

PD-AB 13-867
76007

Evaluation of
Mothers Home Care/Early Intervention Outreach Program
within the
Society for the Care of Handicapped Children

by

Thomas Oakland, Ph.D.
Professor of Educational Psychology
Director, Learning Abilities Center
The University of Texas
Austin, Texas

March, 1989

ANE-0159-6-SS-9046-00
398-0159.33

Table of Contents

Page	Topic
3	Executive Summary
5	Project Identification Data Sheet
6	Activity to be Evaluated
6	Evaluation Team Composition
6	Purposes of Project
7	Study Questions of the Evaluation
9	Background of the Activity, Including the Project's Economic, Political, and Social Context
11	Methods and Procedures
13	Results and Findings
40	Conclusions

Executive Summary

This evaluation examines the Mothers Home Care/Early Intervention Outreach Program. The purposes of the Program include the development and implementation of a cost effective innovative strategy for providing educational services to preschool handicapped children and their families in the Gaza Strip. Nine features of the Program constitute the focus of my evaluation. The Program is intended (1) to be home based, (2) to utilize community members, (3) to offer a developmentally sequenced curriculum, (4) to provide a culturally appropriate curriculum, and (5) to extend from birth to eight years of age. It is to be promoted (6) through a methodology that minimally disrupts a family's daily life. Furthermore, (7) it provides training to non-professionals in order to enable them (8) to utilize prescriptive teaching approaches as well as (9) an evaluation program that measures progress and enhances program modification. The following five issues also were reviewed: To what degree is the Program cost efficient? To what degree is the Program innovative? To what degree does the Program offer a culturally appropriate curriculum? To what degree does the Program effect children's growth and development? and What are the Program's effects on mothers and families?

The results of my review indicated the primary goals of the Program have been or are being accomplished. That is, the Program provides educational services, is home based, utilizes community members, offers a developmentally sequenced curriculum, provides services from birth to age eight to those who are handicapped, provides prescriptive teaching approaches, utilizes an evaluation program that measures progress and enhances program modification, is cost-effective, is innovative, is culturally appropriate, enhances growth

and development, has minimal adverse effects on families, and produces positive effects on families.

BASIC PROJECT IDENTIFICATION DATA

1. COUNTRY: Gaza Strip
2. PROJECT TITLE: Mothers Home Care/Early Intervention Program
3. PROJECT NUMBER: 389-0159.11
4. PROJECT DATES:
 - (a) First Project Agreement - June 1984
 - (b) Final Obligation Date - FY October, 1987 (Planned)
5. PROJECT FUNDING:
 - (a) AID Grant..... \$1,188,659 million
 - (b) Other Major Donors..... 0
 - (c) Host Country Counterpart Funds..... 0

\$1,188,659 million
6. MODE OF IMPLEMENTATION: Project is administered by the Society for the Care of Handicapped Children (SCHC), the only Palestinian Agency authorized to receive funds directly from AID.
7. PROJECT DESIGNERS: Society for the Care of Handicapped Children (SCHC)
8. RESPONSIBLE MISSION OFFICIALS:
9. PREVIOUS EVALUATION (Independent of AID):
 - Mr. Aldred Newfeldt (Canada) 1985
 - Dr. David Mitchell (New Zealand) and Ms. Kawthar Abu Ghazaleh (Gaza) 1987
 - Mr. David Shearer (U.S.) yearly
 - Dr. Larry Afifi, July, 1988

Activity to be Evaluated

This report summarizes my review and evaluation of the Mothers Home Care/Early Intervention Outreach Program. The review and evaluation occurred at the request of the Society for the Care of Handicapped Children and with the concurrence of the Agency for International Development (AID).

Evaluation Team Composition

As a note of introduction, I serve as Director of the Learning Abilities Center and Professor of Educational Psychology at The University of Texas at Austin. The Learning Abilities Center is a multidisciplinary agency committed to research and professional preparation programs that advance our understanding of conditions associated with children's development, in particular their cognitive and academic development, as well as the delivery of quality services that enhance the growth and development of children and youth. As a Professor of Educational Psychology during the last 22 years, my principal efforts have been directed towards developing a nationally acclaimed school psychology program, teaching courses in the area of assessment and intervention activities, as well as establishing research programs dealing with issues in children's educational development. My research efforts have been particularly focused on the educational development of minority children.

Purposes of the Project

My evaluation of the Mothers' Home Care/Early Intervention Outreach Program is directed toward better understanding the extent to which the general purposes of the Program have been achieved. These purposes include the development and implementation of a cost-effective innovative strategy for providing educational services to preschool handicapped children and their families in the Gaza Strip. The specific features of the Program include the

following. The Program is intended (1) to be home based, (2) to utilize community members, (3) to offer a developmentally sequenced curriculum, (4) to provide a culturally appropriate curriculum, and (5) to extend from birth to eight years of age. It is to be promoted (6) through a methodology that minimally disrupts a family's daily life. Furthermore, (7) it provides training to non-professionals in order to enable them (8) to utilize prescriptive teaching approaches as well as (9) an evaluation program that measures progress and enhances program modification. Thus, these nine general and specific features of the Mothers' Home Care/Early Intervention Outreach Program constitute the focus of my evaluation.

Study Questions of the Evaluation

The principal questions that guide this evaluation are an outgrowth of the purposes of this project. Simply put, this evaluation attempted to determine the degree to which each of the specific goals has been accomplished. These goals have been divided into two groups. One group contains issues that are less debatable and for which there is incontrovertible evidence. The other group addresses issues that are more debatable and thus require greater attention. The eight issues that are less debatable include the following: Have strategies been developed and implemented for providing educational services? To what degree does the Program provide services to children between the ages of birth and eight? To what degree are the project children handicapped? To what degree does the Project utilize community members as teachers? To what degree does the Program provide training for non-professionals? To what degree does the Program utilize an evaluation program that measures progress? To what degree

is the curriculum developmentally sequenced? To what degree does the instructional Program utilize prescriptive teaching approaches?

The following five issues constitute issues that seemingly are more debatable: To what degree is the Program cost efficient? To what degree is the Program innovative? To what degree does the Program offer a culturally appropriate curriculum? To what degree does the Program effect children's growth and development? and What are the Program's effects on mothers and families? Each of these 13 questions is addressed below.

