

THE GHASSAN KANAFANI CULTURAL FOUNDATION

HABILITATION PRESCHOOL
END OF YEAR EVALUATION REPORT
September 2023- August 2024

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INTRODUCTION

It was a very dramatic year. At the start, in September 2023, we had a girl with Cerebral Palsy, from Somalia. She was transferred to us by our friends in Switzerland. After we rented a house for the family in the camp, and bought the most necessary furniture, we initiated intervention work as soon as we could. As time went on, war in Palestine, Gaza, erupted. Coupled with war in the southern areas of Lebanon.

After the family was here for one month only, we had to tell her to go back home for safety reasons. We will talk in details about the work with our Somalian girl.

Although the war went on, we as usual tried to work as best as we could. Although we had sometimes to stop working for security reasons, related to the war and to internal governmental policies, the work went on. There was a oscillating rate of attendance by the children, due to measures taken in regard to Syrian refugee's presence in Lebanon.

Thus, the final results were affected by the number of beneficiaries and sessions of intervention conducted.

42 children with multiple disabilities (13 females, 29 males) attended our main two programs. 28% of them were Palestinians, 18% were Lebanese, 51% Syrians and 3% Somali.

33% of the children had **Cerebral Palsy**, 5% had **Genetic disorders**, and 62% had **Autism**.

Our **Clinical Psychologist** resumed her work from the beginning of September 2023. She worked under voluntary conditions, as she did last year. At the beginning of 2024, we could secure the funds for her services, and she resumed on part time bases as an employee.

Several **employees turn over** was also a reason for the decrease in number of children accepted and number of sessions conducted. Our Therapists, Speech, Occupational & Physical therapists. Worked on part time bases for approximately six months. In March 2024, two returned to full time after we could secure the funds for the coverage of their services.

Our **Occupational Therapist** left by the end of December 2023. A new therapist was employed on part time bases. Later this new therapist, had an accident, and had to be absent for one month from work.

In the **Medical section** of our work, two MDs left the service (The Family Medicine Doctor, Orthopedic Physician). As a consequence, we cancelled these two services from our program. The remaining Dental Care is still going on, thanks to the support of Medical Aid for Palestinians.

Concerning the coverage of **budget**, we were very lucky this year, to find enough resources to cover all our budget. Major part of this success, was the belief of two main donors, **Medical Aid for Palestinians % Taawon Association**

The help of Taawon entitles our deep gratitude. We were able to renovate the premises with the funds they secure. And additional resource secured by them, made possible the purchase of old and much needed office equipment that were dilapidated. These two new resources are in addition to two other main donors that have been supporting us for years.

EDUCATIONAL & THERAPEUTIC INTERVENTION FOR CHILDREN WITH MULTIPLE DISABILITIES

42 children with multiple disabilities (13 females, 29 males) benefited from our services. 57%, 24 CwD (7 females, 27 males) attended the Dynamic Group Activity Centered Approach, and 43% attended the Clinics.

This year:

1. 35 CwD (17 female, 22 Male) had 9409 private **occupation therapy** sessions
2. 31 CwD (13 female, 18 male) had 2141 private **physical therapy** session
3. 35 CwD (11 female, 24 male) had 2231 private **speech & communication** session
4. 40 CwD (12 female, 28 male) had 4020 private **special education** session

The high number of sessions in occupational therapy, is not restricted to sessions provided by occupational therapy. 7680 sessions were conducted by all team in the training on feeding & drinking skills, as well as dressing and un-dressing, and hygiene (washing with soap & water, teeth brushing, toilet training).

We did not mention, the adaptive behavioral changes the children achieved. The reason is that all cooperating behaviors were implemented by all team members. This re-enforcing helped the change we observe.

All the behavioral problems we encountered, are not mal-adaptive skills related to mental health of the children. They are just habitual behavioral skills related to special treatment for the child with disability (over protectiveness, negligence, manipulations on the family life, temper tantrums,).

