

**PALESTINIAN COUNSELING CENTER**

**PSYCHOSOCIAL AND CHILD PROTECTION  
NEEDS ASSESSMENT FOR AREA C  
OF THE JORDAN VALLEY**

**Locations**

Fasayil, Al-Jiftlik, Nuwei'ma, Ein ad Duyuk, Marj Na'ja,  
Marj al Ghazal, Az Zubeidat, Al-Auja, Sateh al Bahr & An Nabi Musa

From: The Palestinian Counseling Centre (PCC)

To: War Child Holland (WCH)

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## INTRODUCTION AND BACKGROUND

The PCC was contracted by War Child Holland to conduct a Community Child Protection and Psychosocial Assessment for nine locations in Area C of the Jordan Valley; which are Fasayil, Al-Jiftlek, Nuei'ma, Ein ad Duyuk, Marj Na'ja, Marj al Ghazal, Az Zubeidat, Al-Auja, Sateh al Bahar and An Nabi Musa. The PCC conducted the needs assessment on two stages, the first being in October 2016, which targeted the eight locations (listed above), while the second was conducted in June 2017 in Sateh al Bahr and the An Nabi Musa area. The objective of the assessment is to enable War Child and its partners to identify the needs and gaps in vulnerable communities specifically with regards to child protection and psychosocial support, as well as to identify any children in immediate and acute need of direct services. The findings and recommendations from the community assessments should lead directly to the development of community child protection planning, psychosocial support, capacity building of community and local structures, and service delivery, with a view towards developing a community based case management system in 2017 (pending availability of funds.)

### The assessments will identify and analyze children's status and needs, asking questions including:

- What vulnerability factors are having an impact on the protection and psychosocial wellbeing of children?
- From the point of view of community members, caregivers, and children themselves. What are the current mechanisms for protecting children in the community? Including formal and informal community mechanisms, service mapping resources for psychosocial and protection related services?
- To whom do children, caregivers and community members turn when a child protection risk is identified?
- To what extent are current community child-protection mechanisms meeting the needs of children?
- To what extent are current service providers able to meet the child protection and psychosocial support needs of children?
- Are there any children in the community with an immediate, acute need for direct child protection, legal, or psychosocial services?
- What gaps exist in the mechanisms identified, and (how) can project partners work together to fill them?



Child protection group

## ABOUT AREA C

Area C, which makes up 61% of the West Bank, is under Israeli civil and security control. According to the Applied Research Institute Jerusalem (ARIJ) report in 2015; some 300,000 Palestinians live in Area C. Palestinian population densities in Area C built up area or within the proposed outline (master) plans exceed the equivalent average population densities in Areas A and B.<sup>1</sup>

The Jordan Valley and the areas of the northern Dead Sea cover approximately 160,000 hectares, which make up about 28.8% of the West Bank. Some 88% of the land in this area had been designated as Area C, comprising approximately 42% of all Area C lands in the West Bank. The rest of the land in the Jordan Valley is made up of enclaves of Palestinian communities, including the city of Jericho, designated as Areas A or B.

It has the potential for significant urban expansion to accommodate Palestinian population growth and economic development needs, since it is considered a rich area in its natural resources. It contains about 60% of agricultural lands in the West Bank and includes permanent crops, arable lands, heterogeneous agricultural lands and plastic houses. Furthermore, it has many touristic and archaeological sites, water resources from water wells and springs, Dead Sea minerals and salts, and stone deposits.

However, the Palestinian Authority has no security or administrative control over this area. Rather, Area C is under the Israeli military control. As of 2015, Israeli military zones occupied 29% of Area C, and Israeli settlements occupied 6% of Area C and these continue to spawn and expand. An additional 3% of land was designated as nature reserves areas to be transferred to the control of the Palestinian Authority (PA), though it has never materialized.

Any development outside the area of the approved master plans is at risk of demolition by Israeli forces. In 2015, Israel demolished 482 homes and structures in Area C, uprooted some 13,000 trees, and attached Palestinians and their properties on 898 separate occasions. As a result of restrictions on development, the limited space to develop urban structures and services and inaccessibility of arable land, the Palestinians communities in Area C find themselves marginalized, with no access to basic services such as; educate schools or clinics and sometimes even without water or electric networks and with high unemployment.

### Demographic data per location<sup>2</sup>

Location	Area	Population
Fasayil	46.826 acres	1190
Al Jiftlik	185.032 Acres	4100
Az Zubeidat	4.123 Acres	1569
Marj al Ghazal	4.917 Acres	224
Marj Na'ja	4.874Acres	789
Ein ad Duyuk	65.882Acres	906
Nuweima		1374
Al Auja	106.398Acres	4548
Sateh al Bahr & An Nabi Musa	200Acres	341
Jericho & AL Aghwar Governorate	593 km2	46,718

1. ARIJ report, 2015, "Opportunities and challenges of Palestinian Development actions in Area C" [https://www.arij.org/files/arijadmin/2017/areac\\_report\\_2017.pdf](https://www.arij.org/files/arijadmin/2017/areac_report_2017.pdf)

2. [http://www.pcbs.gov.ps/site/lang\\_ar/507/default.aspx](http://www.pcbs.gov.ps/site/lang_ar/507/default.aspx)

## METHODOLOGY

**Desk research:** Our team conducted a literature review of several assessments and reports regarding the targeted areas in order to learn more about the demographic environment and the population, quality of life and develop a basic understanding of the conditions, needs and problems in the areas.

### The review included:

1. Statistics and reports released by the Palestinian Central Bureau of Statistics (PCBS) in 2007 containing a population census and information on establishments in the areas.
2. The Gruppo di Volontariato Civile (GVC) Protection Vulnerability Index (PVI) of the Jordan Valley area. This assessment will compliment the PVI by further assessing and elaborating on the child protection needs under the protection indicator as well as the mental health/psycho-social needs under the health indicator.
3. A series of guides released by the Applied Research Institute Jerusalem (ARIJ) in 2012 that contain comprehensive information on the localities, the living conditions therein, and the population.
4. Information and statistics provided by the chairmen of local councils, the directors of local women centres, and school administrators.

### Sample selection – stratified Random Sample

The children and adolescents aged 6–18 years-old surveyed were selected by the school in targeted areas. The sample was selected from the first to the twelfth grades. The school counsellors together with the teachers selected based on two main criteria; gender (50% females and 50% males and age (6-12 years-old and 13–18 years-old). All children were asked whether they would like to participate in the assessment and all of them were willing.

In Sateh al Bahr and An Nabi Musa the coordination was with the contact person, all children and adolescents were participate in the assessment due to the small number of residents. Parents were selected through coordination with the women centres or the contact person in the areas. The main criteria were to invite parents who have children in the age groups between 6-18 years of age. Adults were selected through coordination with the women and youth canterers or the contact persons in the areas, the main criteria; gender equality and agreement to participate.

**Focus groups:** The members participating in the focus groups were invited by the local councils in the areas.

The criteria for selecting the focus group members included:

- Both sexes (male and female)
- Over 25 years of age
- Active in the community
- Completion of a high school education
- Parents of the children surveyed
- Three focus groups were conducted, with a total of 21 participants, 12 females and 9 males. The groups were conducted in Fasayil El Fuqa, Al Jiftlik Al Shuneh and Az Zubeidat.

**Children group meeting:** Implement two psychosocial group sessions in order to obtain observational information on their psychosocial status and to assess the development of children, children aged (6-12) all children asked to participate in the group meetings.

**Sample size:** The sample size was determined based on the average population count in the areas. The table below outlines the sample size and distribution:

Name of the area	Adults 19 above	Parents	Adolescents 13-18	Children 6-12
Fasayil	14	8	12	12
Al Jiftlik	9	14	11	12
Az Zubeidat	16	15	15	13
Nuweima	5	7	6	7
Marj al Ghazal	2	5	7	7
Marj Na'ja	7	5	6	6
Ein ad Duyuk	5	4	5	
Al Auja	9	6	11	7
Sateh al Bahr & An Nabi Musa	10	7	6	10
Focus group Al Jiftlik, Az Zubeidat, Fasayil	21			
Children focus group Sateh al Bahr & An Nabi Musa				10
<b>Total</b>	<b>98</b>	<b>59</b>	<b>79</b>	<b>87</b>
	<b>323</b>			

### Data collection tools:

#### Designing the data collection tools:

The assessment was conducted through the use of the following tools:

1. **Semi-structured interviews guided by questionnaires:** Four types of questionnaires were designed, they are as follows:
  - Children questionnaires: Three questionnaires were designed; one targeted children aged 6-12, and the second targeted children aged 13–18<sup>3</sup>. Both of these included a measure of the well being status of children and adolescents. The third questionnaire included the Child Behavior Checklist (CBCL) which was conducted with the parents. The first section of all forms focused on demographic variables, the socio-economic conditions of the family, and aspects of the children's developmental stages. The second section focused on the psychological condition defined through various behavioral and

3. Review of available sources and measures for children and young people's well-being January 2013 file:///C:/Users/khaled/Downloads/sourcesmeasureschildrenswellbeing\_tcm77-294952.pdf

emotional psychosomatic and cognitive outliers. The standardized peer reviewed measures in the field of child and developmental psychology were used to identify behavioral problems within children. In the third section open questions were added to the CBCL form, which inquired about the relationship between children and their family, about how the children spend their free time, the main causes of stress for children, the dangers that surround children in the area, the person or place children turn to in order to receive support and protection, and the services that parents believe they need in order to improve the psycho-social conditions in the area.

