

THE GHASSAN KANAFANI CULTURAL FOUNDATION

HABILITATION PRESCHOOL
END OF YEAR EVALUATION REPORT
September 2021- August 2022

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OUTLINE

INTRODUCTION

EDUCATIONAL & THERAPEUTIC INTERVENTION

1. Physical therapy
2. Occupational therapy
3. Speech therapy
4. Psychotherapy
5. Special Education

MEDICAL PROGRAM

- ☐ Dental Care
- ☐ Orthopedic care
- ☐ General well being

FAMILY INTERVENTION

- ☐ Education & Awareness
- ☐ Counseling
- ☐ Home Visits
- ☐ Training
- ☐ Psycho-Therapy
 - Support Group
 - Individual Therapy Sessions

PUBLISHING MATERIAL

- ☐ Parent's Booklet
- ☐ Facebook

TRAINING

- ☐ Habilitation Preschool Professional Team Training
- ☐ Field Work for University Students & Volunteers
- ☐ Community Work & Awareness

MANAGEMENT, ADMINISTRATION & FUNDRAISING

FINANCIAL STATUS

- ☐ Preschool Budget
- ☐ Ten Project & Ramadan Campaign

- ☐ Welfare Association WA
- ☐ Medical Aid for Palestinians (MAP)
- ☐ Children's Fees, Transportation & Beit Atfal Al Soumoud

NEXT YEAR PLAN

INTRODUCTION

In line with the precautions taken for the COVID Pandemic, the Preschool's program continued with individual sessions for children in all disciplines. Transportation was the responsibility of the family and each child was assigned two days intervention in every discipline.

Almost half of our employees' contracted Corona Virus, as well as the families and quite a number of children. UNICEF, with the collaboration of the Camp's Popular Committee, provided all the camp's residents, inclusive of NGOs, with all the necessary medications and supplements, oxygen inhalers, masks, and sanitizing detergents. Every once in a while, the Palestinian Civil Defense sterilized the camps and all premises of NGOs working in the camp.

60 children with disabilities (27% females, 73% males) were enrolled in our program through the year. Children were from refugee communities living in Lebanon, Palestinian (28%) & Syrian (46%), and a minority of Lebanese (25%). We used the Disability Data prepared by Palestinian Disability Forum (PDF), to contact all children in the list, who resided in Beirut and the near suburbs. We secured that all children who needed intervention were enrolled in our program.

Children's distribution according to disability, 40% of the children had Cerebral Palsy, 40% Autism, 10% Educational Difficulties, 3% Genetic Diseases, and 7% Developmental Delays. The level of impairment was spread on the spectrum from 7% mild, 42% moderate, 25% severe, to 20% profound.

Thankfully we worked through out the year with minimal disruptions.

EDUCATIONAL & THERAPEUTIC INTERVENTION

The year passed with an alternating strategy of intervention. When the government issued a lock-down, we abided and switched to on-line intervention. Otherwise, all sessions were conducted at the Preschool. Exchange of activity videos continued, between families and Professional Team. Follow-up and feedback insured the development of the child across the different skills and fulfilling the objective of his/her personal intervention program (in every discipline).

Physical therapy

23 children (35% female, 65% males), out of 60, had twice a week session. Children had either Cerebral Palsy, Developmental Delays or Genetic Diseases. **1840 sessions** were conducted at the premises, and 167 sessions were online, inclusive of follow-ups and evaluations via videos' exchange.

Areas of intervention centered on gross motor milestones development with training on equilibrium, posture, ambulation and group muscle coordination and co-contractions.

Occupational therapy

33 children (24% females, 76% males) out of 60 underwent occupations therapy sessions twice a week. Disability distribution was, 54% had Cerebral Palsy, 27% had Autism, 6% had Developmental Delays, and 13% had Genetic Diseases. **2640 sessions** were at the Preschool with exchanged videos with parents for follow-up and evaluation.

Areas of interventions surrounded around daily living skills, visual strategy and Upper Extremity function.

Speech therapy

38 children (22% females, 78% males), out of 60, underwent Speech Therapy sessions twice per week. Disability distribution, 45% had Cerebral Palsy, 34% had Autism, 5% had Developmental Delays, 11% had Communication Problems, and 5% had Genetic Diseases. **3040 sessions** were conducted at set and on-line.

Areas of intervention included, feeding & drinking skills, Pre- verbal Communication and Language acquisition.

Psychotherapy

60 children (27% females, 73% males) had intervention in two domains. Minimal work on behavior changes in contrast to long term behavioral problems, specially with children with Autism. **344 individual sessions** were conducted for the purpose of behavioral change following the objective of the child's program. This is aside from the ongoing work of the Team members on settings conduct, expression, reaction and control.