The group who attended the **Dynamic Group Activity Centered Approach** (DGACA), 24 CwD (7 females, 27 males), were provided services, 5 days a week, 4 hours every day. These children received educational and therapeutic sessions. A total of 8033 sessions provided, each child receiving a total of 344 session (educational & therapeutic), all year round.

While the group attending the **Clinic program**, 18 children (8 females, 10 males), receives specialized intervention 2 times a week, in the disciplines they ask for. A total of 1990 session for children, each child approximately 111 sessions (educational & therapeutic), all year round..

These results, are of course, directly connected to the decrease in therapists' attendance (3 days instead of 5 days 2 years ago).

In the **DGACA** two from our children who have profound disabilities, had to be hospitalized several times during the 4 months at the beginning of the year. Their health situation was so acute that unfortunately died in the same month. We mourned a lot these children and their peers' reactions to their absence created a lot of emotional and behavioral distress. We had to be a support for the children to them to overcome this trauma. I would like to make clear, that these 2 children's health was not related to any environmental or intervention causes. They were very susceptible to sickness due to their low immune system and their severe impairment.

Due to rate of attendance and withdrawal, there was a constant shift in the number of CwD between the 2 programs. Those that left, for diverse reasons, were replaced by others from the Clinic program or from the waiting list we have.

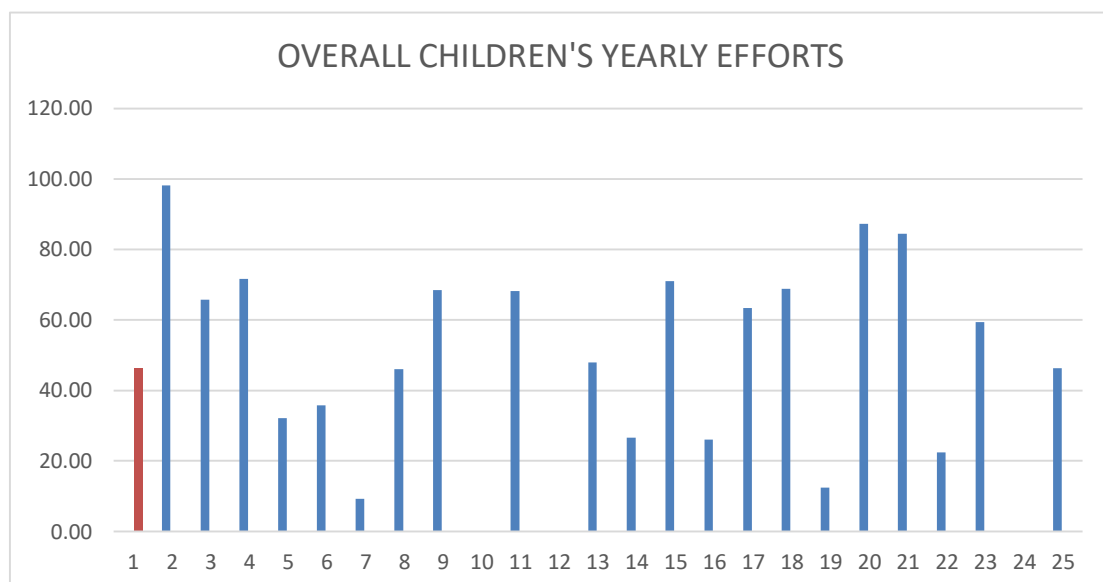
Analysis & Discussion

We are going, this year, to try to reach the significance of our intervention method and approach, by studying the results we gathered from the children achievement.

Previously, we tracked the personal effort the child exerted in skills of different domains, (disciplines). If you take them separately, you will notice the minimal effort the child executed. We were un-aware that the child's effort spread on different skills in different domains of development.

So our technique, in this report, is to combine, for every child, the total of all effort of every domain: i.e. a child showed 22% effort in occupational therapy skills, 10% in physical therapy skills, 13% in communication and speech skills, 20% in educational skills, and 33% in emotional skills. If we add all these percentages, we reach the conclusion that the child exerted around 98% of his effort for his achievements of all life skills. Which is immense, taking into consideration that these children have multiple disabilities. That is, impairment in the physical, cognitive, emotional, and social & communication.

