of protection in this sense is understood in a larger sense going from a point of view of assistance to one of prevention, where the interest of the child is better protected with through sustaining the entire family. The overall aim of this project, considering the complexity of family custody, is to diffuse a common culture of hospitality and custody, which knows how to individuate the existing problems and to promote, supplementary to the specific intervention, a new sensibility. A culture of hospitality that thus request the action of diverse system, evaluating the existing experiences and resources, with the constitution of a workgroup responsible for the programming and implementation of services and educational activities. It is a project which aims at putting custody into a broader context of reflection and using a pedagogic approach based on an effective preventive strategy. The project is aimed at minors at risk between 0 and 14 years of age, who has the need of being in residential custody

Objectives

1. Protect and sustain families with multiple problems through helping their children
2. Protecting rights and needs of minors in situations that might impede upon their development
3. Offer an intervention in a broader project of recovery and help the family in difficulty, who is temporarily unable to fulfil its parental functions of protection and care for the minor
4. Guarantee that the minors in custody have conditions adequate for their development and capable of ensuring the benefit of normal relational experiences
5. Offer, through a group of educators, a natural and emotionally constant hospitality, waiting for the effective transformations in the family in temporary crisis

6. Creating a growing sense of responsibility and socialization between various families
7. Develop the capacity to transmit values and experiences for a new family culture marked by hospitality and solidarity
8. Favor the parent-child relations, the interfamily relations and the relations with associations, and public institutions.

Actions and Methodology

Next to the activities of everyday life, the Bimbononno association perform a series of activities aimed at giving the small guests moments of growth and stimulus: spaces where to do their homework, manual and physical activities, moments of celebration that can be organized within the structure. The initiatives are also aimed at the children from the local community, in this way the children in custody has major opportunity to socialize with others, while the local community has moments of collective growth. The association further organizes various manifestations connected with the daily accommodation which opens its doors to various groups. An equip of two psychologists, an internal social worker, and the staff and voluntaries of the association is working within the structure. This group has the following tasks:

- Networking (with the local formal and informal institutions)
- Individual programming for each minor in custody
- Programming of the service
- Control of the activities

This group is an active network which can individualize and evaluate the possible operators in the community (voluntaries, parishes, social workers) who can function as “social glue” favoring moments of growth in the society, if they are appropriately sustained. The action includes periodical meetings in the group to finalize and implement projects. The actions within the project are integrated within the daily activities of the children and periodic encounters with the social network, weekly meetings with the work group and monthly supervision meetings. The activity of the work group creates a process which is twofold, on the one hand it consists in the capacity of defining, reading and intervening with regards to the children’s problems and eventual problems of the staff. On the other hand it presupposes a method with a constant attention of the redefinition of the time and the strategies for the individual intervention. This means individualize the ways and relations, first of all institutional, that are adequate for promoting and sustaining improvements. “Pinocchio” is situated about five hundred meters from the centre of Ripalimosani (Campobasso), where all basic services can be found. The village has green spaces

and parks with facilities where children can play. The responsible persons and the staff participates actively in the activities of the city, sustained by the city administration in all initiatives aimed at elevate the quality of public services, in particular those for the weaker groups. The project started in 2002, thanks to the work of a group of voluntaries, using private funds, donations, loans and funds raised by the association. The financing is now on an annual base, as the law prescribes. Within the Pinocchio there is, besides the daily facilities for the children who live there, an Expressive Therapeutic Centre which has as its objective to:

- Facilitate the children's expression and communication beyond the verbal language
- Codify children's non-verbal and non conscious communication; demonstrate difficulties, unsatisfied needs, anguish, problems, wishes, temperament and personality
- Make the method of drawing a treatment for distressed children
- Favor the non invasive listening to children's experiences
- Favor the children's control over the measures of drawing, giving them confidence
- This activity is aimed at minors with special problems between 6 and 14 years
- The expected results of this activity is:
- To guarantee minors a space and time where they can express themselves and communicate in an alternative way
- Favor the cognitive and physical development of the minors, guaranteeing concrete forms of expression of their fantasies.
- Favor the capacities of the minor to give form to their intra-psychological realities

Why a drawing becomes therapeutic

Talking about unpleasant experiences is in itself an activity which gives cause to reflection and an organization of events in one's experiences, and therefore a vital and positive action. But sometimes experiences are too traumatic to talk about or the memory of them cannot be put into words. The impossibility of talking about certain traumatic episodes in the past provokes symptoms and illness which can be overcome only if the experiences are somehow translated and elaborated. These considerations have important repercussions in traumatic situations experienced by children after they have been victims to maltreatment or violence. If children are only about 4 to 5 years old many factors interfere and make the moment of communication yet another negative experience, because even if the child does have a narrative at this point of age, it is difficult to communicate the traumatic

experience and the child remains with an image of itself as confused, fragmented and powerless. Using drawings a moment of listening is created which is non-invasive in the experience of the child. This can be the first and most important measure in the treatment of traumatized children. This gives the children a possibility to realize that it is not necessary to bear pain and terror and that their situation is not normal, but that they can search for and receive protection and help. A child who has suffered tends to lie to him or herself, this means to deny and hide important aspects of their experience instead of recognizing them and work with them until it is possible to face them. Drawing helps this process. It is first of all important to know the history of our small guests, all what we can learn about their past, their experience and their lives. After this comes a delicate, but also crucial, moment of observation of the child, once it is given the opportunity to express itself in the centre. The environment within the centre, at least in the phase of observation, has to contain the minimums essential for drawing. Everyone is capable of letting go in this "game" when there is a space at disposition. Other children's drawings or other kinds of stimulus are avoided. Until the child can express itself freely it is necessary to have a psychotherapist who stimulates the child without teaching, judging or commenting on what is being done, but only observing. This is a presence with a respectful attitude towards the child and towards what the child is drawing. It is fundamental at the beginning not to have a fixed objective for the activities and not to judge in order to let the child do what it wants and what it feels is necessary. There is a maximum of four children working at the same time, they are put together in groups based on age, sex, case history etc. However whenever necessary children work alone. The centre is a room where the walls are covered in panels in wood or in cork and in the centre of this room there is a long table on which all the materials needed for drawing is laid out so they are easy to see. Paper-sheets in many colors, crayons, colors, rubbers are the first elements that the child has to be able to use either on the walls or on the table as he or she wishes. Slowly as the sessions proceed it is evaluated if other materials should be included and what themes should be elaborated using the drawings. At the beginning the child is observed: what it draws, if it is sitting down or standing, if it draws without using excessive movements, in silence, without noteworthy interruptions; if it is anxious, that is verifying whether during the activities the child speaks excessively (of itself, the drawing or other), if it asks questions, if it postpones the drawing (in extreme cases it might refuse to draw altogether), if it has a rigid posture, the expression on the face, verbalization of sentiments of mistrust regarding the drawing or regarding the child itself. It is also observed if there are elements of aggression, this can be manifested towards the child itself, towards others or towards the external environment and has to be contained within acceptable

limits, respecting the guarantee of the free expression of the child which should be granted by the psychological settings. Thereafter the following aspects are observed:

- Graphic aspects: lines, strokes, cancellations and shadows;
- Formal aspects: collocation of the sheet, sequences of completing of the parts, dimensions and proportions, number of details, transparencies, symmetry, orientation, movements, time of completion;
- Aspects of contents: overall impression, the theme represented, analyses of the single elements in the drawing.

In this phase of free drawing the dialogue with the child is beginning. Answers to precise questions regarding the drawings give information regarding his or her life. The description can be amplified giving space to the telling of a story that takes its beginning in the drawing and can continue with questions relative to the theme in this. The capacity of the drawing to give a key to access the psychological world of the child is thus a therapeutic instruments. The interpretations that follow this process, formulated with the appropriate caution, help the child to be conscious about certain aspects of him or herself. The art-therapy offers the child the possibility to reconstruct and relive traumas and problematic aspects of his or her life in a form of art and play, that is: not dangerous. The drawing becomes a Cathartic instruments, a way of letting out repressed sentiments and resolve tensions and emotive problems, through their figuration, but also a “storage place” used to make order in confused, contradictory emotions that are hard to understand. Thanks to the drawing it is possible to reach the positive emotional strengths of the child that have been unexpressed, and make them usable during the process. Further the Pinocchio is involved hosting children from Belarus, Ukraine and Sahrawi who come to Ripalimosani on shorter stays. The children come accompanied by an interpreter to enjoy a period in a healthy environment. Included in this activity is the involvement and the sensibilization of the local population who gets to know children from a different culture, and to make the young people of the community participate in the welcoming and the accompanying of the foreign minors through the organization and conducting of events who is focusing on these last. The activities also aim at minimizing the sense of detachment from their “own world” these children could feel and avoid a sense of cut off from their society and the role they had at home. These activities should also make the community aware of these children in a way that consent these to integrate and feel at home. This activity has been going on for three years (2000-2002) where the population of Ripalimosani has had the opportunity to live an intense and rich experience giving hospitality to groups of children and getting to know their reality. The stays have taken place during the summer, which has been considered best both in terms of climate and in

terms of availability on part of the community, all of which makes the stay more free and involving for everyone. The children stay some of them with families in town (based on family's availability) and some of them at Family House Pinocchio, and take part in various activities such as trips to the beach, riding, sports, eating out etc. During the stay there is constant assistance: in a first phase in order to facilitate the integration of the children both between themselves, with children of the same age in the village, with the families where they stay and with the voluntaries. In a second phase the assistance is geared towards inserting the children within the "public" attention through excursions, plays, and local festivals. Every activity is aimed at making the children feel at home. Particular to the experience has been the inclusion in the activity of adolescents who, followed by grown-ups of the association, have dedicated with great affection and sense of responsibility, their time to the smallest children during the various initiatives. An experience useful for the smaller ones who have had a "big brother" or "sister" at their side, but certainly also very much educative for the older children. Everyone has thus benefited from the meeting with those who are only geographically far away.

Children Municipality Council

<u>Place of action:</u>	Jericho – Palestine
<u>Submitted by:</u>	Jericho Municipality City Center main square, Jericho /Palestine, P.
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<u>The Partner:</u>	• UNICEF

Description of the Best Practice

The Jericho Municipality through the establishment of the CMC aimed at:

1. Giving children the opportunity to express themselves and deliver their voices to decision makers.

2. Creating a friendly child environment for growth and the bringing up of an educated aware generation.
3. Raising an educated and aware generation willing to participate in sharing the responsibility
4. Reinforcing children's confidence in themselves and their capabilities in managing projects that are mostly appreciated by the city and are close to children needs.
5. Teaching children the basics of democracy and giving them the chance to experience elections process for the designation of their representatives and deputies in the council.

The CMC formation

Through the CMC all the children between the ages of 12-15 are given the chance to participate in elections either by nominating themselves or voting for their council representatives, this process is carried out in two phases:

1. Internal elections in local schools by which each child is guaranteed the right of nomination if their age ranges between 12-15 years. The school nominees are determined by internal elections.
2. General elections within the entire city by which all the city school children vote for representatives from the schools voting lists.

Elections publicity and agenda

Each nominated child will prepare his own elections publicity program to make other children aware of his elections agenda by persuading them through schools visits and elections seminars and publicity festivals to vote for him or her for the content of his elections campaign which will work on improving the status of children in schools.

The elections supervising committee

The Municipality will carry out the organization and coordination of the elections process which will be shared also by the education department in Jericho. Teachers in schools will coordinate the process and cooperate with other school officials. Furthermore, the general administration for central elections in the ministry of local government will supervise the progress of the elections process and prevent any attempts for manipulation or overstepping the general regulations for the elections which are the same as for the normal adult elections.

The most significant accomplishments and projects of the council

After forming the council, the elected members will commence the organization of regular meetings for the purpose of designing projects that will benefit children and contribute to solving some problems pertaining to them in the city. In Each elections term (three years) the council will adopt new themes and ideas in its policy and will promote them and aware children about them through the organization of several activities that will help in advertising these themes and morals and will help in overcoming other social phenomena that will affect the safety of the child environment. This is to guarantee a child friendly environment for children and proper mental and physical growth.

The first council

This council have operated on two levels the first was to make awareness to the local community sectors such as merchants, drivers, and residents about the hazards of spoiled food materials and issuing warnings to merchants who deal with it. Posters and leaflets were also printed to urge people not to deal with such bad food materials, these posters are still kept with merchants and drivers even though 5 years have passed since their distribution. In the second phase three main issues affecting children were adopted and a project was drafted to promote awareness regarding these problems and draw attention to it and to urge the community to deal with them in a more serious manner. Three issues were adopted:

1. premature marriage
2. school run out
3. child labor

A documentary on these issues about the city children was also produced tackling the reflections of these problems on the status of children. The documentary gave very good results especially as the CMC members and prior to the footage production were affiliated in a filming course on the methods of conducting press interviews and film production. This had made them able to participate in the making of this film in an efficient way and choose the dialogued individuals during their press interviews.

The second council

The second council and in a UNICEF funded workshop selected three different topics and worked on promoting them, these were as follows:

1. the importance of planting trees

2. awareness on water consumption
3. keeping a clean environment

The council worked on several different areas

The first area

Creating a mascot and printing posters

The CMC created and designed a mascot that could be worn and played by one of them for the purpose of escorting them during their field visits and acting as a CMC symbol. The same mascot character was used when designing the awareness posters for the three CMC topics. These posters were frequently given out on different occasions and for schools and retail shops.

The second area

Training course and awareness workshops:

All the CMC members participated in a 35 training hour course organized by one of the leading education institution. This training was conducted for the purpose of training children on skills such as awareness workshops facilitation. These workshops included the three CMC themes and enabled CMC members to organize 60 workshops for more than 1800 students of different age groups (6-17 years). In these workshops the children received awareness about saving the water resources and reducing its consumption, the use of trees in preserving the environment and keeping a clean surrounding and public hygiene. The new thing about these workshops was:

1. it was a child to child learning method
2. the CMC members administered the workshops in which older children were participants
3. The workshop didn't use the instructions or lecture method but utilized the story and game techniques in addition to forming learning groups.

These workshops were successful and a lot of children positively interacted with them and acquired the CMC members a great deal of confidence.

The third area

A participatory and practical relation with children:

Each theme was discussed separately and several steps were undertaken for the creation of a proper school environment in order to minimize problems and to urge students to work together and take practical steps as follows:

Awareness on water consumption

The CMC members took the initiative to visit the city schools and make studies about the needs of each schools concerning the leakage of water tanks and water connections and making sure that the tanks are safe for drinking. A list of all the needs was drafted mainly including maintenance works for stopping the leakage of water and therefore stopping the forming of water ponds that will cause health hazards. Schools were also supplied with new water tanks and comprehensive maintenance was carried out on all the water installments in schools.

Keeping a clean environment

The CMC members attempted to initiate the children's participation in keeping a clean environment in public areas and in the surrounding spaces. This is done by concentrating on the fact that environment belongs to everyone and therefore everybody is committed to taking care of it. Schools were also supplied with paint tools for painting fences and beautifying schools by organizing voluntary work days in participation of school children thus paying more attention to their own work and helping in preserving schools.

Planting trees

The same method was also followed as in school beautification and keeping a clean environment whereas small plants were given out to schools. These plants were then planted in the school yards by children themselves and with teacher's supervision.

The third council

It is currently working on drafting plans of action and topics. Some topics were already selected such as “sports for everybody” and “Public Health and chemicals free food”. The council is still developing its plans and making drafts for its future programs.

Conflict Resolution, for Promoting Peace and Intercultural Understanding among Teenage Students

Place of action: Al-Amal Centre, Baghdad – IRAQ

Submitted by: Iraqi Al – Amal Association (IAA is a member of the Social watch Network, and the Coordinating Committee of the Arab NGOs Network) - Karadah, AL-Elwiyyah, Sector 903, Rd. 14, House 6, Baghdad – IRAQ

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The Partners:

- Karadah Director of Education

Description of the Best Practice

For more than three decades, Iraqi people suffered from policies of wars, oppression, tyranny and sanctions that consequently spreading deeply the phenomenon of violence within society, especially among children. Today, the Iraqi children are suffering from the impact of the said phenomenon, in which the lack of human security visibly reflected of in their daily lives. The use physical and psychological violence against children within their homes, schools and society as well, has resulted in the build up within their mind the aggressiveness and violent feeling and of use to force in their attitudes among themselves and with each others. Iraqi AL-Amal Association (IAA) is well aware that the essential challenge facing post-war Iraq is the building of a democratic civil society, including healing social and psychological wounds and chronic distress and damage in all spheres of life. For that, IAA plans to contribute to the rebuilding of Iraqi human being and to influence social consciousness, through programs that aim to combat all forms of violence and discrimination, the promotion of the culture of human rights, tolerance and social peace, especially among children who constitute future hope for peace builders. The Iraqi AL-Amal Association (IAA) has taken the initiative to draw up a pilot project under that title, which aims towards establishing anon-violent temperament among teenage students within their daily attitudes.

Beneficiaries

- 100 teenage students at secondary school stage.

Objectives

- To help to find non-violent solution to conflicts based on dialogue, intercultural understanding and peaceful negotiation.
- To learn to live together, respecting differences and similarities.
- To promote non-violent values and attitudes: autonomy, responsibility, cooperation, creativity and solidarity.

Expected Results

- Educating 100 teenage students about the principles of UN Convention of the Rights of the Child.
- Building self capacities based on dialogue, intercultural understanding and peaceful negotiation to resolve problems and conflicts.
- Enabling students to construct, together with their peers and through the internet, their own peace and solidarity ideal.
- Learning English language and use of computer and internet in order to communicate with students in other countries.

Implementation Strategy

- Assign a working team from IAA, consists of four persons; a doctor (Pediatrician), an educational researcher, a teacher of English language and computer and internet expert. The team will directly manage, monitor and evaluate the program.
- The team will collaborate with Al Karadah Director of Education (DoE) and the headmasters of the secondary school within the project area to select 100 students whom are the beneficiaries of the project.
- The team will hold meetings with the parents of the beneficiaries to explain the aims and objectives of the project and to encourage them to observe their children during the project period.
- Dividing the beneficiaries into five groups, each group will be trained for eight months.
- The total hours for learning and training program will be 192 hours within a period of eight months. The program includes learning English, computer, providing internet skills and organizing workshops and

pedagogical games around the theme of conflict resolution, for promoting peace and intercultural understanding.

- Using illustrations materials, sharing and team building with open dialogue as the bases for the workshops and other activities.
- At the end of the training program, each beneficiary will draw his/her own project on the same subject to implement it in his/her school for three months.
- The team, in cooperation with the pedagogues in the school, will follow up and assist the beneficiaries in carrying out their obligation.
- At the end of the project, a workshop for two days will be organized, attended by a number of educational and pedagogical bodies and DoE experts in Baghdad, in order to examine and discuss the results of the project and draw recommendations to promote dialogue, sharing and non-violent education into the curriculum, and pedagogy non-formal activities in the school.

Monitoring and Evaluation

- The team will hold regular weekly meetings to assess the implementation of the project; identifying the points of strength and weakness within the teaching and training methods and to determine the degree of the beneficiaries interact on with the program itself.
- The team will build regular contacts with the parents of the beneficiaries and with their teachers to follow up the students developing circumstances.
- The team is obliged to submit a detail report to IAA in every two months, assessing the impact of the program, its achievements and identifying the problems as well.
- IAA is responsible to submit a detail report to the donor's organizations about the implementations progress of the project on the first six months. Another final report will be submitted at the end of the project.
- The donor's organizations are encouraged to attend any part of the project management cycle.

Duration

- It will be run through one year.

Sustainability

- Encourage the Director of Education and the schools headmasters to adopt the workshops recommendations on the evaluation of the project.

Construction d'une école & développement du système éducatif et pédagogique

- Place of action: Village d'Enfants SOS d'Imzouren, Maroc
- Submitted by: Association Marocaine des Villages d'Enfants SOS
Bureau
- National: Résidence Abdelmoumen (ERAC) – Imm.4 – Appt 10 –
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- The Partners:
- SOS - Kinderdorf International
 - Fondation Mohammed V pour la Solidarite
 - Ministere de la Culture
 - UNICEF
 - IPEC «Program International pour l'Abolition du Travail des Enfants»

Description of the Best Practice

Imzouren belongs to the enclosed northern region of Morocco, towered by the Rif mountain. It's a rural area where the people live from pastoral and agricultural activities. The weather hardships, the difficult mountain life, shortage of schools, overcrowded classes (over 40 students), conservative education and mentalities, all these have a negative impact on the children's development. Thus, the children become a labor force for their parents at a very early age, and so have to leave school, especially girls. School is viewed as luxury by parents. The lack of sustainable projects that generate employment leads to youths' unemployment and idleness, rural exodus and immigration which often has tragic consequences. The first generation of children who grew up in the Imzouren SOS Children's Village had been schooled in the local institutions. When they were old enough to be autonomous, it was evident that they were under-qualified vis-à-vis the job market.

The result was great problems in socio-professional insertion. After the establishment of this fact, the idea to fill the gaps of inadequate teaching, to improve school conditions of the new student generations, to benefit the SOS Children's Village's neighboring rural population made its way and materialized in 2001. The creation of a school aimed to expand schooling, to improve the school level of the SOS Children's Village and the surrounding community's children, to encourage girls to go to school, to promote a new educational and pedagogical concept that is adapted to local needs, to improve the students' qualification standards, to fight against child's labor and to favor the socio professional insertion of the youths. The basic strategy, which was elaborated by the multi-disciplinary pedagogical team of the Moroccan Association of SOS Children's Villages, was to build the school, to elaborate an initial and in-service training plan for the pedagogical team, teaching them the basics and the tools suited for the profile of the abandoned and deprived children, to set up a specialized accompaniment and school support program through educational workshops (computer science, drama, arts, expression and languages), to integrate a maximum number of the children from the surrounding deprived population. The search for partners for the realization of this project was instantly accepted within the team in order to ensure the funding and sustainability. The priority was to improve the educational care and the school level of the children of the area, to create support classes and to guarantee a follow-up by specialists. The City Hal of Al Houceima province offered land near Imzouren Children's Village and proceeded to its viability. SOS Kinderdorf International paid for the construction of the school. Mohamed V Foundation for Solidarity provided equipment for classes, administration and educational workshops. The Ministry of Culture provided furniture, books, audio and video materials for the library. The training of the school teachers was achieved in partnership with the Ministry of National Education. The in-service training for the workshop animators was carried out with the help of the French Institute. A training program on Human Rights has been set up and accomplished with the help of Amnesty International for the benefit of school teachers, SOS mothers, animators and children. Other in-service training programs are being prepared with UNICEF and the ILO. The problems we faced were mainly related to the mentalities of the local population. We had to convince them that it was in their own interest to send their children to school, especially the girls. We manage to overcome these problems by sensitizing the families. The innovating teaching method has been in operation since the school year 2001-2002, so we were expecting to achieve our objectives, judging by the results: 100% success at the entrance examination to Junior High School. Also the increase in the number of children going to school and the higher proportion of girls and the great demand of the populations of the remote areas are evidence of the quality of the teaching administered. Today, the qualitative

evaluation of this project puts us in perspective of a continuous development of the pedagogical methods. So we have established a system of teaching by projects. One example of such system is the “Book Fair” which aims to encourage the children to read. The pupils created the school radio and sensitized the children of the region to various issues that relate to them, one of which is the Child’s Rights. The achievement of this project with partners has made the NGO’s more credible in the eyes of local authorities and has demonstrated the advantages of partnership work, hence a greater interest in the NGO’s in the region and their integration in sustainable development projects in Al Houceima province. This way the partnership consolidation has made more efficient the emergency program which was set up by the Moroccan Association of SOS Children’s Villages during the tragic earthquake that struck the region of Imzouren in May 2003. The Association accommodated the disaster-stricken families in the SOS Village Houses. The emergency program was set up with the help of UNICEF. The children of the SOS Village were sensitized to solidarity by dispensing the food-stuffs to the victims themselves. We witnessed a behavioral change: increased motivation, self upgrading, being aware of and understanding their environment as citizens, sensitization to the social, economic and community problems, a sense of responsibility, and more duty mindedness. As to the perspectives of socio professional insertion, they carry a lot of hope. This Best Practice is diffused on the occasion of regional seminars (in the Maghreb and Western Africa) through our regional network. Besides, this Best Practice is published on the web site of the SOS Children’s Villages Morocco. We plan to pass our experience on request from the countries bordering the Mediterranean Sea that have SOS Children’s Villages. Now we are setting up a program called “SCREAM”: defense of the children’s rights through education, arts and media in partnership with the International Labor Organization (ILO). This project aims to fight against children’s labor in the region. It spreads over 2 years. The ILO promised to finance the awareness-raising campaign. The national media has brought us continuous help, particularly the TV and the daily newspaper “le Matin du Sahara”, by reproducing reports, granting us gratuitous ads and giving us interviews, thus contributing to our notoriety and to our calls for support. We are very grateful to all our partners for their long term support and commitment on our side.

Education for Peace Intensive Program (EFP-Intensive)

Place of action: Elementary and Secondary School Communities, Bosnia and Herzegovina

Submitted by: Education for Peace Institute of the Balkans
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The Partners:

- Government of Luxembourg
- Department of Education, OHR
- Swiss Agency for Development and Cooperation (SDC)
- Vectis e-Learning Solutions for Development, Inc.
- Government of Japan
- Rotary Club Switzerland
- Canadian International Development Agency (CIDA)
- United States Institute of Peace
- Non-Financial Partners of Education for Peace in Bosnia and Herzegovina
- Ministries of Education
- Federation Republic of Srpska
- Una-Sana Canton
- Posavina Canton
- Tuzla Canton
- Zenica-Doboj Canton
- Bosna-Podrinje Canton
- Central Bosnia Canton
- Herzegovina-Neretva Canton
- West Herzegovina Canton

- Sarajevo Canton
- Herzeg-Bosna
- Canton Brcko District
- Pedagogical Institutes:
- Republic of Srpska
- Bihac
- Orasje
- Tuzla
- Zenica
- Gorazde
- Travnik
- West Mostar
- East Mostar
- Ljubuski
- Sarajevo
- Livno

Description of the Best Practice

BiH Local Context

While open-armed conflict in Bosnia and Herzegovina has come to an end, animosity between the ethnic groups is far from resolved and eruptions of interethnic violence still threaten to destabilize the region. Social and economic development are hampered by widespread unemployment, poverty, crime, and corruption. Particularly traumatized by the war and its consequences are children and youth from all ethnic backgrounds who witnessed or experienced atrocities and violence. Their grief and loss are now compounded by extremely difficult living conditions. An overwhelming number of young people living in Bosnia and Herzegovina cannot even envision a future for themselves in their own country and therefore are often unwilling to stay and rebuild, despite strong family ties and a connection to their homeland. According to one survey 62% of Bosnian youth would leave the country if given the opportunity¹⁰.

¹⁰ Conducted by Prism Research. Cited in Independent Bureau for Humanitarian Issues, “Human Development Report-Bosnia and Herzegovina 2000: Youth,” p.11.

EFP-Intensive Objectives and Strategy

The EDUCATION FOR PEACE INSTITUTE OF THE BALKANS (EFP-BALKANS) is a non-profit international organization dedicated to educating and training children and youth in the skills of conflict resolution and the fundamentals of peace building. EFP-BALKANS, an agency of the International Education for Peace Institute (EFP-International), implements the EFP-Intensive program in Bosnia and Herzegovina (BiH), among other projects. EFP-Intensive is a unique community development program committed to assisting young people, along with their teachers, parents and leaders, to create a culture of peace and a culture of healing in and among participating school communities. The program provides in-depth, systematic, and sustained programs of training in the foundations of peace, democracy, interethnic understanding, human rights and gender equality. The Education for Peace-Intensive Program is developed and implemented with local experts in direct response to this local context (See section 'Pilot Project'). The program takes into consideration the psychological, social, moral, ethical and spiritual needs of children and adolescents as they face the critical challenges taking place in families, communities, and the world. The EFP-Intensive program is designed to equip young people with the knowledge and skills to create inter-ethnic harmony and a peaceful society through a worldview based on the principle of unity in diversity. To do this, the EFP Curriculum incorporates the following core concepts:

- The concept of 'Worldview'. Understanding how our worldviews influence the manner in which individuals and groups see themselves in relation to others, and how this can increase or reduce conflict as a fundamental aspect of conflict prevention.
- The dynamics of 'Unity in Diversity'. Promotion of a global identity, while fostering the integrity of each unique identity as the key to interethnic and inter-religious harmony in Bosnia and Herzegovina.
- The nature of conflict, conflict prevention and peace building. Understanding the root causes of conflict and developing the skills for peaceful conflict resolution and prevention in order to lay the foundations for peace.
- The principles and ethics of democracy. Establishment of a peaceful and prosperous society that pays high regard to the fundamental human rights of all and is democratic in both spirit and practice.
- A 'Culture of Healing'. Understanding that the traumatic consequences of war and brutality need to be addressed for both the victims and aggressors as an essential element of assisting them to create a culture of peace in their country.