- **Adult questionnaire:** This questionnaire targeted adults aged 19 and over. The first section of the forms focused on demographic variables, socio-economic condition, and sources of income. The second section focused on the psychological condition of the adults and used the Symptom Checklist-90-R (SCL-90-R) to evaluate a broad range of psychological problems and symptoms of psychopathology. The third section collected information from participants on what required services they would like to improve in order to influence the psychosocial conditions of the area.
2. **Focus groups (Al Jiftlik, Fasayil, Az Zubeidat):** The questions were designed to facilitate an open discussion with a group comprised of adults, parents, school teachers, counsellors, administrators and the director of a women centre. The discussion addressed the most pressing issues in order of importance, their impact and allowed the members to participate in proposing possible solutions and introduce their own methods of dealing with these issues as well as the availability of psychosocial services in the area.
  3. **Two psychosocial group sessions** In Sateh al Bahr were conducted with children in order to obtain observational information on their psychosocial status and to assess the development of children. The children aged 6-12 years-old.

A total of 323 questionnaires were completed. Eighty-seven by children aged 6–12 years-old, 79 with adolescents aged 13–17 years-old, 98 with adults over 19 years-old and 59 by parents.

#### Training of the assessment team:

A team of four counselors from the Palestinian Counseling Center (PCC), as well as 6 volunteers were selected and trained to assist in the assessment process. The team was trained on how to fill out forms by asking and explaining the questions. They were also trained on measures to ensure the privacy and confidentiality of the information contained in the forms.

The head of assessment team trained the four PCC counselors and six volunteers on data collection using the four questionnaires and on conducting the focus groups. Additional training included the use of SPSS in data analysis as well as on the analysis of qualitative data.

#### Data analysis:

The quantitative data from the questionnaires was analyzed using the Statistical Package for the Social Science (SPSS), the data collected from the focus groups, open questions and the observation from the children groups was reviewed and listed according to its importance and frequency.

#### Field work:

A **Field coordination meeting** was held at the Ministry of Social Development office in Jericho on October 20<sup>th</sup>, 2017. The meeting was attended by the Child Protection Network Coordinator and the Juvenile Portfolio representative of Ministry of Social Development (MOSD), along with representatives from the Family Protection Police, the Palestinian Red Crescent Society, the Palestinian Counselling Centre, and the Director of the Gender Department in the Jericho Governorate. The aim of the meeting was to introduce the project to the Jordan Valley Child Protection network and to coordinate with them the needs assessment to be conducted. A general discussion of the general needs in the Jordan valley took place followed by concrete steps on how to go about the assessment. The assessment methodology was discussed and verified with the members of the child

protection network as well as the locations to be covered. Members raised the issue of children with special needs and the lack of services available to cater for their needs. Discussion of how to conduct the fieldwork was then discussed and the members provided the addresses and telephone numbers of key persons and institutions in the area. It was also agreed that the initial findings will be presented and discussed in the child protection network's regular meeting. Once finalized a specific meeting will be organized to use the findings for future planning and coordination.

#### Field visits to local councils and CBOs:

Meetings were organized by the PCC's project coordinator in the different target areas; each meeting was attended by local stakeholders comprised of the chairmen of the local councils, the directors of local women centres, members of local CBOs and social activists. The aim of the meetings was to gather extensive information on the various needs of the population and different problems such as: the continued spread of settlements in the area, living conditions, high dropout rates, poor academic performance and high levels of violence in the areas to help in designing the assessment tools.

Coordination meetings also took place with the Ministry of Education to facilitate data collecting from the schools.

In Sateh al Bahr and An Nabi Musa an initial visit was carried out and a meeting was held with the contact person in the area. Information was obtained concerning the nature of the area, the number of the resident population, and the identification of the most important problems and the general context of the sample population.

#### Limitations

There were a number of limitations in conducting this assessment. In terms of time, the needs assessments were conducted in a over a short period of time. More time was needed to extensively cover all nine locations.

There are differences between the population size regarding statistics provided by the PCBS (Population census, 2007) and the actual population/residents statistics the team found in the targeted areas. The size of the actual population was less than expected which affected the sample size.

In some locations, especially Sateh al Bahar and An An Nabi Musa, the sample was defined as all residents that were present during the period of the needs assessments. The reason for that is that half of the residents moved to another area for grazing.

The needs assessments team faced difficulties in interviewing the adult males in the sample population due to their long working hours outside of the community.

In some locations, the adult women sample refused to come to the women center in the morning for the interview. This situation required the team to go to their homes in order to conduct the interviews with them.



Need assessment in Sath AlBahar

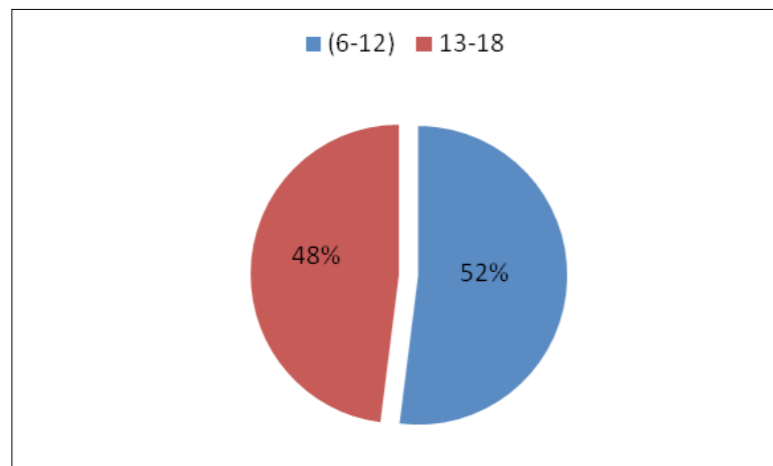


Need assessment in Sath AlBahar

## FINDINGS ACCORDING TO THE SAMPLE ASSESSED IN NINE LOCATIONS

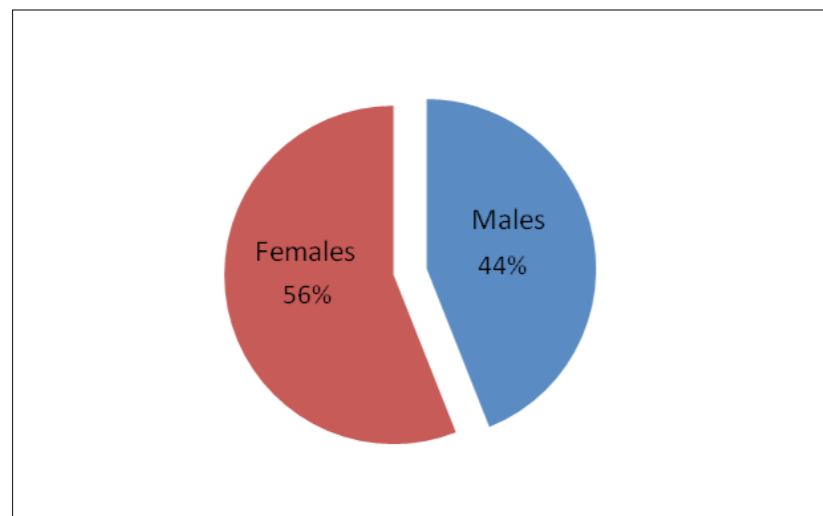
### Parents' reports (CBCL)

#### Age group



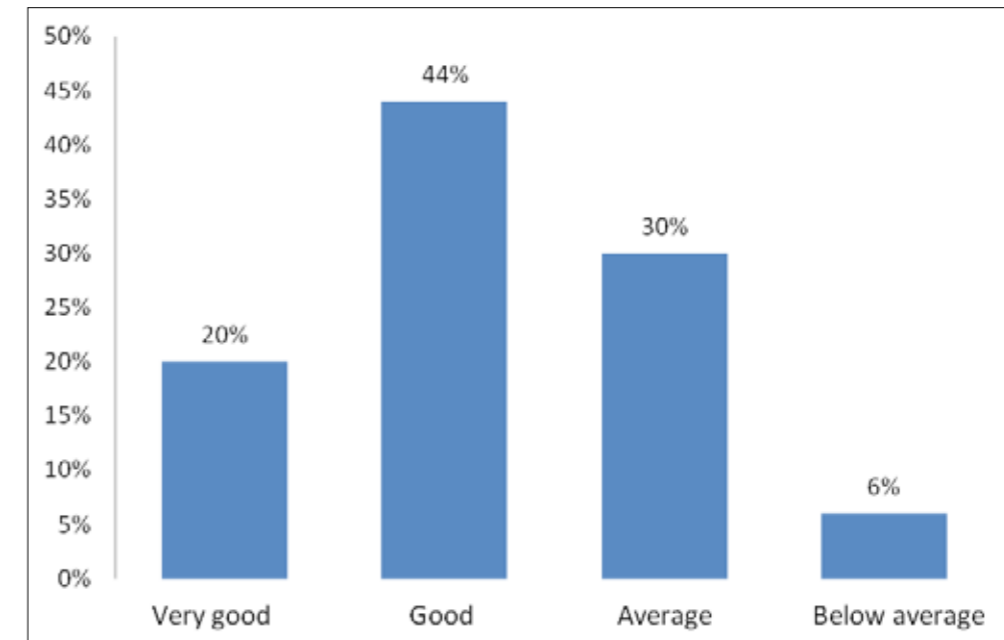
48% of the children and adolescents sample were aged between 6-12 years-old, and 52% were aged between 13-18 years-old.