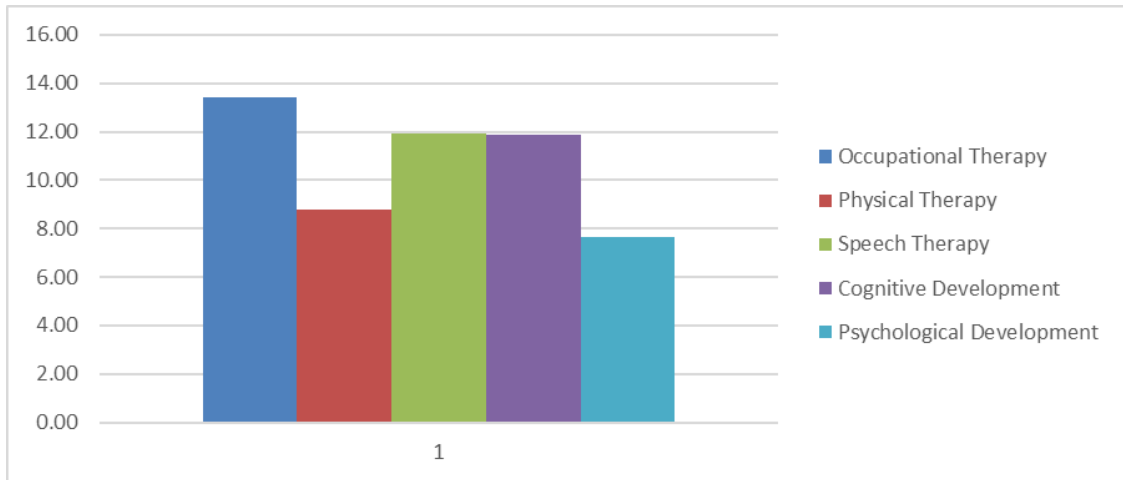
The results between the children vary, according to factors related to type of disability (central nervous system disorders, cognitive disorders, Autism Spectrum Disorders, cognitive disorders) and level of impairment (mild, moderate, severe, profound)



If we observe the graph above, the average development of the children is the red line, around 43%. If we count how many are above the average, in this studied cohort, there are 14 children out of the 21 CwD who exerted all their effort to learn and be functional & productive.

This result doesn't give you only the development of the children, but also that the professional team in his effort could help the child achieve this high result. Concluding, that our own approach and method and intervention is working successfully.

If we want to compare which domain the children improved more, we will arrive at the following graph:



Graphically, this here shows the functional development of the children in all skills have the highest scale. This is very logical. Since occupational therapy training invest the achievements in different disciplines to facilitate the child's development of all skills.

The graph does not show, who of the disciplines worked better. We have to keep in mind, that for example, physical therapy works with motor impairments. And in our center these are mainly children with Cerebral Palsy (a compound disability). The same if we talk about the communication speech & cognitive skills, who work with the majority of children in the Autism Spectrum. And we don't have to forget, that the most difficult change a person undergoes, is the emotional (behavioral) skills. The change happens over a long period of time and have to be generalized in all disciplines. It is very difficult for children, to change habits learned and discipline measures in the domestic atmosphere.

To un-learn, is more difficult to arrive at, than to learn from the beginning. This is also the reason, that we prefer to intervene with the children as early as possible, in their years of age.

MEDICAL PROGRAM

As mentioned in the introduction, we closed the General Health, and Orthopedic check-ups from our activities. The cessation of these important disciplines, that are essential for the well-being of our children were, were closed due to budget restraints.

☐ Dental Care:

The remaining section is this section. We are still collaborating with the Lebanese University, Dental Clinics for Children with Special Needs, and Abou Joudeh Hospital to conduct these services.

51 visits were done throughout this year. We were responsible for the transportation. The parents accompanied their children to the clinics.

29 CwD (11 female, 18 male) had received the dental care required. 18 of them had regular treatment, and 10 were assigned to surgery.