These core concepts, which are at the heart of the EFP Program, transcend and unify the various subjects of standard school curriculum. As such, EFP takes a unique cross-curricular approach that sees peace education as a process of transforming worldview, rather than a separate subject in and by itself. In gaining new understandings of the roots of conflict and the reality of the human potential for peaceful existence, students (along with teachers, families, and the broader community) develop a 'peace-oriented' worldview, which is the first step towards building a culture of peace. Training seminars and mentorship equip teachers of all subjects—sciences, arts, humanities, sports and technical education—with the knowledge and skills needed to integrate the EFP principles into their daily lesson plans throughout the year. The EFP program seeks to change the very framework through which all subjects are viewed; therefore every teacher in the project schools becomes a partner in an ongoing process of curriculum development. Drawing on their own creativity and expertise, along with the assistance of the specially-trained EFP-Intensive 'on-site' faculty, teachers guide their students to connect the parameters of each subject to a larger context: the task of building a peaceful society in Bosnia and Herzegovina and, indirectly, the world. In addition to their regular evaluations, all teachers in EFP schools encourage their students to utilize the arts—drama, music, dance, storytelling, fine arts, etc.—to demonstrate their understanding of the EFP concepts in regularly held Peace Events. These student performances take place at the local, regional and national level. The EFP-Intensive program contributes fundamentally to the well being of the student through an 'inner revolution' that begins with a shift in worldview. The child begins to recognize and appreciate the core concept of unity in diversity in all areas of their life. This expanded awareness in turn enables the student to see not only the possibility but the inevitability of peace and unity among individuals, groups, and nations that embrace diversity rather than fearing or abhorring it. The student becomes inspired to work towards this positive world future; challenging his or her own previously defined paradigms and prejudices, as well as striving to apply this evaluative practice in his/her interactions with the surrounding community, society, and all of humanity. As children and youth gain such profound insights, the worldview of the surrounding community is also inevitably shifted, and enhanced support and understanding for the younger generations becomes available. In this way, the building of a pathway to peace becomes inextricably linked to the positive development of both the individual and the community in a mutually sustaining process. In the former Yugoslavia, education was mainly "transmissional", as information was transmitted from teacher to student via a one-way process. In this most basic of pedagogical styles, with its emphasis on external discipline and rule of authority, students become passive and devoid of creativity, innovation and

entrepreneurship. The EFP program takes a transformational approach to pedagogy, in which the student is viewed as an active, dynamic and valued component of the education process. This student-centered model is characterized by experiential learning, group learning, critical thinking and reflection. Training local teachers in transformational pedagogy is essential to the full realization and application of the principles and conceptual framework of the EFP program. These local teachers then become 'EFP Specialists' who serve as members of the EFP on-site faculty, guiding their fellow teachers in the ongoing process of program implementation. It is thus through transformational education that the EFP program has affected the fundamental pedagogical patterns in schools and helped to foster a new and dynamic classroom environment.

EFP Intensive Pilot Project

Sponsored in its pilot phase by a generous grant from the Grand Duchy of Luxembourg, the EFP Program was introduced into six pilot schools in BiH from September 2000. With the dramatic results observed within the first 6 months of its application, EFP-International was consequently invited by the Government of BiH to integrate EFP programs into every school in the country.

Results from the first year and a half of the pilot project showed among participants:

- Improved skills in consultative decision-making and critical thinking within a peace-oriented perspective;
- The beginnings of a "culture of healing" and the early stages of recovery from post-war trauma, as evident in the sharing of stories, in both private and public settings, about the positive qualities of other ethnic groups;
- A marked shift from authoritarian, teacher-centered modes of instruction to more interactive, transactional and student-centered modes that reflect diversity of learning styles;
- Increased in-class creativity, as evident in the local, regional and national Peace Events;
- Enhanced teacher-student interaction reflecting more active and engaging interpersonal communication;
- The formation of new and the rekindling of old friendships across formally divided communities, diffusing tension and hatred;

As part of this pilot project, the concepts of Education for Peace were introduced to the larger community through the proclamation of "Peace Month" by the mayors of each participating region, with the active involvement of other government authorities. Also, a national "Youth for Peace" conference was held in Sarajevo at which both students and teachers began to explore and actively apply the principles

of democratic decision-making, conflict resolution and leadership across all communities. It proved a unique and positive experience for all involved. Since this successful pilot project, EFP has gained wide acclaim and received significant grants from a broad spectrum of financial partners. In January 2005 the Japan International Cooperation Agency (JICA) provided the funds for implementation of the EFP-Intensive project in 4 selected primary schools. Project participants currently include approximately 2100 students, 180 teachers, 4000 parents/guardians and other community members. In addition to the participation of these school communities, relevant local and national educational authorities in BiH have already committed their full support for JICA and EFP-Balkans in this new project.

Rights of the Child

In the pursuit of its objectives, EFP promotes the realization of children's rights, as defined in the United Convention on the Rights of the Child (CRC). Specifically, a child's right to: peace, security, and protection; intellectual, emotional, social, and moral education; access to health and appropriate shelter; and participation in family and community affairs at an age-appropriate level. By providing young people in BiH with an opportunity to discuss, reflect upon, and apply their insights on the 'principles of peace' – along with their peers, families, communities and country leaders – the EFP Program enables them to play an active role in defining the future of BiH as a peaceful, inter-ethnic, prosperous and democratic society.

Program Sustainability and Transfer of Expertise

The EFP-Intensive Program is self-sustaining by its very nature, focused on local capacity building and participant ownership of the project. A fundamental prerequisite for program implementation is that participants at every level become active stakeholders; from the entire school community to pedagogical institutes, local government officials and Ministries of Education. The EFP Program is carefully designed with the full participation of the educators and experts from each community. The school staff are trained and supported in an ongoing process of mentorship by on-site EFP specialist teachers, allowing for the transfer of knowledge and expertise in a process of localized capacity building. This encourages complete ownership and sustainability of the program within the school environment. The EFP program is unique in its ability to meet the needs and requirements of each local school environment, while at the same time maintaining its universal principles and integrity. The process of consultations with stakeholders continues throughout every phase of preparation, implementation and follow-up evaluation. Furthermore, teacher training seminars and workshops, which focus on

curriculum and methodological development, provide opportunities for the sharing, transfer and development of expertise among and across ethnic and national groups.

Replication and Adaptation

The long-term objective of EFP-International is to offer peace education to any and all schools in the world. As has been stated, the EFP program is geared towards building a culture of peace and a culture of healing, especially in conditions of insecurity and conflict within families, schools and communities. Such conditions are not exclusive to areas affected by violence, terrorism, and prejudice but are also present in areas of rapid socio-economic and cultural change, along with areas burdened by the demanding and dehumanizing forces of over-commercialization. Following the five year development period of EFP within Bosnia and Herzegovina, EFP-Balkans is now poised for expanding their reach beyond BiH into countries with shared histories of conflict and similar socio-political profiles. In June 2003, Education for Peace was first introduced to community leaders within the civil sector of Cypriot society. The response was extremely positive, with plans being made for implementation of an EFP-Cyprus program by 2010. EFP is both universal and specific in nature. The core concepts of the curriculum, such as 'unity in diversity', 'worldview' and the inherent human potential for peace, transcend cultural and political borders, whilst ongoing local consultation allows for school and student specific curriculum adjustment and implementation strategy. Lesson samples developed by participating schools reflect regional and cultural specificities and are delivered in the local language or languages. Thus the EFP-Intensive model is one that naturally lends itself to adaptation and replication in many environments, not only for the Balkans but for the whole Mediterranean region, and beyond.

Partnerships

Working in cooperation with teachers, parents, community authorities, and key international institutions - such as the Organization for Security and Co-operation in Europe (OSCE), the Office of the High Representative in BiH, embassies and aid agencies - has ensured that EFP initiatives have broad support from all relevant sectors. At present EFP-Balkans has formally signed agreements from all 13 Ministries of Education and all 8 Pedagogical Institutes in BiH, along with the endorsement of the OSCE. EFP-Balkans is in the process of formalizing integration of the EFP conceptual approach and methodology at a national policy level.

Education through art for children at risk

<u>Place of action:</u>	El Marg area – Greater Cairo Egypt
<u>Submitted by:</u>	Egyptian Association for Comprehensive Development (EACD) - 9 Ibn Affan St. – Dokki – Giza, Cairo 11511, Egypt
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<u>The Partners:</u>	• Association Soeur Emmanuelle – ASMAE • World Bank – Egypt • Canadian International Development Agency

Description of the Best Practice

Prior Situation

Egypt has 1.300 random underprivileged areas from which 85 areas are situated in Greater Cairo. Random areas issue is not haphazard but is the aftermath of a society suffering from social and economical disorder leading to cultural chaos. Six million citizens live in random areas which represents approximately 60% of urban population. Unfortunate living conditions in random areas lead to lack of privacy and produce a violent society. Subsequently a significant part of children and youth living in random areas are involved in illegal activities such as drug dealing, prostitution, contraband etc... Since random areas suffer from lack of infrastructure and public services, random areas residents have growing hostile, nonchalance feelings. Statistics show that the population under 25 years old represents 40% of the total population. Therefore focusing on children problems a project is focusing on almost half the population problems. El Marg, located in North-East of Cairo is one of the random areas, semi-urban, which gathers several villages. The estimated population of the area is about one million persons. Affected by the present economic situation, the majority of the population suffers from poverty in addition to specific problems related to the characteristics of the area: lack of basic services (health, education etc.) lack of infrastructures (transportation, water and electricity

supply, sewage etc.) and a high rate of unemployment. Moreover since administratively El Marg area does not officially figure in any governorates' jurisdiction subsequently it does not benefit from any governmental developing plans. Education wise, El Marg condition is similar to what is previously mentioned. We notice the following problems:

- Need of schools: school classes' population reach 95 student per class.
- Need of school support, problem of school failure, a lot of children are quitting the school.
- Need of cultural centers for children because no places for cultural and artistic activities.
- Problem of delinquency and drug among the youth.
- Migration to El Marg area is increasing, leading to heterogeneous population. Thus causing social and cultural conflicts and triggering religious violence in a society lacking ethics.

The project reaction is to set up ethics to protect children against present cultural chaos. Through artistic activities such moral values can be easily passed to children.

Primary objectives, priorities and strategies

EACD embraces the innovative idea of education through art and implements an operational program targeting children from 9 to 14 years. This program aims to prevail children's attitude and to discover their faculties and inventive skills throughout a variety of artistic activities such as theatre play, puppet show, sports, tales, drawing, songs and poetry etc... This is achieved by training team leaders among the youth of working areas to deal with the children, ensuring the continuity of such exclusive programs and promoting initiatives of Egyptian youth to interact with the children. Appreciated by The Ministry of Education, the project is being implemented in schools during activity lessons. The project aims thinking methodology, planning and logic enhancement training in order to:

- Protect children from 9 to 14 years old by implementing actions for the benefit of children's well-being and promoting social equality and equity.
- Improve local policies and enhance awareness regarding children with local Community Development Associations and local governmental representatives: enhance their skills to deal with children at risk issue and incite to participate in related training and activities.
- Ensure continuity of activities, EACD focus on formation of local committees from local partners, as well as trained leaders both adopting children cause.

- Share and transfer knowledge and experience with other organizations.

Finally the project is to help in raising a generation having free expression and loyalty to their nation and to realize a real inclusion of children in society, fostering their participation and promoting their rights.

Objectives

- A. Prepare and train local youth leaders on the methodology of Education Through Arts program for them to be able to implement the activities by themselves.
- B. Work with children, located in El Marg area, through assorted educational and artistic activities in order to achieve protection and healthier behavior alteration.
- C. Enhance local partners' skills to enable them to execute the program in an efficient and continual manner.

Strategies / Activities

- With youth local leaders
 - Leaders' workshops.
 - Setting of leaders' selection criteria.
 - Exchange of expertise with other projects.
 - Practicing of field activities with leaders.
 - Advance training programs for leaders: awareness on children' rights, pedagogy, artistic pedagogy, follow-up and evaluation, program of education through art, theatre, puppets theatre, games, communication and dialogue, work with local communities (management of meetings...), administrative training on report writing, accountancy..., how to realize a field research and how to work and behave with the children.
- With the children
 - To agree upon the definition of children at risk and to set related criteria.
 - Selection of children participating in the project.
 - Training children using Education Through Arts methodology – educative concept through artistic activities.
 - Field activities for children and behavior study.
 - Organizing communal development projects assembling both children and leaders.
- With local associations
 - Selecting CDAs having children activities experience.
 - Training of partner CDAs for Education Through Arts methodology.

- Organizing field activities for partner CDAs.
- Organizing workshops and meetings.
- Work with the local committees: organizing discussions with local committees about the situation of the children in the area.
- Work with stakeholders: meetings with local governmental representatives with three ministries: Youth and Sport, Education, Social Affairs; media campaigns on national level about the project and the situation of the children.

Problems tackled

During the carrying out of the program of education through art, the following problems and obstacles appeared:

Problems

The parents are rejecting the idea of the program.

According to the parents this program was not useful for the children, it was a loss of time for them. Furthermore they considered activities like drawing, dance, theater... harmful for the children.

Lack of places to organize the activities

It was a real problem to find places not far from the living places of the children.

Partnership with schools

This problem is due to long procedures and routine of the governmental administration.

Solutions

Several meetings were organized for the parents to come and see the activities, to know more about the objectives of the program and its influence on the children – manners, values, behavior...

Little by little the parents understood the stakes of the program and are now involved in the organization of the activities.

To rise above this situation, we rented places in the premises of local associations or local youth clubs.

The intervention of the sub minister of education and other governmental representatives was necessary to implement the activities inside the schools and to train the teachers. Furthermore the administration contributed to the project by providing sport's equipments and furniture for the activities' rooms.

Local participation

The project aims to reinforce the abilities of local communities to become independent. For that, we decided to implicate all the persons concerned by the project (children, youth, families, local associations, local representatives...) in all the stages of the project – problems' identification, needs and priorities' definition, realization, follow-up and evaluation of the activities.

Impact and performance

The procedures of follow-up and evaluation were as followed: regular narrative and financial reports (monthly, quarterly and annually), with a regular follow-up from the persons in charge of the project. The impact and performance of the project were measured according to the following indicators. The staff measured them and all the partners and actors of the project benefited from them.

- Improvement of children's life.
- Regularity of the persons concerned by the project – children, youth, local partners...
- Participation's degree of these persons into the activities of the project.
- Capacity of these persons to create links and partnerships between the activities of the project and the life of the area.
- Capacity of the local associations to integrate new projects.
- Participation's degree of local associations to the reflection about the project and local problems of the area.
- Conception of new tools adapted to the work with the children – capacity to use and diffuse those tools.

Results

- Improvement of children's living conditions.
- New perspectives for the future of the children.
- The children are aware of their rights.
- The children have developed their potential on social and educative point of view.
- The youth leaders have confidence in themselves to set up and manage the activities and to play an important rule within their community.
- The program allowed the youth of the area, the families and the local representatives to work on the problems of the children and to find solutions to change the situation.
- A new methodology and program have been setting up – theoretically and practically – to develop and duplicate this project in el Marg area.

- The local associations adopted the idea of the project and set up new programs.
- A new generation of youth and children has been created; they are trained and ready to work for the benefits of the Society.

Lessons learned

By our follow-up and evaluation procedures, we were able to be careful of the following points to avoid and reduce the risk of problems:

- Choice of the places of the activities.
- Recruitment of qualified and motivate staff.
- Good knowledge of local communities before the beginning of any projects to facilitate the acceptance of the activities by the population.
- As soon as the establishment of the project, meetings with population, local representatives... to specify the objectives of the program, the activities and the responsibilities of each one to be clear for everybody.
- Choice of the activities, their planning and their follow-up to be adequate to the needs of the area and the local resources.
- Development of awareness activities to facilitate the contacts with the population and its participation in the activities.
- Extension of the activities to other places to be able to reach more children.

Sustainability

The project brought sustainable changes inside the local communities because the staff is coming from the area and the families are involved from the beginning in all the activities. They acquired good experience and abilities to manage and participate in the project and to assure its extension to other places. Furthermore, this project is set up and managed by qualified staff, knowing the problems and needs of the local communities and associations, and being able to find solutions. One of the objective of this project is also to create networks and partnerships among all the actors implicated in the activities

Duplication of the project

The duplication of the project has been done through:

- Direct field work with exchanges of experience, organization of field visits and testimonies from beneficiaries (children, families...) to other communities, other local associations – private or public – working in the same field.

- Network between local associations, governmental structures... engaged in the same field.
- Edition and diffusion of documentation on the project (training manual, pamphlets, videos...)

Educational support for elementary stage pupils

<u>Place of action:</u>	The old city of Nablus, Palestine
<u>Submitted by:</u>	Multipurpose Community Resource Centre NGO – Nablus/ Old City/ Habs Eddam, P.O. Box 218
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Description of the Best Practice

The old city of Nablus is the poorest area in Nablus, and the highest percentage of drop-outs is in this area because pupils quit schools in order to work and help their parents, and pupils are not doing well at school, due to the lack of persons who can help them at home. So in order to help these pupils and prevent them from dropping out, this project was designed. 400 pupils benefited, 29 volunteers and several supervisors implemented this program for 3 months. The achievements of our program were very clear on the following levels:

1. Educational level: a great development was achieved in this level of the students' degrees in basic subjects, as Arabic, English, Maths, and French. This was clear through questioners for students' teachers.
2. Economical level: this project helps in reducing the economical load of the families who cannot pay for private lessons for their children, that this project is completely free.
3. Psychological level: there was a great self steam and self confidence of the children.

4. Social level: The project helps in achieving a good relationship between the students themselves , on one side, and a good relationship between the students and the centre on the other side.
5. Entertainment level: through this level the project achieved an important element; that is reducing stress on the children through different activities.

This program was conducted in coordinating with the Ministry of Education and the community centre at An-Najah University. 16 volunteers from An-Najah University and MCRC, worked with the pupils. These volunteers have followed an intensive training program on working with children and parallel teaching methods; the training was conducted by MCRC staff and in MCRC premises. Sessions were organized in the afternoon 6 days a week. Saturday, Monday and Wednesday for 1st, 2nd and 3rd grades, Sunday, Tuesday for 4th, 5th and 6th grades. Thursday was an entertainment day for all classes. Each group of pupils consisted of 15 pupils, where two volunteers worked with each group. Main activities were:

- Learning through playing, the aim of this method is to make the pupils relax and not to repeat the atmosphere of school, this way pupils are more open and ready to cooperate with the volunteer.
- Stress reduction activities and recreational activities in order to help pupils in overcome the stress the face due to sever violence they face and live daily, this is done through different recreational activities.
- Emphasis is given to basic subjects such as science, mathematics, and English and French languages. These subjects were chosen after reviewing the points of weakness of the pupils. Teaching is based on the curriculum and external material in addition to explanatory tools.
- Number of pupils benefited from this project is 400 pupils.

Girls' Education Initiative (GEI)

Place of action: Sohag, Assiut, Menia, Bani Suef, Guiza, Fayoum and Beheira - Cairo, Egypt

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The Partners

- UN Organizations (Egyptian offices)
- UNICEF
- UNESCO
- UNDP
- UNIFEM
- UNFPA
- ILO
- World Bank
- Ministry of Education (Egypt)
- Egyptian Association for Development and Training
- Women's NGO in Assuit University for Development
- Salama Mousa Association to Serve Education and Development
- El- Shabat El- Moslemat NGO
- Woman and Society NGO
- Women NGO for Improving Health in Damanhor

Description of the Best Practice

Introduction

In Egypt a second phase of the reform mode began with the Dakar Education for All event in April of the year 2000. This represented a global renewal of commitments for all children with a special initiative for girls. A few months after the declaration of the UN Girl's Education Initiative, Egypt launched the beginnings of the Egypt girl's education movement. A conference was held in October and was attended by high-level policy makers. The conference reconfirmed Egypt's commitment to girls' education and recommended a methodology through which the millennium goals would be reached. The conference stressed the importance of quality as an important factor influencing girls going to school. Moreover, the conference recommended that a national task force be set up to lead the planning and implementation of a national girl's education initiative. A few months later the girl's education national task force was established under the aegis

of the National Council for Childhood and Motherhood (NCCM), the lead government agency for coordination. It was composed of eighteen line ministries, several NGOs and a number of other quasi-government institutions. The process promised to be as important as the expected outcomes. The structure and vision for planning was truly integrated. It encompassed and elicited the support and enthusiasm of several sectors. Girl's education was viewed in a holistic developmental framework. Schools needed to be girl friendly, but in addition girls needed to be healthy and their communities able to afford the loss of revenue when sending them to school. Another highly significant component of the process was that it in fact targeted the geographic areas where girls were mostly at risk of not being in school. With a very focused strategy that was based on a vision of equity, an amazing first time ever-participatory process was unleashed. The initial activities in this first phase consisted of a series of consultation meetings in the seven targeted governorates of Behiera, Guiza, Fayoum, Beni Sueif, Menia, Assiut, and Sohag. Families, communities, in and out of school girls, government officials at the provincial level were engaged in analyzing the situation of girls in their own governorates and districts and in developing a vision of how to reach the out of school girls and improve their learning. All the various stakeholders held hands and by the end of the consultative process created voluntary local taskforces. There were seven of them each designated to one of the selected most at risk governorates. These voluntary teams were responsible for analyzing the situation of girls' education in their geographic areas and to develop a vision for ways of solving the problem. At a later stage the voluntary local taskforces were trained, their capacity was enhanced thus empowering them to develop their own strategic plans to reach the equity and parity goals of 2007 and equality of opportunities and treatment within an environment of quality learning by 2015. The local teams produced the bases for very effective planning. Based on their initial work, which was supported by information and budget committees created to enhance their work, in March of 2002, the government earmarked a total of 157 million Egyptian pounds as part of the five-year plan allocations. This was indeed a breakthrough. The plans were consolidated, improved and finalized by a group of experts with technical assistance from UNICEF. Through a series of consultations with the key stakeholders the plans were approved and a national strategic plan was put in place. The next step was to get each of the line ministries to pledge and define in detail their contributions to the Initiative. This occurred during a high level meeting led by the First Lady of Egypt and attended by the head of cabinet (the Prime Minister) and several relevant ministries. Each presented a detailed plan of how they would support the initiative. The results were impressive. Not only were various ministries willing to subsidize the initiative in services, money and in kind, but the private sector offered to chip in too. Businessmen offered cash and some factories offered

materials. The strong commitment of the First Lady is a source of inspiration for many to come forth. The movement is being accompanied by a strong media and advocacy campaign. Moreover, the plan is sufficiently diverse and complementary in the programs it is proposing, to allow for multi-sectoral and multi-donor contributions. Each of the plans presents a range of projects and activities that cover the establishment of strong information systems, the mobilization of communities to support girl's education, the development of strong media messages and advocacy, the setting up of a total of 5119 girl friendly schools/classes over the span of the plan, the alleviation of poverty for the families in the deprived communities and the establishment of strong monitoring and evaluation mechanisms. The plans are ambitious and regard the education of girls as an entry point for sustainable development. In the poverty alleviation package there is room for school feeding, job creation, income generation and scholarships. The package targeting community mobilization aims at creating the kinds of sustainable structures on the ground that will enable these models of schooling to be major pillars of democratic governance. In the Girls' Education Initiative, sustainability and up-scaling are ensured by strongly institutionalized networks of partnerships among the government, NGOs, private sectors, local communities and volunteers. Those partnerships allow for cost-effectiveness in all stages of program implementation as they draw on all available resources in society. The most important lesson learned is the importance of building the capacity of human resources available to this Initiative by giving maximum attention to training, peer education and exchange of experiences.

Phase I: The Planning Phase (2000-2002)

Major Landmarks, activities and stages

Year 2000

- First National Conference on Girl's Education
- Adoption of Girl's Education by United Nations Development Assistance Fund UNDAF

Year 2001

- High level workshop in Aswan attended by the First Lady of Egypt on girl's education
- Workshop on girls' education in Ras Sadr
- Establishment of the UN Taskforce on girl's education
- Signature of a UN contribution agreement in support of the NCCM
- Establishment of the National Taskforce on girl's education
- Establishment of the girl's Education Secretariat at NCCM

Year 2002

- Consultation meetings held in seven governorates
- Establishment of seven Voluntary Local Taskforces
- Training of Local Taskforces on Planning
- National Taskforce meets periodically
- National advocacy meeting Headed by the First Lady of Egypt
- An information system for girl's education is established at NCCM
- Training of Local Taskforces on Action Plans
- Girl's Education Initiative is included in the National Five Year Plan as a distinct component
- The plan allocates 157 million pounds for the Initiative
- Refinement of planning and information
- Consolidating national and sub-national information systems from the various government agencies
- Broad consultations on the plans
- A pledging meeting held by the First Lady of Egypt at NCCM, attended by the Prime Minister, several Ministers and Governors
- Media and advocacy campaigns for Girl's education
- Year 2003
- Launch of the Phase II implementation stage by the First Lady of Egypt
- Preparatory coordination and implementation
- Intensive Media campaign on Girl's education

Phase II: The Implementation Phase (2003-2007)

Principles and assumptions of the Plans

- The plan promotes children's rights and fosters children's participation in society and their full and active citizenship.
- The plans were based on a participatory process wherein civil society and government officials together delineated the root causes for girls not going to school in their respective geographic areas. The root causes encompassed situations on both the demand and supply side of the educational service spanning economic, educational, cultural and social constraints. Although the constraints were mostly similar, geographic specificity was observed.
- Community participation is a cornerstone for all the phases of implementation and is a critical component of the monitoring process.
- The plans are focused on formal primary education, hence girls aged six to less than thirteen. The older age group of girls will be captured by parallel national initiatives for non-formal education.

- The selection of the most at risk governorates was based on the gender gap in enrolment rates at the primary level. The averages in each governorate served as the determining factor for the selection of districts and mother villages therein. Those districts and villages having a gender gap equal to or more than the average for the governorate are targeted.
- The current plan under the Girls Education Initiative (GEI) complements the MOE plan through the One-Classroom School and other similar initiatives.
- The implementation of the current plan is focused on the hard to reach and deprived areas, which are not easily reached by regular mainstream schools and traditional methods of service delivery. Hence the emphases is on satellite villages and hamlets (ezabs).
- The implementation of the plans is achieved through the collaboration of NGOs with a number of ministries and government agencies at both the central and local levels.
- Donor agencies and the private sector also support the implementation of the plan.
- The improvement, strengthening and consolidation of information systems is an on-going concern during the implementation of the plan.
- A strong Monitoring and Evaluation (M&E) component is controlling for both quantitative and qualitative indicators throughout the implementation of the plan.
- The plan is flexible and subject to periodic review based on the experience obtained from implementation.

Overarching Goals

1. To decrease the gender gap in basic education enrolment rates by 2007.
2. To improve the quality of education and to attain education for all by 2015.

The national level gender gap was at 3% in 2001, thus qualifying Egypt as a country which needs to maintain its high level of achievement as opposed to those countries having a gender gap of 5% or more. It is believed that the seven most at risk governorates harbor the majority of out-of school girls, which constitute the last lapse for reaching the goal. The following table reflects the gender gap in each of the governorates based on the information obtained to date:

Governorate	Gender Gap
Bani Sueif	15.7%
Assiut	14.2%
EL-Menia	13.4%
Fayoum	12.6
Sohag	11%
El-Beheira	3.2%
El-Guiza	2.5%

Objectives

The information obtained and consolidated from the various government agencies (MOE, CAPMAS, and Integrated Local Development information systems) at both national and sub-national levels has enabled the initiative to formulate a number of objectives with caution and room for flexibility and verification. The following constitute the objectives based on the baseline data obtained to date:

- To decrease the gender gap by 50% in each of the seven governorates by 2007 by reaching 179,139 out of school girls.
- To establish 5119 classes to cater for the above numbers by the end of 2007.

Programs, Projects and Critical Partners

The above objectives will be reached in the seven governorates through five programs, thirteen projects and a number of activities. The following are the five main programs:

1. Strengthening and Consolidating Information Systems
2. Public Awareness and Community Mobilization
3. Expansion in Girl-Friendly Schools
4. Poverty Alleviation
5. Monitoring and Evaluation

Program #1: Strengthening and Consolidating Information systems

Children's rights

- Children have the right to have good decisions to be made for them.

- Children have the right to help from the government if they are poor or need help in some way.

Although significant steps were made towards the consolidation of existing school based and population data in the various governorates, more efforts need to be made to ensure consistency and accuracy. Moreover the data at the hamlet level is of dubious nature and often absent altogether which warrants the need to conduct censuses at the village and surrounding hamlet levels as well as the development of school maps. The program, Strengthening and Consolidating Information Systems, is divided into the three following projects:

First Project: Capacity Building of Staff Responsible for Data Collection and Analyses

The project trained staff from the existing information centers at the governorate level and members of the local communities on data gathering, data entry and coding, data cleaning and analyses at the village level. The project provided the existing institutions with the necessary equipment.

Critical Partners

The Ministry of Local Integrated Development, MOE, Local Universities, community based teams and government information agencies at the sub-national level were all involved. The lead-implementing agency was NCCM

Second Project: School Mapping

Building on the strengths of the existing school maps produced by the General Authority for Educational Buildings (GAEB), the project will train 50-100 trainees from the existing government agencies on Geographic Information Systems (GIS). The project will also provide the local centers with the necessary equipment and software.

Critical Partners

MOE and governorate level information agencies will be involved. The lead-implementing agency will be NCCM.

Third Project: Surveys and Qualitative Studies

Through teams of trained researchers from local research institutions and universities, in depth surveys and case studies will be conducted of the local communities targeted to identify their needs in greater detail and depth. Moreover

classroom observation and school-based research will support the quality component of the initiative.

Critical Partners

Local universities and research centers will be involved. The lead-implementing agency will be NCCM.

Program # 2: Public Awareness and Community mobilization

Children's rights

- Children have the right not to be discriminated against in any way.
- Children have the right to have their rights respected and made real by the government.

The situation analyses of the local task forces indicated that families abstained from sending their girls to school due to persistent gender biases and male preference. Girls were traditionally perceived and their major role was viewed as helping with household chores at home. Educating them was viewed as a potential threat to male and parental authority, and they were married off early. In a number of cases the girls had no birth certificate and their families were uneducated and did not practice any family planning. Moreover in some communities the threat of family feuds and unsafe environments encouraged families to keep their girls at home. The above therefore required interventions that would raise the awareness of families and mobilize communities around educating their girls. The projects under this Program were therefore designed to be:

First Project: Strengthening of Local Teams and Building of Community Structures

Based on the experience of phase I, the Local Taskforces that were self-selected, as voluntary teams in the seven governorates, required some capacity building and strengthening to enable them to play a major role in community mobilization and the creation of awareness. Under this project the 17-team members, on average, were trained through team building workshops, leadership workshops and methods of community mobilization to create liaison officers/leaders at the district and village level, and education committees at the hamlet level. Moreover, to ensure community participation at all the various stages of implementation, the teams and education committees would be trained on monitoring and evaluation of the various components of the initiative as well as school management.

Critical Partners

Training centers, training experts and NGOs were involved. NCCM is the lead-implementing agency.

Second Project: Public Awareness and Documentation

This project aims to complement the above project by raising the awareness of local government leaders and policy makers on the objectives and strategies of the Initiative. This mostly relies on local and national media. For more replication, effective awareness and advocacy on the initiative, this project aims at documenting the various stages and interventions in each of the governorates, districts, villages and hamlets.

Critical Partners

The Ministry of Information will be primarily involved with the guidance of NCCM.