#### Gender (children and adolescents)



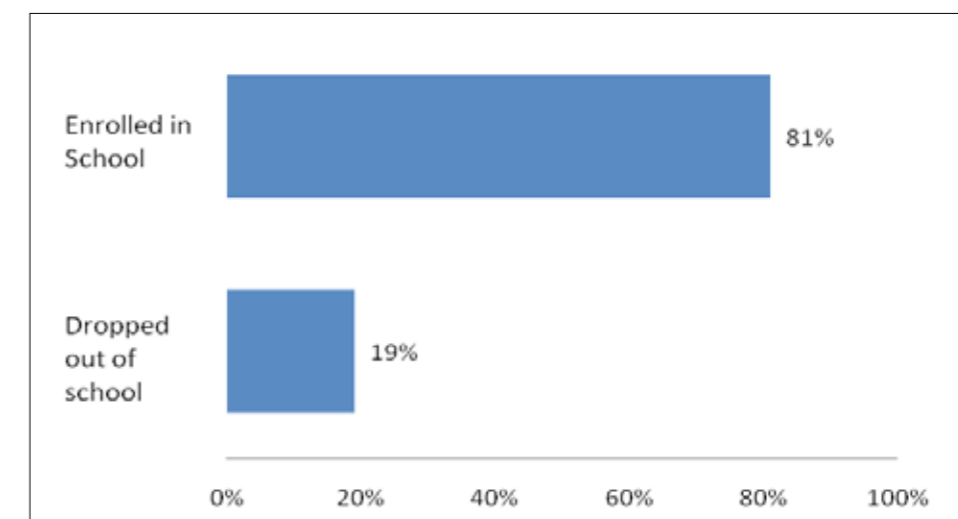
56% of the children and adolescents assessed females and 44% males.

### Socioeconomic Status



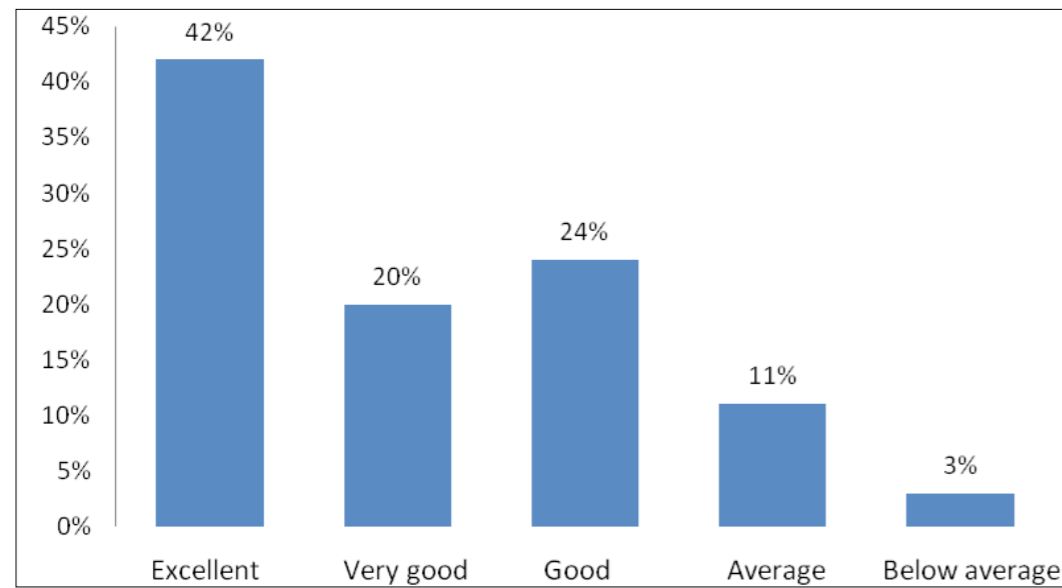
20% of the families enjoy very good socioeconomic conditions, 44% good, 30% average and 6% is below average conditions. This was an open-ended questions addressed to the adults to assess their own socio-economic situation.

### School Enrollment (Grades 1 – 12)



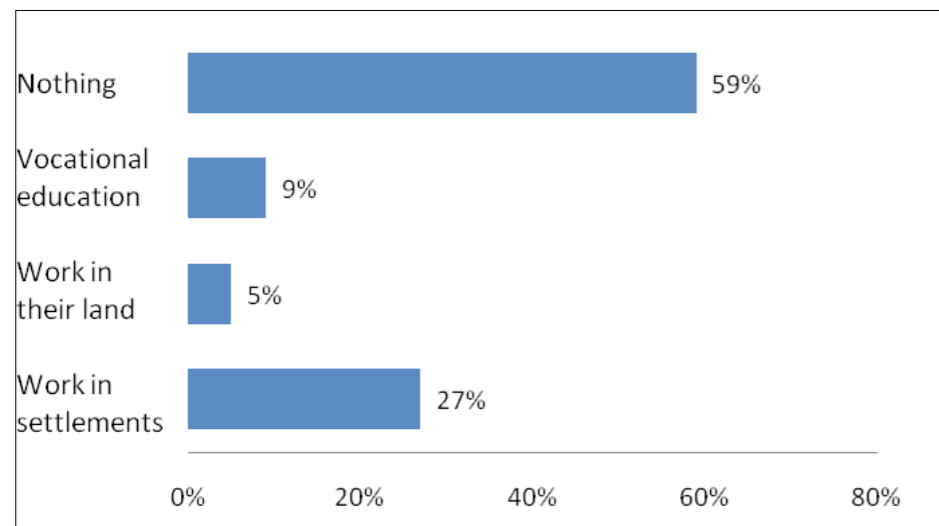
81% of the children are enrolled in schools, whereas 19% of the children dropped out of school.

**Academic performance**



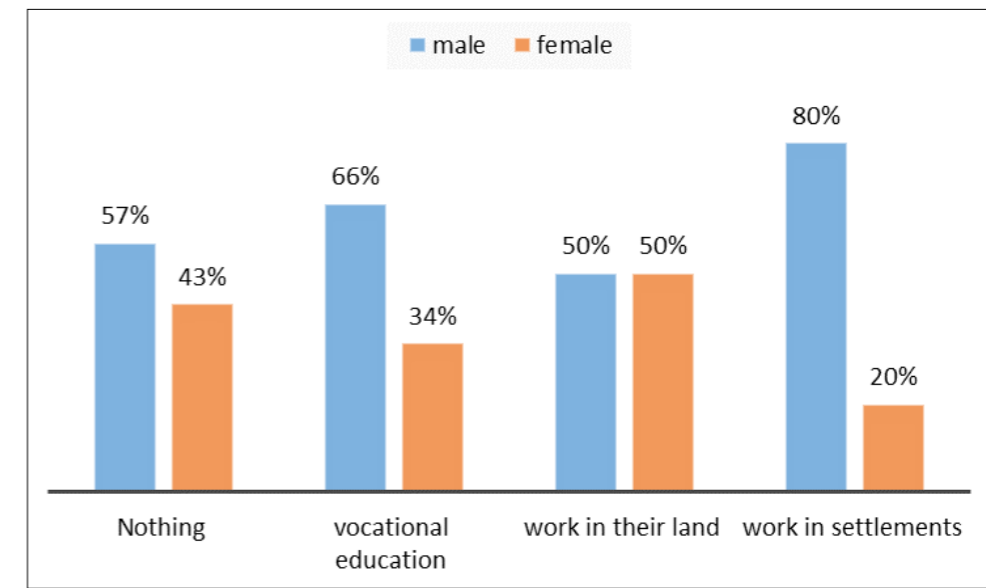
The table indicates that 42% of children enrolled in school achieved excellent academic performance, whereas 20% were very good and 3% performed weakly.

**What do school dropout children do?**



The table indicates that 59% of children dropping out of school do nothing compared to 27% of them working in the settlements, 9% went to vocational education and 5% worked with their parents in the land and agriculture.

**Gender differences:**



**Psychosocial assessment for children and adolescent**

**General Findings Parents CBCL**

The Child Behaviour Checklist which is a parent-report questionnaire on which the child is rated against various behavioural and emotional problems. The parents were asked to assess the psychosocial and protection needs of the children.

**Behavioral indicator<sup>4</sup>**

The data also suggests that 83% of children have behavioral difficulties. The parents have pointed out that 90.4% of the children are overly argumentative and 55.8% are too energetic. 57.7% regularly destroy their own belonging, 42.3% harm animals, 36.6% are violent towards other children and 55.8% are insubordinate especially in school. Also the results indicated that there are gender differences between male and female, male show high percentage of behavioral problem than female: 85% male versus 68% female.

**Violent behavior indicators**

Forty-two percent of parent participants say their children have violent outbursts such as often using insulting and obscene language, and 71% of children are involved in frequent fights with other children, especially while in school.

4. Behavioral indicators: Acts younger than their age group, frequently argues, acts like the opposite sex, overactive and cannot sit still, exhibits cruelty towards animals, harasses others or bullies those who are weaker than them, demands a lot of attention, damages or breaks their belongings, damages or breaks family or others belongings, is noncompliant at home, is noncompliant at school, consumes inedible stuff, gets into fights frequently, hangs out with other children who are troublemakers, cries often.

### Emotional indicators<sup>5</sup>

Seventy-nine percent of children have emotional symptoms, 84.6% are overly attached to their parents and are dependent on others, 77% experience fear and anxiety from thoughts that are not right, or unacceptable. 69.2% do not show remorse, 67% sometimes exhibit anxiety from going to school and 59.6% are lonely.

### Cognitive indicators<sup>6</sup>

The findings suggest that 53.7% of children exhibit cognitive behavioral symptoms, 65.4% have trouble concentrating and have a short attention span, 50% suffer from nightmares and horrifying dreams, 51.9% have persistent unwanted thoughts often involving death, they also have trouble remembering things, and 48.1% suffer from constant daydreaming and confusion.

### Psychosomatic indicators<sup>7</sup>

Results indicate that 38% of children have psychosomatic symptoms. 36.5% suffer from dizziness with no physical explanation and 17.3% have health issues without any valid medical reasons.

The results show that the highest percentage is of children with behavioral indicators, followed by the emotional indicators, the highest percentage of behavioral problems were in Marj Na'ja, Fasayil, and Marj al Ghazal.