2 surgical interventions were conducted. With post-surgical care followed up.

FAMILY INTERVENTION

The return of our Clinical Psychologist was a big relief. She was assigned to be the Project Manager of the Family Intervention Program. Although the Preschool Director helped in Family Consultation, it was our therapists who shouldered this program.

❑ Education & Awareness

As is the custom every year, we planned the educational information sessions between April and end of May.

The whole group was involved in the preparation for these sessions, which was supposed to be conducted on three successive days, three hours every day.

The title of the sessions was Nutrition & Disability. Each team member was assigned a topic to do research on, and to lead the lecture on the assigned days.

It took around 2 months of preparations. Sub-topics included: Nutritious & Un- Nutritious Diet (the main components of balanced diet for the child), the Digestive System and its Problems in the Presence of Disability, Eating & Feeding Techniques and Dental Health, Medication and its Role in some Health issues, Affect of Vitamin Deficiency in Child Behavior and medicine overtake, and Pollution & its Affect on Child Health.

We could not conduct these sessions, a security situation in the country prevented parents from Attending.

This will be kept for next year. Yet we are publishing the material as booklets.

❑ Counseling & Guidance

Worked with **37 families (37 mothers, 24 fathers)**. Parents will consult the therapist on any issue they cannot cooperate with. Consultations and Guidance took, with some parents more than 2 sessions. A total of **61 hours** were executed on parent's consultation, and the provision of guidance by our professionals.

As for the consultations, by our team members, to our project manager, it was an ongoing process, nearly discussed in every weekly meeting, and sometimes individually. We can't give proper hours dedicated to this issue, for this is an in-built strategy in our intervention methods.

In questions related to the child's behavior, the therapist worked with **13 of our team members**, and **35 families**. The Director of this project, will assign a plan of intervention with the other team member about cooperating with the child's behavior at the Preschool. While the work with families centered on cooperating with difficult child behavior at home. The plan was prepared by parents and the Project Manager.

❑ Home Visits

11 visits to the child's home were done throughout the year. Mainly for new children, or for those who had persistent problems. A Form was filled afterwards, taking all the house condition for child's accessibility as well as that of the care taker.

We had an unfortunate event that happened this year. Two of our beloved children were deceased after successive hospitalization. Representatives from the Team paid visits of condolences.

□ Training

Parents of the CwD underwent training of different techniques they should follow with their children at home. At the beginning of 2024, in February, parents were invited to come for observation of the children at work at the Preschool. At the same time they got explanations, on the children's skills and the objective of training at this stage. This continued till beginning of May 2024. In July, the parent's training period started. Children attended with the parents for the training.

Disciplines	# of Families	# of Mothers	# of Fathers	# of Sessions	Hours of Training	# of Experts Working
Special Education	36	36	2	125	94 hours	3
Physical Therapy	25	25	1	132	99 hours	1
Occupational Therapy	27	27	1	160	120 hours	2
Speech Therapy	27	27	1	154	115 hours	1
Clinical Psychology (cooperating with child's difficult behavior)	42	42	12	283	212 hours	1

A total of **640 hours of parents' training**.

This table summarizes each discipline training of the parents. It also specifies number of parents participating with hours of intervention.

When we talk about discipline, we mean, training on skills pertaining to the specialization of each profession:

Special Education: Cognitive Skills

Physical Therapy: Gross Motor Skills (big muscles, equilibrium and stabilization)

Occupational Therapy: Fine Motor Skills (hands, eyes, coordination between different body parts, dressing & undressing, hygiene, social & emotional Skills)

Clinical Psychology: Adaptive Behavioral Skills

❑ Psycho-Therapy

◦ Psycho-Social individual sessions

At the beginning of the year, the General Health questionnaire, we distribute to both parents, revealed that 41% mothers & 37% of fathers, were under severe stress and anxiety. After the selection of these parents for psychological intervention, an initial meeting took place.

A plan was devised, with the parent, that had to be followed for them to see same changes in their psyche.