Program # 3: Expansion in Girl-Friendly Schools

Children's rights

- Children have the right to have an education that will help them learn about themselves, other people and their rights.
- A child has the right to be an individual.
- Children have the right to say what they think and they must be listened to.
- They have the right to get information and say what they think.
- They have the right to good health care.
- They have the right to practice their own religion and culture.
- They have the right to play.
- They have the right not to be exploited.
- They have the right to know about their rights.

According to the situation analyses in the seven Governorates, girls were not in school because the service did not exist in their remote communities and when it did exist it suffered from overcrowded classrooms and poor learning conditions. This was in addition to persistent cultural barriers and prevailing poverty. The need was therefore expressed for the establishment of a different type of schooling that would entice the girls to enroll and complete their education; hence the need for girl-friendly schools. Girl-friendly schools are multi-grade/one-classroom schools, with a maximum capacity of 36 students, based on the active learning approach

which aims at empowering girls and helping them to acquire basic life skills. The pedagogy adopted in the girl-friendly schools promotes all above mentioned rights in addition to being flexible enough to allow girls to get good education with respect to the specificity of their different social and economic backgrounds.

Critical Partners

The main implementers are the respective governorates in collaboration with NGOs and community based organizations. MOE supervises to ensure that the pedagogy and buildings meet their standards. NCCM monitors and various other partners provide support in the following manner:

- The MOE provides textbooks and teachers' salaries.
- The Ministry of Youth and the Ministry of Religious Endowment provide spaces when appropriate, available and needed.
- The Ministry of Health provides health insurance and periodic medical check ups.

Program # 4: Poverty Alleviation

Children's rights

- Children have the right to have their rights respected and made real by the government.
- They have the right to get their families supported to be allowed to provide the care and protection which children need.
- They have the right to good health care.

The analyses conducted in all seven Governorates clearly indicated that poverty was in the forefront of the constraints impeding families enrolling their girls in school. Most families were not only unwilling to carry the cost of girls going to school but they were in addition unwilling to forfeit the opportunities for livelihood the girls often had. In some instances the income a girl would bring into the family was far greater than the adult male members of the family. Moreover, most of the targeted communities suffered from unemployment and the prospects for school and college graduates were no better and in fact at times worse. Thus the need was expressed for a program that would change family conditions to allow girls greater possibilities to go to school. The program is treated with caution, as families should not feel that sending their girls to school is conditional upon receiving grants, loans and or the possibility of some form of financial benefit. Rather than focus on the families of the girls going to school, the program will focus on the broader community and aim at enlarging the opportunities for job and income generation to

the whole community. In the spirit of ensuring quality education the program also makes sure the girls are in good health and ready to learn. It attempts to do so by improving on the girls' nutrition.

First Project: School Nutrition

This project introduces school feeding to all targeted schools.

Critical Partners

The Ministry of Agriculture and MOE.

Second Project: Credit for Micro Enterprises

All families sending their girls to school will receive a loan of up to LE 500 to set up community projects that will enhance their socio-economic status, increase job opportunities, and will eventually enhance families to keep daughters in school.

Critical Partners

Donor agencies active in this field will be involved and the Social Fund for Development.

Third Project: Grants for the Poorest of the Poor

This project will provide for 10% of the poorest of the poor in deprived areas with a start-up capital of L.E. 500 for productive projects providing that the revenue will support girls going to school and completing their education with special emphases on girls with special needs.

Critical Partners

Major partners will be the Ministry of social affairs, the Ministry of religious endowment and NGOs.

Program #5: Monitoring and Evaluation

This program is the responsibility of NCCM in partnership with communities and NGOs. It monitors the work of each of the four other programs through a set of indicators that measure outputs, outcomes and impact on the project and activity levels. It requires the strengthening of the girl's education secretariat and the training of NGOs, Local Taskforces, community leaders and Education Committees.

Handcart Children

Place of action: Jerusalem, Israel

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The Partner:

- Lev Ha'Ir Community Center

Description of the Best Practice

Jerusalem is the poorest of Israel's ten largest cities, and its Arab sector is one of the poorest population segments. While statistics for the entire city show that more than 40% of all residents and over 50% of all children live under the poverty line, municipal officials estimate that more than 55% of the Arab sector lives under the poverty line, as do 70% of all Arab children in Jerusalem. As work for Arab family heads is low-paying, and Arab families tend to be large (averaging more than 4 children per family, compared with about 2 in non-ultra-Orthodox Jewish families), the children must go to work to help cover the most basic necessities. Years of poverty with no end in sight made school seem like a waste of time for both the boys and their families. For years, Jerusalem's central Mahane Yehuda market has been a source of easy employment for these children. An older brother brings his younger siblings, friends, etc. Work is difficult, taking merchandise from one place to another with handcarts or carrying heavy shopping baskets in exchange for tips. Relations with employers and shoppers are often strained, especially during times of political tension. But wages are relatively high, and the bottom line is what counts for the boys and their families. It is estimated today that there are approximately 100 "Handcart Children", in the Mahane Yehuda market. However, without adult supervision in town, these children are prone to a variety of negative influences – drugs, alcohol, crime, and more – that can lead to serious problems. The Handcart Children program, initiated in 1998 by the Lev Ha'Ir Community Centre and the Jerusalem Foundation, aims to address the educational, psychological and labor rights of these children, involving them in a positive

structured framework while enabling them to continue to help their families. Its ultimate goal is to return them to regular school or vocational training, which will lead to a better life than continued the manual labor in the market. The following goals, objectives and strategies have been designed by the program partners:

Goals

- Respect and advance the rights of the children
- Raise the educational level of the children
- Raise awareness of the phenomenon among: merchants, institutions, shoppers
- Strengthen the relationship between Jews and Arabs in the market

Objectives

- Complement children's formal and informal educational frameworks
- Treat the children within the framework of their families and deepen their awareness of the importance of education and social mobility
- Examine and address children's individual problems
- Prevent exploitation among merchants and shoppers
- Determine needs and problems in children's homes and refer them to the proper treatment frameworks
- Reach 80% of Handcart Children in market
- Have 50% of registered children participate regularly
- Return 15% of regular participants to school or vocational study
- Expand scope of programming

Strategies

The program works with the boys, their families, and local organizations: For the Boys. Keeping in touch with studying, letting them just have fun. In order to keep their minds active, the community centre holds Hebrew Arabic lessons by a trained teacher on Sundays, when business is light in the market. Enrichment activities, games, sports, and more are also offered, to let the boys, for a brief respite, have fun like children. The social worker holds individual discussions with the boys at the community centre once a week, and discussions at the "Handcart Club" twice a week in the market. Once a year the boys go on a two-day trip to the north of the country, something they would never have had the opportunity to experience otherwise. For the Families. Treating the boy through his family. The boys' presence in the market is often a symptom of many different factors stemming from their home environment. Much of the difficult work is helping the families realize the advantages of encouraging the boys to return to structured

frameworks. Toward this end the social worker visits one family per week, in an effort to understand the specific instances of each boy and the environment in which he lives. The social worker is also in close contact with the families by telephone. Together they explore solutions that will be acceptable and fruitful for all. Local Participation. The continued operation of the program is dependent on a broad base of cooperation with relevant organizations and agencies:

- Cooperation with authorities. The program walks a fine line among all authorities. Under 16, most of the children should be in school, but many have dropped out. Although many are minors, the Ministry of Labor and Social Affairs and police realize that if they arrested them and sent them home, these children's circumstances are so dire they would show up again the next day anyway. In order to work toward the best possible situation for these boys, the program's social worker is in contact with all of the various authorities on a regular basis, including: the police, municipal welfare offices, schools where the boys had studied (and to where he hopes to return them). The social worker also works with the merchants association, to prevent exploitation of the children.
- Local Steering Committee. The program is overseen by a steering committee consisting of representatives of the market's merchant's association, the Lev Ha'Ir Community Center, the police and security forces, and social workers from Jerusalem, and supervised by the Jerusalem Foundation Projects Department.

Problems and how they've been overcome

1. Suspicion and mistrust are significant obstacles that must be overcome on the part of the boys as well as their families. Growing up and living in a downtrodden environment, the program, and even its Arab social worker, are initially perceived to represent the dominant establishment, which many of the boys and their families have grown to resent. The Arab social worker approaches each boy gradually and individually, encouraging him to come to activities, to open himself up. The social worker visits each of the families regularly, slowly coming to fully understand each and every situation, in an attempt to come up with a solution acceptable to all.
2. Attitude regarding education. Many of the boys and their families do not believe that 12 years of education will be of any particular use in their reality, and fear that no matter what they do they will end up working in the market. When the families are struggling to feed themselves, education gets a lower priority. In addition, many of the boys' have had negative experiences in the education

system, significantly lowering their incentive to go back to school. The school system and its teaching methods in east Jerusalem tend to be very traditional: Those who cause problems or do not conform are punished severely. As the social worker slowly gains the trust of the boys and their families, and as the boys begin to participate in activities, they begin to become more accepting of the value of education. Among school principals, the social worker's constant contact helps to warm relations slightly to allow children who wish to return to school to do so.

3. The place of work in the boys' lives. Because of the severe economic distress in the boys' homes, they must work and cannot spend too much time away from the market. Therefore, activities at the community centre take place on Sundays, when business is slowest in the market. Activities on other days take place in the market, so the boys don't have to be away from their stations for very long.

To what extent objectives have been realized

As reported by the Lev Ha'Ir Community Centre, the program's has to a large extent been able to: address issues of the children's educational, psychological and labor rights; provide complementary treatment within the formal and informal educational networks with which the children are affiliated; treat the children within the framework of their families and deepen their awareness of the importance of education and social mobility. Through his individual meetings with the boys and their families, the social worker has succeeded in examining the children's individual and family issues and referred several to further treatment. According to the community center's year-end reports from 2002-2004, of the approximately 100 children working in the market, 70 are registered in the program, 10 less than the optimal 80%. Some 30 children participate regularly, with a solid core of 15 weekly participants; this is slightly less than the set objective (50% - 35 – of the registered children as regular participants). In recent years the program has been coming closer to its objective to return 15% of the regular participants to school or vocational study - in the program's first years, only 2-3 children returned to school. In 2003 and 2004, 5 boys returned to school each year (17%). In the past two years the program's objective of expanding the program's scope has also been realized - In 2003 a two-day trip to the north of the country was added. A trip was taken in 2004 as well. The program is also working with the Market's merchants association to prevent exploitation of the boys among merchants and shoppers.

Impact and Performance

According to the program's social worker, that the boys come to the community centre to do what boys their age should be doing – a little studying, a little sports, a few enrichment activities – is a phenomenal accomplishment given their everyday reality. For the boys it is a huge emotional boost as well: Before, it was the children against the world. Now, someone is on their side and cares about them and their families. They get a break from the grueling market life, and they get to have fun in a trip, just like other kids their age. The social worker views each and every child a world unto himself, and each one he succeeds in returning to school is a important success. Thus far, there have been 20 such successes. Among the merchants, the community centre reports an improved awareness of children's rights. There is also better coordination among the market merchants association, and law and security enforcement agencies.

Replicated / adapted elsewhere and what we'd do differently

The community centre reports that the merchants association from the Carmel Market in Tel Aviv have shown interest in replicating the program. Further steps have yet to be taken.

I want to go to school, too!

Place of action: Subotica, Valjevo, Bujanovac - Serbia and Montenegro

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The Partners

- Kulturni Centar Roma Subotica
- Omladinski Forum za Edukaciju Roma
- Centar za mlade

Description of the Best Practice

Background Situation

Within Serbia there are several ethnic minority groups and amongst them one of the biggest groups are the Roma. The Roma suffer from discrimination, lack of access to essential services and housing, neglect of their human rights and a lack of education and ultimately limited access to regular paid employment. One area of Children's Rights that has been neglected is the right to access to education. In Serbia it is compulsory for all children over the age of seven to be enrolled in and attending school. Unfortunately the level of Roma children enrolled in elementary schools at the appropriate time to commence school in September stands at about 75 percent. This figure could be lower as this only represents the number of known and registered Roma children and does not include Roma children who do not have a birth certificate or are not registered by the local municipality. For those Roma children who are enrolled late, they are placed into separate classes and deemed to need special education. This stigmatizes children from a young age, leaves them at a disadvantage with their same age peers and for many of them increases the level of drop-out of school without any academic certificates.

Primary Objectives

The primary objectives of the project were to increase the number of Roma children enrolled in elementary school on time and to raise the public's awareness of the assistance that could be provided to families to enroll their children.

Priorities

The priorities were Roma children aged six to seven years old living in Bujanovac, Subotica and Valjevo since these three strategically placed towns (the northernmost municipality, western/central and the southernmost municipality in Serbia) would provide indicative data for the whole of Serbia and the problems that Roma families face in regard to enrolling their children in school on time.

Strategies

The primary strategy was to run a public awareness campaign to raise the awareness of families and communities of the importance of enrolling a child in school at the appropriate time and to visit Roma families to provide them with information and encourage and support the families to enroll their child into school. In order to accomplish this Pomoc Deci worked in partnership with three local education departments in their municipalities and three local Roma NGOs as well as with the Central Department for primary education at the Ministry of Education

and Sports of the Republic of Serbia. The project worked to strengthen the relationships between the municipalities, the schools, local Roma NGOs and Roma NGOs in different districts within Serbia and with the centre. Pomoc Deci, a local Serbian NGO, had developed a working relationship with OFER in Bujanovac through the implementation of a previous project on the child trafficking prevention in South Serbia. This project had been successfully implemented and one of the requests from the local Roma NGOs and young Roma people was that they were willing and wished to work with Pomoc Deci on future projects to improve the wellbeing of Roma families. Also, Pomoc Deci had developed a working relationship with Roma Youth Centre in Valjevo through the implementation of a previous project on the reasons for the early dropout of Roma children from school in Western Serbia. Pomoc Deci in collaboration with OFER in Bujanovac, Roma Youth Centre in Valjevo and Roma Cultural Centre in Subotica (that had had a working relationship with OFER through the previous joint work on the National Roma strategy in Serbia) developed the project idea of how they could increase the numbers of Roma children enrolling in school on time. The three Roma NGOs designed and agreed on the text that was to appear on the posters to promote the enrolment campaign. The same poster in both Roma and Serbian languages was used in all three districts.

Problems

The initial problem was the delay in signing the agreements between SDC and Pomoc Deci and this delayed the commencement of the project. Despite this the public awareness campaign, posters placed in the local areas, at schools and public places and the media campaign on the television, radio and newspapers attracted a lot of attention and was successful. Another unexpected problem was that in Bujanovac the Director of the elementary school, closed the school for two months through July and August, (this had not happened before and therefore was not a planned procedure) and this affected the ability of families to enroll their children. In agreement with the donor, local elementary school authorities and the local Roma partner, short extension in time for Bujanovac was provided to enroll the children and they were not penalized for late enrolment by being placed in a separate class, but with their age peers.

Local Participation

‘I Want to Go to School Too’ was initiated, developed and implemented by the local Roma NGOs within the three districts of Subotica, Valjevo and Bujanovac in collaboration with Pomoc Deci. The Roma NGOs are managed, staffed and placed within communities of Roma families and children. They have both personal and

external experience and knowledge of the situations faced daily by Roma families living in Serbia. The respective school directors, the school psychologists and pedagogues were contacted and informed about the campaign and worked in partnership with the local Roma NGOs and enabled the families to enroll their children. The school psychologists undertook the assessment of all the children prior to their enrolment to ensure that they were able to attend mainstream education. The Youth Centre, the local partner in Valjevo, established closer cooperation with the local Ministry of Education Department and very good relationships with the school psychologists who offered regular updates and data on the Roma children aged between 6 and 8 years old that they had on the list of possible enrolments. Within the three municipalities, a media campaign was organized simultaneously to the poster campaign. The media campaign ran during the months of June, July and August 2004. Some newspapers notably in Subotica provided reduced advertisement rates for the campaign. In Bujanovac the media representatives were extremely helpful and in addition to including the paid advertisements they invited representatives from OFER, the local Roma partner in Bujanovac, to appear on their information programs, so the message and the call for parents to enroll their children into school was encouraged and promoted even more frequently than originally envisaged. The pedagogue from the only Serbian language primary school in Bujanovac was motivated to join in and became part of the enrolment campaign. Outside the targeted areas, due to the nationally publicized campaign, even unexpected assistance was provided by various transport companies who assisted in distribution of the printed material to the targeted areas free of charge.

Impact and Performance

The number of Roma children enrolled in the three districts of Valjevo, Subotica and Bujanovac was increased, to 85.2, 87 and 80 percent respectively. Although this was slightly less than initially projected it demonstrated that an intensive publicity and awareness raising campaign plus visits to individual families can and does improve the enrolment rate of Roma children to elementary school. In Valjevo the relationships between the Ministry of Education and the Roma Youth Centre, the local Roma NGO has been strengthened, permitting future collaboration on Roma and education issues. In Subotica the Roma Cultural Centre provided direct assistance to 65 Roma children and their parents so that they could obtain the required documents to enroll their children in the elementary school. These children who have obtained their birth certificates and are now legally registered within Serbia can access other essential services like health and social assistance, (where applicable), which will be an added benefit to them and their families. In Valjevo 11.1 percent of the children assessed by the school psychologist failed the

psycho-social test and could not be enrolled in the elementary school, but were referred to the special needs school. Although this was not an envisaged impact of the project, it highlighted the additional need these particular children had for some specialized schooling and assistance. Some parents who were visited refused to enroll their children into school preferring to rely on the knowledge and experience of the elders within their families. Although schooling is mandatory for children from seven years of age, nothing is done by the local or central governments to encourage or enforce parents to send their children to school. This is a factor that needs to be changed for the welfare and rights of the children. The impact was measured in all three targeted municipalities counting the number of children enrolled. Prior to the beginning of the project, some figures were available from the municipality authorities since the local administration units send the lists of children to the elementary schools in April. The schools inform the parents of the children on the lists that their children should be enrolled, or have the option to wait for another year. In the case of Roma families, only those families who had registered their children can get such a reminder from the schools since, there is no record of the unregistered children. One indicator was the number of Roma children from the school lists that were enrolled. The other indicator was statistics on the average number of the Roma children enrolled in the previous years. The school pedagogues and psychologists provided every assistance in terms of collecting all the data and passing on to the local Roma NGOs. The analyses of the final data was performed jointly by the local Roma NGOs and Pomoc deci.

Lessons Learned

The most important lesson learned is that if Roma families are provided with information about the need to register and enroll their children into school by a particular date that they can and do respond to this. Therefore it is fair to say that more Roma children would be enrolled in school if their families and parents had easy access to information about the process. All three partner Roma NGOs were in agreement that the publicity campaign needs to happen yearly and needs to be for a much longer period and to start in March. This would allow for more families to be visited, encouraged and supported to gain the essential documents for their children and to go through the enrolment process. In addition if schools were then closed for a month or two during the summer this would also not have such a detrimental affect on the number of children enrolled. To ensure the Roma children enrolled this year continue to remain at school they should be regularly monitored by the school. Just enrolling children is not going to ensure that all the children remain and attend regularly, ongoing encouragement and support maybe needed for some families. As previously mentioned one area of intervention that is required from central and local government is the enforcement of parents to enroll and send their

children to school regularly. If this is not done then the number of Roma children not attending or dropping out of school is going to remain proportionately higher than that of Serbian children. This will therefore result in a larger number of Roma adults being unemployed and unable to provide adequately for themselves or their families and remaining on the borders of mainstream society. Another recommendation was that alongside the enrolment campaign, preschool classes should be offered specifically for Roma children so that they can receive some lessons in Serbian language, which many of them do not speak or understand which also adversely affects them when they begin school. Attendance at preschool classes would also promote the habit of regular schooling and associating with peers and learning. This project initially benefited from the survey on the reasons behind the early dropout of the Roma children from elementary school that had been done in Western Serbia a year prior to this initiative. Some of the reasons stated in that survey helped formulate this initiative as a media campaign and as practical technical assistance instead of various workshops and other usually used methods. For the next year, this initiative is planned to be repeated by the same partners and potentially spread to cover more municipalities in the respective regions (subject to financial situation). One of the measures to be taken is the analyses of the performance and results shown by the children enrolled last year and to compare them to the performance and the results of the children not covered by the project to see how much public attention to them provides additional motivation or affects them adversely in regard to their performance in school.

I'dad Center, and entry point for education of special need child

<u>Place of action:</u>	Mechref, Chouf, Lebanon
<u>Submitted by:</u>	Friends of the Disabled Association - Mechref, Couf - P.O. Box 14/6688, Beirut, Lebanon
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Description of the Best Practice

The I'dad Center is a home within a school. It is a special school catering to the unique needs of every learner from pre-school and on. The school is an interdisciplinary community of class room teachers, special educators, vocational trainers, psychologist, therapists (speech pathologists, occupational therapists, physio-therapists), parents and community professionals to help the child with special needs reach his/her full potentials.

Vision

FDA envisions that five years from now it can be a participative organization in the enhancement of academic growth of all learners where families and its members work together in bringing these children to join regular schools in both the public and private schools.

Mission

The people in charge of the I'dad Center and the members of the Friends of the Disabled Association work hand in hand with other national and international NGO's, other schools and with the parents, to realize its mission, inspired by Rudult Steiner's values: "Man is not a being who stands still, he is a being in the process of becoming. The more he enables himself to become, the more he fulfils his true mission". Its primary mission is to:

- Find the individual learning needs of the child with special needs, and identify the style of learning that lets the unique natural intelligence glow.
- Implement a well balanced curriculum to develop skills and attitude, geared toward domestic living, community functioning, recreation/leisure, prevocational and vocational training leading to inclusive education and living.
- Develop the student's positive self-values and wide range of life skills, through diagnostic, prescriptive, therapeutic educational program that will enable him/her to be fully contributing and responsible person.
- Prepare parents to become partners in the learning process of their child through training programs.
- Provide support to parents to help them in areas of the proper care and education of their child, advocacy, crisis intervention and referrals.

The set up and goals.

In Lebanon, children with special needs particularly those who have cognitive delays need other entry points for learning other than that available in the traditional schools. The traditional education fails to address individual differences among children. At I'dad Center, the developed multidisciplinary approach allows children to develop and learn to use their strengths and abilities to compensate for their weaknesses. Every child is given a chance to be a successful learner.

The I'dad Center in Mechref includes the following major sections:

- Class rooms
- Special Therapy Clinics and First Aid Clin
- Vocational Training workshops
- Professional sheltered work place
- Early Intervention Unit: home based and center based services to family and child
- Residential accommodations (mainly for students whose families live far from the center)
- Auditorium and workshop rooms for Staff Training Programs

Target Groups

The programs and services are provided to the following groups:

- Toddlers, children, and adults with learning disability, physical disability, cerebral palsy, mental retardation, autism, attention deficit behavior disorder, brain damage, and multiple handicaps.
- Parents, family members, and individuals working with these children and/or students working towards their degree in Special Education, and community professionals.

Goals and Objectives

The services and programs offered at I'dad Center are tailored to contribute to the development of children and youth with developmental disabilities to their fullest potential to reach independence and to foster integration into society at large.

The major services and programs include the development of the following:

- Language and communication – receptive and expressive language
- Motor skills – fine and gross motor
- Cognitive skills – literacy and math skills
- Socio-emotional skills

- Attention and work skills and behavior management
- Concept acquisition
- Sharpen child's area of strength in line with his/her intelligence being linguistic, logical mathematical, mathematics, spatial, naturalist, musical, interpersonal and intrapersonal

Institutional Framework

FDA is the leading agency for the operation of I'dad Center's programs and services and has the overall responsibility. The co-operating agencies are as follows:

- The Ministry of Social Affairs (through GDSA) sponsors part of the revolving cost of a number of enrolled students.
- The Ministry of Social Affairs (through National Council for the Disabled) advocates for the rights of the disabled and is responsible for the related legislations. FDA has been nominated to represent the parents' organizations in Lebanon at this council.
- The Ministry of Health (through the DGOH) sponsors part of the revolving cost of special therapists.
- Members of other NGO's, community business owners, members of traditional schools and professionals in education, provide various types of assistance such as financial, expertise, logistic, emotional, and other resources.

Lessons Learned

Provision of services and programs to special need children, especially the intellectually disabled persons, is a very costly issue. To realize the pre-set developmental programs for each child, a greater number of staff and of various professions are needed, some of these children require 1:1 teacher and therapists. We have learned that schools for special needs cannot accommodate in one location more than 100 persons, if it is otherwise, such schools become just a “placement” institution. We have learned that contributing voluntary work in similar NGOs is not something to take lightly. It entails very hard work and huge responsibility. The pattern of work that is followed by FDA at I'dad Center is very much similar to when we established the first school, a homely atmosphere where a child is relaxed and feels he/she is important.

Improving mental, physical, and social well being of Palestinian refugees and NGOs working among Palestinians in Lebanon

Place of action: 10 camps of Palestinian Refugees and their surrounding area. Tripoli, Beqaa, Beirut, Sidon, and Tyre regions.

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The Partners:

- Broederlijk Delen
- Brot Fur Die Welt
- CAFOD
- CCFD
- Christian Aid
- EPER
- Novib
- WCRWC

Description of the Best Practice

Project Goal

The overall aim of Najdeh's Domestic Violence project is to contribute to improved mental, physical, and social well being of Palestinian refugees and NGOs working among Palestinians in Lebanon. The specific purpose of the project is to reduce domestic violence among Palestinian refugees in Lebanon.

Project Objectives

To reduce domestic violence by:

1. Increased utilization of social and psychological counseling services and appropriate referrals for legal aid and medical treatment – as recommended by a

professional counselor – by reported, documented or suspected domestic violence survivors among Palestinian refugees in Lebanon.

2. Increased capacities and skills– in Lebanon- of Palestinian refugee women as well as relevant national and international organizations to address domestic violence through research, policy development and programming.

To reduce the risk of beneficiaries to abuse or exploitation by humanitarian workers by:

3. Providing training to Najdeh staff in the principles of the Code of Conduct and in their responsibilities to uphold the Code of Conduct.
4. Establishing reporting pathways and investigative procedures in the event that the Code of Conduct has been breached.
5. Providing widespread community education to beneficiaries about their rights Vis a Vis the Code of Conduct and about methods for reporting any incident of abuse or exploitation committed by a humanitarian worker.
6. Educating local, national, and international partners about Najdeh's Code of Conduct.

Project Strategies

Counseling services

During the period of 2001-2003, Najdeh has piloted counseling services in five regions in Lebanon allowing refugees in 10 camps (See Annex 1 for map) access to domestic violence counseling; and a total of nine thousand women have access to trained domestic violence counselors. In fact, establishing counseling services is a difficult and sensitive component of the project. Najdeh is going forward carefully in establishing these services in order to avoid exposing women to increased risk of violence or social isolation. At present, 139 domestic violence cases and high-risk clients are actively referred to counseling services. Eight domestic violence cases received legal aid, and three survivors were referred for psychological counselors. Meanwhile, organizations working with Palestinian refugees in these camps are now referring women to Najdeh counseling services. In the next year of the project, Najdeh proposes to continue its IEC and service provision in the existing regions in order to heighten community awareness of the availability of services and increase the numbers of women utilizing those services. Najdeh will also continue its relationship-building with referral agencies and institutions, in order to facilitate survivors' access to legal aid, medical treatment and income-generation programs.

Expansion beyond Najdeh

In its Domestic Violence project, Najdeh collaborates with local, regional and international organizations such as the Lebanese Council to Resist Violence against Women. Najdeh also participates in AISHA, the Palestinian Women's Regional Research, Training and Advocacy Program funded and coordinated through the World University Service in the United Kingdom. Throughout the domestic violence project, Najdeh has received technical assistance on project monitoring and evaluation from representatives of Columbia University's Heilbrunn Department of Population and Family Health and the Women's Commission for Refugee Women and Children. In this last year of the project, Najdeh has used its research and service provision data to highlight the issue of domestic violence among its national and international partners. As a result, UNRWA, UNICEF, and NPA have articulated a desire to support activities related to the provision of services to survivors and to community education among all partners. In the next year of the project, Najdeh proposes to continue its education of national and international partners to further develop a comprehensive, coordinated, and multi-sectoral approach to addressing domestic violence among the beneficiary population.

Training of staff members on the Code of Conduct.

In 2004, Najdeh has begun the preliminary process of implementing a Code of Conduct for its staff. Selected staff members have received training on the implementation of the Code of Conduct. In fact, no humanitarian organizations working in the five regions have implemented Codes of Conduct. In the next year of the project, Najdeh proposes to educate its entire staff about the requirements of the Code of Conduct, through training of existing staff and integration of the Code of Conduct into all recruitment and hiring procedures for new staff. Also, Najdeh proposes to provide education workshops to representatives of relevant humanitarian organizations in Najdeh's implementation of its Code of Conduct and the implications of that Code of Conduct for all humanitarian workers.

Provide widespread community education to beneficiaries regarding the Code of Conduct

In the next year, Najdeh proposes to produce posters and other IEC materials that alert beneficiaries to their basic rights to be free from abuse and exploitation, and to educate them about methods for confidentially reporting any alleged incidents of abuse or exploitation.

Establishing reporting pathways and investigative procedures

Najdeh has data collection system (see the attached survey). No reporting pathways or investigative procedures currently exist in any of the humanitarian organizations with whom Najdeh collaborates. In the next year of the project, Najdeh proposes to develop a standard reporting pathway, including the identification of focal points throughout the agency, and develop standard procedures for investigating any reports of breaches of the Code of Conduct by Najdeh staff or by staff of other humanitarian organizations. In addition, case studies will be publicized and distributed in Media and to local, regional, and international NGOs.

Advocacy for the project

Najdeh has established communication with local NGOs in Lebanon to prepare for its cooperation on its domestic violence project, including the counseling services, legal and psychological assistance. During the period of September 2003 – August 2004, Najdeh's social workers participated in many workshops that aimed at the project's advocacy.

- Workshop on Preparing Activities and Lobbying Campaigns was conducted, organized in coordination with World University Service in the United Kingdom and the other regional Palestinian women's NGOs.
- Najdeh has coordinated three workshops to UNRWA's beneficiaries in three of UNRWA's women's activities centers. In addition, eight common workshops between Najdeh and UNRWA's beneficiaries were conducted. Materials development included a brochure and poster to promulgate information about Najdeh's domestic violence project.
- Najdeh will resume its advocacy on the project, by expansion the number of local and International NGOs working among Palestinians in Lebanon to address Domestic Violence Project.