Child protection group

5. Emotional indicators: Complains from loneliness, seem confused, fears some animals, situations or places (not the school), fears going to school, fears doing or thinking about something wrong, feels that they need to be perfect, feels or complains that nobody likes them, feels that people are plotting against them and exhibits signs of paranoia, feels inferior or worthless, is provoked easily, prefers being alone to spending time with others.

6. Cognitive indicators: Has short attention span, cannot get rid of certain thoughts (obsessive), has nightmares, not liked by other children, prefers to keep their secrets to themselves, has odd and eccentric thoughts, doubtful.

7. Psychosomatic indicators: Gets tired and fatigued a lot without an apparent reason, suffers from itching or allergies, feels dizzy, has health problems without a known medical reason.

## Children and Adolescents Findings

### Children 6–12 years-old

The childrens' questionnaires were developed by the PCC to assess the emotional, psycho-somatic, cognitive and behavioural symptoms in children.

#### Behavioural indicators

The behavioural findings show that 47% of children have behavioral symptoms, the most prevalent of which is constant fighting and violence towards others. Further investigation revealed that 86.6% of children use violence in their daily lives, whereas, 74.6% stay up late at night.

#### Emotional indicators

Seventy-six percent of children show indications of emotional distress. 97% of them have expressed feelings of fear, while 62% report feeling sadness. Also, 26.9% have lack of energy to play outside and feel tired. Some 85.1% of children perceive school as a place that brings them joy. Moreover, 86.6% demonstrate a desire towards learning new things.

#### Cognitive indicators

The findings show that 32% of children have cognitive difficulties. From the analysis it was found that 74.6% of children experience thoughts of not being loved by others, 17.9% of them daydream in classes, while only 3% suffer from troubles concentrating. The questionnaire asking parents about their children showed that 64% of kids have trouble paying attention and possess a very short attention span and 50% have nightmares and very disturbing dreams.

The discrepancy between children responses and those of their caretakers on these questions can be explained in that children do not notice their lack of concentration, and most notably is that parents measure by their own performance and do not take the child development stage and ability into consideration when answering. Parents think that children even younger ones should be able to focus on task and complete, they don't however particularly care if the tasks given are suitable for the child's age or capacity. Therefore inability can be mistakenly interpreted by the caretaker for lack of attention or concentration. Children rarely report on sleep problems as they do not sustain this knowledge of themselves, or they repress it.

The results show that the emotional indicators have scored the highest percentage. This is different from the results we obtained from the parents, which indicated that behavioral indicators were marked highest. This difference comes from the fact that it is easier for parents to notice the behavior of their children more than their emotional states, which are often not clearly visible.

**Children group meetings:** two sessions were conducted in Sateh al Bahr with 10 children between the ages of 5-12 years-old in order to obtain impressions of the children and observe their behaviors. A series of expressive art activities were carried out (drawing, story reading, and acting) with the children.

#### Observations from the team were as follows:

- The children communicated well with the team and showed a high desire to participate in activities and events.
- Some children showed signs of nervousness and shyness, especially females.
- Some male participants demonstrated a rush in completing tasks.
- In the second meeting, children showed a greater willingness to play and participate in the activities and events.
- No violence was observed among the children during play time. They demonstrated the ability to cooperate and help one another.
- They have the ability to understand what is required of them and to implement quickly.
- Some children showed the ability to focus on playing.
- Children showed good reading and comprehension skills.
- Some girls had a difficulty expressing themselves. They spoke in a low voice when addressing the whole group.



- A child showed fear, anxious and insecure attachment to their mother when she left the group.
- The participants showed a high desire to continue the activities. Moreover, it was noted that the children experienced a lot of free time with very little to do.

Indicators of reduced healthy lifestyle (in terms of nutrition and hygiene) were also observed. Where hygiene issues and malnutrition indicators were detected.

### Adolescents 13– 18 years-old

The PCC developed a questionnaire that focuses on the adolescents' well being. The questionnaire was filled by the research team through interviews with the adolescents.

#### Behavioral Indicators

Eighty-eight per cent of adolescents display behavioral symptoms. Some 22.2% always have difficulty sleeping, while 52.8% occasionally have sleeping difficulties. Moreover, %52.8 feel like crying sometimes, whereas 61.1% enjoy carrying out daily activities to their own desired extent.

#### Emotional indicators

The findings show that 77% of adolescents display emotional symptoms. Some 47.2% of the adolescents surveyed expressed feelings of constant or occasional loneliness, while 56.9% expressed feeling sad sometimes, and 11% feel sad most of the time. Additionally, 33.3% expressed feeling bored for a majority of the time and 52.8% feel bored sometimes.

#### Cognitive Indicators

The findings indicate that 89% of adolescents experience cognitive symptoms, the most prominent of which being thoughts concerning the worth of life where %30.6 feel that life is futile most of the time. Furthermore, 41.4% of adolescents experience nightmares and disturbing dreams. Despite these findings, 59.7% report feeling satisfied with their performance in the things they do.

#### Psychosomatic indicators

Seventy-four per cent of adolescents experience physical pain without a pathological or medical cause most of the time, while 40.3% report experiencing the same thing only sometimes.

The results show that the adolescent age group scored high in all indicators in all areas. Cognitive and behavioral indicators, the life is futile indicator scored the highest percentage. These results can be linked to the nature of the age group that brings with it challenges and conflicts for the shaping of the identity and also from the lack of services and opportunities offered to adolescents.

#### What method do you use to cope with stress?

In the Az Zubeidat area, teenagers report using rationalization as a way to relieve stress as well as seeking the help of people they feel safe with, such as family members. Teenage girls report seeking help from their school counselors to deal with pressure and difficulties adjusting.

In Al Auja, Al Jiftlek, and Nuwei'ma teenagers resort to withdrawal and avoidance of places that cause them stress altogether such as their homes. Some have the ability to confront their source of discomfort. Females are more likely to seek help from family members especially parents for relief in times of stress.

In Fasayil, teenagers try to avoid over-thinking about their source of stress and resort to listening to music, the Quran, or seeking advice from community elders and school counselors.

In Al Auja, teenagers report using negative stress coping mechanisms in dealing with stress and resort to violence, anger, and breaking things to relieve their rage.

The explanation could be that the Az Zubeidat area residents are more educated and open as rationalization is a more sophisticated defense mechanism, whilst avoidance, repression, denial and reaction formation are more primitive defenses used when people are more constrained and restrained.

#### How do you cope with stress and anxiety?

Answers were similar. Most teenagers seek their friends when they feel anxious. Few go to family members, parents, or school counselors especially in the Fasayil area. It had become apparent that there are very few available resources for teenagers to turn to when they are feeling stressed out or anxious.

#### What are the things you believe you need as teenagers?

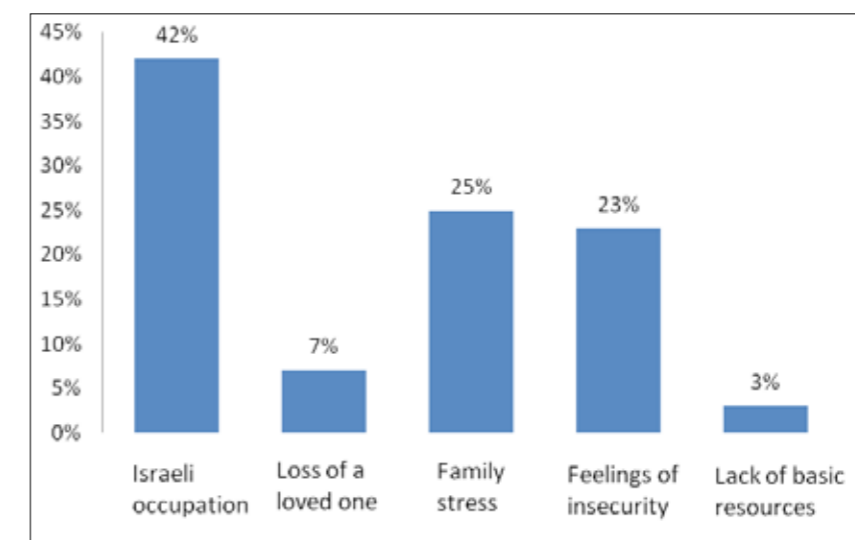
In Az Zubeidat, most teenagers suffer from boredom as a result of the lack of facilities to keep them engaged. They expressed a need for a pool, as well as parks and girls' clubs. There is also a need to implement educational services and improve the capacity of the existing ones such as the educational courses for teenage girls.

In Al Jiftlik there is a need to provide a sports hall, girls only pool, library, and a hobby center for things such as arts and crafts. Al Auja needs a medical center as patients experiencing emergencies are currently rushed to a hospital that is over a thirty minutes drive. Nuwei'ma needs an educational center and a facility for teenagers to acquire life skills and exercise their hobbies. Fasayil desperately needs classrooms for the scientific branch of the local school as well as a sports facility, in Sateh al Bahr and An Nabi Musa adolescents need playground, computers, internet connection, library, sports activities.

## Child Protection

This portion of the evaluation concerns child protection and analyzes the parents' view on which areas are dangerous for their children. Forty per cent consider being outdoors is the most dangerous place for their children to be. The way the children take going to school and back is considered to be the second most dangerous.