An evaluation also should be conscious of some broad issues that go beyond those directly relevant to the target program yet pertain to general and important missions consistent with those of the program and funding agencies. Some of these issues include the following: enhancing the values associated with education, children and youth, and parents as childrens' primary and continuous teachers; improving the parenting skills of mothers, fathers, as well as often older siblings; promoting the readiness of children for regular education as well as other mainstream activities of life; better utilizing professional resources by families; promoting cooperative planning between teachers and primary caregivers (i.e., parents); providing a lifeline to family members often isolated by cultural, economic, and political conditions; and recognizing the value of five important developmental qualities: motor skills, socialization, self help development, language, and cognition. Moreover, during these troubled times in the Gaza Strip, one cannot overlook the importance of the Program in providing hope to families who often face unbearable odds while promoting the development of their normal children and insurmountable odds with respect to promoting the development of their handicapped children. These issues also are an extension from the

Program and constitute broad, important, and unwritten missions consistent with the Program. Of course, these broader missions are more difficult to evaluate; no attempt has been made to evaluate them formally. Nevertheless, they are germane to the broader evaluation of the Program's effectiveness.

Background of the Activity

As indicated in Dr. Afifi's report, the Gaza Strip is approximately 40 kilometers long and 10 kilometers wide. The area is bordered by Egypt on the south, by the Mediterranean Sea on the west, and by Israel on the north and east. An estimated 600,000 Palestinians live in this area, approximately half in the city of Gaza. Although the Strip originally was rural, it now is 85% urban. Approximately 75% of the population are refugees. Significant numbers of its residents live in the five refugee camps created and supervised by the United Nations.

The Gaza Strip has a subsistent economy which is dependent upon income from small shop owners and other entrepreneurs, small farmers and others involved in agriculture, and those who travel to Israel for day work. The level of unemployment and underemployment is extremely high. Those fortunate to be employed often earn a subsistence wage. Others less fortunate to find work must rely upon families, friends, or benevolent societies for subsistence.

The political conditions within the Gaza Strip are in turmoil. During the last 15 months, during this period of Intifadah (the popular uprising against Israeli occupation), significant numbers of residents have demonstrated their disapproval for being forced to live under occupation by the Israelis for more than 20 years. Moreover, various political factions exist among the Palestinians. Within Gaza, the sources of power are not

coalesced. Thus, leadership seemingly arises from within the general population rather than within any one formal organization.

These economic and political conditions exist within a social context that is traditionally Arabic. Its cultural and religious traditions are actively practiced or are tacitly supported by the majority of the population.

The background of the Mothers' Home Care/Early Intervention Outreach Program also must be understood within a more narrow context, one that focuses on the Society for the Care of Handicapped Children (SCHC) because it is within this context that this Program also must be viewed. The Society was initiated in 1975 by Dr. Hatem Abu Ghazaleh in response to the need for educational services for the handicapped. Educational facilities as well as other care for the handicapped were unavailable at that time. Since its beginning in 1975, SCHC has developed activities in the following areas. Its Sun Day Care Center provides day care, education, and training to handicapped children between the ages of 7 and 18. The Gaza Beach Camp School, established in 1986, provides similar services to children and youth in its Beach Camp location. The SCHC's vocational training and habilitation programs provide vocational preparation services for handicapped persons over the age of 18. Its postgraduate diploma and undergraduate degree programs to train rehabilitation personnel were initiated in 1984 through a cooperative arrangement with the University of Calgary and Mount Royal College, Calgary, Canada. The Center also offers services to non-handicapped children through its newly initiated Mothers' Home Care/Early Intervention Outreach Program to serve non-handicapped at-risk children and their families; this program was initiated in September, 1988.

In addition to these professional programs, the Society has its own physical facilities which include classrooms, libraries, a kitchen, administrative offices, a gymnasium, a hostel in which visiting personnel can reside, a computer room, and other administrative and instructional resource facilities typically found among educational institutions in more advanced countries. Moreover, its administrative and professional staff tend to be well trained, dedicated, and operate at a level that compares favorably with their counterparts in Western countries.

Thus, the Society for the Care of Handicapped Children has a well established infrastructure that enables its programs to be administered in effective and efficient ways.

Methods and Procedures

I visited and resided at the Sun Day Care Center in the Gaza Strip from the evening of March 10 to the morning of March 16. This was my third visit to the Society for the Care of Handicapped Children, the first one occurring in June of 1982 and the second visit occurring the summer of 1987. Thus, I am personally familiar with many features of the program and the history of the Society.

I also read a number of prior evaluations of the program and other publications in preparation for my evaluation. These include the following: Guidelines for Data Collection, Monitoring, and Evaluation Plans for A.I.D./Assisted Projects (April, 1987), A.I.D. Evaluation Handbook (April, 1987), Asia Near East Bureau, Procedural Guidelines for Evaluation (February, 1986), Evaluation of Mothers' Home Care/Early Intervention Program, Society for the Care of Handicapped Children: Gaza Strip by Dr. David Mitchell (November, 1987), the Mothers' Home Care/Early Intervention Outreach Program

(April, 1988), Training and Education of Rehabilitation Personnel in the Gaza Strip: A Program Leading to Self Sufficient Services (May, 1988), Mothers' Home Care/Early Intervention Program, Progress Report and Evaluation by David E. Shearer (November, 1988), Evaluation of the Home Based Rehabilitation Programs for Disabled Children in the West Bank and the Gaza Strip prepared by Larry Anna Afifi, (July, 1988), and a response from Dr. Hatem Abu Ghazaleh to Miss Kris Loken (January, 1989).

This evaluation report does not intend to duplicate the efforts of Dr. Afifi's evaluation or report. Persons interested in reviewing this program are advised to consult her recent report for details that are not replicated herein. This report reviews many of the same issues addressed in Dr. Afifi's report and concurs with many of its conclusions. However, some conclusions in Dr. Afifi's report with which I disagree are discussed in this report.