Project Outputs**Project Activities****Domestic Violence:**

Approximately 9,000 women in 10 refugee camps in Lebanon and surrounding areas have access to trained domestic violence counselors. 150 domestic violence cases and high-risk clients actively referred to counseling services.	Conduct information, education and communication campaigns on existence of services.
50 domestic violence cases referred for legal, psychological, and medical assistance.	Maintain and increase referral network by engaging with referral sources and following-up on outcomes of referrals.
Advocacy campaign implemented to promulgate social policies to prevent and manage domestic violence. 10 local Awareness-raising presentations to beneficiaries.	Implement an outreach campaign to men and women in 10 refugee camps. Identify specific advocacy campaign messages, conduct campaigns and evaluate results.
Five-workshops to recruit male participants. 80 men actively participate in Najdeh's domestic violence program.	Recruit and train 80 men to provide IEC regarding domestic violence within the target communities
5 Workshops to Local, regional and International NGOs, to address domestic violence Programs in the region.	5 Local workshops with NGOs, Identify conferences, submit abstracts and develop presentations.
Code of Conduct:	
Five-day training workshop for 10 of Najdeh's staff in Code of Conduct (TOT)	Five trainings workshops held for all staff (75) in all the camps (1 workshop / camp) on Code of Conduct
Reporting pathway and investigative procedures developed and implemented	In collaboration with Najdeh's Board of Directors and senior management, reporting pathways, including identification of focal points, and investigative procedures formalized and introduced into human resource policy
Number of community workshops and IEC materials educating community about Code of Conduct and process for reporting an alleged breach	Conduct 10 community education workshops among beneficiaries in 10 camps and promote IEC through posters on the rights of beneficiaries in all Najdeh offices
Number of local, national, and international organizations who participate in Najdeh workshops on Code of Conduct	Conduct 5 training for relevant local, national, and international humanitarian partners in the rationale and implementation of Najdeh's Code of Conduct

Additional Information

Backgroun

Palestinian Refugee Camps in Lebanon:

Lebanon has 387,043 Palestinian refugees living in 12 camps and 11 gatherings since 1948; of those 10.79% are social hardship cases. Restrictions imposed on Palestinians by the Lebanese government adversely affect their daily lives. Around 40% of Palestinians in Lebanon are unemployed (UNRWA' 92) because Palestinians are prohibited from practicing more than 70 professions. In addition, most of the Palestinian families are unable to secure regular income, and with much difficulty gained access to only intermittent employment. Unemployment is especially high for women. A comprehensive survey on 1,501 Palestinian refugee women in Lebanon revealed that only 6.4% of interviewed women were working on regular basis. Besides, UNRWA's services has been in steady decline since Oslo agreement, in 1993, due to budgetary deficit. Moreover, NGOs working with the Palestinian community in Lebanon are also enduring financial difficulties. This has affected both the quality and quantity of services available to the refugees. Legal status: Najdeh is registered with the Interior Ministry as a Lebanese social organization with headquarters in Beirut. Founded in 1977, it consists of a General Assembly that elects an Administrative Bureau, which in turn assigns the members of the Executive Board, on the basis of their specialized skills. Goal and Mandate of AN: Najdeh works in and around the Palestinian refugee camps in Lebanon. Najdeh's core aim is to empower women, the most disadvantaged element of the refugee community, with the tools necessary to have a participatory role in their community.

Ongoing major activities

Its programs run through its 26 centers and directly focus on women, including: vocational training, literacy instruction, scholastic tutorials and English language classes. In addition, Najdeh offers social support by providing educational scholarships and health care assistance for the women and their families. Najdeh's Al Badia embroidery project generates income for more than 140 women. Najdeh's income generation project in Tyre provides small business loans to foster women's economic self-sufficiency. Besides their own development, women need to be reassured that their children or younger siblings are in good hands. This is the purpose of Najdeh's pre-school education centers. Summer activities for the youth are also on the agenda. Community awareness-raising activities, targeting both women and men, are offered simultaneously with related programs.

National TV-project for youth “Healthy Starts”

Place of action: Chisinau, Republic of Moldova - village Krasnokamenka, Yalta, Crimea, Ukraine

Submitted by: NGO «Clipa Siderala»

Contact Person: Jdanov Salavat

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The Partners:

- UNICEF Moldova
- “Teleradio-Moldova” Company

Description of the Best Practice

National TV-project for youth “Healthy Starts” is sportive-educational TV-show for children and teenagers.

Aims

- Promoting healthy life style
- Forming of the interpersonal and international communication

Successes achieved:

- TV-show permitted to join active sport trainings, becoming the only completely realized project, alternative for negative occurrences among children and teenagers.
- Organization of the sport clubs and sections in the villages, performing sportive-educational games propagating healthy life style.
- Holding internal regional and general republican sportive festivals with thematic creative, sportive competitions relating to the forming of the healthy life style (for example: yearly Festival of Friendship, Creativity and Sports with participation of the orphans from orphanages of the Republic of Moldova, organized by the NGO “Clipa Siderala”)

- Thematic issues of the TV-show broadcasted reachable and right information about:
- possible health risks (including HIV/AIDS; diseases transmitted in sexual intercourse; drugs, alcohol using; smoking)
- relationship between boys and girls
- personal hygiene
- healthy nutrition
- reproductive health
- Democracy of the TV-show
- participation in the TV-show supposes absence of any special sportive knowledge or sportive training
- participation independently of the nationality or spoken language, which permitted participation of children from the left bank of the Dniester - Transdnistria, the problematic zone of the Republic of Moldova.
- participation both in a team or independently
- one more way of participation – “Letters” – competitions of drawings, poems written by children, answering quizzes on the topic of healthy life style.
- Finalists of the competitions and the winner of the rubric “Letters” got possibility to go to the Children Health-Improving Center “SPARTA” in Crimea, Ukraine, to improve immune system; to meet, get acquainted, make friendship with the children from other countries (Ukraine, Russia, Romania, Germany, Italy, Canada).
- Team-work gave possibility to children to apply skills of common work, communication, conflict solving, collaboration, etc.
- For the 4 years of existing, TV-show helped to prepare many volunteers and gave them possibility to show and develop their creativity skills.

National TV-project for youth “Healthy Starts”

The idea of this project belongs to the NGO “Clipa Siderala”. The project itself was completed with the financial support of UNICEF and showed on the TV-channel M1 of company “Teleradio-Moldova”. The project has also been supported by the Ministry of Education of the Republic of Moldova, National Olympic Committee of the Republic of Moldova, Department of the Youth and Sport of the Republic of Moldova, local departments of Education and local departments of the Youth and Sport.

Duration of the TV-show:

30 minutes

Broadcasting:

Sundays, at 10.30 AM on the channel M1,
Republic of Moldova repetition – on Wednesdays

TV-show has been filming and broadcasting for 4 years: from 1996 to 1999, and in 2003. It had a great popularity in the Republic of Moldova. Filming was held in different places (gymnasiums, swimming-pools, on the open air) with use of bright decoration and requisite. 32 issues of the TV-show were broadcasted in 2003 from March 31st to November 2nd. Participants of the age from 13 to 15 years old were representing 53 settlements – villages and cities of all regions of the Republic of Moldova, and of other countries (Ukraine, Russia, Romania, Germany, Italy, Canada). In comparison with the previous years, number of applications for participation increased. Totally in the TV-show participated:

- 54 team of 5 children (3 boys and 2 girls) – 270 children
- 89 individual participants
- More than 3,000 supporters and fans
- More than 200,000 spectators watched TV-show on TV (among them 48% watched it regularly)

Competitions included:

- Relay-races
- Games on creativity
- Active games

Topics included in the TV-show as the way to communicate with spectators and give them correct information:

- Preventive measures of HIV/AIDS and infection diseases.
- Preventive measures of using drugs.
- Preventive measures of smoking.
- Preventive measures of consuming alcohol.
- Relationship between boys and girls.
- Personal hygiene.
- Healthy nutrition.
- Health-care Centers for Youth and their contact information.
- Informational Centers and their contact information.

Social and educational reports were transmitted by:

- Games, sportive competitions.
- Interviews with participants, supporters and fans.
- Reports from the Health-care Centers.

- Competitions in the rubric “Letters”, which included competitions of drawings, poems written by children, answering quizzes on the topic of healthy life style.
- Informational posters, wall sheets, placards, panels.
- Informational materials manufactured by other NGOs, which work in the domain of health care.

Winners of each TV-show issue and winners in the rubric “Letters” were rewarded with memorable prizes, but finalists of the whole cycle of competitions and the winner of the rubric “Letters” got possibility to go to the Children Health-Improving Center “SPARTA” in Crimea, Ukraine, to improve immune system; to meet, get acquainted, make friendship with the children from other countries (Ukraine, Russia, Romania, Germany, Italy, Canada). The project was hold up due to the changes in the governing body of the “Teleradio-Moldova” Company, despite the fact that the project had a big social importance, which was confirmed by experts of national and international level.

School Integration of children with Autism

Place of action: Lycée Abdel Kader – Hariri Foundation, Beirut – Lebanon

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The Partners

- Lycée Abdel Kader Hariri Foundation
- Ministry of Social Affairs

Description of the Best Practice

Purposes

Based on the children's rights "every child has a right to an education", the School Integration project of children with Autism was conceived. The aim of this project is to offer an ordinary educational environment for children with autism, in order to help them achieve social integration in their adult lives. This project also aims at raising awareness of the general public on matters pertaining to Autism namely early diagnosis and intervention and advocacy for the rights of children with special needs in general and autistic children in particular. Usually children with autism are not mentally deficient but due to their communication problems and their disability to express themselves they are often placed in institutions with other children with very high mental handicaps. This educational and social environment makes it harder on these children to progress. For the past four years, the Lebanese Autism Society (L.A.S.) has been involved with programs and activities addressing the needs of children with autism in Lebanon. This was possible through a modular approach that emphasized advocacy, awareness and intervention programs. Within this context, the Lebanese Autism Society has particularly focused on the initiation and implementation of a school integration project aiming primarily at providing autistic children with meaningful educational activities within the "least restrictive environment", in view of preparing them for successful functioning within society. The School Integration project of children with Autism was based on similar projects done in the United States and on which studies showed that school integration is very beneficial to children with autism. Since the right of every child is to have an education, the primary objective of this project was offering an ordinary school environment for these children, where the role models would be their classmates: ordinary children. Therefore in November 2000, the Lebanese Autism Society with the partnership of the Lycée Abdel Kader – Hariri Foundation, started this pioneer project with only three children in a special classroom inside the premises of the school. These children benefited from a special program tailored for the needs of each one of them. Staff members for this first year consisted of: a special educator – teacher's assistant – psychomotor therapist – psychologist – speech therapist. Their program consisted of "one to one" interventions, group work and social integration during sports and recreation in the school. For that first year school fees were covered by the parents of these children and from fund raising events by the Lebanese Autism Society. In view of the successful results obtained, experiences gained and overwhelming needs, the Lebanese Autism Society in collaboration with the Lycée Abdel Kader – Hariri Foundation, expanded this project and established an additional special classroom during the academic year of 2001-2002, thus benefiting six additional children and adolescents characterized

with autism disorder. In that second year the Ministry of Social Affairs had a contract with the Lebanese Autism Society offering to cover a part of the school fees of each of the Lebanese children enrolled in this project (for details please refer to the table). The other part of the fees was covered by parents and fund raising events by the Lebanese Autism Society. By the beginning of the school year 2002-2003, a new classroom was added for psychomotor and speech therapy. The demands for enrolling children with autism in the Lycée Abdel Kader School Integration project was very high but due to the lack of classrooms available only 6 new children were accepted that year, all of them where aged between 3 and 5 years old. Thus there were 12 children that year enrolled in two classrooms each according to their age and needs. In the school year 2003-2004 the Classes for Children with Autism (CCA) at the “Lycée Abdel Kader” school had 13 children enrolled in two classrooms:

- Cocoon which has 6 children aged between 3 and 6 years old
- Butterfly which has 6 children aged between 7 and 15 years old
- One child (6 years old) was fully integrated in the “Lycée Abdel Kader” school in Grande Section b

These children benefit from academic and social integration each according to his capacity and needs. Also the Butterfly Classroom children benefit from vocational training programs throughout the year.

The number of employees was 13 that year:

- 1 consultant, 1 coordinator, 2 special educators
- 2 teacher’s assistants
- 1 one to one educator
- 2 integration educators
- 1 psychomotor therapist
- 1 speech therapist.

This year the project is still running with 13 children, two of which are now fully integrated in the Lycée Abdel Kader School. As mentioned above, the Lycée Abdel Kader – Hariri Foundation has offered free of charge, three classrooms and the access of the ordinary classrooms during school integration periods for partially integrated students, thus saving on the Lebanese Autism Society an amount of 5000 USD per year for rent. The Lebanese Autism Society needs 4500 US\$ to cover the expenses and fees of all the professionals but only charges the parents an amount of 2500 US\$. An amount is paid by the Ministry of Social Affairs (refer to table). The

rest of the money is collected during a major fund raising event: Marathon Day for Awareness on Autism. In May 2004, the Lebanese Autism Society carried on a nationwide campaign for awareness on autism, through media (shows on TV and radio, mainly with Zaven on Future TV), distribution of brochures in schools and universities, PowerPoint projection on autism in schools and universities, invitation to all children with autism in Lebanon to spend the day at the Discovery Planet, Regional Arab 2-day conference with the partnership of UNESCO office of education in Beirut and the "Marathon day 2004". This event had a great impact on parents and professionals all over the world and more than 50 cases of autism were revealed during that week. Also, the conference which was held at the UNESCO Palace and the UNESCO Office (Bir Hassan) was attended by parents and professionals from all over the Arab countries (Lebanon, Palestine, Syria, Jordan, Egypt, Tunis, Algeria, Morocco, Kuwait, KSA and Emirates). During the conference there were two committees formed:

1. National Autism Committee which is lead by LAS and includes 6 Institutions and NGO's working with autism. This committee meets once a month to collaborate together in order to assure better environment for children with autism. Also the committee will organize a workshop in February 2005 for information and methods exchange between all institutions.

2. Arab Autism Committee and a membership with Gulf Autism Union.

It is strongly believed that the activities implemented by Lebanese Autism Society have contributed significantly in responding to the existing needs in Lebanon. However, in view of the limited national resources, the social burden relating to the hundreds of children with autistic disorders in Lebanon continues to be overwhelming. This is highly evident as the Lebanese Autism Society is constantly approached by an ever-increasing number of parents seeking the enrollment of their autistic children in their projects and activities.

The number of individuals with autism in Lebanon is estimated to be around 1500 persons including 750 children. Programs addressing the needs of children with autism in Lebanon remain limited in scope and number at the governmental and non-governmental levels. Moreover, such programs when they exist are not easily accessible in terms of financial cost and/or geographical location. As such, a great number of children with autistic disorders are confined to stay at home with no opportunity for education or adequate social integration, which increases the risks of social burden on these children, their families and the society. Inclusion of individuals with special needs in the society is very beneficial for interdependence and independence. It also supports civil rights and equity. Inclusion should start at an early age, in schools and day care centers. The LAS is a part of the Inclusion

Network which supports school integration programs in mainstream schools in all regions of Lebanon. Finally our little experience with the school integration project has showed us that not only autistic children have benefited from this but also ordinary school children who are now more tolerate of children with special needs.

Schools of Peace in Europe

Place of action: Italy, Germany, France, Belgium, Spain, Portugal
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The Partners

- Verein Menschen in der Stadt
- Viva Africa ASBL
- Association Cultura Solidaritat y Pau – Comunitat de Sant'Egidio

Description of the Best Practice

A short description of the situation prior the project's beginning

As wealth grew across Europe, also the situation of children improved, however the number of families living below the poverty threshold is increasing. Though the number of minors has decreased over the last decade and the under 18 population represents 21,2% of the E.U. population, the number of families below the poverty threshold has increased. In all the countries of the continent the incidence of the risk of poverty grows exponentially, wherever the number of minors per family increases and in mono-parental families. The growth of general wealth then does not seem to affect many marginalized families, which, on the contrary, increase, and their difficulties likewise. The crisis of the family and the breakdown of family bonds affect a growing number of minors. We also mark the emergence of new youth discomforts close to the traditional ones. There is the challenge rising from

integrating immigrant children and gipsy children. Their presence becomes more and more meaningful year by year and it will require a suitable range of solutions in order to foster their integration and contrast marginalization and hardships. In 2002 the children coming from developing countries represented 2,8% of the minors in Italy, 10,5% in Germany, 7% in Belgium, 2,9% in Spain, 2,2% in Portugal. European societies face the challenge of creating societies where respect for diversity meets with integration and sharing the basic values any individual expresses, especially children.

Description of the project and priorities

The Schools of Peace are afternoon centers, completely free, where the volunteers of the Community of Sant'Egidio coordinate activities with a clear objective: proposing an educational model open to everyone, welcoming towards the weak, capable of overcoming barriers and discriminations. The Community of Sant'Egidio works in favor of disadvantaged children and teenagers, from Europe, from developing countries or belonging to nomadic groups. In 6 European countries (Italy, Germany, Belgium, France, Spain and Portugal) its work includes activities involving educational help and socialization. They take place in 70 centers, located in the outskirts of 31 cities in these E.U. countries. Here volunteers have an appointment twice a week with 2,300 primary school children and 1,200 secondary school teenagers. Children and teenagers coming from extremely disadvantaged environments are involved in activities aimed at promoting the consciousness of the value of peace, non-violence, tolerance, respect for the weak, as well as supporting them at school. The Schools of Peace are characterized by a personal and direct involvement of all children, where they become the protagonists who promote the initiatives; by bonds made of love and affection, which help the children overcome their day-to-day difficulties; by the promotion of the value of culture, in order to make access to higher education possible. The Schools of Peace promote the right to be full and active citizens by promoting equality, integration, by enhancing the value of cultural and religious differences, by training young people in the awareness of children's rights and their violation, to fight against any form of anti-Semitism and xenophobia. The ordinary activities of the Schools of Peace consist in meeting primary school and secondary school children twice a week.

Sensitization on the fundamental rights of the individual and the child

Classes of sensitization and training take place every six months for all students in the 360 primary and lower secondary schools involved in the project, reaching a total 106,000 minors. The minors of the Schools of Peace are the promoters of these campaigns of sensitization on children's rights and their violation throughout the

world, and their campaigning involves children of primary and secondary level schools. During the year, furthermore, young people are involved in torchlight processions to remember the tragedy of the deportation of Jewish citizens from the European cities towards the extermination camps. They promote campaigns of sensitization on these issues in the secondary schools of their cities. In addition, they promote campaigns of sensitization and collections of signatures for the abolition of the death penalty in retentionist countries. The climax of this work of sensitization are the “Days for Life” on November 30th, with rallies in many cities and the participation of large numbers of young people.

Sensitization takes place using the following instruments:

- The relationships of members of the School of Peace;
- Videos projections;
- Slide shows;
- Creating photographic exhibitions and showing them to all the students;
- Assemblies with young people from developing countries, who personally and directly explain the difficulties young people necessarily face in their countries;
- A procession to remember the deportation of the Jews during World War II;
- A torchlight procession on the world day against the death penalty on November 30th

The method

The method experimented by the Community of Sant’Egidio is highly innovative. Its focus is the integration of minors in difficulty with others of the same age with positive family experiences through school remedial activities, playing, entertainment, all activities that help to overcome distances and bridge the gap there was at the beginning. This method is founded on the principle that every child has the right to the same opportunities, and education plays a crucial role in building a more equal society, where every person is offered the instruments to fulfill one’s own personality and integration is attained between the society’s different components. The activities of the Community of Sant’Egidio in favor of minors represent a unique experience in the range of activities supporting children in Europe. They are indeed a proposal of education and socialization which does not tackle only single childhood problems, rather they address a number of issues that are often banned from childhood addressed activities due to their complexity. The working methodology of the Community of Sant’Egidio is absolutely intercultural: on one side it involves cultures in extremely diverse European contexts, through “local” operators who translate the different initiatives into their own context,

according to their own working methodology and the direst needs of their own cities. Furthermore, in every city, this method involves minors of different social and cultural origins, increasing the value of the contribution each of them brings and stimulating the research and development of one's own character. Every year the Community of Sant'Egidio promotes a campaign of sensitization in favor of a specific childhood right. Involving disadvantaged children in campaigning and spreading these ideas represents a very effective manner to educate young generations of European countries, but it is also an effective means for marginalized young people to recover their dignity and value. Awareness of children's rights increases, starting from those very children who enjoy those rights exceedingly sparingly. Children develop the awareness of being positive protagonists by learning the stories of young people of their same age that they adopt during the formational path. This causes progressive changes in the attitudes and behaviors of these children, decreasing their degree of aggressiveness, eliminating any violent attitude towards children belonging to minority groups and all deviant attitudes.

Problems faced, unresolved problems

The problem of integrating minors coming from extremely different cultural worlds was resolved very positively with powerful ties to adults, who mediated conflicts and helped the children to appreciate the value of difference and mutual understanding. Involving the children in activities of sensitization on childhood rights at a world level was identified as a very effective instrument to get the children interested in studying, to promote their self-esteem and trust in their own potentials. The fact that teachers and classmates acknowledged the enhanced value of their potential also contributed. School support and recovery were the object of great attention, by screening the minors' school attendance, by preventing school abandonment and reinserting minors who abandoned school. For the older children this work has an even greater value, since it prevents the risk of deviation and supports them in seeking stable employment. One problem that was only partially solved was helping minors to enter higher education: this represents a novelty that has led to good results in the case of European minors and immigrants, while it is still an exception, certainly encouraging, in the case of gipsy minors.

Goals fulfilled

1. Accompanying a positive integration of the minors and bridging their access to higher education studies;
2. Favoring the minors' knowledge of the inequalities and problems of the world, where there are chances to improve other people's conditions of life;

3. Growing a generation open to the world, to the knowledge of different cultures, and respectful of others;
4. Creating a positive and familiar environment of association among people of the same age, where children and young people are encouraged and helped to create an open group, capable of welcoming and not marginalizing people who are more disadvantaged;
5. Building a personalized support, targeted according to the minor's needs (sanitary aid, support to the family for complex administrative procedures and documents, seeking for employment, providing clothes and food packages...);
6. Realizing informational campaigns on issues such as war, hunger, racism, the gap between the north and the south of the world, environmental issues in primary and secondary level schools where the young people belonging to the Schools of Peace are the actual promoters.

Lessons learned, sustainability

The method of the Community of Sant'Egidio has been experimented with success for years and it has revealed a huge capability to fit in different contexts with different forms of poverty. This includes the affluent cities of north-western Europe, characterized by high immigration rates connected to difficulties of insertion in the social tissue, and less wealthy contexts, such as Portugal or southern Italy, where foreigners are fewer and poverty is more "traditional", marked by school dispersion and the risk of deviation for minors coming from the most disadvantaged social contexts.

SOS-Hermann Gmeiner Social CentEr/The Open space compartment

Place of action: Sarajevo, Bosnia and Herzegovina

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The Partners:

- NARKO-NE
- UMCOR (United Methodist Committee on Relief)
- Public heating company
- Water Supplies and Sewage
- Municipality Novi grad Sarajevo
- Ministry for Refugees and Social Policy

Description of the Best Practice

The work of SOS-SC and Open Space is based on UN Convention on Rights of Child especially on articles 13, 31 and 15 and local legislative.

In that means, the main objectives of Open Space are:

- To provide safe and supportive environment for children to express and further develop their creativity and build capacities essential for their growth into socially, physically and emotionally well developed and stable adults.
- To increase parental and community involvement in the work of SOS-SC.
- To educate children in children's and human rights preparing them for later active citizenship through various activities and discussions, in cooperation with other organizations from the field.

The SOS-Hermann Gmeiner Social Centre Sarajevo is one of five SOS-Kinderdorf International facilities in Bosnia and Herzegovina. Basically the aim of 190 SOS-Social Centers in the world is to help families in particular women and children to gradually escape from poverty and to become young people to gradually become self-reliant. Having in mind that Bosnia and Herzegovina is a post war transition country, in which state structures and other duty bearers are still not able to implement all human and children's rights, it is easy to understand the significance of SOS-SC in Sarajevo, which serves the community and is opened to all children and youth interested in our work, including disabled children. SOS-SC Sarajevo was opened in 2000 in order to meet needs of huge population of vulnerable children in Sarajevo after the war. It is situated in Sarajevo's (the capital) poorest neighborhood called Alipasino Polje, with huge number of children and youth living in poor and vulnerable families, excluded from all social activities that could make some benefit to them. The Poverty and struggle for better life influence families in terms that they don't put issues of education and future perspective of their children on top of their priorities. School and child protection system is

unfortunately not adequate for embracing and giving more to children than just basic health and education. That is why the SOS-SC in its work faces sometime wide and severe problems and issues with children. Trauma in children, grieving and loss, children aggressiveness, juvenile delinquency, ethnic polarization, child neglect, non-motivating school environment etc. were challenging issues for us, but at the same time we saw our chance to help the community which doesn't have capacity to address these issues. SOS-SC has a range of long-term goals in the community, which we have been trying to sustain. Those are:

- Additional support and opportunity for children and youth to meet their psychological needs.
- Conflict resolution facility (common activities of the children and youth from all religious groups, promoting cooperation).
- Help in overcoming prejudices, regarding inclusion of children with special needs into our regular activities, prejudices regarding religious and national history.
- Preventative work with children and youth related to trauma, alcohol and drug abuse, conflicts, education, therapy through workshops and other activities.

In SOS-SC, there are 16 different activities in average taking place in the SOS-SC building (of 1068 m² space). Regular activities of SOS-SC are: computer and foreign language courses (English, German, French), silk-screen painting, pottery, acting, break-dance and aerobics for youth, dance and ballet for children and Playroom for small children. Playroom is background of Prevention of abandonment project, the aim of which is to support children coming from disrupted families, single-parents families, unemployed parents and other vulnerable categories. Beside, last year we started with another project in the SOS-SC, the "Super-bus", which is strictly based on children's rights to play (article 31 in UN CRC) regardless the gender, age, race or religious diversity. We regret lack of space to explain this new project, which is, for sure our another candidate for Best Practice in close future. All activities are conducted by educated teachers and other expert staff, divided into three teams: educational, creative and Open Space team. There are 18 staff members full time employed. Depending on the need additional number of staff is employed. Average number of part-timers is 10 per month. Total number of beneficiaries in the SOS-SC last year was (on average) 2452 direct participants + 1850 visitors. In the Open Space there was about 1900 beneficiaries on average in 2004, or 158,33 per month.

The Open space

Open Space is the most frequent compartment of SOS-SC. We named it “Open space” while considering the needs of children and youth from our neighborhood. We knew that they needed a place where they could and would go and feel there accepted, protected and entertained; a place where they could spend their spare time gladly – a place which they will love and cherish. The main purpose of the Open space is to give children from neighborhood and the city well organized space with wide range of free activities, individual or mutual, for education and use of their leisure time in a quality way. Physically, the Open space is comprised of two rooms, organized for various activities (80 m² totally). The first room is for more dynamic activities, such as social games, or “games without frontiers”, whilst the other one implies activities of a more “serious” character, such as reading, counseling, interactive discussions, workshops, movie screenings. For some other activities, other rooms of the SOS-SC are used, including the playground during summer time. The Open space team leads and creates all activities of the Open Space. The Open space team is comprised of employees with various social-science professional orientations (psychological, pedagogical and welfare personnel), which is an important asset. Diligent assistants from Bosnia and Herzegovina or abroad present a significant additional help to the team by joining it occasionally. The Open space team is available for children and youth ages 7-19 every workday from 11 a.m. to 6 p.m., as well as on Saturdays from 10 a.m. to 5,30 p.m. All work of the Open Space is based on articles 13, 15 and 31 of the UN Convention of the Rights of Child, giving all children, especially vulnerable ones, the opportunity to freely and equally participate in leisure and cultural activities, to learn through play and to be stronger and more self-reliant respectively. The activities are carried out according to the yearly plan and schedule, which is public and variable; as all other activities in The SOS-HGSC, the Open Space activities are free of any charge for its beneficiaries. The only fee recommended (not compulsory) as a membership fee is the book each child brings at first to Open space.

Regular Open space activities include:

- Reading room, library and homework help (reading books, available at or outside of The SOSHGSC, writing stories and poetry, discussions, writing homework and learning...)
- Literary corner (developing interest and affection towards reading, enhancing oral and written expression)
- “Open window” (playing games, listening to music, talking to each other, decorating the rooms...)
- Parent’s corner (individual or group discussions, advisory/ counseling workshops)

- Doing homework (helped by our pedagogues)

The special offer in Open space includes:

- Interactive discussions about children's rights
- Sports competitions
- "Games without frontiers"
- Excursions
- Cinema, theatre, museum, gallery and concerts visits
- Disco for kids
- Movie screenings
- Quiz and knowledge contests
- Educative and creative workshops and individual and group counseling (special accent given to addiction prevention to both narcotics and other substances, AIDS prevention, sexuality education)
- Surveys of needs of children and youth (carrying out half-yearly statistical research of young people's need on samples of no less than 100 people)

Probably, it wouldn't be so important if SOS-SC was not situated in a grey and faceless suburb, an area with no green spaces, no sport grounds or playgrounds, not even a cinema, a district where standing on the street corner used to be the main occupation for the teenagers there. In that way the SOS-SC and its Open space department is the one big exception, and become attractive for children and youth.

There are 40-50 children in average per day in the Open space, but during the winter break in schools that number is increasing up to 80-100. During the winter break we have a kind of "special offer" for them e.g. additional workshops, where they can make pottery, sport tournaments, organized one-day trip to some other places in the country etc. Even at summer time, our doors are open to all beneficiaries. From the very beginning, the SOS-SC has been a source of young talents. A total of sixteen young talents have met strict standards of admission set by the renown Academy of Art in Sarajevo and now are studying there thanks to the early support they received in their SOS-SC and Open space Department. There are many more successive examples of our beneficiaries.