Special Education

60 children (27% females, 73% males) underwent educational sessions aiming towards cognitive development (perception, conception, imitation, categorization, graphism, memory (all sensory systems), communication (expressive and receptive language with bodily gestures and mimes) and imagination development.

3484 sessions were conducted for a period of 10 months (2 sessions per week for every child).

AFTERMATH

Here will present a comparative analysis on the results of intervention from year 2018-2019 till 2021-2022. The analysis will start from the year before Covid Pandemic, to working on-line, to individual sessions at the premises of the center.

YEAR	WORK STRATEGY	AVERAGE DEVELOPMENT OF THE DIFFERENT DISCIPLINES				
		OCCUPATIONAL THERAPY	PHYSICAL THERAPY	SPEECH THERAPY	SPECIAL EDUCATION	PSYCHOTHERAPY
2018-2019	ON-SET	33.47	20.48	36.75	32.57	32
2019-2020	ON-LINE	41.61	15.63	34.3	28.68	19.64
2020-2021	ON-LINE	49.64	22.58	55.76	37.57	39.67
2021-2022	INDIVIDUAL ON-SET	23	16	17	23	22

Looking at this comparative table, we can recognize that the best intervention results were the ones conducted on-line. We have specified previously the reasons that can be summarized as follows:

1. On-Line working was conducted with the presence of the caregiver (mainly mothers) with the child during the session. This culminated in a better understanding of the techniques used with the child and the purpose of the training.
2. This opened the way for better implementation of the guidelines at home
3. Mother-Child bond was strengthening after better understanding of how the child functions. In some cases, siblings' relations revealed some change (first neglect, then interest, then playing with child, to conducting the session with the sibling rather than the mother.
4. Videos were exchanged between Team members and parents which lead to step by step follow up and monitoring of the work executed

But if we want to justify the results of 2021-2022, we can summarize the factors that played a role in the results:

1. The majority of children (87%) had moderate to profound impairments (42% moderate, 25% severe, 20% profound). This intitled more intertwining disciplinary intervention, and each development domain of the child affected the others in a significant measure.
2. 40% new children who had no prior intervention in any place before they were enrolled in our programs.
3. High number of absences, whether from sickness or economical problems (high prices of petrol).
4. The abrupt change in the mode of intervention, from on-line with family & individual children, to on-set (at the Preschool) intervention with the absence of family members
5. Due to budget restraints and decrease in financial support from international agencies, therapists had to work part time. This affected number of sessions. Working with children with multiple disabilities depends a lot on intensive and repetitious training. And of-course this lack had to reveal itself in the end year results.

But this does not justify the reasons for the low percent of average development in the different disciplines.

We can-not finalize the picture without the mention of the economic and security situation in Lebanon. The high increase in prices coupled with the 67% inflation. Politically, the country passed through severe challenges that was very difficult to overcome. Although a Ministry Cabinet was appointed, yet it was un-functional and there was a succession of new cabinets which were all dysfunctional.

8 children (2 females, 6 males) were transferred to other specialized centers. All children secured a place to continue their habilitation and education.

MEDICAL PROGRAM

- ❑ **Dental Care: 22 children** (32% females, 68% males) were treated at the Special Need Dental Clinic at the Lebanese university. **20 visits & 44 sessions** were conducted. **5 children** underwent **surgery**. This section is funded by Medical Aid for Palestinians (MAP).
- ❑ **Orthopedic Care: 15 children** (40% females, 60% males) were checked by our orthopedic doctor. **9 visits with 18 sessions** were conducted through the year. The family was present with the child during check-up, and the physician had time to answer families' questions and give his advice. This project is also funded by MAP.
- ❑ **General Health: 19 children** (21% females, 79% males) underwent a thorough check-up by our family physician. He visited the Preschool **12 times** conducting **24 sessions**.

FAMILY INTERVENTION

Although we returned to work on-site, Team members continued working with families through WhatsApp and Videos. The virtual contact included Support Group, Special Education and different therapeutic intervention.

□ Education & Awareness

A week of training was scheduled, from 14-17 of March 2022, Educational & Awareness for parents. Families were divided according to the type of disability their child has. The plan was to give the children a one-week vacation, so we can solely work with parents.