I also conferred with the following persons associated with the Society for the Care of Handicapped Children as well as those directly associated with the Mothers' Home Care/Early Intervention Program: Dr. Hatem Abu Ghazaleh (Chairman of the Society), Aida Abu Ghazaleh (Director of Outreach Programs), Dr. Peter Johnson (a visiting psychologist from Canada who coordinates the training program), Naila Shawwa (the Director of the Mothers' Home Care/Early Intervention Program), the programs supervisors and its teachers, Nasser N. El Draimili (Chief Psychologist for the Society), and Hanna Habbab (the Co-Director of the Mothers' Home Care/Early Intervention Outreach Program for non-handicapped at risk children).

I also made four home visits to observe the practices of the teachers and the conditions under which the instruction is given. At my request, four children were reexamined during my visit with the developmental

scale that corresponds to the Portage Program. These data enabled me to examine the reliability, validity, and completeness of the evaluations. I also reviewed and evaluated the complete developmental data from 30 children involved in the project. Finally, I designed a questionnaire (with the assistance of Dr. Johnson) which was administered to 15 mothers in the project as well as 15 mothers on the waiting list to be included within the project. The questionnaire allowed us to acquire information that was timely, relevant, and potentially useful to the evaluation of this project.

Results and Findings

The Mothers' Home Program for Handicapped Children was initiated following the successful implementation of the Sun Day Care Center, a tertiary prevention program that provides day school programs. The Society realized its effectiveness to enhance the growth and development of handicapped children could never be fully met by relying upon tertiary day school programs. Moreover, in recognition that the parents of children are their most effective teachers, strategies for providing services to the handicapped were formally initiated through this Program. As we will see later, the Portage Program relies principally on the Portage Program to help promote the social, self-help, academic, language, physical, and academic abilities of children. The strategy of selecting the Portage Program was well thought through. The Program is highly respected internationally and offers a particular orientation that is consistent with the developmental needs of handicapped children in Gaza together with the level of professional training and preparation of the paraprofessionals in this region. The Program is particularly resilient to problems posed by the political and economic turmoil that has characterized this region during this period of the uprising

(Intifadah). The selection of a program designed to facilitate the development of handicapped children through greater utilization of familial resources also serves the needs of handicapped in various ways. For example, major responsibility for the development of handicapped children rests on the shoulders of their parents. Given their acceptance of these responsibilities, they are likely to form coalitions which will lead to greater economic, political, and educational support for the handicapped within the Gaza Strip. They also will be encouraged to view their children's development as a continuous challenge, one that requires the appropriate utilization of all home and community resources.

Thus, the Society has developed various strategies for providing services to the handicapped. During the last 13 years, five major programs for the handicapped have been developed. The rapid and effective development of their Mothers' Home Program for Handicapped Children is particularly commendable given the fact that the Program is only four years old. As indicated by Dr. Afifi, the Mother's Home Program is well organized and directed. Overall management of the Program and the Society is excellent. The Director of the Mothers' Program has excellent skills in working with people and her dedication to the Program is obvious. Moreover, infrastructure within the Society provides excellent backup resources.

David Shearer, President of the Portage Institute for Child and Family Development and one of the major developers of the Portage Program, noted during his sixth and most recent visit to Gaza (October, 1988) that the quality of services provided by supervisors and teachers was of very high quality and offered with a high degree of enthusiasm. All personnel seemingly were enthusiastic and committed to making the program work and succeed. This

was somewhat surprising to Mr. Shearer in that enthusiasm typically fades after two or three years. Instead, he noted that, as the project enters its fifth year, the staff has maintained a high level of motivation and commitment that helps to ensure the program's success and that the level of its services are offered at the highest quality for every family and child that it serves. This high level of dedication was particularly unexpected given the severe hardships and oppressions suffered by the staff all of whom are living under occupation as well as the exigencies associated with the Intifadah.

There presently are 4.2 supervisors within the program. Four supervisors are full time, while the psychologist devotes part of her time to this program. These supervisors have extensive experience with the Mothers' Program together with other programs offered through the Society. The psychologist has a four year degree in psychology. Three supervisors have been with the Program for four years while two have been with the Program for three years. Each full time supervisor is responsible for six home teachers. Thus, each is responsible for monitoring services provided to 114 children and families. All supervisors have home teaching experience with the Program. David Shearer judged their skills to be excellent and their performance to be efficient and highly professional. He described them as good role models for the home teachers and commended them for their commitment to the Program.

Does the Program Provide Educational Services?

The Mothers' Home Program provides educational services to handicapped children. The major foci for the Portage Program emphasize the development of children's motor (including fine and gross motor), language, self-help, social, and cognitive abilities. These abilities are fundamental to the successful completion of one's academic programs.

A number of references suggest the Program is rehabilitative. This is unfortunate. In my judgement, this term does not accurately convey the major thrust of the Program. Rehabilitative services generally refer to those directed toward the restoration of qualities that previously existed. In contrast, habilitation services generally refer to those designed to assist in the promotion and development of qualities not yet seen among persons. Thus, I would prefer to describe this Program as being habilitative rather than rehabilitative.

One might think of a target in which its center is labeled education. Concentric circles exist about its borders that identify other qualities that may be peripheral and supplementary yet nonetheless important to the primary focus. These concentric areas may include physical therapy, language development, visual and auditory acuity utilization, occupational and physical therapy, and other types of services traditionally thought of as being supportive within the United States under Public Law 94-142..

Some might criticize the Program for not providing these supplementary and supportive services conveyed in the concentric rings around its primary focus (e.g., educational services). However, to be fair, one should realize that these supplementary and supportive services were considered to be important yet secondary to those of education. Thus, the Program should not be faulted for not providing services that fall beyond its immediate goal. The Program is to be commended for its dedication to educational services. The majority of its efforts during the last four years have been directed toward helping to ensure high quality educational services are provided to children. The Program clearly places its major emphasis on providing educational services.

Nonetheless, those involved with the Program recognize the need to provide secondary services to children and youth, many of whom have multiple handicaps. Provided the Society and its programs receive the necessary financial and professional support, I am confident that the Program directors and others associated with the Society would support the need for the provision of related services. However, the provision of these related services should not take away from the provision of needed educational services to the target children. Education clearly must remain the primary focus for this Program; other services are secondary and supportive. This Program within this one agency cannot be expected to provide all possible professional services needed by handicapped children and youth. To suggest that such services must be provided in order for the Program to be viewed positively would be unfortunate.