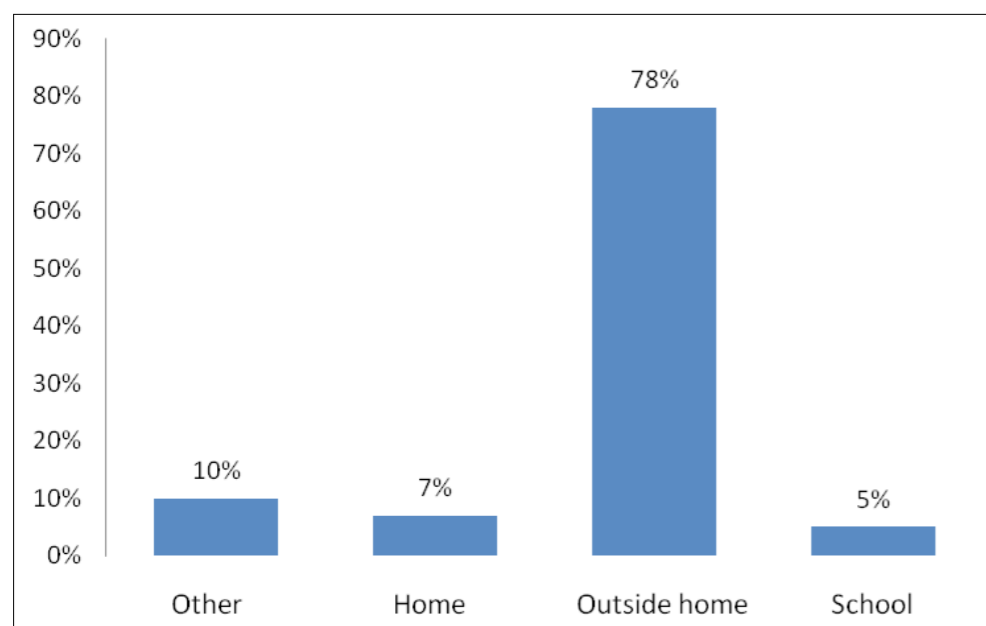
#### Causes of stress for children



Forty-two per cent of parents believe that occupation and attacks leads to high stress in children. They mentioned attacks especially during the night where settlers set cars on fire, throw stones and break windows and direct laser beams inside their homes. Parents also reported that settlers harass them and their children on the main roads especially when they are waiting for public transportation. Twenty-five per cent indicate that family stress (family relational issues for example, divorce) caused stress for children while, the lack of safety in public places represents 23% of the reasons for anxiety and psychological distress for children.

Focus group discussions with adults revealed that parents believe that children are stressed due to feeling insecure due to parent's prolonged absence from the house because they work for long hours. Often this work is in the nearby Jewish settlements. Furthermore, inadequacy of services and facilities cause children to be stressed as they have no proper places to vent out their tension and release their energy in a healthy way.

### The most risky places on children



The charts demonstrate that outside the homes is the most risky place for children in all areas, so parents expressed their fears while the children playing outside the home.

### Changes in the child's behavior when exposed to stress

Some 36.5% of children resort to crying while stressed or anxious while 32% become violent and angry. 13.5% deal with sadness, anxiety, and emotional symptoms by "conflict evasion" while asserting that these reactions are natural (fight, flight, freeze). However there is a need for intervention after initial reactions which are why the children need to gain skills to help them cope with stressful and anxiety-inducing situations.

Twenty-nine per cent of children in Sateh al Bahr and An Nabi Musa resort to crying while stressed or anxious, while 71% become violent and angry. Some 13.5% deal with sadness, anxiety, and emotional reactions by "conflict avoidance."

### When children were asked if they feel safe while playing

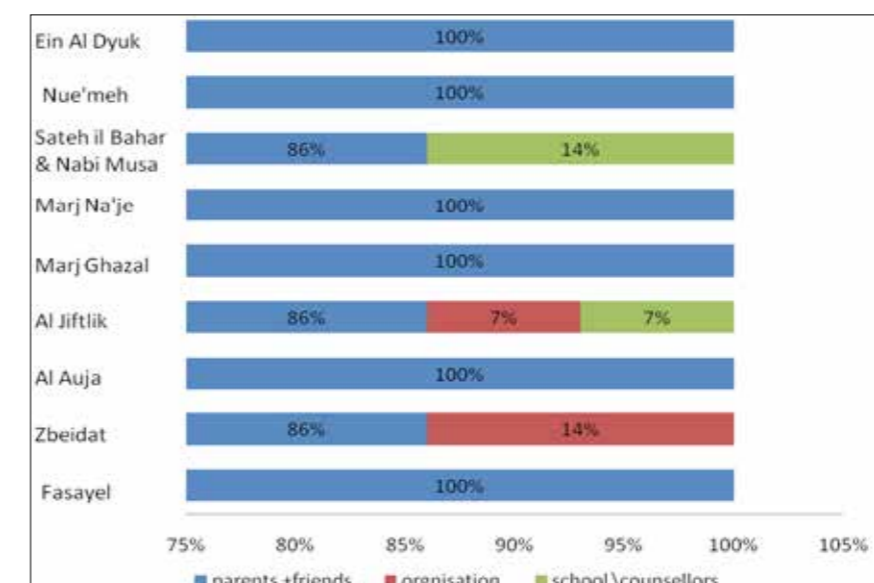
Forty-one per cent of them have said that they have no safe places to play near their residence. Results also show that 29.9% do not feel safe and 31.3% do not feel free outside their homes. There are no play areas designated for children and in most cases the care takers are away from the house for prolonged periods of time and therefore do not allow children to leave the houses in their absence.

### Who provides support and protection to children?

Parents represent 88% of support for children who are afflicted with violence or who are in danger while social workers (school counselors) represent 5.8% and organizations represent 1.9%. The parents indicated that there are organizations available in the locations such as the local council, women and youth organizations but some of those are not activated effectively. There are health clinics/facilities in the areas until 3 p.m. After that the clinic closes and there is no doctor available in the area until the next day. There are no ambulances in the area and transportation in emergencies is by use of private cars. Parents seek the services of organizations that provide services in their areas especially organizations providing legal aid services and human rights organizations such as DCI, War Child Holland, UNRWA and the Jericho governorate. Parents in Sateh al Bahr and An Nabi Musa grant 86% of the support provided to their children, while organizations represent such as the schools provide 14%. The parents reported that there are no organizations available Sateh al Bahr which provide psychosocial support.

Although some child protection services exist, these are neither consistent nor adequate. Access to the existing services is also very limited as transportation is scarce and the economic situation of the majority of the people is difficult.

### Who provides emotional support and protection to children per area?



### Relationship with the family

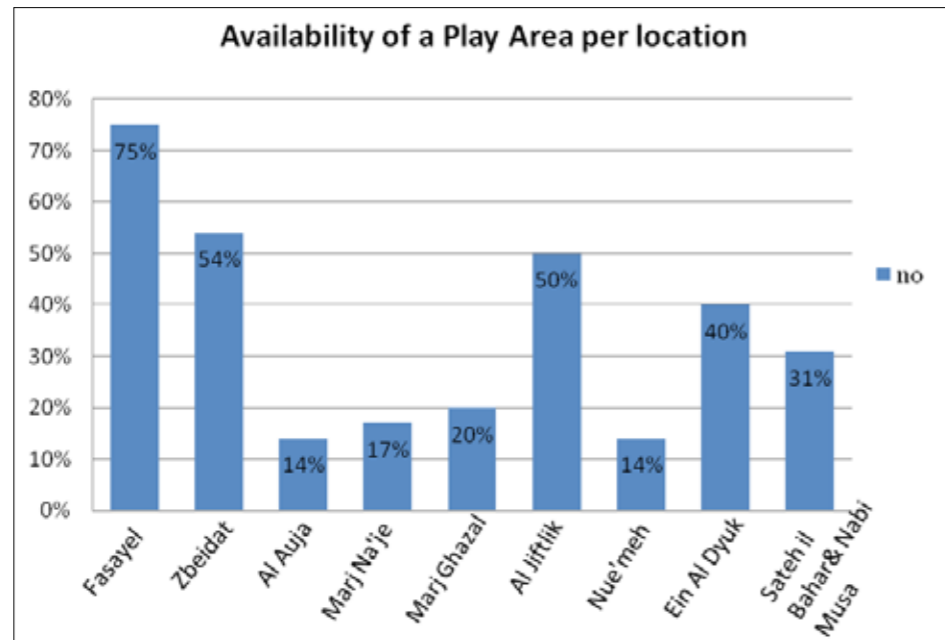
In general, relationships with parents are good and children often seek their parents to express any needs or anxieties that they might have. However, some children do not find the time to communicate with their parents or have any quality time with them. This was further confirmed in the focus groups where it was evident that the children suffer as a result of the prolonged absence of their parents from the house. In Sateh al Bahr and An Nabi Musa, the relationship with parents, especially mothers is good and children often seek their mothers to express any needs or concerns that they might have. Nonetheless, children do not seek their fathers as often to express emotional or psychological needs.

### Relationship between children and parents (availability of dialogue and adequate time with parents)

Area	No	Yes
Fasayil	25%	75%
Az Zubeidat	15.5%	86.5%
Al Auja	0%	100%
Marj Na'ja	0%	100%
Marj al Ghazal	20%	80%
Al Jiftlik	81.8%	18.2%
Nuweima	0%	100%
Ein al Dyuk	40%	60%
Sateh al Bahr & An Nabi Musa	30%	70%

The above table shows that the relationship between children and their parents is good in terms of sufficient time and dialogue, except children in Al Jiftlik and duck areas where the higher percentage of children show insufficient time and dialogue with parents.

**Availability of play spaces per location**



The results indicate that there are no available, suitable and safe places to play for children in the areas of Fasayil, Az Zubeidat, Al Jiftlik, Ein al Dyuk and Sateh al Bahr.