Out of the 31 Mothers, 15 mothers needed a follow up. A total of 64 hours were spent on reducing stress and anxiety.

As for the 17 fathers, 9 needed follow up. A total of 30 hours of intervention.

A total of 94 hours were spent on both parents per year.

At the end of the year, the General Health Questionnaire was distributed to the same parents.

Results showed, that 49% of the mothers were still under severe stress and anxiety, while 12% of the fathers lingered still in the same viscous circle.

The rise in mother's percentage, at the end of the year, is related to the ongoing fluctuations in security and financial matters. Specifically, as the majority of care givers were the mothers.

◦ Support Group

12 support group meetings were conducted throughout the year. Few were conducted on line. The average attendance was **10 families (10 mothers, 3 fathers)**.

Parents requested to have two Support Group Meetings every month. As we can see from the numbers presented, that we could achieve the plan most of the time.

Topics discussed:

1. Calming Techniques during the burst of Child's Difficult Behavior
2. Situations that increase Anxiety
3. Dealing with Peer Bulling of the Child with Disability
4. Rejection of the child to any signs of his difficulties and his special need
5. How to Deal with Mal-Adaptive Behavior
6. Exercises to decrease Stress
7. Being Ready to Accept

Each session took between an hour and a half and two hours. A total of **14 hours**.

At the end of the year, a Satisfaction questionnaire was distributed, to parents, to come up with an idea of the significance of these meetings.

28% of the parents were extremely satisfied with these meeting. 40% rated them as good, and 10% as acceptable.

At the end, some members of the parents, who used to attend regularly, met on their own. They shared visits, outings and regular connections on diverse matters that affect their mental health and the well-being of their children.

AWARENESS MATERIAL

❑ Facebook

We have uploaded 12 posts covering different topics revealing the current activities with the children.

There were 7 topics presented.

Opening of the working year with the start of war

Passing of two of our beloved Children

A visit to the zoo with the parents

The passing of our Norwegian Colleague, the Occupation Therapist Wigdis Hoff whom we established this Preschool with

Visit of Chef George and preparation of Pizza with the children

Physical Therapy with a Child with vision impairment

Training parents on the techniques to use with their child during the vacation: eating & brushing teeth

❑ Publishing Booklets

After the cessation of conducting the 3 days education workshop for the parents, we started gathering all documents to publish a booklet with the title "Nutrition & Disability". After working, we notice that the information was intense and big to the extent of being a book.

We took the decision, to divide the information on five booklets, each with a different title under the major topic of "Nutrition & Disability":

1. Nutritional Diet & Unhealthy Diet
2. Digestive System and its Problems
3. Eating & its Association with Articulation & Dental Hygiene
4. Role of Long-Term Medicine on the health of the Child & How Deficiencies in Nutritional food affects Behavior
5. Pollution and it's effect on Child's Health

We have finished the first 3 booklets and they are under publication at the time of writing this report.

We will work on raising funds for the remaining two, in the coming year.

TRAINING

❑ Capacity Building for the Professional Team

Team members underwent training in diverse topics. Some were field training, some were on-line. List of topics:

1. Preparing Teachers for therapeutic teachings for children with difficulties
2. Staff Building Capacity in time & task management
3. Oral Placement Therapy
4. Cerebral Palsy Symposium

A total of 92 hours of training.

All these trainings and conferences were conducted locally.

The workshops and training were limited this year, due to the security situation. The on-line presentations were redundant and sometimes at basic level.

❑ Field Work for University Students & Volunteers

5 University students had their internship at our center. 3 were from the Lebanese University, 1 for Saint Joseph University, & 1 from Phoenician University. They completed 654 contact hours of training. They were followed by supervisors from their universities, with our therapist. These therapists were from Occupational Therapy, Speech Therapy and Psycho-motor Departments.

They, at the same time of training, worked with 12 children (3 females, 9 males) in individual sessions. All were 3-year university level (we do not accept working with children until the student have passed the first 2 years).