Partners

The Open space has developed cooperation with other SOS facilities, primary and secondary schools, as well as governmental and non-governmental organizations. Our main partners are mostly non-governmental, denominational, welfare organizations such as:

- XY Coalition for prevention of AIDS

- UMCOR (United Methodist Committee on Relief)
- NARKO-NE Coalition for prevention of drug abuse
- NBV Sweden
- Sarajevo Canton Ministry of Social Welfare
- Sarajevo Film Festival, National Theatre, Youth Theatre, Meeting Point Cinema
- Municipality Novi Grad Sarajevo
- Andre Malraux French Cultural Center
- Bosnia Handball and Basketball Clubs
- Bosnia Chess Club
- CCPA-Open fun football schools NORVEY
- “Children of Sarajevo”
- Third Way

Above mentioned organizations and institutions are just some of our partners we cooperated with so far. But, generally talking our work is well recognized in our town, country and wider and the fact is that SOS won an international “Konrad Hilton” Award in 2002 as the best humanitarian organization worldwide, after people from Konrad Hilton Award paid a visit to SOS-Social Centre Sarajevo. Another acknowledgment of our work has come recently from the Swedish Institute and Swedish Embassy in Sarajevo, that choose SOS-SC as a place for international exhibition dedicated to famous children’s writer and defender of children’s rights Astrid Lindgren and her character Pippi Longstocking. The exhibition took place in Moscow and Belgrade prior to Sarajevo. Exhibition and following seminars and workshops are going to take place in March 2005 and are going to be organized in cooperation with the State Council for Children as well. We are convinced that our work gives an important contribution to the community of Sarajevo by offering education and orientation to children and youth based on long term work.

Special Photography: Special Needs Children Find a Voice through Photography

Place of action: Musrara School of Photography, Jerusalem Israel

Submitted by: The Jerusalem Foundation, NGO - 11 Rivka St., P.O.
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The Partner:

- Musrara School of Photography, Media

Description of the Best Practice

There are 3,350 children and youth ages 5 – 21 with special needs who study in some 30 special education frameworks in Jerusalem. They come from all walks of life – east and west Jerusalem, Jewish, Arab, religious, ultra-orthodox, secular. They all have numerous problems that place them in special education frameworks – from learning disabilities and behavior problems to Down’s syndrome and mental retardation. The individual special education schools offer a wide variety of paramedical treatments to meet the needs of these young people. Physical, occupational, speech and movement therapy are part of the schools’ regular schedule. In line with current research that encourages a wide range of creative therapies, the schools are always looking for new methods to spur the children’s development. The “Special Photography” program at the Musrara School of Photography, Media and New Music is an innovative means to facilitate development among children with special needs. Catering to their special physical, cognitive and emotional needs, the workshops augment the children’s gross and fine motor skills, develop their ability to express themselves, and open up a world of possibilities. The program was developed ten years ago by Mr. Avi Sabbagh, Director and Founder of the School of Photography, together with professionals in special education. The program is part of the school’s overall philosophy, which is committed to strengthening the connection between artistic creation and society and community through many joint endeavors. The School of Photography believes that these projects in general, and the program for youth with special needs in particular, greatly contribute to both the growth of the students as well to the growth of the children. This concern for the community, together with a rigorous curriculum, have catapulted the school from a handful of students at its establishment in 1986 to one of the most highly regarded and active higher institutions of art and photography in Israel today. The Special Photography program has the following goals and objectives:

Goals

- Improve skills and abilities of people with disabilities

- Enable children with disabilities to enjoy activities like others their age
- Cultivate disabled children's ability to express themselves
- Create a CAN DO attitude among populations with special needs

Objectives

- Two hundred children in special education frameworks will learn basic and advanced techniques of photography
- Operate therapeutic photography workshops for 15 groups of children with special needs
- Children with special needs will improve the social and interpersonal skills
- Children will assimilate principles of discipline, responsibility for equipment and how to work through a procedure
- Children's cognitive and motor development will be improved as a result of the photography workshops

Strategies

The workshops meet weekly for 1 ½ -hour sessions throughout the school year. The pupils study a range of subjects relating to both the artistic as well as the technical aspects of the art, including:

- Lessons in the studio
- Establishing a costume studio
- Outdoor photography
- Using digital cameras
- Using the lab, learning to develop their own black and white pictures

Program counselors take the children to areas that surround the School – downtown Jerusalem, the Old City, and more, to teach them how to look for subjects among their surroundings. Many take to carrying their cameras around at all times, even outside the framework of the workshops, waiting for that “perfect” moment. At the end of the program a selection of pupils' works are organized into a special final exhibition that is displayed at the School of Photography. The children also receive cameras as gifts. Workshops are kept small – up to 10 children per group – to ensure that each receives the necessary individual attention and treatment. Program counselors are all professional artists, with experience working with these populations, and all bring their passions to the workshops. For example, Rafi Wollach, a Musrara graduate, concentrates more on digital photography and video, whereas Ofer Blank, another Musrara graduate, focuses on collages in his classes. Dorit Goldstein, with a B.A. in Cinema Studies from Tel Aviv University and a

masters degree in integrating arts into education from Lesley College, often incorporates music into her workshops.

Problems faced and how overcome

1. Behavioral problems. Many of the participants had behavioral disorders that interrupted the operation of the weekly workshops. A second staff member was added to each group, which enabled the groups to operate more smoothly.
2. Language. Two of the participating schools are from the Arab sector, and their students knew no Hebrew. An Arab teacher was then added to the workshops to serve as translator.
3. Adaptation of equipment. Some of the existing equipment at the School of Photography was not suitable for children with special needs. Special equipment was therefore purchased to fit the needs of the workshop participants.

To what extent Objectives were realized

Objectives for the program were more than realized. Two hundred youth, from 'only' 13 different frameworks participated in 2004 (details attached). The teachers report that all were able to learn both the technical sides of photography as well as the discipline and responsibility necessary to follow the work through all its steps. In fact, the program coordinator reported that, while it takes regular photography students a year or more to find their personal style, these children did it in two-three months. School principals report a marked increase in their students' self-esteem and overall social and educational development. The principal of a school for mentally retarded youth noted that children who had barely communicated with others were making attempts, first in their lives, to speak and communicate with others after participating in the course.

Impact and performance

1. Expanding scope. The program has grown from bringing students from one school to participate in the program to hosting groups from 13 different frameworks. Programs have also sprung up in two suburbs outside Jerusalem. The school started with only special education schools, and today includes classes from integration classes, which incorporate special education students into regular education frameworks.
2. Impact on Participants. The program allows participants to break through their shell through the camera lens. Often these children's handicaps limited their ability to express themselves – to 'regular' family members, to neighbors, to people they encountered on the street – which led to behavioral, emotional,

communication and other problems. Through the camera the children learned how to express their thoughts, how to convey ideas, and to bring others into their world. This new ability infused them with new self-confidence and self-esteem, which resulted in advancements in school as well as in relationships with family members and their surroundings. In addition, participants learned discipline, responsibility for equipment, how to patiently work through a procedure, and the satisfaction of accomplishment. Furthermore, the skills that are gained open the window to later vocational opportunities.

3. **Impact on Families.** Families, especially from the Arab sector, had often tried to hide their ‘different’ children. The children felt this embarrassment and usually stayed in the background – at meals, around the house, and at family events. The workshops brought the children into the forefront: instead of being the wallflower they became the family photographers, central figures at every family occasion. Instead of trying to hide their special needs children families became proud of the children’s photographic accomplishments. This acceptance could be seen at the final exhibition, when many Arab families – brothers and sisters as well as parents – came out in support of these children with special needs.
4. **Impact on Professionals.** The field of photo-therapy is gaining momentum in the field of special education, and the program is contributing its part. In September 2004, as part of the opening of the “Special Photography” exhibition, the School of Photography also held an in-service day for professionals in special education, “Integrating Photography into Special Education”.
5. **Impact on Public.** The publicity generated by the exhibition and photo catalogue have worked to change public attitudes towards populations with special needs to become more accepting and tolerant. In recent years the exhibition has gained well-deserved attention from several newspapers, Israel’s Channel 1 (main public channel), and cable channel 6, the Children’s Channel.

Replicated / Adapted

In addition to expanding its scope in Jerusalem, branches of the program have also begun to operate in Beit Shemesh and Ma’ale Adumim, two suburbs of Jerusalem. In the future the school wishes to continue this development, both within Jerusalem and the surrounding area.

The Arts Olympiad

Place of action: The Mediterranean Region and 80 countries

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The Partners:

- Carpe Diem Association
- Ministry of Science, Education and Sports
- Children's Culture Center Belgrade
- D-Atelier - Art gallery
- Ministry of Education

Description of the Best Practice

ICAF's Arts Olympiads aim to fill a need through art that is difficult for Mediterranean parents and teachers to accomplish with more traditional methods. The instinctive capacity for creativity and imagination found in young people has often been denied or suppressed in their schooling across the Mediterranean region because teachers do not have the support systems to nurture creativity. E. Paul Torrance, an eminent educational psychologist, has, since the 1960s, warned about the "fourth grade slump" in the creativity of children. Researchers agree that this trend of diminishing creativity is a phenomenon that prevails across cultures and income groups, and is therefore external to any particular teaching method or administration. Currently, lack of cultural- and arts-based education in Mediterranean schools and administration of traditional art education in many schools hinder the freedom of creative expression by children and the creative process. And, weak global education in a global era is minimizing their potential as future leaders. Regional absence of educational programs that encourage widespread creativity of children and develop future leaders based on mutual respect, inter- and cross-cultural understanding and broadened perspectives feeds into uncertainty for the future and discourages rationalistic or unbiased worldviews.

Since its launch in 1997, ICAF's practice is unparalleled in its extend of focus on both the mind of 8-12 year old children as well as their physical well-being. It is spearheading a creativity and global youth leadership movement in the Mediterranean region in this millennium, transforming a virtually non-existing or low-grade interest in creativity from educational rhetoric into a reality. Through Arts Olympiads, ICAF helps local and global communities as well as businesses and governments address the creativity and cooperation challenges.

ICAF's Best Practice: Arts Olympiad

Arts Olympiad is the world's largest and most popular arts initiative for children. Launched every four years, the practice commences with free lesson plans that lead to school art competitions on a core universal theme. Local, national and regional celebrations and exhibitions lead to the world festival traditionally held on the National Mall in Washington, DC.

Primary Objectives, Priorities and Strategies

Arts Olympiad's salient objectives are to:

- Nurture children's creativity and instill leadership skills;
- Combine the empathy invoked by art with the team spirit instilled by sport to stimulate creative thinking as children make the connection between body and mind, and realize they can achieve anything life;
- Foster inter- and cross-cultural, inter-religious empathy and cooperative coexistence in the region and around the world; and
- Involve more boys in the art.

Current short-term priorities further strengthening the practice and its impact in the region are to:

- increase Arts Olympiad's geographic outreach in the region by involving 6 more Mediterranean countries in Third Arts Olympiad (2005-2008).
- expand partnership network across the region to promote and organize the practice in rural and urban schools in respective countries.
- deepen demographic inclusion to impact children of all cultural diversity, religions and nationalities.
- increase multi-sector advocacy to improve awareness of children's needs
- secure adequate funding in the region to retain practice's proactive approach

As priorities are identified by ICAF's executive board and under advisement of the executive director and relevant honorary board members, effective strategies are formulated as joint efforts between the executive and advisory boards and involvement of the organization's senior staff. Strategies are formulated and evaluated on the basis of potentiality to yield the desired results and the extent of impact. Several strategies have impact that overlap in more than one area.

Salient strategies to meet above priorities are to:

- expand global strategic partnership network to other significant international institutions (i.e. UNESCO), ministries in more countries, and selected prominent experts and educators to serve as International Program Partners, Educational Partners or Media Partners.
- replicate 5 regional festivals based on ICAF model and organized by [country] program partners in 2005-2007.
- add major cultural and sport events as international venues for Third Arts Olympiad traveling exhibitions in 2008.
- continue discussion with official Olympic Games and the Beijing Organizing Committee for the 2008 Olympic Games to include the Arts Olympiad among its cultural activities.
- continue collaboration with NYC2012 to enhance New York City's chances of hosting the 2012 Olympics. NYC2012 has proposed to the International Olympic Committee that it would link the 2012 Olympics to schools and youth all over the world through its Best Practice (Fourth Arts Olympiad 2009-2012).
- develop Arts Olympiad Creativity Manifestos as educational tool to share expertise and knowledge with peer organizations, educators, national ministries, and parents.
- collaborate with partner, International Center in Studies in Creativity, to:
 - a) organize Children's Creativity Symposium for sharing information with and provide guidance to peers, educators, field students, teachers and parents on advanced research and the support systems needed to nurture creativity, encourage leadership potential in children, and draw communities' attention to children's needs.
 - b) conduct research based on practice's experiences, evaluate outcome and document results on children's creativity, interaction between art and culture and the changing values and expectations represented in their forms of creation.
- contribute to program content of the World Conference of Arts Education to be held in Lisbon, Portugal in March 2006, organized by UNESCO and advocating to Education Ministers and key policy- and decision-makers,

leading educators and experts attending that the single most important criterion for evaluating public policies and private actions is their impact on children.

- increase awareness of children's creative potential and needs through educational programming, workshops, traveling exhibitions and partnerships.
- increase subscription base of ChildArt magazine, Arts Olympiad's self-discovery and global education periodical used as an educational tool by schools, libraries, teachers and parents in 18 Mediterranean countries. Writers have included Mrs. Kofi Annan, former U.S. First Ladies, and Dr. Jane Goodall.
- continue placing influential individuals who can make a difference in the lives of children in their respective countries on Honorary Board. Examples: H.E. Lila-Irene Clerides, First Lady of Cyprus (1999-2004) and H.E. Lidra Karagjozi Meidani, First Lady of Albania served as members and have chaired the initiative in their countries.
- promote existing partnerships with prominent field organizations that exist solely to protect children's rights and welfare to heighten awareness on children's needs through advocacy and collaboration
Examples: Arts Olympiad has partnered with the Children's Welfare League of America (CWLA), the world's oldest children's organization, UNESCO and in-country UNESCO offices to help raise exposure of their work in areas of children's rights to and educate ICAF constituents and the public by providing the opportunity for activities at festivals and through ChildArt magazine and website.

As a member of the United Nations Department of Public Information (UN-DPI) and Child's Rights Information Network (CRIN), based in London, ICAF elevates awareness on UN's work with children around the world and promotes CRIN's efforts in the area of children's rights to ICAF constituents, partners, and affiliates. CRIN is a global network that disseminates information about the convention on the Rights of the Child and child rights amongst NGOs, UN agencies, IGOs, and educational institutions. ICAF has received many honors and awards for its practice, including the World Culture Open Award 2004 (Seoul, Korea) for Exemplary Humanitarian Service.

Results and Impact

More than one million children in 50,000 primary and middle schools across the Mediterranean and in 80 countries participated in each of ICAF's two previous Arts Olympiads (1997-2000 and 20001-2004). Practice identified creative and

imaginative children in 17 Mediterranean countries and developed their leadership potential through training. National delegations of children, their teachers and parents from 14 Mediterranean countries participated in and benefited from festival's educational workshops/training in 1999, while 17 delegations participated in the 2003 festival, both held in Washington, DC. Several creative alumni have been chosen to serve on ICAF's Youth Board and are playing a significant role in successive Arts Olympiad. Arts Olympiad not only demonstrated the significance of the arts and arts education but also the important role that the arts and the practice can play in building bridges across communities, cultures and peoples. It is spearheading a systemic change in the way children learn, imagine, create and innovate. The Arts Olympiad has a track record of positive results in the training of teachers and parents. Through their participation in the program, teachers have the opportunity to bring the world into their classrooms. They arrange art exchanges with schools in the region and across borders through ICAF's contact with other teachers. Parents, too, become involved, often sharing with and encouraging their children in their work. Workshops for teachers and parents at Arts Olympiad festivals give them opportunities to learn about the importance of creativity and how to support and encourage leadership potential. At festivals, children share their creative and athletic achievements and take away with them the Olympic ideals and principles of non-violence and tolerance. ICAF's experience from its two previous Arts Olympiads reveals that artistically talented children often excel academically and possess exceptional abilities in other creative fields, reflecting their overall creativity and natural leadership abilities.

Best Practice Evaluation and Performance Measurement

For Best Practice evaluation and to measure overall performance, ICAF utilizes the following quantitative measures as benchmarks:

- Geographic outreach and demographic inclusion.
- Statistical data at all programmatic phases.
- Statistical analysis of participant demographics to assess impact of creativity and skills through arts advocacy, education and leadership training.
- Degree of expansion and extent of the established strategic partnership network.

The qualitative measures utilized include:

- Cross-sectional analysis based on questionnaires of participants, their teachers and parents to evaluate the depth of impact of the practice in terms

of: (i) arts learning and gains in knowledge about creativity, the creative process, leadership and peace-building skills through training; (ii) broader global perspective, understanding and respect for the 'other;' (iii) immediate and continuing creative leadership roles in schools and communities.

- Evidence-based perspective and observation documented by experts and educators actively involved in the Best Practice and generation of enthusiasm among colleagues.
- Documentation of alumni achievements, where and where feasible.
- Extent of practice adaptability as indicated by replication.
- Comprehensive evaluation/progress report by National Partners at completion of practice events including data such as such as number of schools participated, total number of children participated, etc.

In addition to ICAF staff, a select group of educational and research partners evaluate the practice as relating to their area of expertise and extent of involvement. At this time evaluation reports are available to those directly involved with the practice such as members of the boards, senior staff, and partners.

Problems Tackled and Lesson Learned

As the only international umbrella organization promoting children's creativity and cooperation through the arts, ICAF seeks resources to further its mission and touch lives of more children. Major portion of funds for the global practice is secured from sources in the United States. ICAF does face difficulties in securing funds from sources within the region or from the very communities where the practice is making impact and providing benefits. ICAF has learned that it must revolutionize the region's existing funding philosophy that has left the burden of financial responsibility on the shoulders of only a few good outside of the region. Regional citizens, government agencies, businesses, and organizations must be enlightened and guided to adopt innovative thinking that leads to innovative programming and hence steer us to a path of possible innovative solutions to our challenges. Their shortsightedness in not recognizing the mechanism of global initiatives through financial support steers needed programs away from the very same communities they like to see enriched and developed. ICAF has learned that international partners can play a greater role in utilizing the practice as a platform to further heighten public awareness on children's creativity in their respective countries, open lines of communication and promote dialogue about the needs of children within their communities among all groups at all levels. ICAF has learned that for world communities to prosper, enhancing children's creative potential and promoting cooperation and empathy in the 21st Century must become a local,

regional and global imperative. With limited funds, ICAF took a proactive approach and reached under-served schools showing a greater programmatic need in the region. Our partners must mobilize and unite diverse groups in the region to move the effort forward.

The Children's Home Project

<u>Place of action:</u>	Village of Domnesti, near Bucharest
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Description of the Best Practice

Outline of the situation prior to the initiative

1989 saw the historical dissolution of the dictatorial rule of Nicolai Ceausescu in Romania. After the revolution, news soon began to surface of the desperate conditions in the country. The world was able to open its eyes and see for the first time the serious social problems which had been hidden by the former Communist regime. Besides the general suffering of the masses caused by suppression and repression, a larger social problem began to reveal itself. The conditions of the

children in state orphanages in Romania. Lack of proper education, poverty, and a policy of the government to increase the population, resulted in an army of unwanted children who were housed in large, bureaucratic, state-run children's homes. The conditions of these institutions were often inhuman. Many children had AIDS. Some children who managed to escape from these institutions found their way to the large cities like Bucharest where they lived on the streets. Today, the problem of street children has become acute, the children beg to survive, and sleep under the streets alongside the sewerage and heating pipes, to keep warm in the icy cold winters. In the beginning of 1990 a number of social service organizations came to Romania to offer their support. AMURT Romania was one such organization.

Primary objectives, priorities and strategies of the initiative

Objectives: AMURT began to pursue a vision of family-oriented home, whose main objective was providing orphaned children with reassurance and support through a familiar and healthy environment. In order to reach its objective AMURT decided to open a children home. In May 1993 the AMURT Casa de Copii (Children's Home) in the small village of Domnesti near the capital city of Bucharest opened its doors to the first group of six boys, coming from the government's children home Buftea. At the request of the Romanian government more boys were welcomed into the home in September 1996, when the house was completed and it was possible to accommodate all ten boys. When the children arrived to the Casa de Copii were all in very bad physical conditions, suffering from illnesses such as hepatitis, heart diseases, stomach inflammation and skin disease. All of them displayed a behavior that expressed mental retardation caused by the traumatic events of their childhood. They all obviously required special care and attention to overcome the difficulties they went through in the past.

Priorities and strategies

In order to properly face the situation AMURT decided to limit the number of children to host in the home (In the state-run children's homes there were sometimes up to 500 children in a single institution); the staff was selected with particular consideration of personal moral standard and love and caring attitude towards children. The early months were particularly difficult for the AMURT staff, as they had to manage a quite complex situation. Thanks to their dedication, perseverance and love, their efforts began to be rewarded. After one year the children had dramatically improved and after three years one could not tell the difference between these children and children brought up in a normal family environment. At the moment the children who came to AMURT Copii home 11

years ago are integrated into the local life of the Domnesti village. With the help of specialist Volunteers and local schoolteachers, most of our children's special needs have been met now; extra tuition is provided and progress is carefully monitored. Four boys have been attending a special school for children with mild learning disabilities. The rest are enrolled at regular schools and do well in their respective classes. Situated in the rural village of Domnesti, the Casa de Copii has several acres of beautiful farmland that serves as a source of tasty, nutritious food for the inhabitants of the house. One of the regular chores of the children is to help in the garden and field activities such as seed sowing and harvesting fresh products. Behind the home there is also a playground where the children can play football, basketball, tennis, badminton etc. In the Domnesti home special importance is given to the diet of the children and a balanced diet of natural nutritious food is provided. The food is mostly biologically grown in the garden of the house. The diet has had a wonderful effect on the health of the children even curing such serious illnesses as hepatitis and skin problems. The time passes and the children who arrived 11 years ago to the Copii house are now grown up. Some of them have already finished their secondary education and are ready to make a next step in our program of integration in the society. The objective of this second part of the program is to help the youth along their way to independency. In order to reach this goal AMURT Romania has provided an accommodation for the young boys and girls who finished their education and are willing to start working and earning for them selves. Unlike in other "children's home" projects, where when children are 18 years old are put out on the street to fight for they survival, in the AMURT Romania's program children have a guaranteed accommodation and supervision for 5 years longer. This is supposed to make the transition from the children home to the 'normal life' as "painless" as possible. The Romania s economic situation is very bad and it is not possible for the average citizen to rent an apartment from the monthly earnings, especially for the new employed persons. This program aims to enable the youth to become independent and self-supporting. The location of the apartment is in Bucharest city in the area of Drumu Taberei. These are the residential areas situated about 6-7 km from the center of the city. The 4 room apartment will be shared amongst 3-4 young man, each one with will have his own room and will share the general monthly expenses.

Problems tackled in implementing the initiative

The main problems tackled in implementing the initiative were:

- Overcoming the Romanian bureaucracy by keeping a good and close relationship with the local authorities.

- Overcoming physical and mental health problems of the children living in the house; the problem was solved by providing vigilant attention and regular medical check-up.

Local participation

AMURT children's home belongs to the local community of Domnesti. One of the most important aspect of the project has always been the participation of the local community. Particularly in the first years local volunteers played a vary important role in the establishment of the project, mainly in the legal arrangements as well as in the construction works. In the later years the local volunteers have been helping with the general management of the children's home and other extra curriculum activities such as drama, learning music, excursions etc. The close collaboration with the local County Office (Primaria Domnesti) of the Ministry of Education was another important factor that influenced the success of AMURT's project. The Primaria Domnesti was the legal organ that took care of the supervision of the abandoned children in the country; in 1998 a Child Protection Department was formed and it has been collaborating with AMURT so far. To what extent the project's objectives were realized, how the impact and performance were measured, quantitatively and qualitatively. In the first phase of the project, the main objective was to provide the abandoned children with a family-like home atmosphere. This was/is realized by:

- providing a family-like home environment
- employing trained staff
- giving special care to children affected by physical and mental health problems

In the second phase of the project the objective was to give children the proper conditions to become independent. This was/is realized by:

- Providing the children with a proper education according to the capacity of each child.
- Developing in each child the skills necessary to find employment opportunities.
- Providing the children with a place (social apartment) they could live in after moving out of the children's home. Here they can still count on a supervisor while already working and earning for themselves.

The impact and performance of the implemented project can be measured by:

- The improvement of the physical and mental health of the kids

- The children's integration in the local community (they have been making friends, participating in the local ceremonies etc.)
- Skills acquired by the children in school and additional courses
- Children's progress in education
- Children right attitude to an independent life

We can proudly say that almost all the objectives were achieved.

The most important lessons learned

The Domnesti children home is a project that involves a permanent social service 24 hours a day. It is very important that children can count on this kind of support not only during their childhood but also in their early adulthood. The main lesson learned is that this kind of projects require a deep and serious commitment for a long period of time. Providing material support to needy children is only the first step to take in order to help them living a "normal" life; the moral and physiological support they need afterwards during their childhood and adolescence is vital in order to give them the same opportunities children with families have.

Replication

The Family-oriented children's home project was such a success that after few years AMURT Romania had started its project the organization AMURTEL decided to duplicate it; now AMURTEL is running a similar project in Panatau, an area located in the Buzau district (Romania). Right now they have 16 children and follow a program similar to the AMURT's one.

What to change in the future

What AMURT will try avoiding in its future projects will be changes of staff members; since the children home manager is also a parent-like-figure, who plays a very important role in the children's life, it is very important that he/she is able to commit him/herself for a very long period of time.

The Children's Rights Mobile Unit

Place of action: Israel

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The Partner:

- Strauss Ice Creams, Inc.

Description of the Best Practice

The National Council for the Child has been at the forefront of the battle for children's rights since its establishment. Its first major campaign for children's rights resulted in the Israel Knesset unanimously approving the Declaration of Children's Rights. In 1991, the Israeli government ratified the International Convention on Children Rights. Since that first campaign and through other NCC activities many more people were aware of children's rights and their need for protection. The growing awareness in the general population and, in particular, among children, led to the urgent need for accessible information and materials and new methods for discussion and teaching the issue to children throughout the country. The Children's Rights Mobile Unit was conceived and developed by the NCC staff to reach out to the nation's children in their schools, youth groups and community centers, in answer to this need. In addition, as the NCC deals on a daily basis with reports of child sexual abuse, the NCC recognized the need to educate young children that some secrets should be told; they have the right to protect themselves and be protected from harm. The Children's Rights Mobile Unit introduces children around the country to the concept of children's rights and responsibilities; stressing equality and respect for themselves and the responsibility to protect these rights for others. Aspects dealt with include finding non-violent solutions to problems and every child's right to a say over his/her own body. Children learn how to put the concept of children's rights into action (What do I do when my rights are infringed upon? How do I respond to someone who does not respect my rights?) and such issues as the right to participate in decisions that affect my fate, the right to an identity, the right to my own opinion, and more.

The Program Goal

The primary goal of the project is to increase children's awareness as to their rights, stressing equality and respect for themselves and the responsibility to protect these rights for others. Our principle is based on the Convention of the Rights of the Child which views children as people and, accordingly, as someone who has rights.

Priorities and Strategies

In order to combine two contradictory aspects - the desire to reach as many children as possible as opposed to the desire to create a significant learning process - the activities of the Mobile Unit are divided into three parts - Introduction, the Mobile Unit visit and a conclusion. The introduction and conclusion are carried out by the teachers before and after the Mobile Unit visit.

How it works

Following the request for a Mobile Unit visit, the Mobile Unit coordinator carries out regional introductory meetings with school representatives. The representatives are introduced to the program and receive materials which will help them carry out introductory activities prior to the Mobile Unit team visit (creative activities, games, worksheets, etc.) and additional materials and tools to promote and facilitate further discussions and a conclusion which may be incorporated throughout the school year. The preliminary activities include a discussion on "Who am I?" whereby children create a model of themselves with an attached identity card. The card includes details that the children fill out on who they are, who makes up their family, and a list of things that they feel that they need to grow and develop.

On the day of the Mobile Unit visit, activities include games, audio-visual materials, creative activities and more. The children, in the third and fourth grades, are divided into small groups. The groups visit different "stations", each providing a different interactive activity. Each station is designed to inspire thought and discussion on different aspects of children's rights.

The Mobile Unit visit components

1. An introduction to the concepts "right" and "responsibility", emphasizing the relationship between the two. For example: I have a right to express my opinion, to be heard. I have the responsibility to listen to others. I have the right not to be hit. I have the responsibility not to hit others.
2. An introduction to children's rights as they appear in the Declaration of Children's Rights. The program uses games, drama, audio-visual tools and other creative activities to get this message across.

3. Dealing with the infringement of rights - with the emphasis on the need to tell someone if you are being hurt. Group discussions allow children to give examples from their own lives and ask a lot of questions. They discuss what to do when their rights are infringed upon and where to turn for help.

Project Framework

Target Population: The original project was aimed at third and fourth graders across the country, in both the Hebrew and Arabic-speaking communities.

Location: The project takes place primarily in schools with occasional activities after school hours in community centers and youth groups. During the summer, the Mobile Unit visits summer camps. Occasionally, at the initiative of the Mobile Unit staff, the unit visits pediatric hospital units. The Mobile Unit visits locations across the entire country.

The Mobile Unit Team: The Mobile Unit is directed by a full-time professional whose responsibility it is to coordinate the Mobile Unit teams of four-five presenters at each setting.

The Hebrew Elementary School Team utilizes young women from Israel's National Service (army alternative). The Arabic Elementary School Team is comprised of University students who work on a freelance basis according to their schedules.

The presenters take part in an intensive training program during which they learn about children's rights and how to spot children-at-risk in addition to the training on how to present the activities.

Scope of the project: The Mobile Unit operates 4-6 days a week reaching approximately 25,000 children a year (20,000 in the Jewish communities, 5,000 in the Arabic-speaking communities).

Problems in Implementation

Two problems were encountered.