The title of the workshop was “Children’s Abilities and Role of the Family. Scheduled subjects were:

- Autism Spectrum Disorders
- Speech Therapy for Children with Autism
- Cerebral Palsy, its definition, types and impairment
- Special Education and it’s relations to Different Disciplines Through Activity Execution
- Sensory Integration Disorders: Definition, Types and Treatment
- Occupational Therapy: Definition and Domains of Intervention
- Speech Therapy: Intervention Techniques to improve communication & Language
- Family Intervention Program: Domains of Intervention with Families

At the End of the Workshops, evaluation and suggestions sessions were discussed among the Team Members. We could not do the same evaluation with families for lack of attendance. A total of **24 hours of education and Training contact hours through 24 sessions.**

Families attending were **20** (32 females, 16 males). A representative from Map was present throughout the training.

An evaluation session among the Team was conducted, revealing the following:

1. **Advantages:**

- The consistent reminding of families for the workshop, was a good strategy to insure good attendance, at the beginning of the training
2. Parents showed positive attitude and a wish to learn the behind objectives of activities conducted with the children
3. All Team members agreed that this strategy was more effective than scattered sessions conducted a session per quarter
4. The information presented changed the behaviors towards their children, after learning the details of their children’s disability

Disadvantages:

1. Information presented needed more time to give clearer picture of the intervention techniques
2. Not enough time was given for parent’s questions
3. The workshop was not interactive enough
4. Time for the duration of each session, played a negative factor in the information provided. Yet the time allocated took into consideration the attention span of a person, and how much intake they can acquire
5. The 3rd & 4th day showed a decline in number of parents attending
6. Most parents, both, were still in the denial phase in the grieving process

❑ Counseling & Guidance

Two modes of counseling were conducted. On-site, telephone calls and via WhatsApp. Discussions centered on the child's Intervention Plan, general health of the child, disciplinary measures for difficult behaviors & coping techniques, and Hygiene.

38 families out of 60 families were included in this activity and started with the 1st interview during registration.

109 sessions were conducted (a session between 10 to 30 minutes) over the year. A total of **44 hours** Of counseling & guidance.

❑ Training

Families had received training through 2 modes:

1. Attending with a child during regular hours for observation of the child's function at the Preschool
2. Talk with every professional on the specific intervention program for the child in every discipline
3. Working with the child under the supervision of the specialist during the 1st 2 weeks of June, so the parent has firm and functional idea what to work with the child, during the Summer vacation

Table of Family Training in every discipline:

Disciplines	# of Families	# of Mothers	# of Fathers	# of Sessions	Hours of Training	# of Experts Working
Special Education	45	39	6	900	450	6
Physical Therapy	23	20	3	460	230	1
Occupational Therapy	33	27	6	660	330	1
Speech Therapy	38	32	6	760	380	1
Psycho-Therapy	38	29	9	760	380	1

A total of **1770 hours** of training. **3540 sessions** were reserved for the training of parents on all discipline's objectives & activities.

❑ Psycho-Therapy

27 family (19 Mother, 7 fathers, 1 grandmother) received the General Health Questionnaires at the beginning of the year. The aim of this questionnaire was to measure levels of stress,

anxiety & depression for both parents. This questionnaire was repeated at the end of the year, to test the progress or regress in mental health of the adult family members.

There were significant results that could be deducted from these questionnaires, due to the financial & social problems the country was facing. A strategy of listening to parent's distresses and provide guidance and techniques to de-stress, anxiety or depression levels was the main techniques used in addition to support group meeting between the parents.

◦ Support Group

24 support group meetings, attending & virtual, were conducted. 18 families (16 mothers, 2 fathers) attended these meetings. Subjects discussed:

1. How to build on the good points in our lives for self-empowerment
2. How to de-stress
3. What do we think about the child with disability
4. The impact of the presence of a child with disability on the social life of parents and family
5. Behavioral problems the children exhibit: exchanging experiences
6. How to allocate time for on-self
7. Why some parents feel ashamed of showing their child in public (family's gatherings, society)

PUBLISHING MATERIAL

- ❑ **Facebook:** most posts, centered this year, on the death of our President, Mr. Farouk Ghandour. First anniversary of the passing of the chairperson, a small vignette from his life, 50 years anniversary of Ghassan Knanafani martyrdom, 3 awareness videos on 4 main topics, Cerebral Palsy, Autism, and working with Families and Early Intervention it's benefits (produced by the cooperation between Mousawat, Ghassan Kanafani Cultural Foundation-Habilitation Preschool and Taawon NOG). A total of **9 posts**.
- ❑ **Awareness videos: 3 informative videos** were produced (through funding from Danish Muslim Aid-Taawon). Each video tackled a subject, with narration from the different Team members. These videos were posted on U-Tube and Facebook. A total of **8714 views on both sites**.

TRAINING

- ❑ **Capacity Building for the Professional Team**

This year's involvement in training was at it's minimum. Most of the training were online. A total **31 contact hours of Training**.