**What do you need in your area that would make you happier?**

Children in all the assessed areas expressed the need for safe play spaces. In Az Zubeidat, the children said that they need public parks, as well as facilities for swimming and playing football, in addition to a library for children. It was very important for the children that all these places are safe. In Al Auja, the children expressed a need for their right to safe play and education. They also pointed out the lack of sports facilities, playgrounds, and a library. Not to mention proper street lighting and garbage bins to prevent further pollution to the area. For children in Ein al Dyuk, they articulated a need for a children's library, football stadium, kindergarten, and a school for children. They also need female only clubs for girls and women to attend. In Al Jiftlik, the assessment showed a need for places such as children's clubs, swimming pools and restaurants. And the children in Marj Na'ja need a football field, and places to shop. Finally, in Fasayil, the children expressed a need for playgrounds and sports facilities.



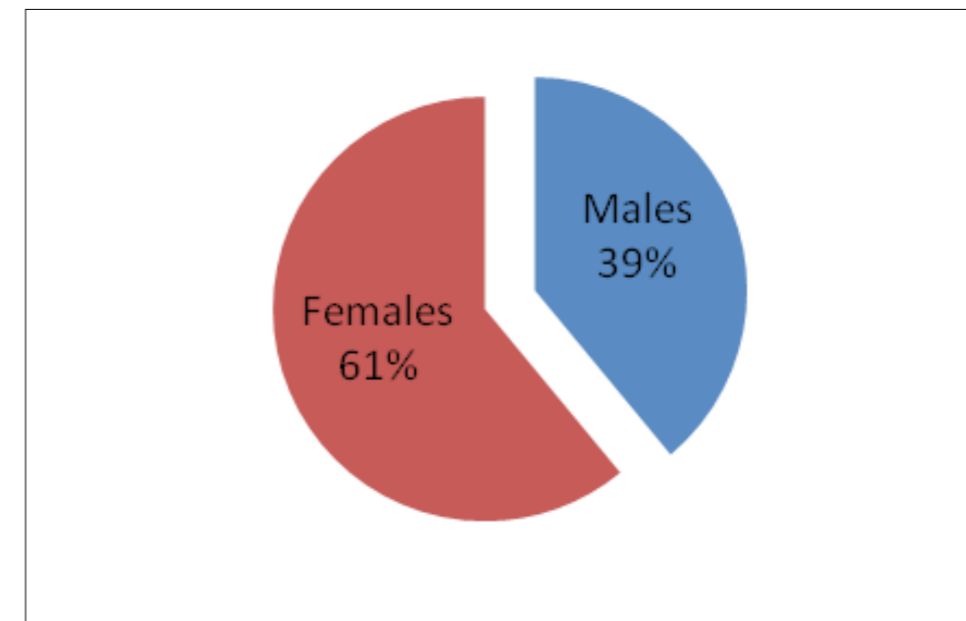
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**ADULTS OVER 19 YEARS-OLD FINDINGS**

Adults over 19 years of age were assessed against the Symptom Checklist-90-R (SCL-90-R) a self-report psychometric questionnaire. An instrument used to give indications on their Psychosomatic, behavioral, anxiety, emotional, depressive conditions.

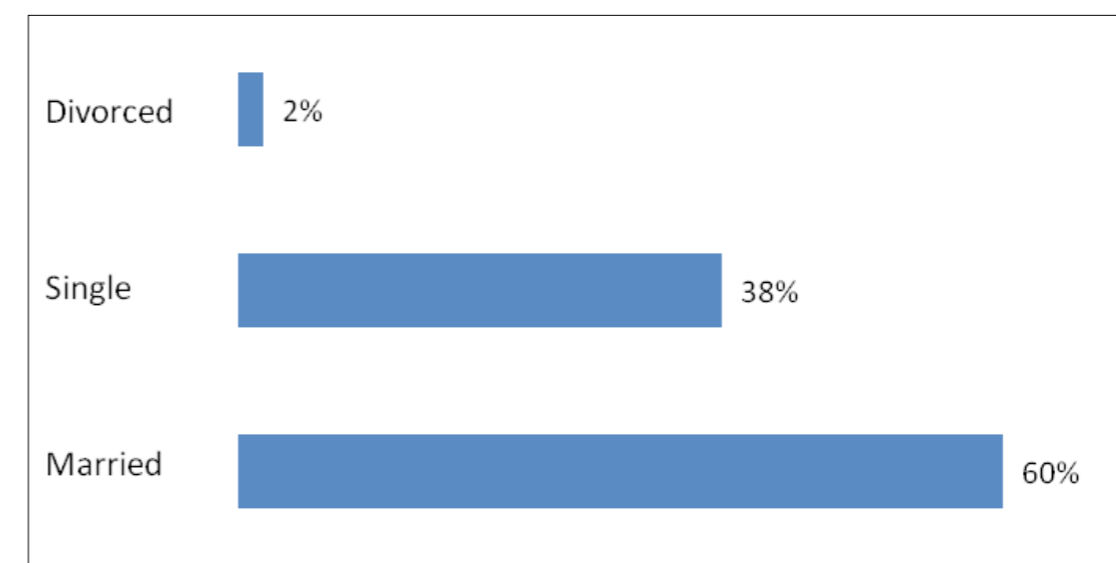
**General findings:**

**Gender**



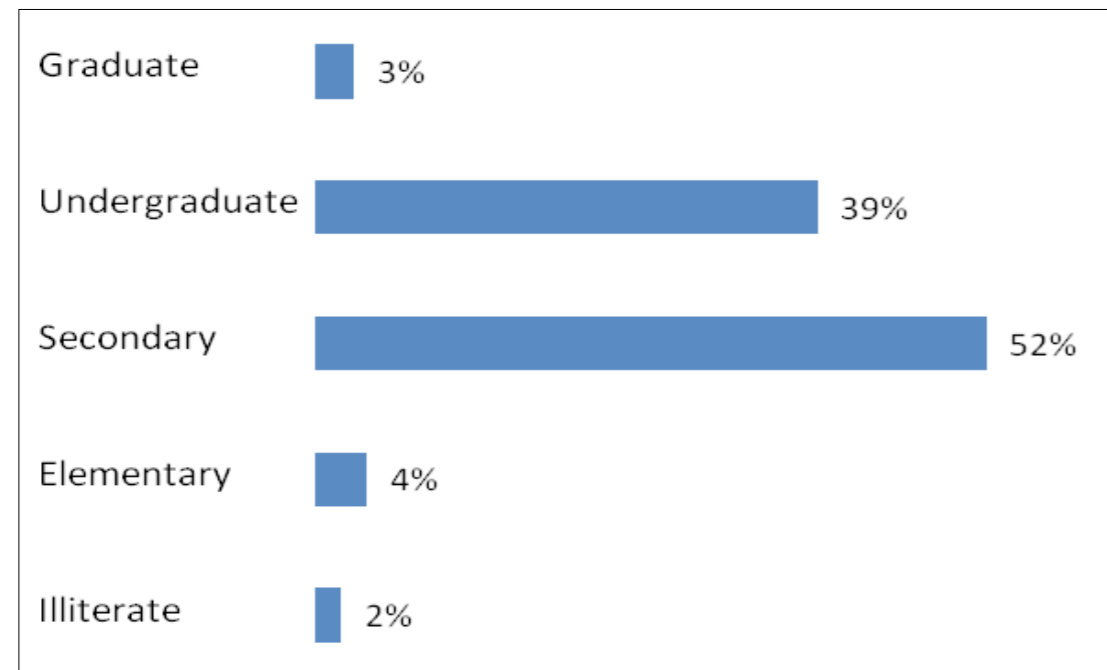
The chart indicates that 61% of adults assessed are female compared to 39% male.

**Marital status**



Sixty per cent of adults are married, compared to 38% single and 2% separated.

## Educational level



Fifty-two per cent of adults have finished high school, 39% have a Bachelor's degree, 4% have basic education, 3% have a Master's degree or above and 2% are illiterate.

## General psychosocial Indicators for adults:

### Behavioral indicators<sup>8</sup>

Seventy-seven per cent of the adults surveyed showed behavioral indicators. 68.4% have difficulties making major decisions.

### Emotional indicators<sup>9</sup>

**Anxiety related** 62.2% of adults surveyed reported feeling anxious. 81% do not trust in others, 75% show feelings of anger, nervousness and confusion, 62% have trouble sleeping, while 34% reported developing sleeping disorders. Sixty per cent experienced different kinds of panic attacks and phobias. Forty-two per cent feel threatened by an unidentified source. Some 49.9% feel fear or anxiety for no reason. In reference to social anxieties, 81.8% feel uncomfortable in public areas.

### Depressive feelings

Fifty-six per cent of adults surveyed indicated symptoms of depression. Some 71.2% feel worthless, 72.7% feel lonely although they have people in their lives and 56.1% experience loss of energy and lethargy in completing tasks. At least 57.6% feel hopelessness and 28% have suicidal thoughts.

8. Behavioral Indicators: Nervousness, loss of sexual interest or pleasure, loss of appetite, crying easily, difficulty making decisions, overeating, tired while being unable to stay and do nothing, screaming or throwing things, at the expense of hurting others, repeatedly engaging in intense discussions.

9. Emotional Indicators: Feelings of shame, feeling pressured or easily angered, feeling uncomfortable or embarrassed when dealing with the opposite sex, episodes of uncontrollable anger, fear of leaving the house alone, blaming yourself for certain things, feeling incapable of accomplishing tasks, loneliness, feeling frustrated or depressed, feeling that everything is pointless, feeling afraid, sensitive and feelings are easily hurt, feelings of inferiority, feeling that you lack any close relationships, feelings of guilt.

## Other emotional indicators

Sixty per cent reported having other emotional difficulties; 78% have difficulty controlling their anger, are sensitive to criticism and are continuously nervous. Some 75.8% have difficulties in concentration and completing tasks as well as high self-blame. 75.6% are unable to enter into intimate relationships. Some 50% have the urge to break and destroy things.