First, there were some difficulties in securing resources for the expansion of services to the older children. These are being dealt with by seeking further business and/or foundation sponsors. Second, at the beginning we had to convince the schools of the importance of teaching children's rights to children. The common complaint was that children today have too many rights. What about teacher's rights? Once the teachers agreed to take part in the initial meeting, they were convinced of the importance of the activities. After the first year of implementation, news of the Mobile Unit spread and as the years pass we are now sought out and have to do less reaching out in order to arrange visits. Today, not only have we been accepted in the Jewish secular schools but we are also invited to Jewish religious schools and Arab schools, known to be more traditional and closed communities.

Local Participation

From the start of the program development, an advisory committee of educators and children's rights experts was set up to accompany the project development. As the project took shape, a pilot was initiated where children took part in activities and evaluated what they had experienced. Their comments were used to make program changes.

Realizing Objectives and Evaluation

Actual improvement in children's living conditions

The actual improvement in children's lives can be best described by examples of Mobile Unit experiences. For example, following a discussion about the importance of sharing the "secret" of abuse, a third-grader turned to one of the presenters, lifted his shirt and said, "Look at this". His chest was covered with marks left by his father's smacks. Accompanied by the presenter, the boy met with the school guidance counselor. The guidance counselor later told the presenter that she was shocked. Nobody had suspected anything and had the discussion not provided this opportunity for this child, he may have endured many more beatings without anyone noticing. The discussion had assured the child that he did not have to experience these things and that there are people who will help and protect him. In another school a teacher hit a child who was misbehaving following the mobile unit activities that day. The child told her mother and took out the sticker that she had received with the National Council for the Child's telephone number on it and together they called the NCC. The NCC Ombudsman intervened. These are just two of many possible examples. During the activities, the Mobile Unit presenters are available during the recess for anyone who would like to speak to them. Almost daily children speak privately to the presenters sharing events and problems that they had previously been afraid to tell anyone. In these cases, the presenter refers the child to the appropriate authority and at the same time, takes the child's name so that we can follow up to be sure that the problem has been addressed.

Improved awareness of children's needs, rights and well-being

Judge Saviona Rotlevi of the Tel Aviv District Court went to see the Mobile Unit activities at a local community center. Her response, translated from Hebrew, tells of the significance of the project. "I watched the activities of the Children's Rights Mobile Unit that took place at the Eli Cohen Community Center... It was an emotional experience for me to see these blessed activities up close, to see what you are doing to convey to young children the first concepts regarding their rights, their

status, to the feeling of basic justice and equality between people and to respect them as children and as people... . I have no doubt that this method is the most effective method possible to teach children the basic values of democracy”.

Better co-ordination and integration between various actors, organizations or institutions

Since the initiation of the Mobile Unit, cooperation with schools on different issues dealing with children’s rights has improved – whether it is willingness and interest to take part in conferences on the issue, cooperation with our intervention on behalf of children who have made complaints to our Ombudsman services or their own initiation of additional programs for children dealing with children’s rights. Improved cooperation between the schools and the business sector can be seen in Strauss Ice Cream’s volunteer program that was established as a direct result of their involvement with the Mobile Unit. Company workers are encouraged to volunteer in schools on a project for risk prevention and in boarding schools and institutions for children at risk during their work hours. The NCC was involved in the training program for these workers.

- changes in policies and strategies related to children and further partnerships

A direct result of the Mobile Unit and the increased cooperation with schools was the establishment of an Educator’s Forum for Children’s Rights. School principals and education policy makers on local levels from around the country work together to increase and promote programs for children’s rights in the schools.

- significant changes in children's attitudes and behaviour

Children were presented with a short questionnaire after participating in the Children’s Rights Mobile Unit activities. They were told that we want to see how they felt about the activities, what they learned and what needs to be improved.

Project Replication

Last year Unilever International heard about the Mobile Unit program through its connection with Strauss Ice Creams. They expressed their interest in establishing the program in Italy and asked for our guidance and instruction.

The Hellenic Children's Museum in Hospitals

Place of action: children's Hospital "Ag. Sofia", Athens, Greece

Submitted by: ellenic Children's Museum NGO
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The Partner:

- Stavros S. Niarchos Foundation

Description of the Best Practice

At the beginning of the 21st century museums are realizing that serving their communities is an on going activity that reflects an institution's mission and its vision of its role as a public educational advocate. Children's museums reflect local circumstances and function social venues. They are widely perceived, as an educational resource for the local community with an important role to play in meeting social needs. The HCM's educational programs in hospitals are a part of a wider pattern of provision for children with different needs. Central to the HCM's mission is the belief that every child, independent of any differences in abilities, should be given the opportunity to explore, understand, enjoy and shape the world in which they live in with a respect for individuality and an emphasis on team work. Community involvement has always been placed at the core of the Hellenic Children's Museum mission statement. Our goal is to make our services accessible to all audiences rendering this way the museum more inclusive. To be consistent with our statement to serve every child, we develop out-reach educational programs for non-traditional museum audiences such as children who are hospitalized.

Educational Programs at the children's hospital "Aghia Sophia"

Hospitals are a reality likely to be experienced temporarily by everyone during a period of our life. Yet, it is an area that is rarely approached by agencies that are not considered as specialists in the health profession. The Hellenic Children's Museum got involved in this venture in 1997, after an invitation from "PISTI", an association

of parents with children with neoplastic diseases. The common goal in our collaboration was to program an event in the life of the children inside the hospital they would anticipate with eagerness and pleasure. The Hellenic Children's Museum initially developed educational programs for children diagnosed with cancer in the children's hospital "Aghia Sophia", as an attempt to serve an audience that is cut off from most of their cultural and social activities. These programs began in 2000 with the sponsorship of Stavros S. Niarchos Foundation.

Challenges

The basic factors that affect the design and implementation of our educational activities in hospital are:

- the varying ages of children and consequently their different needs and potential
- the fact that the group of children includes children that have previously participated in educational activities as well as completely new members
- the different physical and psychological state of children
- the difficulty of movement and the small concentration span of children in activities with marked cognitive goals
- the need for getting in and out of the program whenever they want, due to their fatigue, obligation for therapy or appearance of personal visits
- the need to be able to transfer material and activities in the rooms of those children that are unable to come to the foyer because of health complications

Specific Objectives

The model we developed is based on the creation of short interconnected educational activities that children can do independently. In this way children have the opportunity to complete an activity even if they can't stay for the whole duration of the program. Although most of the activities are structured in an individualized manner, we also incorporate activities that enhance team spirit. Furthermore, activities involve different levels of challenge and difficulty in order to be able to cover the needs and interests of every age. Our activities do not have primarily cognitive goals. Their main aims are to enrich experiences, enhance participation, and offer good opportunities for entertainment, collaboration and development of personal and social skills of children. Our goals are not meant to be therapeutic. We don't go to the hospital under the capacity of the psychologist-therapist, but that of the educator-entertainer. Experience has shown of course that we frequently attain therapeutic results through our activities.

In particular, we try:

- to give children an incentive to develop a participatory stance and to be able to express their sentimental world.

Every program is based on dialogue and the energetic participation of children. By creating their own work, children find ways of expressing themselves beyond verbal communication that may block them and develop their creativity. To enable communication and cooperation with other children, between members of the family beyond health care issues and between families whose children are hospitalized. Parents and siblings need to find ways to get their minds off the health problems as well. Interaction of families in an environment where children relax and play, helps parents approach each other and other families, in a less emotionally loaded spirit, cooperate and have fun with their children.

- to help them regain confidence in their abilities and boost their self-esteem.

Collections are the core of the museums. Objects, exhibits and educational programs are used for stimulating curiosity, enabling interaction and motivating learning. The opportunity to take decisions for the work they are creating and to see what they have imagined come in flesh, improves significantly their self-awareness. Children are free to take decisions, exert control and feel competent again. In addition, we frequently objects from in-hospital daily routine (syringes, tubes, urine collectors etc) as material for constructions in order to help many children overcome their fear of medical equipment and explore creative ideas for the hours they are left alone.

- to be able to experience positive feelings in order to retrieve the sense of normalcy and be able to gain satisfaction during a day in hospital.

Our activities offer opportunities to connect with normal life and have fun with something familiar and not particularly demanding. In addition, getting involved with people that are not related with the hospital environment, such as the Hellenic Children's Museum interpreters and trained volunteers, is also a soothing experience. The individualized approach we use contributes to the development of social skills and relationships e.g. adolescents are usually more content from the opportunity of talking to our interpreters rather from the specific content of the activities.

Evaluation

Evaluation of the venture has been done mainly with non-typical methods. The hospital environment, the age and the emotional situation of participants do not allow the use of typical methods such as questionnaires. The faithful team of interpreters and volunteers that implement the programs evaluate and analyze the experiences acquired, with the voluntary contribution of a specialized psychologist. We evaluate the results by drawing from the comments of doctors and nurses, the feedback from parents and their questions about what else they could do with their children when they return to their room, from the smiles of children when they see us and the things they share with us. We celebrate as well our small victories every time a child that has initially refused to participate, gradually accepts us and joins the group. One of the major results of the evaluation conducted, indicated the need to create a permanent opportunity for these children even when the museum educators were not present. This need led us to design and create educational kits that would remain at the hospital. This project was named “Museum on Wheels”.

“Museum on Wheels”

In June of 2001, plans began for the creation of 10 educational kits on various themes, which would be used by hospital staff, parents and children when the Hellenic Children’s Museum educators wouldn’t visit the hospital. We considered the idea of a trolley that would carry the kits, because it would facilitate visits to children in their hospital room and thus allow them to do activities even when lying in their hospital bed. The themes of the kits came out of children’s interests and include subjects such as bubbles, musical instruments, puppetry and many more. Equally important is the fact that it gives an opportunity to the weakest of children to choose activities according to their age, interests and level of functional ability. The trolley remains at the hospital up until today. It is being used and coordinated by the hospital’s play-therapist who has been trained by Hellenic Children’s Museum educators and is familiar with the philosophy of the museum’s programs and educational methods. Frequently, museum staff visits the hospital to evaluate the kits’ use.

Hospital’s visit at the Children’s Museum

Although this school year 2004-2005 our programs weren’t implemented, we managed in close collaboration with the hospital medical staff to organize a visit of the children of the ward and their parents to the Children’s Museum. We have always wanted for the children to visit the Museum, to be able to welcome them at our environment that they’ we heard so much about. Our dreams finally came true on December 14, 2005. Around 30 children of different ages with their parents,

accompanied by medical staff visited the museum and played in the exhibits. This was a unique accomplishment, because parents motivated by the medical staff of the hospital decided to leave back their fears at the hospital and go on a field trip with their children. Children had a wonderful time and shared their wishes for a second visit.

Project's extension

During the school period 2003-2004 another project began running at the same time with the programs at the hospital “Aghia Sophia”. A new sponsor, Ferrero Spa, gave us the opportunity to extend our action to another children’s hospital, “Aglaia Kiriakou”. After evaluating the needs of different groups of children with the hospital staff, we decided to begin programs at the ward with nephritic children that are hospitalized three days a week.. Using the valuable experience we had gained concerning the psychology of children-patients in hospitals, we studied the particular needs as well as their specific physical capacities since the activities would take place when they are lying in bed for medical treatment. The project began in September of 2003 and is still running with great success.

Conclusion

Through this powerful experience we proved that museums can change the rules in the stressful environment of the hospital. In fact, museum education services can become mediators between hospitals and the outer community. As regards the Hellenic Children’s Museum, we feel we are at the very beginning of getting to know these children’s world better. Above all these children need stimulating and fulfilling experiences just like everybody else.

The Tour “Team of our Neighborhood” (“Echipa Cartierului Nostru”)

Place of action:

Edineț, Republic of Moldova

Submitted by:

Community Organization for Children and Youth
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Republic of Moldova

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The Partners:

- Edineț mayor's office
- Edineț Local Council of Children and Youth
- Business "Nistor"
- Business "Sevox"

Description of the Best Practice

The Tour "Team of our Neighborhood" has the following goals:

1. children developed leadership abilities, team work and communication skills, and abilities to resolve conflicts nonviolently;
2. children became more independent, responsible, and tolerant of differences;
3. children became more profoundly aware of rights and obligations;
4. the tour became a true life skill's school for kids in the area.
5. to create conditions for the active participation of youth in educational and cultural-athletic activities during summer vacation for their harmonious development;
6. to prevent risky behavior with negative consequences for the health and lives of the young generation;
7. to facilitate children's social integration and intercultural communication.

Throughout the 4 years of implementing this practice, the following results were obtained:

8. approximately 3400 people participated in the tour's activities: children, youth, parents, teachers.
9. 11 teams were formed from neighborhoods with non-homogenous social, ethnic, and religious components;
10. interethnic relationships within the community were improved, adults putting the interests and needs of the children first;
11. during summer vacation, the number of juvenile infractions and incidents of substance abuse discovered by the police were reduced;
12. 262 children, primarily those from deprived families, joined extracurricular activities such as sports and special interest clubs;
13. 24 children were promoted to different levels (regional, national, and international): 2 break dance teams, an ethnic-folklore collective, 6 performers, 2 painters, 1 poet;

14. no cases of HIV/AIDS among minors were registered;
15. as a result of their participation together in some of the tour's activities, the relationships between children and parents improved, adults provided more attention to respecting children's rights;

At the start of any activity lies an idea that materializes through intellectual/physical effort. The parents of the tour "Team of our Neighborhood" (TOON) for the past 4 years have been Nicolae and Liliana Samcov, a family couple well-known in the town of Edineț as promoters of innovations and successful practices in education and the development of the young generations. "TOON" is an activity vast in scope for the children's summer vacation, the necessity of which has as a basis more justifications. The town of Edineț is an urban location in the north of the Republic of Moldova, with a population of about 18, 000 residents. Approximately half of the adult residents in town are unemployed or have left the country to work in the black market. Because of reduced family incomes, children do not have the possibility for efficient rest at camps, for recovering their health in specialized curative institutes. During summer vacation, extracurricular activities for children and youth do not exist. As a result, for 3 months children (about 1300 kids from 7 to 18 years old) do not have useful occupations. Having a lot of free time and being without the supervision of parents, who are occupied with finding resources for existence, children are lured by the seduction of the streets, television, and older friends. As a result, they are involved in using tobacco, alcohol, and drugs, and can get caught up in networks of juvenile prostitution. This fact has increased the number of antisocial actions by minors, as registered by the police from 1998-2000 and also by the number of children with records at the Department for minors and customs. According to the data of the Edineț police station there are an estimated 72 juvenile delinquents, 268 children registered with the police, 18 suicide attempts, and 3 cases of suicide. The tour "TOON" was conceived as an alternative to risky behavior and as an activity for personal evolution, active participation for strengthening children's civic position, for recovering health, for promoting the gifted, for social integration, for informing and educating the young generation. In 2001, the tour was organized by an initiative group composed of 3 people who accumulated funds from economic agencies, the Local Public Administration, utilized volunteer work from the Edineț Local Children and Youth Council, organizations that have remained faithful partners throughout the 4 years. The annual tour kicks off with an inauguration festival and finishes with a closing ceremony, handing out prizes, certificates, gifts, and the principal trophy – the Tour Cup. It usually lasts for 25 days. The tour has its own symbols (coat of arms and flag) created by children and a hymn written by Liliana Samcov. Officials from the town, sponsors, and education, culture, and sports veterans are invited to the tour's

opening. In a festive atmosphere the inauguration proceeds, the culminating moment being the Parade of teams registered in the tour. In order to participate, a team of children between the ages of 7 and 18 and belonging to a neighborhood must register. In some cases, parents, older siblings, relatives, and neighbors are admitted as partners of the teams, so that these adults become closer to the concerns and problems of children, and for children to be more respectful of and friendly towards adults.

The tour has three subprojects:

- Sports activities and the recovery of health;
- Educational and informational activities;
- Cultural activities.

Within the framework of the first subproject, the Happy Starts are organized, ten sports events: mini-football, volleyball, pioneer-ball (for the younger children), basketball, swimming, cycling, billiard (for the older children), light athletic relays, chess, and checkers. The majority of events are carried out in two age categories: "small" (7-14 years) and "big" (14-18 years). The teams are mixed, composed of girls and boys, offering equal chances for everybody. The athletic competitions are carried out in the following locations: school gymnasiums, the sport's field in the city park, the football stadium, the swimming pool. With some time before the beginning of the competitions, the children clean and arrange the sports fields, thus contributing to the sanitation of the town. The sporting events always attract numerous supporters of all ages, who come to support their favorite teams. In order to carry out the competitions, the necessary sports equipment is purchased, and at the end of the tour the unused objects (balls, rackets, nets) are given to the winning teams for them to have the possibility to train in their neighborhoods. The competitions are refereed both by specialists and amateurs who make up the volunteer base. For the 2002 edition, a competition event of touristic orientation was included with elements of surpassing obstacles in the park. In the following editions, the event was not carried out because of technical and material difficulties: the implementation team did not possess the necessary equipment and touristic devices, for procurement the necessary expenses were much larger than was possible. The event had much success because it was very interesting and attractive and developed the children's survival skills in extreme conditions. As part of the second subproject, trainings and essay and drawing contests were organized. Every year they referred to different themes to correspond with the theme of the year:

- 2001: "All children have rights"
- 2002: "Children for a healthy lifestyle"

- 2003: “We are different, but equal”
- 2004: “Children for a world without conflicts”.

Members of the Local Youth Council evolved as trainers, peer educators, who had special preparations. The essay and drawing contests were judged by children and adults, and the most successful works were published in the local and national mass-media. The most successful of the fine arts (drawings, graffiti on cardboard) found themselves a place in the rooms of Community Center “Enter”, the School of fine arts, and the Creation center for children. As a component of this subproject exists the “Tour’s Journal”, which has the goal of informing the community about the events that take place during the tour, the results obtained by the teams, the calendar of activities, and any schedule modifications. The most successful materials from the Journal are reprinted in the local newspaper, which aims to inform the public throughout the district about the youth initiatives. The third subproject has as its base the organization of a music festival in which gifted children participate in dance and performance art. At this festival, guests from other districts in the northern region of Moldova usually participate (break dance, rock, and hip-hop teams) for whom the festival has a chance to present on stage, a platform for self-declaration. This action of vast scope takes place in the center of town or (during unfavorable weather) in the big hall of the Culture house, regularly gathering a large number of people for whom the festival is not only free fun, but also an evaluation of the talented youth’s skills. In the festival’s program is included an award’s ceremony for the teams, which is marked through the handing out of the Tour’s Transmissible Cup and the climbing of the winners onto the Championship Podium. Throughout the Tour’s four years of existence, more people from Education, the private sector on the national level, and district officials recognized and acknowledged the innovative character and the incontestable success of this manifestation for children. For the summer 2005, the organizers are planning to extend the tour’s activities to a level that will include children from 11 rural locations in this educational-informational and cultural-athletic program. For the month of August, the winning teams will meet in the district center of Edineț in order to participate in a finale and in a March with torches of promoting the children’s message. The annual tour is given informational support by the regional radio station “Sănătatea” and the local TV station “AVM”, “Gradj-Sat”. Trainers from the sports school, the Highway Police, and community sponsors contributed to the carrying out of the activities. Being a good tradition, the tour is worthy of promotion at the regional and national levels in order to become a Best Practice not only for our locale but also for the whole country.

Youth Education Program

Place of action: Communities in Israel and the Palestinian Territories

Submitted by: The Parents Circle – Families Forum, NGO
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Description of the Best Practice

“During the thousands of hours a person spends in school, only rarely does she gain an hour that by itself creates a real change. The hour that we have spent with you is such a rare hour”. Sigal Morag, Cultural Education coordinator, ‘Gvanim’ High School, 20.10.2004, in a letter to Ayelet Shahak, member of the Families Forum.

Introduction

Children are regrettably immersed in the Israeli-Palestinian conflict. They are victims, but also, as young adults and even younger, they are the soldiers. Hundreds of children of both sides have paid with their lives in recent years. Others were injured, and many are traumatized by the events. The years of combat combined with the demise of the Oslo process has created a generation of disillusioned and frightened youth. Both societies stigmatize the other, not allowing children to realize that both sides share a common humanity. The urgency and the severity of the situation is clear to anyone who visits Israeli and Palestinian schools – views are more radical and oppositional than ever, with less knowledge of the circumstances of the conflict.

Primary Objectives, Priorities and Strategies

The Parents Circle – Families Forum (“the PCFF”) is a unique grassroots organization, whose powers stem from the combined work of its members, more than 500 bereaved Palestinians and Israelis, whose lives were struck by tragedy because of the ongoing conflict. The PCFF is practicing an equal partnership between the Israeli and Palestinian groups, the latter headed by Dr. Adel Misk. Boaz Kitain, the former headmaster of the Neve Shalom-Wahat el Salam school, a

unique Arab-Jewish primary school, is the General Manager of the PCFF. Our experience suggests that both Israeli and Palestinian youth and adults draw hope and strength from the unique stories of our members. The PCFF aims to guard the most basic right of all children – the right to life. The PCFF's educational program ("the Program") allows youth to reflect on their personal choices and to consider the tragic consequences of violence on both sides. The Parents Circle – Families Forum ("the PCFF") educational program ("the Program") allows Palestinian and Israeli youth to reflect on their personal choices regarding the Israeli-Palestinian conflict and to consider the tragic consequences of violence on both sides. Involving more than 24,000 Palestinian and Israeli children during 2004 in more than 870 individual meetings, the Program aims to serve as the framework for nation-wide reconciliation program for all the children of the two societies. The PCFF present a view of the conflict that is essential to Israeli and Palestinian children. Their need to learn about the humanity of the other side to the conflict is not catered by the current Israeli or Palestinian educational authorities. The Program aims at integration with the participating schools' curriculum. In many schools, the children will meet with a member of the PCFF only after several activities regarding the conflict have already taken place. The first meeting leads up to a second encounter, with two members of the organization, one Palestinian and one Israeli. During the first meeting, a short film is being shown ("Tears of Peace", available also on the PCFF's website: www.theparentscircle.org), which depicts the stories of two fathers who lost their sons, an Israeli and a Palestinian. The film ends with the emotionally charged image of the bereaved fathers hugging. The film has been especially prepared for the educational activities of the PFCC, and has proven extremely effective in putting a human face on the other side to the conflict. Following the screening the members of the PCFF conduct an open talk with the children about his or her personal story in relation to the conflict. The talk is aimed at letting the children express their emotions, ventilating their anger, fear and frustration, but allowing them to view the complex realities of both sides to the conflict. The children face the difficult questions of revenge, but also the need to understand the position of the "enemy", the other side. The member of the PCFF allows the children to view to conflict in a more rational light. The presence of a bereaved member of society allows the children to grasp the full implications of their beliefs and thoughts. The co-operation between Israelis and Palestinians allows the PCFF to approach each individual class with sensitivity towards the children's needs. For example, at an Israeli school in Natania, a city that has seen many suicide bombings, a girl who participated in a meeting with an Israeli and Palestinian member of the PCFF, has asked the Israeli member, how he dares to come with him a Palestinian, as one of her closest friends died recently in an attack. Khaled, the Palestinian member present at the lecture, has spoken to the girl, pointing that he

feels he can understand her better than most Israelis, as he has lost two of his brothers, and he too feels frustrated and angry many times. His honest and clear response calmed the girl and allowed everyone present to feel empathy for all the victims of the conflict. The Program reflects an attention to the needs of Palestinian and Israeli children as persons: the activities differ with different age groups, different local settings and cater for the special needs of each nationality. The PCFF is not focused on a single sector of the Israeli society, but reflects its diversity, with activities held before Druze, Bedouins, Religious Jews, as well as Christians and Moslem Arabs. With regard to the Palestinian society, recent events allow the PCFF to gain access to areas controlled by the Palestinian Authority, joining the significant activities already taking place in the East Jerusalem region. While the Israeli and Palestinian administrations are likely to adopt such programs only after a peace process will be signed, the Program is setting an example for such future programs. The Program protects and enhances the freedom of speech as well as the freedom of thought of all children involved, by allowing them to express their views in a free and supportive atmosphere. Such freedoms are often missing from the Israeli and Palestinian educational systems. The Program allows children to ask the most difficult questions, and express their deepest emotions and to dialogue with representatives of the other side. The training allows the Program staff to handle these rough emotions, promoting rational thinking and giving hope to the children. In this respect, the children are treated for what they are: children, and not adults. All views are heard with respect, giving the children their right to dignity and allowing them to give such right to children of the other side. The main idea behind the educational work of the PCFF is that allowing youth to share the personal loss of the members of the organization creates a deep emotional experience. The Program is aimed at allowing the children to realize that the pain and suffering caused by bereavement is a similar experience for Palestinians and Israelis alike. The activity does not aim to change the political perception of the children, but to allow them to humanize the other side to the conflict. A typical written feedback following a meeting suggests that many children recognize that the activity allowed them to acquire a new perspective on the conflict and the other side. The shared pain and sense of grieving allows the youth to realize that both sides must seek a solution, that the continuation of the cycle of violence must not continue. The uniqueness of the PCFF educational activities stems from the credibility bereaved families' hold in the hearts and minds of both Palestinian and Israeli youth. Both languages reflect this unique place. The word "Shakool" in Hebrew signifies those who have lost a member of their families due the war and conflict, while the word "Shahid" in Arabic, signifies, in the Palestinian society, a person who died in the struggle with Israel. Cynicism and lack of hope, which are often the most common responses of Israeli and Palestinian youth to the conflict

and their personal futures, can be changed by the presence of a member of the PCFF. The ability to provide hope is the most effective tool of the PCFF educational activities. It stems from the most appropriate and practical grounds – the bonds between the Palestinian and Israeli members of the organization.

Partnership and Local Participation

The PCFF is currently operating on the local level with representatives of the Israeli and Palestinian educational systems. As the situation allows, we aim to achieve wider recognition for the importance of the Program and its benefits for the children involved. One of the main goals of the PCFF is the incorporation of similar content and methods in future official programs. The Program is the result of many hours of joint planning by the schools' representatives; The PCFF involves the educational staff in the school, assisting them in the preparation process leading up to the actual activities, thereby creating an effective partnership with Israeli and Palestinian schools. The PCFF is constantly sharing its knowledge with the schools involved, allowing all involved to benefit from any improvements. Over the last year, a project stemming out of the current educational activities was developed as a partnership between the PCFF, the Peres Center for Peace and the British-based, international organization, One to One Children's Fund. This project will allow Israeli and Palestinian children, who have been involved in the educational activities of the PCFF, to communicate with each other via the internet and face to face. An additional project, an advocacy booklet about the children who lost their life because of the conflict, is a partnership with the international organization World Vision. This project intends to develop concepts of trust building and non-violence and emphasize our shared humanity. It aims to offer a message of hope to Palestinian and Israeli children that their communities respect their right for a safe, secure and healthy environment.

Evaluation, Research and Development

Each activity ends with the children filling an anonymous feedback form. The forms are being used to evaluate the effectiveness of the activity, as well as the individual members of the PCFF involved in the activities. The PCFF youth educational activities are focused on promoting long term changes in both the Israeli and Palestinian societies. Given the complexity of the Israeli-Palestinian conflict, a quick, immediate solution has yet to be found. However, the thousands of written feedback forms anonymously filled by the children who participate in The Program suggest a tangible impact is achieved (see attached). The PCFF is constantly evaluating and developing the Program, with the aid of leading professionals such as Prof. Sami Adwan of Bethlehem University and Prof. Dan

Bar-On of Ben-Gurion University, both experts on education for peace. The PCFF operates an extensive training program for the staff of the Program, all bereaved families. The Program is co-managed by Khaled Abu-Awwad and Boaz Kitain., the General Manager of the PCFF.

Adaptability and Replication

The Program has been acknowledged by many for its groundbreaking achievements, with extensive reports covering the activities being published throughout the world. The PCFF has been approached by numerous NGOs, researchers and individuals, asking for advice and inspiration. The Program is offering a new way of dealing with the children's difficult past, both on an individual and national level. The Program's method of operation is rarely used in the Middle East and the PCFF welcomes any inquiry and dedicates many hours to the distribution of its knowledge. The Program is operating in the complex conditions of the Israeli-Palestinian conflict, but its message of hope, tolerance and reconciliation has the potential to benefit all the children of the Middle East who suffer from infringements of their basic freedoms of speech and thought. Members of other societies such as bereaved families, ex-soldiers and others, who enjoy unique credibility can benefit the children of their respective societies by providing them with an opportunity to converge in dialogue on issues which are not talked about.

CATEGORY "EARLY CHILD DEVELOPMENT"

Escaping slums

Place of action: Hungary, Budapest, XXI. District

Submitted by: Kovacs Zoltan Foundation (NGO)
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The Partners:

- OFA – National Employment Public Fund
- Ministry of Education
- Budapest-Csepel Önkormányzat (local govern. XXI. District)
- Fővárosi Munkaügyi Központ Csepeli Kirendeltség
- Budapest-Csepel Önkormányzat Gyermekjóléti Szolgálat, (Children's Welfare Service)
- Szárcsa Általános Iskola (Primary School)

Description of the Best Practice

The first victim of the change of regime in Hungary (in 1989) was the Roma minority. They have lost their jobs, due to the fact that most of them were working in the industry as manual workers. After they had lost their jobs, they lost their movable and immovable properties. They have been driven into miserable living conditions and moved to the so called slums. Slums are usually desolate blocks of houses in the suburbs, which have no infrastructure, public utility services (such as gas, electricity, water) but many illegal inhabitants living in jeopardy. Many of them have no legal address, some of them are considered as illegal apartment occupier. Owing to the above and different other reasons (clothing, hygiene, no cover for the meal) local government's kindergartens refuse to allow the attendance by the children of these disadvantaged parents. (In the event someone has a legal address in a settlement, the attendance by his/her children may not be refused by the local kindergartens). Many people and organizations (e.g.: Save the Children,

United Nations' Commissioner for Human Rights, other Hungarian NGOs) have disapproved the high level of labeling people handicapped in Hungary and the real high ratio of disadvantaged children amongst them. It is really worrying, that there are schools in Hungary where the reason for examining the child's mentally health is the "Romany origin" – referring to the inspection of Hungarian Parliament's Commissioner for Minorities' Rights. The rate of mentally handicapped children in Hungary is 5.3%, on the other hand EU's average is 2.5%. The same rate among Roma children is 20%, in respect of the majority it is 2%. The amount of normative funding (received by the school) for educating a mentally handicapped child is 2.5 times more, than educating a non-handicapped one... Early school-leavers are also much more frequent among disadvantaged children. In the Hungarian education system going to kindergarten is a possibility by the age of 3, but it is a must by the age of 5. 11% of Roma children never participate in kindergarten education. Before entering primary school, children must take part in an examination, which measures their preparedness for school education. This test examines skills learnt by children in the kindergarten. If a child cannot pass this exam or has studying difficulties he/she has to take part in another examination which is made by the organization called "Commission for Examining Studying Abilities". This examination takes place in an examination-centre, which is strange for children, and they usually have to travel for hours in order to get there. Tests used during this process do not have take into account the different cultural background and different mother language (Romany) of the children.