Some may believe that additional services within a well established program will further enhance its qualities. However, additional foci to well established programs frequently tend to dissipate the beneficial effects a program has on its main target. Thus, I would support many of Dr. Afifi's recommendations for adding supplementary and supportive services if they led to the creation of additional programs rather than being added onto a program that is well established and seemingly providing quality services. Let me very clearly communicate my recommendation to continue to provide additional training and development to program teachers. However, because of their limited educational background, the program is somewhat limited in being able to enable them to acquire the information and philosophies necessary to become experts in physical therapy, speech and language, preventive health care,

early detection techniques, as well as a sundry of other qualities normally associated with doctoral level programs in special education.

I would strongly support the importance of improved linkages between all programs for handicapped children and other professions dedicated to enhancing the growth and development of children. Pediatricians, physical therapists, speech and language specialists, child developmentalists, specialists in community medicine, organizational development, teaching, audiology and speech pathology, visual impairments, and other specialized fields impacting child growth and development may offer needed service to these and other handicapped children. However, the services provided by these and other professions must occur within the context of organized programs that go beyond the one under review.

Does the Program Serve Pre-School Children Ages 0 Through 5?

As seen in Table 1, the Program serves 470 children between the ages 0 through 12. The majority of the children are between 5 and 9.

Previous evaluations of this Program have cited the fact that few children apparently enter the program at young ages. As a result, the Program's effects might be dissipated somewhat by working with older children. Thus, prior reports recommended that younger children be included within the Program.

One should note that the data provided in Table 1 do not indicate the age of entrance. That is, a number of young children currently between the ages of four to six are likely to have entered the program when they were two or three. Thus, while the program itself tends to work with children between the ages of 4 and 9, it has accepted many children at younger ages who thereafter fall into older age categories.

I requested a random survey of children on the waiting list to enter this program. This request was made in part to ascertain the ages of children likely to enter the program. The average age of children on the waiting list was approximately 21 months. Thus, the Program has responded to previous suggestions that younger children be included within it. However, pending an increase in teachers or the dismissal of older students, those young children presently poised to enter the program may be considerably older before spaces are found for them.

Do the Project Children Have Handicaps?

The data in Table 2 clearly indicate all children are handicapped. Approximately 55% are mentally retarded, 14% are speech impaired, 13% are physically handicapped, 12% are hearing impaired, and 5% are deaf. There seemingly are no visually impaired children within the program presently.

While professional practices traditionally identify one handicapping condition for purposes of diagnosis, it would be more accurate to describe a number of these children as manifesting two or more handicapping conditions. That is, children who are mentally retarded and speech impaired or those who are mentally retarded and physically handicapped appear prominently among this population. The presence of multiple handicaps is not unusual given this population. However, the presence of multiple handicaps frequently attenuates a program's ability to deal effectively with one or more of the disorders. That is, given two children within the same range of mental retardation, one can expect slower progress from the one who also has an accompanying speech handicap as opposed to the other child who has no other significant impairments. Thus, given an apparently large number of multiply handicapped

children, one may expect somewhat slower progress as a result of their program.

Reviewers and outside observers may be concerned that a number of children are of school age yet remain within the Home Care Program. The continuation of these children within the Program is due to the meager resources for handicapped children beyond those provided by the Society. Public schools and even those funded by the United Nations do not provide special services for the handicapped. Moreover, there seems to be an unwritten policy to exclude handicapped pupils unless they can keep up with their peers despite receiving no special assistance.

I find it particularly perplexing that the UNWRA schools do not provide services for handicapped children in light of the espoused dedication of the United Nations and its resolutions as to the importance of serving all children in public schools. The UNWRA schools have a special obligation to provide leadership worldwide with respect to the education of handicapped children and youth. This leadership clearly is not being manifested within the Gaza Strip.

Another reason for the continuation of school age children within the Mothers' Home Program is the parental acceptance of the Program and their commitment to it. The Program personnel find it difficult to terminate children who are of school age, knowing the continuing needs of the children, the desire of the parents for the program to continue, and the apparent successfulness of the program to enhance the growth and development of these children.

Insert Tables 1 and 2 here

Does the Program Utilize Community Members as Teachers?

The teachers providing services in the cities, villages, and refugee camps also live in these locations. During this period of Intifadah the Program is able to continue providing high quality services despite the occurrence of strikes, curfews, and other disruptions. By residing in the same areas in which services are provided, teachers often are able to find circuitous paths to the homes of those whom they serve. Moreover, the teachers have an empathic understanding of the many difficulties under which people live and under which parental services are offered to their children. This enhances their credibility within the eyes of recipients of services (i.e., the parents and children) and allows the teachers to make modifications within their programs so as to make them culturally appropriate and to facilitate their utilization. This Program may be one of the few within the world that has continued to offer high quality professional services in the midst of prolonged civil, economic, and political upheaval.

The Program employs 25 home teachers each of whom serves 19 children and families. The ages of the teachers range between 19 and 50 years with a mean age of approximately 25. The educational background of the teachers varies considerably. Five have attended the Institute in Ramallah (a two year general course of study), four have attended the Institute in Gaza, three have some university training, one has had a secretarial course, and 12 have high

school degrees. Two of the teachers have some teaching experience. The others have no previous work experience. This is not uncommon for Gaza. Its traditions and economy favor women working only within the home. Many believe the few jobs available within the Gaza Strip should go to men rather than women. Thus, opportunities for work are meager for women living in the area.

Sixteen teachers live in towns or villages while nine live in the camps. Eighteen teachers live with both parents, four live with their fathers, two live with their mothers, and one each with their brother or sister. Approximately one-fourth of the teachers have worked with the program for each of its four years (i.e., 25% for four years, 25% for three years, 25% for two years, and 25% for one year). The teachers average four to five home visits per day. Their work week consists of six days of work and one day of rest. However, during periods of strikes and curfews, many teachers will work on their holy holiday so as to make up for any home visits missed during the previous week. An average of over 112 children and their families receive direct services each day through this program.

Does the Program Provide Training for Nonprofessionals?