### Cognitive indicators<sup>10</sup>

Seventy-six per cent reported having distorted thoughts, 83.3% have frightening thoughts and beliefs they cannot share with others, 69% report that they are not understood by others, while 60.9% believe others are to blame for their problems, 59.1% unwanted thoughts and ideas. Some 59% have difficulties in thinking, while 55.5% have thoughts about death and 55.5% believe that others control their thoughts.

### Psychosomatic indicators<sup>11</sup>

Eighty-four per cent of the adults surveyed indicated they suffer from psychosomatic ailments. The most remarkable indicator is that 72.7% suffer from headaches not related to organic problems. The second is 62.1% who suffer from lower back pains and heaviness in the limbs. Some 43.9% reported acute pains in the muscles and 33.3% have general pains in different parts of their bodies but could not specify where. The results show that the adults in most areas indicate that psychosomatic indicators are the highest percentage indicator when compared with other indicators; previous studies and researches show that exposure to life<sup>12</sup> Stress and difficult pressures can lead to psychosomatic indicators. It is easy and culturally more acceptable for adults to express physical pain rather than psychological suffering.



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10. Cognitive Indicators: Unwanted thoughts, word or ideas, difficulty remembering things, mind becomes devoid of meanings and unable to think, difficulty concentrating, thoughts about death, having hidden thoughts or beliefs.

11. Psychosomatic indicators: Gets tired and fatigued a lot without physical exertion, suffers from itching or allergies, feels dizzy, has health problems without a known medical reason.

12. The Effects of Stress on Your Body, <http://www.webmd.com/balance/stress-management/effects-of-stress-on-your-body#1-2>

## Adult's focus group analysis (Needs and Priorities)

Location			
Questions	Az Zubeidat	Al Jiftlik	Fasayil
Number of Participants	6 (3 males, 3 females)	10 (6 female, 4 males)	5 (3 female, 2 males)
List your problems in order according to your priorities	The unavailability of safe and secure spaces in the area; especially for children. Many children suffer from Learning difficulties. Children dropping out of school.	Shortage of electricity. Water problems: shortage/salinity/lime. Transportation problems. Emergency transportation is not available. The shortage of awareness-raising or educational institutions that provide services.	Demolition of houses by occupation. The employment of Women and children in settlements. Electricity problem.
What are the methods used to handle problems?	Residents prevent children from playing outside. This problem is not handled, since most families work in agriculture, so they are unable to spend enough time taking care of their children.	Residents resort to physical and verbal violence.	Residents live in the cabins or tents instead of homes. Try to buy water.
What are the main causes of crisis or problems in the region?	The occupation in terms of not permitting development of the area and their constant confiscation of land. The lack of interest from decision makers. Weakness of services provided by the Palestinian authority.	The first reason is the occupation in terms of not allowing development in the area. The lack of jurisdiction of the Palestinian authority.	The number one reason is the occupation in terms of not allowing development in area C.

How does the problem affect residents in the areas?	The problem affects the psychological wellbeing of children. Parents are very concerned with their children playing outside. Sometimes men prevent women from working outside (in agriculture). There are no activities for children other than going to school. An increase in number of children and adolescent dropping out of school, working in settlements and smoking.	Increases rates of violent and risky behavior among children and adolescents, such as carrying knives, forming gangs, dropping out of school. Feeling of frustration increase the residents tendency to smoke and to use drugs.	Affects all aspects of their life. Increases levels of anxiety, stress and frustration. Increase the levels of fear, sleep disruptions and nightmares. Adults are feeling pressured, helpless frustrated, bored and are not looking forward to the future.
How do you get support on a psycho-social level?	Support is obtained through the parents or through relatives in a simple way. There is no psychological support from specialized organizations. (Psychiatric and psychotherapy services). School counselors are alone are unable to provide adequate support for children. There are no clear support resources known to the residents to seek in difficult situations.	There aren't any specialized psychological support and counseling services. Residents often seek support from family, neighbors and friends.	There aren't any specialized psychological support and counseling services. Residents sometimes seek support from UNRWA clinics.

## Needs and priorities per location as pointed out by adults

Area	Services to be provided in the area according to the parents opinion
Fasayil	<ul style="list-style-type: none"> <li>• Safe and secure public play areas for children and adolescents.</li> <li>• Educational programs for children.</li> <li>• Workshops for young teenage girls.</li> </ul>
Az Zubeidat	<ul style="list-style-type: none"> <li>• Provide safety for children (most people are concerned for their children due lack of security and safety).</li> <li>• Playgrounds for children and adolescents.</li> <li>• A swimming pool and committed sport courses.</li> <li>• Life skills programs for children and adolescents.</li> <li>• A counseling center to guide cases of domestic violence and abuse.</li> </ul>
Al Jiftlik	<ul style="list-style-type: none"> <li>• Provision of recreational venues such as children's clubs, swimming pools and restaurants.</li> <li>• Playground to play and spend fun time in the area.</li> </ul>
Marj Na'ja	<ul style="list-style-type: none"> <li>• Kindergarten for children.</li> <li>• Children's playgrounds and activities.</li> </ul>
Marj al Ghazal & Ein al Dyuk	<ul style="list-style-type: none"> <li>• Sports club.</li> <li>• Children centers to improve their life skills including a library.</li> <li>• Football playground.</li> <li>• Kindergarten for children.</li> <li>• Provision of clubs and places specifically for girls to play.</li> </ul>
Nuweima	<ul style="list-style-type: none"> <li>• A safe place for children to spend a useful and fun time.</li> <li>• Public gardens for children.</li> <li>• A library.</li> <li>• Recreational places for children (swimming pool).</li> </ul>
Al Auja	<ul style="list-style-type: none"> <li>• Activation of the local club; which most of residents confirmed was inactive and does not organize activities for children and adolescents.</li> <li>• Street lighting.</li> <li>• Parks and play areas for children.</li> <li>• A sports' club and a pool.</li> <li>• A library.</li> </ul>
Sateh al Bahr & An Nabi Musa	<ul style="list-style-type: none"> <li>• General services such as electricity and water.</li> <li>• Clubs for youth and children including computer labs, library, play areas and a swimming pool.</li> <li>• Provide a kindergarten for children.</li> <li>• Provision of courses for women to develop projects.</li> <li>• Provision of first aid courses.</li> </ul>

## Services available per area as highlighted by adults

Area	Available services
Fasayil	<ul style="list-style-type: none"> <li>• War Child Holland: distribution of school bags for children. They provide psychosocial support for children.</li> <li>• Ma'an Development: Improving of the government Health Clinic in the area: repaired and provided assistance to 80 homes in the area.</li> <li>• French Development Cooperation: Psycho-social support activities and distribution of water tanks to schools.</li> </ul>
Az Zubeidat	<ul style="list-style-type: none"> <li>• The Holy Bible Society: Courses on parenting skills.</li> </ul>
Al Jiftlik	<ul style="list-style-type: none"> <li>• Pal Vision Foundation: a library project</li> <li>• Ma'an Development Centre: Children's park project, and repaired homes in the area.</li> <li>• Women's Association of Jericho: Lectures and workshops for women.</li> </ul>
Marj Na'ja	<ul style="list-style-type: none"> <li>• Pal Vision Foundation: a library</li> <li>• Ma'an Development Centre: Children's park project and cafeteria project inside the school, and Public Park in the area.</li> <li>• Women's Association of Jericho: Lectures and workshops for women.</li> </ul>
Marj al Ghazal	<ul style="list-style-type: none"> <li>• War Child Holland: Psychosocial support groups for children</li> </ul>
Nuweima & Ein al Dyuk	<ul style="list-style-type: none"> <li>• YMCA : Educational courses on vocational guidance.</li> <li>• Bokra Ghair Institution: Umbrellas and student desks.</li> <li>• Ma'an Development Centre: repaired homes in the area.</li> </ul>
Al Auja	<ul style="list-style-type: none"> <li>• The Holy Bible Society: workshops on emotional and social de-briefing.</li> </ul>
Sateh al Bahr & An Nabi Musa	<ul style="list-style-type: none"> <li>• The European Union (EU) which provides bathrooms. and solar energy devices (solar panels) to the population. However, these resources are not spread out evenly across Sateh El Bahr. Therefore, many families still do not have access to electricity.</li> <li>• Al Islah Charitable Society provides medical treatment and health services to those in need on a weekly or biweekly basis.</li> <li>• Accion Contra el Hambre (ACH) has repaired and provided assistance to 10 homes in Sateh El Bahr. Moreover, they support and develop the water network in the area.</li> <li>• Médecins du Monde (MDM) - Spain recently returned to offering psycho-social programs in Sateh Il Bahr.</li> </ul>

## CONCLUSION

Results show that the occupation is the main cause of stress for all age groups in Area C; 42% of participants confirmed that attacks by the Israeli army and settlers are the main cause of anxiety and stress in their lives. They reported that they feel insecure and live in constant fear for their lives and livelihood. There are no “safe places” literally and metaphorically for them.

Results also indicated that the occupation has a pervasive negative effect on the political, socioeconomic and mental well being of the people in the area. Participants stated that they are exposed to frequent and ongoing direct and indirect violence which are manifested through constant raids by the Israeli army and settlers’ demolition of their homes and agricultural infrastructures, expropriation of land, restriction of movement, and insufficient infrastructural services such as water, electricity and sanitation. Additionally, they reported that workers who work in the neighboring settlements are exposed to humiliation and physical assaults.