Goals

- pre-school education of children – all of our healthy students shall enter school education
- ease the transition between kindergarten and school
- help disadvantaged children's school progress
- close relationship with the child's family, have the importance of education recognized by the parents
- give proud Romany identity to children
- place Romany culture into the European culture
- help children's families to get employed
- form a community
- enhance the awareness of decision-makers to problems of disadvantaged children's kindergarten and school education
- change the tests used by children's examination before entering school
- permanent normative funding for after-school education of disadvantaged students

Details

Kindergarten education

The foundation came into existence in 1993 in the district called Csepel in Budapest. Our main goal was to provide free kindergarten service and help for disadvantaged children and their families living in slums of the aforementioned district. In the first ten years the building of our kindergarten was in a watery house with no yard. In 2003 the municipality provided us a building for free usage for 20 years as appreciation of our work. We have developed cooperation with children's welfare institutions, schools, the Municipality of Roma Minority and with the Municipality of our district in order to perform efficient work. The Hungarian Ministry of Education, private persons, companies, and the Austrian Embassy are also helping us with financial or material donations. We consider cooperation with parents very important. Most of the parents in our target group are out of the welfare system, so we help them with clothes and medicines necessary for children. In the past ten years we brought up our colleagues from the Roma minority, because we need specially educated workforce, who are familiar with Romany culture. They are college students or graduate kindergarten teachers now. The kindergarten's physical workers are also selected from the residents of slums. We indenture children from the age of three in the kindergarten. Practically we visit all of the slums of our district every year, and we are searching for children who are not attending kindergarten.

Most of our children

- have serious speech disorders,
- have bad factual knowledge,
- have bad communication skills,
- are not able to think in abstractions

To get good results we have to provide appropriate education and special help (psychologist, speech therapist, doctor). The kindergarten is open from 07.00 till 18.00. There are three groups with ten to fifteen children. This headcount allows us to solve each child's problems individually. In this year we have 42 kindergarten pupils. Three Romany kindergarten teachers are educating the children. Doctors, speech therapist, psychologist assist at our work.

Group activities

Our specialists educate children in three age-homogeneous groups every morning. We educate children based on the characteristics of their age-groups and their actual skills. Main activities are:

- fables, rhymes (Hungarian and Romany literature)
- active cognition of the environment (environment – human environment – social environment)
- visual education (drawing, technical education)
- physical training (sports)
- mathematics (logic, numbers, amounts)
- music (singing, instrumental music, rhythm)
- Romany ethnical culture

Developing habits

We pay high attention on shaping children's habits in order to endure their physical and mental health.

Speech development

Based on the result of the speech examination held in the beginning of each year, our speech therapist estimates the progress of the children. The speech therapist treats every child twice a week. These occupations are well documented, every child get exercises to practice with the kindergarten teacher.

Psychological development

The psychologist measures the physical, pectoral and somatic development of each child weekly. We discuss further tasks to do on a weekly conference.

Health

The children's doctor and the district nurse visit the kindergarten weekly. The district nurse updates the case study and follows up children's growth. The doctor does the examinations and gives the vaccinations. We buy medicines for children, because their parents cannot afford that. We take the children to the dentist annually and if it is necessary.

Special programs

We are visiting children's theatre, movie, zoo, factories, swimming pool, or organize excursions.

Spare time activities

Drama theatre, puppet-show, Romany dance and singing for kindergarten pupils and for their older sisters and brothers. These occasions are very good for forming a community, which drives disadvantaged people indirectly on the way of studying.

Conferences

Our whole stuff takes part in a conference weekly. We are evaluating our work, planning the next week's activities, special programs, and the strategy of handling children's family problems. We keep record of each child, so we can follow up the development in each aspect (physical, psychological, speech, etc.).

Summer camps

90% of our pupil's families can not afford to go on holiday in the summer. These summer camps are excellent community-forming events. Children get acquainted with other parts of our land, they learn through playful exercises, the community fosters and transfers Romany culture.

After-school education

The director of the organization and her husband has voluntarily educated former kindergarten pupils who became school students. Luckily, the number of these students began to rise, so they could not educate all of them. To solve this problem, the organization started a after-school education program called "Give us a chance" in 2003. In 2004 the program operated with reduced number of pupils and with voluntary teachers because of financial problems. In 2005 we can start to develop our infrastructure and human resources, because the foundation has won an application for after-school education. This program provides opportunities and an environment which is required for effective learning, but can not be afforded by disadvantaged families. We would like to provide a milieu typical for middle class: computers, internet, library, media library, mentors, sports etc.

Activities

- Individual after-school education of children. Subjects: mathematics, physics, chemistry, literature, history, computer studies, languages.
- Workshops: computer studies, languages
- Minority culture: Romany language, Roma dance and music
- Arts: Music, instrumental music

All activities take place in the building of the kindergarten. There are two classrooms for individual teaching and two big rooms for community activities. We employ teachers as well as volunteers. They have been teaching from Monday till Friday in the afternoons (14.00-19.00).

Cooperation

We are cooperating with the district's children-welfare organizations and schools. If parents do not bring their child to the kindergarten, we visit the family and we try to explain them the importance of kindergarten services. If we cannot convince parents, we visit them again together with the leaders of the Children's Welfare Service and the Family Welfare Institution. (These organizations are the official legal representatives of children's rights.) These organizations ask always for our help in their tasks. We have good relationship with primary schools as well. We help children choosing the primary-school when they leave our kindergarten. These relationships are also useful when we help children's school education in our "Give us a chance!" program.

Funding and Donations

The Hungarian state normative funding provided for educating children in kindergarten mostly covers the costs needed for the basic operation of kindergarten. The sources needed for our special programs are from applications. These applications are Hungarian state and PHARE applications. The main supporting organizations were the Ministry of Education, OFA, the Local Government and the district's Labor Centre. Lots of organizations, offices, companies help us providing clothes, toys, foods and with other goods necessary for children and for children's education. (e.g.: Embassy of Austria)

Why is this a "BEST PRACTICE"?

Our goal is to disseminate our model of complex educational and cultural centre as a network using EU sources. Cost-effectiveness:

- Utilization of normative funding
- Sustaining only one building for more purposes
- Less overhead per person
- Utilization of the building (16 hours of education per day)
- Employment of disadvantaged workers (minimum 3-4 persons)
- More funding by applications because of multiple activities

Impacts on decision makers

The program has raised the awareness of decision-makers – they have funded the foundation. The kindergarten has visited by the former President of the Hungarian Republic, the Minister of Education and the Minister's Commissioner for Integration of Roma and Disadvantaged Children, and other Roma leaders more times. They could know the problems of disadvantaged Roma children with the kindergarten-school transition. The Office of Commissioner for Integration of Roma and Disadvantaged Children has come to existence in 2002 in the Ministry of Education. This Office has started the program called "Utolsó Padból" in 2003. The goal of this program is to stop the discrimination by the procedure of examination which measures the mentally readiness for school education. The program has launched a re-examination process of mentally handicapped children. 10% of the examined children was not mentally handicapped.

Habilitation Preschool – GKCF

Place of action: Mar-Elias Palestinian Refugee Camp, Beirut- Lebanon

Submitted by: Ghassan Kanafani Cultural Foundation, NGO
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The Partners:

- Handicap International Middle East (International NGO)
- Karim Rida Said Foundation
- Canada Fund
- Welfare Association (NGO)

Description of the Best Practice

Background

Lebanon hosts more than 368,000 Palestinian refugees¹ residing in 13 official Palestinian Camps. UNRWA is responsible for providing cleaning and maintenance services for these camps. Due to UNRWA's limited budget and various political pressures the physical condition of the Palestinian camps are rapidly dilapidating, water and sewage infrastructure is ruined.

History of the Best Practice

At the end of 1982, after the Israeli massacres in Sabra and Shatilla, western NGOs started working in the bereaved area. I started working that year with a Norwegian organization in a Rehabilitation Center for the victims of war. After a while, it became clear that Palestinian children with disabilities were among the most neglected sectors of the community. We began to hold therapy sessions twice a week in which we trained children in daily skills. This project did not last long, for less than a year after, the "camp war" erupted and the whole Rehabilitation Center was demolished. After the departure of Western NGOs our project seemed to have terminated for good. We however believing in the necessity of continuing this needed treatment and training programs, and thus resumed our work in our resident training the children with as much skills we had at that time. In 1985 we approached The Ghassan Kanafani Cultural Foundation, which was by then established as a non-governmental organization catering for children's needs in some of the camps, to adopt our project. Funds were secured through the Swedish Save the Children. The Swedish organization approved of financial sponsoring of the project for five years. The Project was called Habilitation Preschool. By the end of 1999 a survey on Palestinians with disability was completed with 85-90% of cases of disability being registered. What the survey revealed was that around 1% of the Palestinian population of Lebanon is disabled .

Aims of the Initiative

- Provide therapeutic and educational intervention for the most vulnerable marginalized children of the society, children with multiple disabilities and their families, in the Palestinian Refugee Camps of Lebanon
- Start intervention as early as possible in the life of the child with disability (ages of children from around 1 year of age to 14)
- Spread awareness in the community and region about ways of intervention with children, rights of the children with disabilities about equal access to education and health services, rights of the children with disabilities to stay with their families and be cared and nurtured for

- Easy access of scientific information pertaining to all aspects of care and intervention for children with disabilities in the national language (Arabic)
- Right of the children with disabilities from families of low socio-economic background to receive quality service in all fields of intervention
- Ease of access for professionals working in the field of Habilitation in the most vulnerable and marginalized communities to continue education in their field of expertise through conduction and organization of training courses and workshops in Early Education and Habilitation domain.

Habilitation Preschool

We insisted on the use of the word Habilitation for it defines the essence of our work. Habilitation, on the other hand, refers to initial training and treatment of the person with disability. The initial training assumes that the person did not have required skills and functions in the first place. This is usually the case with children who are born with a disability. Thus, our work centers on providing treatment and intervention for children born with disability, from the day they are born, or the first couple of months, till they reach the age of 8. We restricted our work to the age of eight to remain in line with The Ghassan Kanafani Cultural Foundation whose main aim is to provide Preschool education for children of the camps, and thus established a preschool for children with disabilities. Most children with disabilities that we cater for have difficulties in all aspects of their physical, mental, emotional and social well-being that require them to take more time, than children with no disabilities, when functioning in their daily life. We specified initially eight years to give the child with disability more time, as much as he/she might need, to develop the needed skills and later extended working hours to reach out to more children up to 14 years of age.

Children with Multiple Disabilities

This Habilitation Preschool project started as a Pilot project. During the first year of the Preschool's functioning we surveyed the most neglected sectors among the children with disabilities themselves. It was found that children with multiple disabilities were the category of children that everybody avoided the most. Most of the children have Cerebral Palsy while others have a combination of congenital disorders coupled with other impairments.

Different disciplines

In order to provide the needed treatment for these children, we had to address their different needs. We began our work in Special Education and Physical Therapy. At the time, our financial resources were very limited. It was also very difficult for us

to find the required professionals in Lebanon, since the country had not had a long experience in the field of Habilitation. The Team members consisted of special educators, physical therapist and a family medical doctor. We started with six children and worked according to the resources we had. All this happened when the war was still going on in Lebanon and our resources were very minimal. Now after 18 years of establishment we have 13 Team members in the following professions: Occupational Therapy, Physical Therapy, Psychotherapy, Speech Therapy, Social Work, Special Education, Family Medicine and carpentry technician. The availability of professionals later on was possible through the late provision of Lebanese University for majors in the different paramedical field.

Education & Habilitation

Education

Our educational strategy was based on the idea that the special educator was the facilitator of knowledge for the child. He/she introduces experiences and facilitates the process of acquiring knowledge for the child by using different tools and techniques. Depending on continuous repetitions and generalized implementation, we hope to provide him/her with the necessary and basic life ingredients that will gradually lead to his/her independence. Constructivism as a way of education is combined with the above mentioned approach to instigate our strategy. Constructivism is defined as “a specific project which aims not at developing a theory of the world but, rather, at elaborating a theory of the organism who creates for him/herself a theory of the world. Every aspect of the child’s life should cater towards the child’s own function in life. It looks at how a child can use his/her knowledge and concepts in every days life to help in his/her independence while still opening new channels for more information processing.

Habilitation

Habilitation includes the therapeutic part of treatment and education of the child. It includes all necessary disciplines that could help the child in functioning in life. A lot of approaches are followed all over the world. We firmly believe that the child spends most of his/her life within his/her family, and only a couple of hours a week in treatment sessions. Thus, our emphasis is to the child and his/her family to make both their lives as functional as possible. We follow the participatory approach whereby the family of the child with disability, has a core role in the treatment and make important decisions pertaining to the treatment of their children. Thus, we have included the family as a Team member responsible for the treatment. Parents are not therapists, it is difficult to turn every parent or any family member to an efficient therapist that has a full time job of providing treatment for the child as well

as playing the different paternal or maternal role. It is through the Trans-disciplinary Approach that we find more suitable to our policy. The Trans-disciplinary Team Model is characterized by a sharing, or transferring, of information and skills across traditional disciplinary boundaries. It incorporates an indirect model of services, whereby one or two persons are primary facilitators of services and other team members act as consultants. Teaching content should be organized around naturally occurring activities, rather than isolated skills or tasks. The children with multiple disabilities, having motor as well as sensory problems, have to integrate the work of the different motor and sensory systems to be able to function.

Through the years and based on the above two mentioned needs and on educational constructivism as a working concept, we developed our own approach and backed it up with culturally and environmentally appropriate measurement tools and instruments to empower our strategies of intervention so that they can be built on evidences from practice based on the children's development in their milieus.

Early intervention

Ideally, treatment for a child born with disability should begin the day he/she is diagnosed with disability. In case of children with multiple disabilities, diagnosis can be usually made during the first months of a child's life. The child with disability and/or, with brain damage does not have the inborn mechanism of mechanical spontaneous growth. He/she needs more involvement and training on the part of the caregiver to facilitate his growth as much as his/her ability goes. A child with disability, like any other child, likes to play, laugh and enjoy his/her surroundings. He/she will improvise ways to do this in spite of his/her disability. This will lead to some abnormal ways of functioning that puts the child at risk for later complications and secondary disabilities. Intervening as early as possible in teaching the child ways to function without jeopardizing his/her well-being is essential.

Family Training and Awareness

Working with the child in a habilitation center alone will lead to a dead end. It is also necessary follow-up of what is done in therapy and education inside the home, and with the family. It is very crucial that the family of the child with disability knows how to care for the child at home, i.e. right ways of handling. The child has the right to function equally in different settings. In order to promote functioning and independence and generalization of skills the child receives the needed assistive aids and tools to be used to facilitate the execution of tasks in different setting he functions in, home, school, car, road,..... These assistive aids (Postural Support Systems – chairs, tables, standing boards, scooters,...- Splints- for prevention of

deformities, for enhancing task execution- are designed and manufactured by our Occupation Therapy Workshop Team). The materials used for manufacture differ according to the availability of financial coverage. When finances are dire we use the Applied Paper Technology method that is recycling cardboard paper to manufacture the tools from the paper waste of the community. The child's program is explained and taught to the family and their priorities are included in the main intervention. They are given ways of handling their child at home so care taking will promote independence and reserve the effort and strength of the main caregiver.

The right of all family members to knowledge about the disability in their family led us to feel the benefit of providing scientific medical and educational information. Most references are written in foreign language, with inaccessible terminology. Our yearly information booklets for parents provide necessary information about care and knowledge of the child's disability. It is provided with simple everyday language and includes illustrations to enhance the knowledge and understanding. All booklets are based on scientific up to date information.

Staff -Education & Training

The personnel, working with children with disabilities has to be qualified. Educating and training children with disability is not a charitable or sympathetic work. It is based on education and therapy techniques, empathy, dedication and ethics. It has to look at the child not as a medical case but as a human being with full rights. It is through continuous training and education that we enhance and sustain these beliefs and principles. Therapists must listen to children's self-perception and judgments. A child's belief in his/her ability to accomplish a task may be instrumental to the successful accomplishment of the task. Attainment of specific skills or use of alternative strategies that provide opportunities for success in areas of difficulty should be a primary objective of the programs used. Our policy is to build on the child's strength and good points and train skills that will lead to better functioning. Thus our developed programs for continuing and educating of professionals as well as organizations and conduction of training courses and workshops so that not only our expertise will develop but we will decentralize our intervention approach and help in creating and establishing similar centers in different areas (mainly for the time being in different Palestinian camps in Lebanon) to provide children with disabilities their rights for education and healthy development. In 2004 and at the time of this writing the project reach out to around 130 children annually who have multiple disabilities through 6 programs: Daily Program, Out Reach Program, Family Intervention Program, Referral & Guidance, Field Training and Workshops (national and regional), Mobile Occupational

Therapy Workshop, Publishing Information Booklets in the Education & Habilitation Field) the youngest child is 9 months old and eldest 14 years old.

Achievements of the Initiative

- Establishment in 1986 of a Habilitation Preschool for children with multiple disabilities in the Refugee Palestinian Camp (pilot project)
- Developed a Special Intervention Approach for working with children with multiple disabilities that fits the culture and the community
- Developed measurement tools in different disciplines in the Arabic language that fits the culture and the community
- Establishment of Family Intervention Program to enhance awareness and education of families caring for children with disabilities to contribute to their children's wellbeing (pilot project)
- Establishment of Occupational Therapy Workshop (Postural Support System, Splinting) for children with disabilities. The workshop reaches out to all children residing on the Lebanese territory and in different Palestinian Camps (Pilot Project)
- Establishment of a Specialized Library in the field of Early Childhood Education and Habilitation that is accessible to the community (Pilot Project)
- Publishing Ten information Booklets for parents and interested people in the field of care for child with disability in the Arabic Language
- Annual Conduction and Organization of Training Courses and workshops in this field (15 courses organized and conducted until 2004)
- Conducting Theoretical and Field Training for other organization in different Palestinian camps to create a project with same intervention techniques for children with multiple disabilities in Palestinian Refugee Camps of Lebanon (Specifically developed Approach for intervention in our culture with the most marginalized and vulnerable group of the society)
- Reach out yearly to around 130 children of this category and their families
- Train around 40 professionals and community workers in this type of intervention on annual basis
- Transfer children from the Preschool to other Kindergartens for integration

Best Practice Sustainability

1. Human & professional Resources Sustainability
 - Through the years we have developed guidelines and work code of ethics to direct all personnel in their practice. Measurement tools that were accommodated and adapted to fit the environment and the culture we work

in. We have now 13 assessment and evaluation tools, in Arabic, that are used by different disciplines as well as 10 professionals working in the different disciplines.

2. Financial Sustainability

- Newsletter: since 2001 we started publishing our quarterly Newsletter that provides vignettes of our different activities and our philosophy of intervention. The Newsletter is made accessible to all the Preschool's supporters.
- Income Generating Projects: Therapy Workshop: it is a workshop for assistive aids to children with disabilities. It started 1989 with the aim to become an income generating project. It has two sections Postural Support Systems and Splinting. It was initially planned to turn this project into an income generating project that might support part of the Preschool's expenses. It was realistically revealed that our beneficiaries are a minority and the merchandize we manufacture is very selective and exclusive so production is very limited and demand very high expertise and is tailored according to individual needs. Publishing Booklets: had the objective of publishing in Arabic scientific information for parents covering subjects on types of different disabilities and types of care and intervention. The booklets had to be concisely written with simple accessible language and descriptive illustrations. To turn this to a fund raising project we have to change the quality and design of some of the booklets and republish them. Training Courses: stated above the objectives of the training courses. Since we are active in two types of courses, conducting and organizing courses, it will take some time before this project can fund the two types.

3. Fund Raising Projects

- Ten Projects: The recently begun "10 x 10 Project" was conceived as a sustainable alternative to depending on a few large, but effort-intensive to locate grants to cover the monthly operating expenses of our Preschool. The 10 x 10 Project seeks to establish a network consisting of groups of 10 people each donating 10,000 LP monthly. Each month a coordinator for a particular "group of ten" arranges to collect that group's monthly donations. Donations can be gathered through individuals or institutions.
- Ramadan Campaign: it is the wholly month of the Muslim religion. Every year a campaign is launched to raise funds from national and regional donors. We now have individuals and organizations that support yearly and we are hoping to increase the list.

Inclusive Education in Primary Schools in Montenegro

- Place of action: 7 Primary Schools in Montenegro, Podgorica, Bar, Niksic, Bijelo Polje
- Submitted by: Pedagogical Center of Montenegro, NGO
Bulevar Svetog Petra Cetinjskog 25/V, 81000 Podgorica, Montenegro, Serbia and Montenegro
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- The Partners:
- Bureau of Education, Ministry of Education and Science of the Republic of Montenegro
 - UNICEF

Description of the Best Practice

Republic of Montenegro is member of Union of States of Serbia and Montenegro, which is in process of transition that is related on all segments of society including education. It is very difficult to give precise information about the number of children with special needs in Montenegro. It is appraised that total number of children with special needs in Serbia and Montenegro is around 143.000. Approximately the number of children with special needs by the age of 18 in Montenegro is around 6000-7000. Education of children with special needs is still based on the model of medicine. Categorization of children is doing by testing and for the children that are estimated to be able to continue their educations, that itself understands education under special conditions. Early diagnosing of children with difficulties in their development is still a problem, especially in the surroundings where is lack of educated staff. The facts show that a small number of children with special needs in Montenegro are included in special education - just 5% of total population. So small number of children with special needs that are included in education is result of the fact that special schools are usually situated in big cities, in the suburb and in that way schools are unreachable for a number of children. For the children that live in the places where there are no special schools, sending to a special school mean they are leaving very early and will be absent for a long time from their families. In general, term that is related to the children with special needs understand medicine. Term as disabled person, handicap are still using when people think on the children with special needs. Process of involving children with special

needs in regular schools were doing pretty spontaneously few years ago, without previous preparation of institutions and people that work in it and that resulted their involvement and returning to special institutions. A few years ago, changes regarding education of children with special needs in Montenegro started. These changing are result of global politics in Montenegro that are directed on creating democratic society and focused on accepting the positive democratic validity and contemporary tendency from different fields including education. Educational reform that is carried out by Ministry of Education and Science of the Republic of Montenegro, officially started 2000, even earlier there were some attempts to organize activities to reach better education for all children. But, if we talk about children with special needs, there is tendency for inclusive education and involving these children in the kindergartens and schools. This tendency is confirmed through the Law for the education children with special needs that was adopted on 2004. Serbia and Montenegro signed conventions and declarations about child rights, including rights of children with special needs. Good basic for implementing inclusive program in Montenegro is the Program "Step by Step" that is implementing in pre-school institutions and primary schools in Montenegro. This program is focused on child e.g. in this program child has a main role. Pedagogical Center of Montenegro, Ministry of Education and UNICEF carry out project "Inclusive education in Primary Schools in Montenegro". The Pedagogical Centre of Montenegro is a nongovernmental organization that implements educational program, and in the same time presents executive partner of this Project. Since this project is implemented in primary schools (institutions that belong to Ministry of Education), an agreement is signed and both institutions appointed coordinators. UNICEF in Montenegro provides financial supports and professionals for this initiative. Financial help to project presented resources that Pedagogical Center of Montenegro already had and provided to schools in which the project is implementing. But, before this initiative, in these schools were implemented Program "Step by Step", so we already had teachers that were trained for the work in this Program. In the same time, classrooms in which the Project was implemented were equipped with furniture, didactical and other material. These recourses helped children with special needs to be involved with better quality in this process. The main goal of this Project that has started with realization on April 2002, is to create model of new approach in education for children with special needs e.g. to recognize and provide possibilities for new and better participation in education system. Target groups of this project are the children with special needs, their parents, teachers and school professionals as well as children from the classrooms in which children with special needs are involved too. Project priorities are mentioned target groups and suppose benefits that can have all participants of

this process. To be in position that all participants have a benefit from this initiative, the project defined the following strategy:

1. Project considers inclusive program e.g. involving children with special needs in the groups of the peers that present the only way to make possible better education and development. In special institutions, emphasize is on difficulties that child has and approach to this kind of child is usually just in a manner of medicine. In inclusive education, emphasize is on child personality. Some potential of these children still exist and strategy is to explore and save talents that these children have. Finding potentials in what are children interested in, successful enable teachers to organize activities, so children could still develop as persons. Potentials are the base on which children will develop their self-respect, independence and positive attitude by themselves and others. They will develop new interests and create motivation for the future education and development. These kinds of potentials can be discovered only in a group of peers during the common activities.
2. To have successful involvement of children with special needs in this process, it is necessary to have positive atmosphere in the group, mutual respect of children and respect differences that exists among them. Process of accepting development in the moment when the children are involved in the common activities focused on positive goal e.g. when the educational goals are so structuralized that children can cooperate during the studding. One of the ways to achieve this goal is cooperative learning, strategy in the work that understands the following facts: positive mutual dependence, responsibility of each individual and studying of collaborative skills.
3. To have successful integration in every classroom, a child with a special need should be involved in the classroom where the number of children is reduced on 20 pupils.
4. Basic hypothesis of realization inclusive program is cooperation with parents of these children. From the first beginning involving parents in this process was very important. Besides teachers and school professionals, parents of these children are the members of the team that follow and induce their development. Parents equally participate in bringing decisions that refers their children. In cooperation with parents, it is respected confidential way of communication between the parents and the team, since parent's state very personal facts about themselves and children.
5. Development of child is induced in a way of constantly following children with special needs. In that way, individual education plan is made for every child with a special need. Teachers, parents and professionals are involved in creating the plan. This is a process with long-term goal that includes following of child

improvement, bringing decisions that refers on his needs and is used like result that are achieved in the work with child.

Education is a permanent process and its goal is to educate teachers, professionals and parents of children with special needs. Permanent school visits and help that is constantly offered by the team that runs the project is an important support to teachers, professionals and parents of children with special needs. In a sense of including new activities and directions to this process, project evaluation is done with continuity. Members of team project and professionals participate as partners in project evaluation. During the project, the following instruments (as a personal fails of pupils, individual plans, estimate scale for child development, questionnaire for teachers, professionals and teachers) show the achieved results. Results are evaluated three times a year when the team that runs the project organize meeting with school representatives. During these meetings, every child with a special need is the subject of conversation, achievements and problems that appears as suggestions for the future work. On the basis of data that are results of evaluation, it is shown that involving child with a special need improves their development, education and quality life. Their involvement influences that teachers and other children gained sensitivity in the classroom and it is positive reflected on their relationship towards the children with special needs and develop conscious about their needs and rights. This initiative showed positive reflection on school democratization and their new attitude toward parents and local community. In the moment of realization this Project, starts education reform in the same time. Experience that is gained during the Project implementation shows that Ministry of Education choose inclusive education as a general strategy in a manner of education children with special needs. Members of the team that runs the project, participate in initiatives that Ministry of Education undertook in a process of reform referred on education children with special needs. One of the initiatives that are brought by the team that runs the project was the Law about education of children with special needs in Montenegro. Teachers that attended training for trainers, together with project team members participate in the training for the teachers from new schools that are included in educational reform. Strategies that gave good results during the project implementation would be used in new process of school reform. At the Faculty for the Primary school teachers and pre-school teachers for the work with children with special needs will be introduced new subject- inclusive education, which will be very important for this process. Creating date base of children with special needs, it will be possible their easier involvement in schools. The first generation of children with special needs that were involved in program, in the present time attend III grade. We can say that further goals will be focused on education teachers from the highest grades, and in that way it would be possible

continuity of children's education. Providing the right on quality education to the children with special needs is just on e aspect focused on better life of those children. Team project insisted on connecting different sectors in a goal of realizing and solving problems that these children have. In that manner, started cooperation with representative of health institutions, associations with parents that have children with special needs and Government of Montenegro. In the following period, it is necessary to strengthen cooperation and work on concrete activities in a goal of providing better conditions to these children. Creating a national strategy/plan for the children with special needs is the next step that leads to achievement of this goal. Media presentation contributes to sensibility of public and raising awareness of needs and rights for the children with special needs during their development. Experiences that we got during the implementation of this Project are the base for strengthening initiatives and creating conditions for inclusive education in the countries of encirclement. Cooperation that we have so far as well as exchanging experience need to be more intensity and stronger.

Lessons learned

- Taking over initiatives in the scope of one sector are not solving the problem that are related to the children with special needs, no matter how successful they are. Connecting and performance of all sectors (education, health and social care) can lead to realizing and solving problems of children with special need.
- To provide quality life and integration in the society to the children with special needs, it is necessary to influence on raising awareness of public about children's rights and needs e.g. influence on changing negative attitude that exist in this population.
- Successful involving children with special needs in regular kindergartens and schools is possible only if it is implemented a project that is focused on child, that child respects as individual, e.g. that can notice differences that exist among children- regarding their needs, what are they interested in, what are their possibilities, and in that way offer them conditions so each child could achieve their own talent.
- Very important fact of successful inclusive education is cooperation with parents of children with special needs. Parent's participation in the team that follows and stimulates child development is a need and important supposition of quality education for the children with special need in regular programs.