An ongoing inservice professional preparation program has been established. Within this program, the home teachers meet one day each week for inservice education programs, to discuss common problems, and in other ways to enhance their ongoing professional development.

The inservice education program is built upon an ongoing preservice training program in which women accepted into their training program are prepared during a three month training program to provide services consistent with the program goals. Oral and written exams follow the completion of these

programs so as to ensure the students have obtained a high quality of knowledge pursuant their actual participation within the program.

A teacher observation scoresheet has been developed to assist in the evaluation of the teachers. The performance of teachers is observed regularly by their supervisors and rated as to their general performance, their rapport with the family and child, the appropriateness of the activities for the child, and parent participation. The use of this teacher observation scoresheet serves as one provision within the training program for these nonprofessionals. This information is shared with them individually in order to enhance the teacher's abilities to provide high quality and appropriate services. Mr. Shearer and other outside observers also use this process during their periodic visits to the program.

Typical topics discussed during the weekly four hour supervisory sessions with the home teachers include curriculum planning for various handicapping conditions, increasing parent involvement in planning and implementing the curriculum, developing alternative learning strategies, and addressing the needs of the entire community. Lectures and case presentations utilize a problem solving approach.

Inservice activities for supervisors include the supervising of the home teachers, managing of records and reports, increasing parental involvement in planning and implementing of the curriculum, and addressing the needs of the family and the community.

Previous evaluations have noted the need to change a prevailing employment policy of discontinuing the employment of teachers who marry. The recommendation to retain teachers who become married seems logical from someone educated and acculturated in the West. However, the policy of not

retaining teachers who are married has been formulated as a result of a number of years of experience by the Society together with some long standing traditions within the Arab culture. As a Westerner, the retention of teachers after their marriage seems logical and cost effective. However, the Society together with other employers within the Gaza Strip recognize the young wife typically becomes subservient to her new husband together with his extended family, thus making it difficult for her to operate independently and professionally as she did prior to their marriage. The costs associated with the training of teachers apparently has not increased as a result of this policy due to their continued availability through the training program. It also has the beneficial impact of educating and preparing women for their future responsibility as mothers.

A number of scholars and professionals spend brief periods of time providing inservice and consultation activities to the teachers and staff throughout the Center programs. Some reviewers have alleged that the Society has not made good use of their foreign visitors. I have not discovered this to be true. I have found the administrators of the Program together with those of the Sun Day Care Center generally have made excellent use of visitors who are experts in programs being offered by the Sun Day Care Center. Foreign visitors typically work a 10 to 14 hour day.

However, on many occasions, these scholars and professionals lack up-to-date information relative to the programs being offered by the Center. For example, a lecturer in psychology is not necessarily an expert in the field of early childhood education or the education of mentally retarded persons. The administration and staff of the Sun Day Care Center as well as the Mothers' Program, in my judgement, generally has made excellent use of those visitors

who have expertise in areas that overlap with program concerns. However, visitors have not been invited to present their views when their areas of expertise fall outside of the Center programs. This is a commendable practice.

The need for additional inservice education in management, supervision, and teaching techniques for the supervisory staff as well as the mothers' teachers is continuous. The program and Society seemingly are attempting to address these needs.

I spent considerable time with the psychologist associated with this program. She works primarily with the complicated cases and offers inservice and other support as necessary to the teachers and supervisory staff. Developmental assessments presently are being done by the mothers' teachers.

Consistent with a previous recommendation, the staff appears to be responsive to the need to collect additional data uniformly on children being served in the program such as their ages, number of siblings, as well as services needed and provided outside of the in-home Program.

Does the Program Utilize an Evaluation System that Measures Progress?

Ongoing records are kept of each activity made during the visit by the home teachers. These records include the specific activity to be learned, the date that the activity was initiated, the core developmental area that the activity is associated with, and the date the child achieved the objective. These records are monitored closely by the supervisors to determine how well the teacher is planning the individualized instruction, how well the parents are teaching, and the degree of progress the children are exhibiting. Thus, the program utilizes an evaluation system that measures progress.

Is the Curriculum Developmentally Sequenced?

The Portage Program attempts to facilitate development in five broad areas. These include cognitive, language, self help, socialization, and motor development. The arrangement of these items within the Portage Program was done based upon knowledge as to the ongoing development within each of these five areas. That is, the activities are arranged in increasing order of difficulty and are developmentally sequenced so as to build upon successive developments within each of the five areas. The activities within the Portage Program parallel those assessed by the Alpern Boll Developmental Profile and the Denver Development Screening Test; both have been translated into Arabic and contain a series of developmentally sequenced items that parallel those found in the Portage Program. Thus, while some cultural differences may exist in the development of these fundamental infant and childhood qualities, their sequential development seems to be relatively similar across cultures.

To What Degree is the Program Cost Efficient?

The Program's cost estimates are provided in Dr. Afifi's evaluation. Dr. Abu Ghazaleh's letter responds to this issue. Dr. Afifi's estimates seemingly are high due to the fact that she included within the Program's costs those for construction and equipment. These two line items were associated with constructing and furnishing the building in which the Program is housed and should not reflect upon the costs associated with the ongoing delivery of services.

During the three year period of the A.I.D. grant, \$741,481 was spent on the following services: \$457,807 for salaries, \$20,890 for consultants, \$202,132 for travel, \$8,469 for rent, and \$52,183 for other direct costs. These figures indicate the cost of the Program to be \$10.11 per visit. This

translates into an average cost per child per year of \$526. I fully agree with Dr. Afifi that the yearly costs are extremely inexpensive. Of course, these costs are substantially less than those associated with the education of other handicapped children within North America. A cost-benefit ratio would show this program to be highly cost effective.

Is the Program Innovative?

Questions associated as to whether a program is innovative are much like deciding whether a behavior is creative. Following its initial implementation, a program thereafter may be viewed as no longer being innovative except when viewed in the eyes of a neophyte who has not previously observed the Program. While this Program would be judged not to be innovative within North America, it clearly would be innovative when viewed by standards characteristic of services for educating handicapped children within the MidEast. The Society has adapted a popular and effective program developed within one culture for use in another. This practice is common among Third World nations attempting to develop and enhance the delivery of professional services to its citizens. Such countries traditionally look elsewhere as a starting place for its program development activities.