It was evident from the findings that the harsh living conditions in the Jordan valley and the continuous state of threat is felt intra-psychically and interpersonally. Fear, restlessness, sadness and anger were reported by the majority of the participants in the sample group. In addition quarreling, peer violence, and other behavioral misconduct was reported to be prevalent among children and adolescents affecting their relations with others. Results showed that 83% of children and adolescents have some kind of behavioral problems, hyperactivity, lack of concentration and violent behavior scored high in the response of the children and caretakers. The use of violence is a common practice for children among each other at school or at home. It constitutes their initial reaction when faced with a problem. These reactions are expected for populations living in constant stress. Evidence from neuro-psychology confirms that stress leads to the constant arousal of the nervous system as a result of the brain’s efforts to prepare for danger. This, in turn, weakens the capabilities of the individual to think and analyze life as it passes by. It can result in the individual adopting reactive personality traits, and makes offensive actions<sup>13</sup> (the “fight” response) more common in dealing with ordinary life events. As the individual becomes more violent in dealing with others, he/she also becomes less able to concentrate, sleep and plan for the future.

Also results indicated that there are gender differences; boys manifest higher percentage (85%) in behavioral problems compared to girls (68%). Results are supported in the literature by similar research findings According to Giacaman (2007)<sup>14</sup>, Enormous daily life pressures on boys and girls are expressed in different ways; boys are more likely to experience injury and are exposed to higher levels of violation by the Israeli army. Thus, they tend to externalize by using aggressive behavior to a higher level than girls. Boys are more likely to get angry, scream or swear to overcome their stressful situations.

Results also show that many children suffer from having nightmares frequently in their sleep especially in Sateh al Bahr and An Nabi Musa Area. The parents there reported that this is due to their children being exposed to repeated attacks on by the Israeli occupation forces and settlers during the night. “Nightmares can arise for a number of reasons—stress, anxiety, irregular sleep, medications, mental health disorders—but perhaps the most studied cause is post-traumatic stress disorder (PTSD). A University of Pittsburgh School of Medicine study found that 80 percent of people experiencing PTSD have frequent nightmares”<sup>15</sup>.

Adolescent findings also show that on one hand, they enjoy life and feel satisfied with themselves but on the other hand they also reported feeling sad, wanting to cry that their life is futile. This fluctuation in mood can be partly explained by the developmental stage, but also because of the difficult political and social circumstances in which they are forced to live in. The closures of the Jordan valley area and its being surrounded by settlements and hostile environments lead to those feelings of being trapped, and therefore bored and lonely.

The adolescents are restricted physically and metaphorically, when one of the main features of their age stage is seeking adventures, exploring life and the world, doing new things.

Adults score high on psychosomatic indicators, especially women, who manifest their distress in psychosomatic symptoms. They also express high irritability and anger which is sometimes directed towards children. These results correspond with theory and findings in the literature that relate chronic stress caused by feelings of insecurity to psycho-somatic and other problems. Relevant literature has shown that adults express their psychological difficulties through physical pain. Chronic Hyper arousal triggered by need to protect oneself from danger leaves us physically and emotionally exhausted, burdened with quick tempers, irritable, and with a tendency to perpetuate violence.<sup>16</sup>

The adults’ roles as caretakers amplify the psychological effects on them. They have to care and be responsible for others in addition to themselves. This is evident from the adults scoring high on every level of psychological ailment but in particular on anxiety related emotional problems.

Other issues raised in the assessment, included the issue raised by the communities mainly the Bedouin community of Sateh al Bahr of polygamy. Although they understand that it is a life necessity sometimes, they do blame the occupation for it. The women in that community cannot leave their present home to travel with her husband to follow the water and graze land for two reasons. The first is they cannot leave their tents as the Israeli army might remove them and confiscate the land. The second, they cannot leave their school aged children alone as it is unsafe. For that reason the men marry two wives one travels with them and the other stays behind with the children and to protect the home.

The majority, some 64% of respondents reported that their economic status is either good or very good. The main source of income of the families is from working in settlements. So the settlements and settlers are a source of fear and insecurity and are their source of employment and livelihood. But even with the money they earn, they cannot enjoy life or obtain needed services such as quality health care, clean water or electricity or enjoy recreational and sport activities, as they are nonexistent. This confirms that a good socioeconomic status and satisfaction are not always correlated. Economic stability does not ensure mental well being since they have the money but cannot spend it to entertain themselves as they don’t have any leisure and recreational entertainment activities that enhance their mental well-being. Furthermore, they cannot invest their money in the village/community to improve the environment or to build a sustainable future, because of the Israeli military control on the area and the restrictions on development and building in Areas B and C. This generated a sense of frustration exists among the participants.

Finally, participants demonstrated resiliency despite the difficult life conditions enforced on them by the Israeli occupation; they are united, supportive to each other, have a nice communal spirit and continue to carry out their daily life duties and demonstrate minimal signs of reduced levels of performance and productivity.



13. Palestinian Counseling Center (2009): Broken Homes: The Impact of House Demolitions on Palestinian Children and their Families, Jerusalem, Palestine, from <http://dx.doi.org/10.1037/0002-9432.77.3.427>

14. Giacaman, R., Shannon, H. S., Saab, H., Arya, N., & Boyce, W. (2007). Individual and collective exposure to political violence: Palestinian adolescents coping with conflict. *The European Journal of Public Health*, 17(4), 361-368.

15. Edwards, S. Nightmares and the Brain. The Harvard Mahoney Neuroscience letter. [neuro.hms.harvard.edu/harvard-mahoney-neuroscience.../nightmares-and-brain](http://neuro.hms.harvard.edu/harvard-mahoney-neuroscience.../nightmares-and-brain). Viewed August 19th, 2017.

16. Bloom, S. (2004). Neither Liberty Nor Safety:: The Impact Of Fear On Individuals, Institutions and Societies, *Psychotherapy and Politics International*, 2 (2). 78-98.,

## RECOMMENDATIONS

### Advocacy

- To advocate for an end to the Israeli occupation being the main impediment to development in that area.
- To advocate for the right of the people to self-determination including their right and ability to control and manage their resources specifically their lands and water being agricultural communities. In the short term Israel's violations in those areas should be exposed including the expansion of colonies, the confiscation of Palestinian land, the eviction of communities, the demolition of homes, displacement of people, etc.
- Donors and line ministries should be urged to coordinate their work in these locations as well as in the whole of area C to meet the increasing and urgent demands.

### Infrastructure

- All the adults interviewed emphasized the need to improve and open new roads, transportation within the Jordan Valley and to link the Jordan Valley with other Palestinian districts.
- Sewage networks are nonexistent and there is a need to build a proper sanitation system.
- Children focused on the need to have safe public play areas supplied with adequate lighting for children to play in, such as parks and playgrounds.

### Health

1. There is a need to improve basic health services that exist although these services are neither sufficient nor of quality standards.
2. There is a need to provide emergency services in all the communities assessed. There are no ambulance services and people need to use private cars to transport the patients.
3. There is a need to provide medical and rehabilitation services to children with special physical and psycho-social and education needs.
4. Provide health educational programs to help parents better cater for their children's nutritional and hygiene needs.

### Education

1. Although there are 13 public schools in the 9 locations assessed with a total of around 1,300 students, some of these schools need serious restorations and renovations. All the schools to varying extents need to improve their sanitary, sewage and toilet facilities. In some schools the toilet facilities are so bad that the students and teachers walk back to their homes to use the toilet. Or wait until they go back home after school.

2. There is an assigned school counselor for every school in the Jordan Valley. Some of these counselors are newly appointed and need their psycho-social capacities to be built.
3. Although corporal punishment is forbidden in public schools, many students have complained of being physically punished by the teachers. The Ministry of Education should ensure that this practice stops immediately.
4. There is a need to introduce positive discipline as the main methodology in dealing with the students.
5. There is a need to work with the teachers and non-teaching school staff on stress release and management.
6. Most schools lack the basic facilities to cater for children with special physical, psycho-social and educational needs. Schools therefore need to ensure accessibility of student with physical disabilities and introduce special education programs for children with learning difficulties and disabilities.
7. It is recommended that the schools open their premises for the use of children after school hours to be used for extracurricular, sports and cultural activities.

### Mental health and psycho-social services'

1. Basic mental health and psychosocial services are scarce in the nine locations. There are no mental health clinics nor mental health or psychosocial professionals working in the nine assessed locations. The nearest services are in Jericho city, which is significantly distant from these locations. Therefore it is recommended that psychosocial counseling and psychotherapy be provided to all members of the community who need it including children.
2. The schools counseling program need to be developed to cover the needs of more children and to include interventions with parents too.
3. The schools counselors need support both technical and administrative to improve child protection policies, procedures, and programs in schools.
4. There is a need to work with the parents on positive discipline and also on stress release and management.
5. There is a need to develop after school activities for children and youth whether in schools or CBOs especially because parents work for very long hours.
6. It is recommended that the Community Mental Health Centre of the Ministry of Health in Jericho city develop their outreach program to improve geographical coverage and the needs of the communities in the Jordan Valley.
7. It is recommended that the Child Protection Network lead by the Ministry of Social Development improve their contacts and connections with the local communities. Many of the people assessed were not aware of the CPN or its work.

### Engaging and building the capacity of the local communities

- Empowerment and organization of local communities in child protection: To varying extents the communities assessed have capacities and capabilities to organize themselves and improve child protection in their communities. Schools exist in all locations as well as local councils and in some locations women associations and youth clubs too. All schools have counselors, all local councils have elected members and the women and youth associations have board members. These institutions (both physical and human) constitute a significant foundation in the establishment of local child protection networks. A clear vision and agreement on establishing a mechanism to connect the local child protection network to the national system should be done as a first step. This should be followed by providing capacity building programs to help local network to perform effectively.



- Help women find opportunities for vocational training and work to invest their time in, as this can improve their level of productivity and increase their income.
- Enhance the work of existing CBOs such as women and youth centers and develop their programs to better meet the needs of their constituencies. Such CBOs should be supported to run children, youth, women and adult programs and encourage division and specialization of work among them.