Integration at a nursery school among multiethnic children

Place of action: Circolo Didattico 2 – Scuola Materna – San Lazzaro - Bologna – Italy

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The Partner:

- Cassa di Risparmio Foundation, Bologna

Description of the Best Practice

The non-profit-making MUS-E Italy Association, located in Milan, is affiliated to the International Yehudi Menuhin Foundation (IYMF) and operates, for the time being, basically in primary schools in Milan, Genoa, Turin, Cremona, Bologna, Rome and Naples. The MUS-E Project aims to stimulate the development of children and their harmonious integration into society by practicing music and arts in schools, thereby helping to prevent violence, racism and social exclusion from a young age. Three years ago MUS-E tried to implement a “pilot project” in a nursery school with children of the age of three up to five. Of course the project has been fitted accordingly. MUS-E selected an artist team which has been working 2 hours a week for 16 weeks for 2 years. At this age children start interacting and relating to each other, building the basic ways of behavior. They start sharing new experiences with others and making friends. Attending the nursery school is for children a sort of debut into the society. The activity program has been based on figurative arts and music. According to the fact that in the school, chosen on purpose, there was a considerable number of children from third world countries with different cultures, habits and customs, the prior objective was to achieve the highest level of integration. Therefore the activities were oriented : to strengthen the individual identity through common works in order to achieve the membership of the group; to be able to relate to others; to learn simple capabilities. The musician Sara Sommacal, a MUS-E artist, was in charge to carry out a 2 years program,

teaching simple songs, rhythm exploration, building-up simple musical instruments, simple dance, vocal expression, songs coming from different cultures. The project allowed the awareness of being part of a group and recognizing the group as a room and play by the rules, such as singing and playing together. On top of that children learned body coordination, sense of cooperation and the music as individual media of expression. The painter Rita Costato Costantini, a MUS-E artist, was in charge of plastic arts. The first year the program started by leading children to observe and touch things around them such as toys, pictures, objects, flowers, food, etc.; then by familiarizing with pencils, paintbrushes and watercolors. The knowledge of means of expression became the way for a no-verbal story made of thoughts and emotions. This can be considered a way to a figurative literacy. There was time for creation of imaginative language and time for using the new acquired elements in free and expressive compositions. At the end of the school year, during the final “open lesson” to the parents, MUS-E artists and children assembled all works done on a wall, which was used as a scenario for the final performance. In the second year the program was oriented to an acoustic, visual, tactile, olfactory and graphic-pictorial exploration involving the five senses. Children learned to portray themselves and their mates. This experience was important to build up a self-consciousness and, secondly, to transfer in their drawings the ethnical differences and consequently accept them. During the final “open lesson” children drew live the faces of their parents, without fear to be judged from the adults.

Mother Child Education Program (MOCEP): an Early Child Development and Support Program

<u>Place of action:</u>	Istanbul, Turkey (implemented in 75 out of 81 provinces)
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- Ministry of National Education • General Directorate of Apprenticeship and Non-formal Education

Description of the Best Practice

Origins of the Program: The Turkish Early Enrichment Project

The origins of the Mother-Child Education Program lie in the Turkish Early Enrichment Project, a research project conducted between 1982 and 1986 by Cigdem Kagitcibasi, Diane Sunar and Sevda Bekman of Bogazici University. The project set out to assess the impact of both center-based education and home intervention (now the Mother Child Education Program) on the overall development of socio-economically disadvantaged urban children. In Turkey early childhood education is neither compulsory nor widespread. Access rates have not improved much since 1982 as it is currently 11% for 0-6 year olds and 15% for 5-6 year olds. The state of early childhood development and education in Turkey calls for alternative models and cost-effective programs that can reach large numbers of children most in need. Early education in this instance can help to bridge the gap between these children and their more advantaged peers when they start their schooling. The “home intervention model” thus originated in a desire to provide early enrichment to children from disadvantaged environments by strengthening their immediate environment. The impact of the home intervention model was assessed both immediately after the intervention and six years later in 1991. The results indicated that children who had participated in the program had improved cognitive skills, displayed positive effects on personality and social development, and had higher school attainment and better self-concept. For mothers the effects were also long lasting as they reported improved interaction with their children, being less punitive, having increased decision making in the household and improved communication with their spouses and other children.

From Project to Program

After the impressive results of the follow-up research, a number of small scale implementations were carried out as public service in Istanbul with the support of parent associations, women’s groups and the private sector. It was however only after the leadership of a major philanthropist, Ayşen Özyeğin, who established the Mother Child Education Foundation in 1993 that the Mother Child Education Program was able to fulfill its potential of improving the lives of a significant number of mothers and children in Turkey in partnership with the Non Formal Education General Directorate of the Ministry of Education. Very soon after, a loan

agreement was signed between the Ministry and World Bank to support expansion of the program across Turkey.

Content, Components and Methodology:

In Turkey, the Mother-Child Education Program (MOCEP) has introduced a new approach to early childhood education, which targets and has many positive benefits for both mother and the child. It aims to educate and support preschool aged children living in under-resourced environments who do not have access to early childhood education. The support is provided through empowering the mother in her natural educator role so that she better can meet her child's cognitive, socio-emotional and physical development needs in the natural home environment. Thus it is a multipurpose model of non-formal education, with the dual focus of intervention being both the positive development of the child and the empowerment of the mother. The program consists of three components: Mother Support, Cognitive Training and Reproductive Health and Family Planning. The components and methodology of the program are detailed below:

- The Mother Support Program (MSP) component is delivered in the form of group discussions guided by a trained group leader. The aim is to sensitize mothers on subjects such as children's development, health, nutrition, care and creative play activities, discipline, mother-child interaction, communication, expressing feelings and the needs of the mother. Through sensitization to these issues the mother is better able to support the development of her child.
- The Cognitive Training Program (CTP) component is based on 25 worksheets and 8 storybooks which aim to foster the cognitive development of the child and prepare him/her for school. Each week's materials contain various exercises to be carried out by the mother with the child each day at home. These exercises contain activities that foster eye-hand coordination, verbal and language development, sensory discrimination, classification, seriating, pre-literacy and pre-numeracy skills and problem solving skills. This part of the program is further supported by home visits conducted by teachers.
- The Reproductive Health and Family Planning component also takes place in the form of group discussions and aims to sensitize mothers on the female reproductive system, safe motherhood, modern family planning methods and general reproductive health.

MOCEP is a 25 week program, with mothers attending 3 hour group meetings once a week in the Ministry of Education's adult education/community centers. Each

group is composed of 20-25 mothers. The meetings are run by group leaders/teachers trained by AÇEV staff. The group meetings are supplemented by home visits. The mother's participation in the group discussions teaches her to develop effective communication with the child and increasing her sensitivity to the child's needs. The mothers ask questions, generate answers and express opinions related to their own experiences in the discussions which are guided by the group leader. Group dynamics techniques are used. There is not a unidirectional flow of information, rather, learning takes place through an exchange of real-life experiences and self-expression is encouraged. During the group meetings and following the weekly Mother Enrichment topics, the group leaders direct the discussion to a specific topic in family planning and health. The topics range from birth control methods to problems that can be encountered in pregnancy and childbirth. Being community-based, this component of the program in particular has the inherent flexibility to benefit from the indigenous culture and to be culturally relevant. Following the group discussions, mothers are taught how to use that week's Cognitive Training Program. Thus in the second part of the group meeting, the group breaks up into smaller groups of four or five, headed by a mother's aide. Each small group role-plays through the worksheets and storybooks in order to be able to use the Cognitive Training Program. Home visits are an important component of MOCEP. Group leaders conduct home visits to ensure that CTP is being implemented appropriately in the home environment and to discuss any problems with the mother. Each mother is visited a minimum of three times throughout 25 weeks of the program. These visits offer extra implementation support and also act as a built-in monitoring system. Beside the positive effects of the Mother-Child Education Program, the cost effectiveness of the model also makes it attractive for wide-scale use. Home intervention is a highly effective and relatively low-cost strategy for early enrichment. Expensive institutional investment is not required, as the most important resource used is the human resource. In Turkey AÇEV provides technical assistance and training to the program (teachers are trained for four weeks), the government provides staff and buildings, and the World Bank loan continues to provide funding for the educational materials. Presently the cost of implementation (excluding physical space and investment/training costs) is 15 USD per individual.

Impact of the Program

The program has demonstrated impact at both the micro level and macro level. At the micro (participants) level effects were far reaching and long-lasting. Assessments carried out by a broad range of researchers (see List of Publications) have found that through this low cost, widespread, multi purpose program, children and families who cannot benefit from formal preschool institutions can be provided

with a fair chance to education and consequently have a better chance of success in their future lives. The most recent study (2005) has followed children from the original research project into young adulthood and further demonstrated the long-term impact of the program. Evaluation results have found that children are:

- Better prepared for school
- Have better academic performance (higher IQ, school grades, tests of academic achievement)
- Have higher years of schooling (more likely to continue on to university)
- Develop as independent individuals (less dependency, less aggressive behavior, more confident)
- Form positive social relations (both with family and peers)
- Have higher status jobs
- Empowering mothers in the education of their children ensured that the environment of the child was permanently altered with the potential to promote self-sustaining changes and growth. At the same time a number of effects were also observed on mothers in that:
 - More aware of children's needs and how to support them
 - Better relations with their family and child
 - Less negative discipline methods (beating, shouting)
 - More interested in children's schooling and made more effort for school success
 - Increased confidence and self-satisfaction
 - More involved in decision making in the home
 - Make better use of services in the community

At the macro or policy level significant impact has also been demonstrated. Firstly, the rather narrow definition of preschool education in Turkey in terms of formal centre-based preschools has expanded to include non-formal community and home-based early enrichment. Secondly, the partnerships that were established maximized on the resources that each party brought to the implementation. Existing Ministry of Education staff was provided with in-service training by AÇEV trainers and the program carried out in Adult Education Centers. Therefore the investment costs for the program were minimized. Finally, the partnerships that were established were institutionalized as the partnerships arrangements have continued to evolve since 1993 to the present day, resulting in sustainable policy changes for children. Partnerships are not confined to the Ministry of Education and World Bank as the program or its components are also implemented, on a smaller scale, with social workers from the Social Services and Child Protection Agency in Turkey, UNICEF, other NGOs and private organizations.

To date over 200,000 mothers and children have benefited from the program and 640 teachers and supervisors have been trained. The program is implemented in close to 90 % of provinces in Turkey.

Problems encountered in Program

As with any major program, problems have been encountered at different stages. IN the initial stages of implementation, securing participation of mothers were problematic especially in conservative patriarchal communities. Group leaders would often have to persuade husbands or mother-in-law to gain permission for mothers to attend. A second problem which has not been resolved in all areas is providing childcare for mothers attending the program. In some sites a separate childcare room was established with voluntary community support. In some cases, managers of Adult Education Centers being used to conventional methods of adult education may not understand the approach of the program and display limited commitment. Here ACEV officials would work separately to involve Ministry staff in implementation of program. Finally maintaining quality always remains a challenge with wide scale programs. The fact that the group leaders are not experts in child development or even adult education and the limited training received does provide drawbacks. In order to overcome this disadvantage, ACEV has instituted a strong system of supervision and monitoring and developed various materials to support and guide implementation to maintain quality

International Replication of Program

The program has also been replicated in several other countries beyond Turkey. The first country to replicate the program was the Netherlands who utilized the Mother Support Program with immigrant populations and translated the program into Flemish. The program has also been implemented with Turkish immigrants in Germany, France and Belgium in partnership with local NGOs including Deutsche Rotes Kreuz, Bremen Migrants Association, Belgium Turkish Women's Association, Gent Turkish Women's Association, Elele Association. In 2001 the program was translated into Arabic and revised by a team from Bahrain, under the leadership of Dr. Julie Hadeed. The program has been implemented since in 4 regions of Bahrain The program is currently under the auspices of the Bahrain Red Crescent Society and enjoys the support and collaboration of several ministerial and local agencies. An experimental study and evaluation of the program has also been conducted and found positive effects on mothers and children. Finally the Cognitive Training Program component of the program has been implemented by UNICEF in Jordan as part of the Better Parenting Initiative. The program continues to gather interest from NGO's and governments from different countries, including Syria and

Azerbaijan. AÇEV has provided know-how, training and supervision to the implementation of the program in all of these countries.

Inspiring other Programs

While the program has been replicated in other countries, in Turkey it has also prompted and inspired the development of other programs and approaches. For example, feedback from participant mothers indicated their needs for fathers to also be targeted in parenting programs thus in 1997 ACEV developed and implemented the Father Support Program which has reached close to 6000 fathers to date. The Father Support Program has built on the experience of MOCEP as it shares the same principles and methodology. More recently, in an effort to reach larger numbers of parents and children, the content of both MOCEP and the Father Support Program was adapted into a major television program. The TV program entitled 'Will You Play With Me' was developed and produced in collaboration with the public broadcasting channel TRT with 260 episodes produced and broadcast to date.

Conclusion

The Mother Child Education Program is thus an example of a best practice in early childhood development through its innovation of establishing a scientifically based multipurpose model of non-formal education that has far reaching and long lasting effects on both the young child and the family. At the same it has been instrumental in instituting partnerships between diverse sets of actors in society. The Mother Child Education Program promises to contribute further to human development and wellbeing in Turkey as well as other countries.

Setting down the bases of the early diagnostics and complex development work and elaborating its method in a civil organization

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- Dévény Anna Foundation
- Foundation Hand in Hand
- Nursery of Swallow's nest and Early Development Department
- First Committee for Examining Learning Abilities
- Second Committee for Examining Learning
- Third Committee for Examining Learning Abilities
- Fourth Committee for Examining Learning Abilities

Description of the Best Practice

In 1992 we established the Early Developmental Center in order to ensure full-scale services for children with disabilities aged between 0 and 5 and their families that consider their special point of view who live in Budapest or in the neighborhood of Budapest. (At that time our institution was the first one that functioned under these circumstances). At the beginning of the establishment of our institute we found that we had to do a lot in this field; therefore, according to our personal and professional experiences we tried to create an institute that helps to provide services for developmentally delayed children, to complete all the deficiencies in the services based on the needs of the children and to ensure professional services for families on a high level. The aims of our institute are to take the service of the child and the families' needs and problems primarily into consideration. We think it is important that the experts cooperate with each other and with the parents. Besides our complex development and services we try to help the families to recognize the children's problems as early as possible, to give a complex diagnosis, to accept the otherness of the children and to prepare them for some difficult life situations and to create the possibility of equal opportunities for them. We do experience these days that the possibilities of equal opportunities of the developmentally delayed children and their families are rather poor in Hungary. The special needs of the children and the development and therapies that can be approached with difficulties and high cost can be a huge burden on the families who don't have enough information about the available opportunities. It is often evident for us that the relationships of these

families loosen, the families get isolated and many times it is also difficult for them to make new relationships with fellows, not even in those days when the need of it occurs in the family. Due to these facts our Center has developed several and diverse services in the last few years. We provide the following services for the families in the field of early intervention from the beginning (we widen the range of our services):

- complex diagnostic examination of the child, testing of the child's developmental level
- continuous monitoring of the development and state of the child
- special education development and counseling
- physiotherapy
- group development for two groups of children who are not involved in any other services, providing daily board and special support for them two times a week
- psychological support
- music therapy
- promoting the placing of the children into institutes
- lending toys
- arranging parent groups in order to have the possibility to meet some fellows
- organizing lectures for parents
- operating an information office that can give a wide variety of information about kindergartens, financial and in kind support for the parents

We have examined approximately 2800 children since the foundation of the Early Developmental Center. Besides the diagnostic and control examinations (fifteen a week) we provide complex services for 220 children on a weekly basis. All the employees of our Center (pediatrician, child psychiatrist, child neurologist, special education teacher, child psychologist, physiotherapist, music therapist and we consult with eye- specialists, audiologist, orthopedist) ensure the services for the families in teams. We have been contributing to the preparation and creation of the laws concerning developmentally delayed children and to the enforcement of the law in order to improve the possibility of equal opportunities (being aware of our professional responsibilities). We define early development as an activity that concerns several portfolios; we initiate professional and portfolio consultation. Besides we try to change the social attitude, the prejudice toward developmentally delayed children and their families. In order to improve the possibility of equal opportunities directly we are going to launch methodological further education for those who are involved in self- help parent groups and for those who take part in

protection of interests in the spring of 2005. With the cooperation of foreign and home partners we are planning to elaborate and hand on useful methods to these groups, to harmonize the work of the groups in order to increase the effectiveness of the groups. We participate in the development of the supplying system in order to ensure wide-ranging, easily available services; we set up and cultivate professional relationships. We provide opportunities for consultation and cooperation with other institutes that work in the same field. We try to hand on our knowledge, our experiences to those who work in the same field on organized trainings. We provide the following trainings:

- we do practical trainings for college students who either study special education or physiotherapy on the basis of the contract with the colleges
- postgraduate theoretical and practical trainings in the field of early development and its special fields (supplying children with autism and severely multiply disability), these training will be accredited in the year of 2004/ 2005
- in the year of 2004/ 2005 we are going to launch a program for special traveling teacher who can give development in families' homes based on our experiences that we obtained in the last twelve years in our Center
- we are planning to launch a kindergarten integration program for children with autism coupled with training for kindergarten teachers and giving professional support for the teachers

We considered it important to establish the quality assurance system in our Center in order to maintain and increase the level of our functioning, to being compared with home and foreign institutes. Therefore the work with the quality assurance system began at the beginning of 2004 which hasn't finished yet because of the special needs and financial difficulties.

Our Foundation tries to obtain financial support from several sources. One of these sources is the norm supported by the state for early development, early preparation as an education activity. This financial support forms 30 % of the budget income of the Foundation. The Local Authority of Budapest also support us on the basis of the contract of services, its financial aid gives 15 % of our budget income. The Foundation tries to raise funds for all the other income of the functioning with applications from the state, local authority, financial and civil sector and through our supporters. Since these sources are occasional, we can't plan with these incomes; so our Foundation tries to battle for the survival just like other institutes in the same field. It betters our circumstances that in 2004 (as a result of our persistent work) the National Health Fund accepted some parts of our public health work. We can't really assess its effect, since we contacted with the National Health Fund on 1

of October, 2004. At the same time we hope that all the administrative obstacles have been averted to make a public educational agreement with the Ministry of Education (as a public educational institute that provides state duties). Its realization could be an income source to our Center in the future. From these last two sources we could ensure a further 30% of our necessary incomes according to our calculation which would cover 70-75 % of our necessary incomes. The function of our Center can't be objectively assessed since we don't know how these children's development could have been without our employees' help. Besides the support of developmentally delayed children's mental development, our important aim is to help them being an accepted, loved and active member in their families. According to our experiences a lot of developmentally delayed children got into children's homes and health homes. Children who get services from our Center can stay steadily in their families and their development can be carried out ambulant or in the form of daily board. This fact can be acknowledged as a result of our activity. Our further aim is to help these children and their families (despite their special needs) to live a life like the others. Since 1996 the Early Development norm counts as a state educational norm in Hungary. Our Center played a significant role in the change of the Education Law. Our further aim is to achieve that none of those in need is left out from Early Development because of the effect of the law as far as possible. We experience that more and more families with disabled children begin launching self-help groups who would like to enforce their interests. In some cases the parents found each other through our Center and our employees informed them about their rights and possibilities. Our further aim is to help these groups' function according to our possibilities. In the College of Special Education, Budapest Early Development constitutes a separate subject for future special education teachers who study its theoretical and practical part as well. Our Center and some other organizations that are usually civil organizations had an effect on the form and the change in the training of early development. Our employees take part actively in the theoretical and practical training. Our further aim is to help the College of Special Education to increase the level of the training with new standpoints. For those who finished the College earlier we contributed to provide easily available and high level services on the professional further education. Our further aim is to widen and start these activities regularly on a high level. (as an accredited training). During our twelve-year activity there has been a lot of changes within the organization and in the outside world as well. From the beginning of 1990s the role of the civil organizations spread steadily in the field of protection of interests and services. Our Foundation has been playing an important role in the form of effective cooperation between the governmental and civil sphere since the foundation of our Center. The number of our employees and the children who are examined and looked after in our Center increased significantly and we have to meet more and other type (not

professional but administrative and technical) of external expectations. Like other civil organizations we had to get through a long, difficult procedure of being an institute which is necessary in the interests of effective and high level work. We try to manage this process by an external expert who develops our organization from the year 2000. (It is getting more and more obvious that several fields of management of our Center need the present of experts who don't participate in giving regular services for children. At the same time we try to share the management among our colleagues and we try to help employees from the management with trainings in order to carry out their job easier and better). According to the experiences of the last years the management should take into consideration the fact that not only should the employees do their professional work on a high level (services for children, education, administration) but it should ensure possibilities for professional trainings in the Center in order to share the experiences continuously, to rehear and check the main concepts of the professional work regularly. The above mentioned expert who develops our organization helps in defining the priorities of the work of our colleagues in order to make their work easier. In 1992 our Center was the first one (as a civil organization) in Hungary who began dealing with Early Development. Since then there have been a lot of institutes (state, owned by the local authority or by the church, civil organization) that fulfill the same duties. We are in professional contact with most of them and we consult with them. We don't have any information how these institutes considered our Center's experiences when they were formed but we know that a lot of these institutes asked us for some advice about our Center's foundation and its functioning.

The Program for supporting Child Psychosocial Development

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- Social Assistance and Solidarity Foundation of Mudanya, Bursa
- Social Assistance and Solidarity Foundation of Gursu, Bursa
- Adil Onar Education Foundation
- Association of Mother and Child Health Assistance and Training
- Bursa Association of Social Care for Homeless and Poor Patients
- Association of Aid for Patients and People in Need
- Foundation of Aid for Patients and Hospitals
- Eker Milk Company
- Turkish Mothers Association
- Association of Turkish Women's Union
- Association of Turkish Women's
- Turkish Red Crescent Association Bursa Office
- Association of Turkish Women of University
- Cooperative of Pharmacy

Description of the Best Practice

The development of the brain mainly forms at the early pregnancy period and the first stages of life. Children's lifelong physical, psychological, social health and his or her interaction with the world is closely geared to brain development. In this process, parents play an important role by providing necessary care and training. During this period, parents also need support and information. Insufficient nutrition as a result of poverty mostly effects the pregnant women and the children. It causes irreparable damage to child development. Children exposed to abuse are likely to experience emotional, behavioral, social, and mental problems. The most effective intervention is prevention. Also, care given together with love and affection is of vital importance in development of children. Parents' and especially mothers'

psychological problems such as anxiety and depression have negative effects on childcare and mental development of children (Mustard, 2002; Unicef, 2000; Unicef, 2001; Hatun, Etiler & Gonullu, 2003). The prevalence of malnutrition is 3.8% in the Marmara Region (Toros, 1998). Despite the lack of reliable statistical data, it is estimated that abuse directed to children and women is common in our region. It has been shown that child abuse (including emotional) is 33% (Bilir, Ari, & Donmez 1986), and violence against women is 28.8 % (Subasi & Akin, 2004). The prevalence of depression among women in our country is 9.8%, the rate of anxiety disorder is 8.9% (Erol, et. al., 1998), and the developmental disorders among children is 1% (Ozmen & Eraslan, 2003). These rates are closely related to the fluctuations in economy. There are 5852 health centers in Turkey and 140 in Bursa Province. The midwives and nurses working in these health centers have been doing home visits and monitoring the children. However, their knowledge, skills, equipment, and support facilities to improve a child's development are insufficient. Within the current working system, child development is ignored and there is no other constitution to fulfill this area.

Primary Objectives

The primary objectives of this program are:

1. Increasing the knowledge and skills of the first level health staff on child development
2. Helping develop a positive and supportive relationship between health staff and parents
3. Informing parents about child development and care, pregnant and child nutrition, and helping to develop a positive and supportive environment for children
4. Having an opportunity to diagnose and treat parents' psychological problems that are likely to affect their relationships with their children
5. Providing very poor families with:
 - a) regular food
 - b) basic needs such as clothing, firewood and coal, and health expenditures
 - c) toys
6. Preventing and stopping abuse
7. Detecting and treating the children with developmental delays
8. Establish a coordination among all organizations interested in supporting and improving the health of mothers and children

Priorities and Strategies

The method of this program is to educate the parents, support them and monitor the risk factors by home visits and transmit the needed supports from the related public and private sector institutions through health centers. This method is thought to be cost-effective considering the economical conditions of our country. With this method, it is aimed to provide the children with a more positive and more secure environment, and to decrease or eliminate the effects of the negative factors such as extreme poverty, and violence.

Material and Method

Program Material

Midwife/nurse Interview Form

Interview Form Guidebook

Health Staff Education Set

PSCPD Course Book for Physicians

Social Support Institutions and Services that can be utilized in Health Services (Booklet)

Educational Flipcharts for parents

Pregnancy period

0-2 age period

Brochures for parents

Method

Program related activities are executed under four headings:

1. Health center staff training

Including communication skills, psychosocial health of the pregnant and the child, child development, and risk factors in development and preventive factors.

2. Monitoring and supporting the pregnant and the child psychosocially

Midwives and nurses with this training has been monitoring pregnant women and children between the ages of 0-6 with a semi-structured interview form.

These monitoring sessions are held once within the first three months of the pregnancy period, once within the rest part of the pregnancy period, four times until the child reaches the age of 2 and twice more until the child reaches the age of 6. During the interviews the parents are educated about supporting their children development, nutrition, family planning and are informed how to find

any social support. The families are appraised for their social-economic conditions and risk factors for child development. If the child's family is excessively poor, support from the related institutions and organizations is requested. If needed, regular nutritional support is provided for pregnant and children (0-6 ages). In cases of abuse, parents are interviewed, and they are informed about the risks imposed on child development. If parents have psychological problems, the necessary treatment and counseling are given. Judicial institutions are informed if legally necessary. The children identified by Denver Development Scanning Inventory (DDSI) as having developmental disorder are directed toward the Children's Hospital for a special support program. Playing materials are provided to the needy children. Playing rooms were made available in the health centers as models for parents.

3. Establishing a coordination between the related institutions
Coordination is realized through PSCPD Province Coordination Committee and PSCPD Non-Governmental Coordination Committee to which the names of the persons who attend the program are given.
4. Monitoring of the activity
Data from health centers are kept and filed using the monthly data collection form. The children provided with food support are also monitored with DDSI.

Solvable and Pending Problems

The materials and the training program given to the health centers personnel has rather been settled. The number of mothers who have been interviewed is satisfactory. However, fathers involved in the program are fewer than the mothers. The nutritional support provided is in minimum amounts for the pregnant woman and the child. When the whole Bursa Province is considered, finding more food supply seems difficult. DDSI in children with malnutrition, has shown that 65% of these children need support for development. For cases with developmental delays, which are thought to be determined in the first half of 2005 is being solved by using the facilities of the Spastic Children's Hospital located in our city, and by ensuring financial support from the Patient and Hospital Assistance Foundation. In order to spread the program to the whole province of Bursa, there is a need to establish special centers. Therefore, search for new resources have begun. Another very important problem is the violence objected to mother and child. Concerning this issue, problems such as avoidance of the health centers reporting abuse and the difficulty in resulting interference have appeared. A team has been formed for this issue and studies have been carried out with cooperation of NGO to avoid violence against mother and child in 2005.

Community Support

The community has been very supportive. One of the members of a labor union (Memur-Sen Bursa Branch) have reserved the income of a fund for nutritional support. An artist has also transferred his income of an art exhibition for the needy children within the program for food and toys. Koza Lions Club and Kükürtlü Lions Club have also joined those who support this program.

Monitoring of the Program Effectiveness

Significant improvement has been achieved within the program regarding the content of the service given in the health centers and the health personnel's ability and knowledge on the support of child development.

The evaluation of the results of the studies are conducted under 3 headings:

- 1 Keeping the track of the data from health centers:
21 cases who received regular nutritional support for 3 months were evaluated for weight gaining and 13 (62%) of them showed improvements. DDSI performed at the beginning of the nutritional support have shown that 65% of these cases are either under the age limit or below average and they need a special support program for their development. DDSI were performed the second time to 12 children which received regular nutritional support for three months, and it was found that 3 (25%) of them reached the normal developmental level. Children who received regular nutritional support are being monitored.
- 2 Program effectiveness tracking research:
 - a. The efficiency of PSCPD through interviews and education sessions with the mothers on supporting child development was investigated. It was observed that the mothers of children who were included in the program scored statistically higher than the mothers who were not involved, in the areas of stimulatory behavior towards their children, playing and speaking with their children, reading books, singing songs, and telling stories for their children, as well as receiving help and support from their spouse and neighbors, and sharing the problems with their husband. These results suggest that PSCPD is successful in providing a stimulatory environment to children in their early developmental stage, strengthening the social support system of the mothers, and consequently achieving a more positive mother-child relationship and a more peaceful atmosphere.
The details of the investigation are provided in the attachment.

- b. With the aim of evaluating the effectiveness of the program related works, a questionnaire was applied to a total of 90 individuals by impartial administrators in March of the year 2002.

In terms of satisfaction from the relationship with the midwife, a significant difference between the control and intervention groups was found at the level of $p < 0.001$ in favor of the program. There was also significant improvement in the relationship of the midwives with their cases who are not in the program ($p < 0.01$) thanks to the training they had taken. However, mothers who were in the program were more likely to share the problems related to their children with the midwife and have feelings of empathy on the side of the midwife ($p < 0.001$) which showed that the best result was achieved by only standardized interviews.

3. The results on whether the health staff benefited from the training

In the training of the four separate groups done with the prepared training material, pretests and post-tests were administered to assess the effectiveness. In the t-test applied, a significant difference was found in the group taken to training program firstly at the level of .05 in favor of post-test and also in the other three groups at the level of .001 again in favor of the post-test. The results have shown that the training sessions are successful and effective.

Conclusion

Bursa Health Directorate is planning to expand the program to cover the entire Bursa Province a population of 2 million people. The Bursa Governorship has also taken an important step by allocating a budget particularly for regular nutritional support for the needy. Bursa Metropolitan Municipality invited an executive of our program team to the Struggle Against Poverty Initiative Upper Committee which is under development. This committee decided to give the priority to the pregnant women and the families having children between 0-6 years of age. Finally, the Ministry of Health is considering for a start to expand the program throughout the country in 2005. Health Directorates of some other provinces got in touch with our directorate and declared their wish to implement the program in their own provinces.

In our endeavor to create new resources, we saw how the NGO, despite their small budgets, but willingness to help had become a great and positive power. We enjoyed meeting the universal knowledge through the internet and transferring the solutions of other countries to our own seemingly unsolvable problems.

We give priority to cooperation with NGO more than ever and we are continuously searching for other resources. We suggest that those who are in the stage of

developing such a program should combine their power at an early stage, give priority to the NGO, and benefit from the previous experiences. Most importantly, we have learned that there are countless resources for countless problems if one is dedicated and looks at the problems from a different angle.