Within the MidEast and specifically within the Arab world, few programs exist for providing services to the handicapped. The services that are provided traditionally are offered within residential institutions. Home care programs of this type are unknown. Thus, the Program would be described as being innovative for use within the Arab world. A number of professionals in other countries within the Mideast (e.g., Jordan, Kuwait, Saudi Arabia, and Egypt) have shown strong interests in establishing similar programs in their countries. The newly formed Arab Council for the Development of Infancy and

Childhood, a Pan-Arab organization based in Cairo, also expressed interest in the Program.

What is the Program's Effects on Children?

The success of the Program can be judged in part from information as to the status of children who have exited from the Program. Among the 248 children who have exited, 33% of the children were exited from the Program due to their advanced age, remain at home, and are not receiving services from other programs; 25% are enrolled in normal schools; 15% moved outside of the Gaza Strip; 10% are enrolled in the Society's School Program; 8% are at home because they were withdrawn from the Program by the mothers due to the children's advanced ages; 5% are in unknown locations, and 4% are deceased.

Two of the above figures are the most striking. The most striking is that 25% of the children who have exited the Program are enrolled in normal schools. This figure is quite remarkable in that, without the Program, these children would be unlikely candidates for normal school programs. This figure clearly attests to the successfulness of the Mothers' Home Program. The figure that 40% of the exited children remain at home with no program is disconcerting and underscores the need for other follow through programs to be developed within this region. This apparent lack of services for older handicapped children in no way negates the need for the continued support of programs for children between the ages of 0 through 8. One can assume that, as a result of their involvement within the Program, these homebased children are able to lead a more rewarding and functional life, albeit one lacking educational opportunities normally afforded to more able children.

Mr. Shearer reports a review of pre- and post-tests administered by the Program's psychologist. The Alpern Boll Developmental Profile was used to

assess the magnitude of gains in children's academic, communication, physical, self help, and socialization skills. Mr. Shearer's report indicated a mean gain of children within the Program during a 9.5 month period to be 8.4 months in their physical development, 10 months in their self help, 11 months in their socialization, 10.5 months in their cognitive development, and 7 months in their language development. I would concur with Mr. Shearer's evaluation that these gains are impressive given the variety and degree of handicapping conditions that the Program serves. These levels of development approximate what we find among many average children and clearly exceed the rates of development typically seen in handicapped children. Thus, this evidence clearly indicates the Program is having a beneficial effect in those areas demarcated as being important within the Mothers' Home Program.

Previous reviews have cited a lack of speech therapy, physiotherapy, and audiological services as posing a major impediment to the development of suitable programs for handicapped children. As previously indicated, these recommendations should not be perceived as criticisms of the present Program which does not intend to provide a full range of ancillary services to meet all needs of handicapped children. The major focus of the Mothers' Program clearly has been to promote the educational development of handicapped children.

Nevertheless, I would like to underscore the importance of securing additional services (e.g., speech and language, physiotherapy, audiological) for handicapped children and their families given the existence of a Society dedicated to enhancing the development of handicapped children, the existence of well established programs, a well developed infrastructure, and a quality track record.

Thus, I strongly encourage the Society and its funding sources to continue its expansion by including programs designed to further the development of children and youth in these important areas. Such development should not occur at the expense of its existing programs. Furthermore, such expansion could occur only after additional funds have been secured from granting agencies and its missions in these areas clearly delineated. Again, the focus should be on developing model programs that set high standards for professionals within the Gaza Strip as well as throughout other areas within the Mideast. Such programs may have a strong developmental focus and include professionals from various disciplines including medicine, social work, psychology, visual and auditory perception, speech and language, together with education (including special education).

To be successful, the new program's main vision should include a commitment to goals other than tertiary prevention. That is, the expansion should include a strong and clear commitment to primary and secondary prevention. Much can be done through education and other forms of prevention. so as to inform parents as to the biological basis of behavior, the importance of proper prenatal, perinatal, and postnatal care, the proper utilization of prosthetic devices so as to assist handicapped persons, and the importance of early and brief interventions so as to mitigate the continuing deleterious effects of handicapping conditions on infants and youths. Thus, more must be done so as to prevent the birth of handicapped children, to prevent the occurrence of handicapping conditions during their early stages of grown and development, and to mitigate their effects throughout their lifetime through early and brief interventions.

What is the Program's Effect on Families?

The provision of any intervention program targeted toward a handicapped child has the potential of having both deleterious and beneficial consequences within families. For example, the increased attention directed toward a handicapped child may further overwhelm a mother's ability to handle other domestic responsibilities and deprive other more normal children of the family's resources. On the other hand, the provision of educational programs for the handicapped child may have residual beneficial effects on the family (e.g., allowing the mother to lead a more normalized life and fostering greater trust and faith in professionals by the family). In that a goal of this Program is to disrupt family life minimally and to positively effect families (and might I add especially mothers), these issues need to be examined.

Few families withdraw their children from the Program. This clearly indicates their perceptions that the Program is effective and its acceptance within the community. Since its beginning, 718 children have been enrolled within the Program. David Shearer reports that a total of five families, or less than 1% have withdrawn their children from the Program during the time the child remained eligible for its services. This figure is exceptionally low and provides some indication as to the Program's beneficial effects. The perception is that the Program has a beneficial effect.

One also must realize that the Program exists within a culture that traditionally has relied, at best, on providing love and pity rather than education as a response to the handicapped. Palestinian families often attempt to hide the fact that one or more of their children is handicapped in order to protect the prestige and integrity of the family. Thus, one would

expect considerable community pressure against enrolling children within the Program or to withdraw their children prematurely from it. Despite these cultural expectations, the numbers of families who enroll and maintain their children in the Program is very remarkable. Given the policies of the occupying forces, severe restrictions exist on public advertising in Gaza. Thus, information about the Program is spread throughout the community largely through word of mouth. Thus, the public's evaluation and acceptance of the Program significantly impact the numbers of parents who make application to it. If the Program were perceived to have a deleterious impact, this information would be communicated within the community and few would choose to enroll their children within it. The large number of people who voluntarily seek assistance through the Program despite cultural traditions disfavoring the admission of handicapping conditions attests to the positive perceptions the community has regarding the Program. There presently are more than 180 families on the waiting list for the Program.