MANAGEMENT & ADMINISTRATION

I want to stress in this section, the responsible and ordered role the executive secretary played in organization of sessions, follow-up of children's attendance, parent's adherence to time, place organization & maintenance and archiving and preparing children's programs and reports. Her keeping minutes of all meetings of group meetings, helped in the overall task organization and decision making by the team. She was an excellent link with the Director and had a decisive stand when need be.

Our two cleaning assistants, worked very hard and the longest hours. Children were always taken care of (from the hygiene standpoint). Premises were cleaned and disinfected every day. All materials used by the children, were cleaned on daily bases with the help of the other team members.

All team members, tried their best to keep their places clean and organized, with as little of distraction for the children. They adhered to the times of sessions and all evaluative work and preparing children's report at the beginning and end of year.

32 team meetings were conducted throughout the year. Meeting for 2 hours every Fridays after-noon, every week.

12 Educational meetings were also conducted.

The Director attended all the meeting, as well as the Clinical Psychologist.

FINANCIAL STATUS

The year was definitely a big challenge. Fluctuations in economy, in security, in employees' turn over, in children's attendance. Surprisingly we could raise enough money to cover all our yearly expenses and carry over for next year around 23% worth of income.

One important factor, for this situation, is the strategic partnering with some International Funding Agencies, and secondly and more importantly, the trust that these agencies showed in our quality care and transparency.

The second point, was very crucial. Funding agencies, had us in mind, and tried this best to support us, in this dire year.

☐ Preschool Budget

Our yearly expenses amounted to around 131,400.00 \$. The currency rate, reference with the dollar is 89,500 L.L. it is a very high inflation in our economic system. Yet we could secure enough funds to pay service fees for all our employees and cover other very significant renovation of the premises.

☐ Ten Project

Through the generous contribution of our friends, mainly those of Switzerland, we could raise around 13% of the total budget. These contributions, every quarter, were a safe haven to cover employees' services, whenever some delay in money transfer from other contributors.

Their support was very beneficial, also, in contributing to the renovation cost of our premises. It is worth mentioning, that we did not undergo a thorough renovation for our center since 2016.

☐ Danish Muslim Aid/ Taawon

DMA continued to support our project. It covered mainly educational & therapeutic activities, and amounted to around 31% of the budget. The support was channeled through Taawon association.

☐ Arab Fund/Taawon

AF support was also through Taawon Association. They covered educational & therapeutic fees, raw material for assistive devices for the children, and publishing information booklet for the parents. Their contribution amounted to 35% of the budget.

☐ UNDP/ Taawon

The contribution of UNDP through Taawon, centered mainly on developing organizational strategy. The main bulk will help us in formulating our Strategic Plan for the coming years. In addition, they contributed 3% of budget for the purchase of essential tools and equipment necessary for therapeutic, monitoring and maintaining the good quality of our intervention approach.

❑ Taawon

From their own budget, Taawon covered around 80% of the renovation of our premises. We can see here, the crucial role Taawon's support influenced our stability and sustainability. We extend our thanks and gratitude for their continuous support and trust in our working strategy.

❑ Medical Aid for Palestinians (MAP)

MAP is the 2nd strategic partner. We have a long-standing partner since the beginning of this century. They provided technical support for our therapeutic intervention with the coverage of the whole expenses of the Dental Care for our children. In the Dental Care section, we collaborate with the nation's Lebanese University, Special Needs Dental Care center, and with Abou Joudeh Hospital to perform dental surgeries for children with difficult physical impairments.

NEXT YEAR PLAN

In this period of ongoing war, work won't start, at field, unless we are sure that it is safe for the children to attend and commute. Waiting for this we will work on:

- ✓ Providing psycho-social support for the families
- ✓ Linking families with agencies that support and distribute basic needs of the families: shelter, food, hygiene, clothes, leisure activities for children
- ✓ We will try to raise funds to publish the 2 remaining booklets of the topic "Nutrition & Disability"
- ✓ Develop the methodology of intervention in the Family Intervention Program
- ✓ Manufacture assistive aids for the children
- ✓ Continue Parent's Support Group meeting on-line, in case the war is still going on.