Topics of the Training:

- Performance of the Special Educator
- Nutritional Health for children & adolescents
- Story therapy
- Training of Trainers
- Techniques of Cognitive and Behavior Therapy
- Dynamic Analysis Therapy
- Safeguard Essentials

❑ Field Work for University Students & Volunteers

9 University students, all females, from 3 Universities, Lebanese University, Saint Joseph University, and Beirut Arab University got their training during this year.

They finished **924 hours of filed training** in Occupational (4 students), Physical (3 students) and Speech Therapy (2 students).

Students from Beirut Arab University asked for training in Physical Therapy, but they were not transferred from the University.

❑ Community Work & Awareness

3 information videos were produced (through funding from Danish Muslim Aid-Taawon). Each video tackled a subject, with narration from the different Team members. These videos were posted on U-Tube and Facebook. A total of **8714 views** on both sites. They targeted parents of our children and the community in general, in addition to access world wide to different counties through our connected via the social media.

An interview between the director, and MAP representative, in the International Women's Day, conveyed the tour of Arab women involved in Community development. The article was presented in MAP's annual Newsletter. The article described the personal journey of the Director in establishing a specialized Education & Therapeutic center for children with disability in Palestinian Refugee Camps of Lebanon.

MANAGEMENT, ADMINISTRATION & FUNDRAISING

It was the gradual return of working at the Preschool. We decided to go individual sessions, for COVID was still lurking in the atmosphere. Therapists resumed working full time from June to Dec 2022 exclusive of August, due to an additional support we got from MAP for 6 months. Since it was individual sessions, we tried to include as many children as we can. 11 additional children were registered in June 2022, and their initial assessment carried forward to the start of the next year Sept 2022 till July 2023. The Team was still cautious when interacting with the families of children, and all protective and sanitization measures were stuck to religiously.

Human Appraisal for the working Team depended on regular observation, Team meeting and Individual meetings with each Team member. The annual forms were not executed, but archive of all comments, changes and developments was digitally documented.

36 Team meeting were conducted throughout the year, 2 of them on ZOOM. 3 evaluation visits, from International NGOs, were scheduled. DANISH MUSLIM AID- DENEMARK (DMA) through Taawon, MEDICAL AID FOR PALESTINIANS (MAP) with the Royal College of Pediatric & Child Health, another visit by MAP with their CEO from England. The previous year, the director gave a presentation in a conference, at the American University of Beirut, conducted by the Royal College of Pediatric & Child Health, who one of the donors to MAP's projects. 3 proposals were submitted to DMA, Taawon Association and MAP for the coming Year.

In the winter season, donations were collected to provide clothes for the rainy season. 4 individuals contributed and 46 children with disability, from our center, received a wool shirt, winter pant, shoes, gloves, jacket, and un-permeable pant and jacket each (most children used motorcycle to commute from & to the Preschool).

FINANCIAL STATUS

The financial status in Lebanon kept on deteriorating during the year, with a sharp increase in prices. The petrol prices affected transportation of the children as well as the staff members. This decrease in the value of the \$ in relation to Lebanese Lira affected our overall budget.

☐ Preschool Budget

Preschool Budget was around 200,000.00 \$. Although the prices went very high, our expenses were also minimal (although in millions L.L.) due to our changed strategy to individual sessions. We could cover 64% of the budget through allocated funds, individual donations, and children's fees. GK

☐ Ten Project & Ramadan Campaign

Ten Project and Ramadan campaign yielded a coverage of around 16% of the budget.

☐ Welfare Association WA

Three supporters were introduced through Taawon, Danish Muslim Aid & Arab Fund and a third anonymous one. DMA's contribution covered around 15% of the budget. AF around 8% and Taawon around 5%.

☐ Medical Aid for Palestinians (MAP)

MAP's contribution covered around 27% of the budge. The fund started with a certain percentage, but later more coverage was secured that allowed our therapists to work full time for the last 6 months of the project.

☐ Children's Fees, Transportation & Beit Atfal Al Soumoud

This year the coverage by beneficiaries was 2%. The inflation in the country imposed an uncertainty affecting both the families and the NGOs working among them.

NEXT YEAR PLAN

1. Resume work as previous, before the COVID epidemic. To work 2 programs, groups and individuals.
2. The Clinical Psychologist/ Educational Supervisor, submitted a need of a one year off with no pay, for her to resume her graduate studies. Thus, a one year off was granted to her.
3. The Director will execute most of the Family Intervention Program, and the educational supervision.
4. A change in the planning of Education & Awareness activities, by conducting successive sessions at very close period
5. To resume reaching out for previous partners, while allocating new ones.
6. Human Appraisal forms should be done for every employee.