Discussions with the home teachers allowed me to identify a number of factors that contribute to enhancing the quality of lives for mothers of handicapped children. Many mothers become more hopeful and encouraged that important changes can occur in their handicapped children. Along with this increased hope and encouragement come greater self-confidence and self-reliance. Associated with these qualities, cooperative relationships typically develop between the teachers and parents in which both share information and participate in tailoring interventions designed to enhance the growth and development of the handicapped child. A number of mothers also report that they and other caretakers have learned to read and write in order to help the handicapped child.

Teachers reported positive effects on other children within the home. Problems exhibited in the eating, dressing, and toileting behaviors of siblings often were improved as a result of transferring some of the techniques directed toward the handicapped child to nonhandicapped children. In general, a dispersion effect occurs in which the techniques directed toward the handicapped child are directed as well toward their peers, particularly those who are younger. Finally, a number of teachers reported that their attention with the handicapped child provided greater status to that child and she or he acquired greater value within the family. Because this outsider valued the handicapped child, other members were inclined to do so as well.

As expected, a number of potential problems emerge. These include scheduling, a stigma associated with receiving help for the handicapped child, and feeling overwhelmed with other responsibilities. The teachers apparently are sensitive to these and other problems and attempt to make adjustments within the Program in light of their appearance. For example, appointment days frequently are changed so as to avoid conflicts that interfere between the home visit and other duties the mother may have. This flexible scheduling process is used for the benefit of the mother.

Relative to the possible stigma associated with the arrival of vehicles displaying the Society's insignia and transporting the home teachers, the teachers are willing to walk some distance to the houses if the mothers prefer that the bus or car not be stationed outside of their doorways. However, the need for markings on the vehicles is related to present conditions where the passage of cars is hampered by occupying authorities. Moreover, they are occasionally stoned by children in the streets who do not recognize the vehicles as belonging to the Society. If mothers feel overwhelmed by their

responsibilities, discussions are held as to the number of activities they are expected to teach as well as scheduling modifications. For example, for some mothers, the number of lessons may be reduced for some period of time. Within other families, other family members are brought in as instructors for the handicapped child. I sensed a strong commitment to helping to ensure that progress occurs in a steady but realistic fashion. The Program pace should be one which does not progress too quickly or superficially and instead helps to create a standard of success.

Many teachers also report that fathers are instrumentally involved in the progress of their handicapped children. Some transport the families from remote to more convenient locations for the teachers' visits. Other fathers directly help in teaching their children. Still others inquire as to why a teacher may have had to miss an appointment (e.g., due to a strike or civil unrest). Still others assist them in writing out the lesson and in supervising the work.

A number of teachers indicated that fathers frequently had been reluctant to take their children for medical care, telling their wives that such care was not helpful and too expensive. After their children's involvement within this Program, the fathers frequently become more aware of the importance of professional assistance and that important changes can occur. Thus, they frequently request consultation from teachers or the director about other problems they observe in their handicapped children or in other children and become much more responsive to suggestions to seek the care of physicians and other specialists.

An outsider must not overlook the significant commitment by teachers to the Program. Despite the strikes, the presence of guns, tear gas, and other

threats to their safety, the teachers continue to strive to provide daily services to their assigned families. Many elect to work on their religious holidays when they have been unable to visit with their families during the normal work week. These home teachers are to be commended for their professional dedication. This behavior indicates their strong commitment to the Program and their belief in the Program's positive effects on the children, their families, and their community.

A questionnaire was designed to solicit information from mothers about their attitudes. Data were acquired from 15 mothers presently in the Program as well as 15 mothers on the waiting list. The information from this questionnaire is also instructive as to the possible effects the Program has on mothers as well as their families.

When asked to indicate the number of minutes the mothers attended to their children during the previous day, mothers in the Program (i.e., Program mothers) averaged 73 minutes whereas the mothers on the waiting list (i.e., nonProgram mothers) averaged 43 minutes. This clearly indicates that the Program mothers were spending more time with their handicapped child.

The nature of their activities also differed. Seventy five percent of the Program mothers devoted time toward developing their children and 25% of the Program mothers directed their attention toward caring for them. In contrast, the activities for 46% of the nonProgram mothers were directed toward developing their children whereas 54% of their activities were directed toward providing child care for them. Thus, Program mothers are more involved in developing their child's abilities. When asked where they would go for help if they had another handicapped child, 14 of the Program mothers indicated the Sun Day Care Center as their first choice. In contrast, 12 of

the waiting list mothers indicated the Sun Day Care Center; other programs mentioned including Terre Des Hommes, Child Development Center, and Physicians.

When asked what three wishes they would ask of God, both sets of mothers overwhelmingly asked for their handicapped child to be normal. Other frequent responses were for the handicapped child to talk, to walk, and eventually to work. Other common responses were directed toward events beyond the handicapped child. These included the desire for peace, to have their own home, and for their family to have good health and happiness. No important differences were noted between Program and nonProgram mothers.

When asked to indicate the names of the friends of handicapped children, the Program mothers reported an average of 2.7 names whereas the waiting list mothers reported an average of 1 name. These numbers would indicate that the handicapped children have a wider circle of friends and are more involved with persons outside of their immediate family.

When asked to indicate the responsibilities that the target child had within the family, about one half of the handicapped children with the Program are responsible for others; in contrast, fewer than one-third of the nonProgram children have any home responsibilities.

When asked whether their children would attend school, 13 Program mothers indicated they expect their children to attend normal school whereas 10 nonProgram mothers expected their handicapped child to attend normal school. In almost all cases the expectation was for their children to begin school at the age of six. When asked to indicate at what age their child would terminate school, the average age for the Program children was 12 whereas the average age for the waiting list child was 18. This higher

expectation on the part of the waiting list families may indicate unrealistic attitudes as to the types of services that will be provided to their handicapped child and their probability of academic success.

When asked if their handicapped child would have a job, 14 project mothers said yes and 15 of the waiting list mothers said yes. The only project mother who expected her son to not have a job indicated that she expects her son will die soon. Most project mothers expected their children to have jobs by the age of 18 whereas most waiting list mothers expected their sons would have jobs by the age of 20. The types of jobs projected by the two groups of mothers were quite consistent, mainly those not needing any post-secondary education. All mothers indicated an expectation that their sons would marry and almost uniformly at the age of 25.

The mothers were asked to indicate the degree to which they consistently help their handicapped children to dress, eat, and toilet. Among the project children, two mothers indicated the need for help in no area, two indicated a need to help in one area, seven indicated a need to help in two areas, and four indicated a need to help in all three areas. In contrast, among nonproject mothers, two indicated a need to help in one area, seven indicated a need to help in two areas, and six indicated a need to help in all seven areas. Thus, there is some slight tendency for children within the Program to be more self-reliant than those waiting to enter.

We asked the mothers to indicate the degree to which their children were involved in Intifadah. This question was asked to indicate the degree to which their handicapped children may be involved in mainstream activities (e.g., other activities in which their peers also are involved). Twelve Program mothers and 5 nonProgram mothers indicated their children were

involved in Intifadah. The most common activity was the demonstration of the victory (V) sign. Other common activities include stoning the military, other forms of demonstration, and other signs of civil disobedience. These figures suggest that the project children are a bit more involved in mainstream activities than are those waiting to enter the Program. When asked to rate the quality of services the Program mothers receive, 13 rated it 5 (indicating superior) and 2 rated it 4 (above average). The nonProgram mothers, of course, were not asked to rate the services. When asked to indicate other educational assistance that might be available for their handicapped children, the mothers indicated the following: Save the Children, Child Development Center, and Terre Des Hommes. Unfortunately, none of these organizations provides educational services for handicapped children. Thus, there seems to be some confusion as to the nature of services provided by these organizations for the handicapped.

Finally, the mothers were asked to indicate the number of times that they were able to visit with relatives or friends out of their homes or go to the market last week without their handicapped child. Forty six percent of the project mothers and 20% of the non-project mothers reported visiting with relatives at least once out of their home last week. Twenty percent in each of the two groups reported visiting with friends out of their home. Sixty percent of the project mothers and 53% of the nonproject mothers reported going to the market by themselves at least once last week. Thus, while the mothers do not differ with respect with the amount of time they spent out of the home with friends or at the marketplace, project mothers were more inclined to be able to spend time with relatives outside of their home compared to nonproject mothers.

Thus, information from this questionnaire reveals some tendencies for the handicapped project children and their mothers to be better integrated into mainstream society.

Other Comments

Dr. David Mitchell's report recommends the establishment of neighborhood play groups to further enhance the effectiveness of the Mothers' Home Program. These play groups might meet in the homes of the families enrolled in the Program every week or two for about two hours. The Mothers' Home Program could make provisions for various activities designed to further enhance the growth and development of the Program children. Other children within the family also could attend and participate. These play groups could further enhance the growth and development of children within the five developmental areas in addition to facilitating contact among handicapped children as well as their families. These informal visits and play activities could facilitate establishing a network among families so as to further enhance the growth and development of their handicapped children and meet other needs among the family members.

I recommend the use of the Denver Developmental Screening Test as an addition to the Alpern Boll Scale. The use of Palestinian norms on this measure may provide a distinct advantage for judging the growth and development of children in this Program.

A.I.D.'s policy to employ persons as reviewers and evaluators who have had no prior association with a project has both positive and negative implications. The positive implications are that people may be more objective and possibly more forthright in their evaluations. However, possible deleterious consequences occur when persons review and evaluate programs for

which they have limited information. In either case, an evaluation conducted on projects of this magnitude needs someone who has ample time to become adequately acquainted with the Program. Therefore, should A.I.D. continue its policy to employ reviewers with no prior associations with a project, persons providing reviews and evaluations to this and other programs should have ample time (e.g., at least 10 days) in which to conduct reviews of existing data, to collect and analyze additional information, to hold discussions with administration, staff, and recipients of services, and to perform other duties associated with a quality evaluation. If less time is available, someone with prior knowledge of the Program, its data, administration, and staff should be employed to conduct the evaluation.

Conclusions

The primary goals of the Program have been or are being accomplished.

That is, the Program

- provides educational services,
- is home based,
- utilizes community members,
- offers a developmentally sequenced curriculum,
- provides services from birth to age eight to those who are handicapped,
- provides prescriptive teaching approaches,
- utilizes an evaluation program that measures progress and enhances program modification,
- is cost-effective,
- is innovative,
- is culturally appropriate,

- enhances growth and development,
- has minimal adverse effects on families, and
- produces positive effects on families.

Table 1

Length of Time Enrolled in the Program¹

Age	NO.	0-1yr	1-2yr	2-3yr	3-4yr
0-1	1	1	-	-	-
1-2	18	18	-	-	-
2-3	24	20	2	2	-
3-4	47	12	24	6	5
4-5	69	18	26	14	11
5-6	79	20	21	19	19
6-7	86	14	19	18	35
7-8	59	3	10	18	28
8-9	81	15	16	15	35
9-10	5	2	-	1	2
10-11	1	-	-	-	-
Totals	470	123	118	93	135

¹This table was taken from a report prepared by David Shearer in November, 1988 on the Mothers' Home Program

Table 2

Number of Children Served by Handicapping Conditions¹

The Program serves 470 children between the ages of five months to eleven years. Their ages and their major handicapping conditions are:

AGE	NO.	MR	SI	HI	DEAF	PH	VI	BLIND
0-1	1	1	-	-	-	-	-	-
1-2	18	12	2	1	1	2	-	-
2-3	24	12	2	2	1	7	-	-
3-4	47	22	4	5	2	14	-	-
4-5	69	35	13	7	3	11	-	-
5-6	79	43	9	12	7	8	-	-
6-7	86	43	13	9	8	13	-	-
7-8	59	35	11	9	1	3	-	-
8-9	81	52	13	11	1	4	-	-
9-10	5	2	-	1	1	1	-	-
10-11	-	-	-	-	-	-	-	-
11-12	1	1	-	-	-	-	-	-
Totals	470	258	67	57	25	63	-	-

¹This table was taken from a report prepared by David Shearer in November 1988 on the Mothers' Home Program.