VOLONTARIATO INTERNAZIONALE
PER LO SVILUPPO

CHILD FRIENDLY SCHOOLS:

BEST PRACTICES OF A COMPREHENSIVE INTERVENTION IN A FIRING ZONE

2019

CHILD FRIENDLY SCHOOLS:

BEST PRACTICES OF A COMPREHENSIVE INTERVENTION IN A FIRING ZONE

TABLE OF CONTENT

Prepared by:
GTC - Dr. Caesar Hakim, Clinical Director
VIS - Chiara Iacono, Consultant/Psycho-traumatologist
AAH - Mohammad Amro, Program Manager

Acronym

AAH	Action Against Hunger
ABS	Attachment Behavioral System
GTC	Guidance and Training Center for the child and the family
IDPs	Internally Displaced People
IHL	International Humanitarian Law
IHRL	International Human Rights Law
MoEHE	Ministry of Education and Higher Education
MPTT	Multidimensional Psychodynamic Trauma Therapy
OCHA	Office for the Coordination of Humanitarian Affairs
PA	Palestinian Authority
PAF	Primary Attachment Figure
PTSD	Post Traumatic Stress Disorder
RNI	Red Noses International
RNPS	Red Noses Palestine
SASB	Structural Analysis of Social Behavior
TVET	Technical and Vocational Education and Training
VIS	Volontariato Internazionale per lo Sviluppo
VTSD	Vocational Training and Skills Development
YT	Yes Theater
WASH	Water, Sanitation and Hygiene program

VOLONTARIATO INTERNAZIONALE PER LO SVILUPPO

VIS

This booklet is the result of the great collaboration among all the partners that implemented the project activities, in a very passionate and professional way. Hoping that the achievement of this initiative will be only the beginning of a fruitful and long collaboration, I seize the occasion to thank all the colleagues involved in the project and in the elaboration of this publication.

Luigi Bisceglia VIS country representative Palestine

ACKNOWLEDGMENTS

VIS - Volontariato Internazionale per lo Sviluppo, or *International Volunteer Service for Development* - is a non-governmental organization established in Italy in 1986 and has been present in Palestine since 1987. It is a lay and independent organization that supports the traditional Salesians' social commitment in Italy and in many other developing countries, finding its inspiration in the Preventive System of Don Bosco[1] and operating as an educational agency and organism of International Cooperation and Development.

VIS Palestine operates specifically in the fields of:

Technical and Vocational Education and Training and Vocational Training and Skills Development (TVET - VTSD), aimed at supporting children and socially endangered young people, ensuring the transfer of technical knowledge and accompanying them into the job market.

Local Economic Development, supporting local communities through skills improvement, assisting new start-ups and women-led initiatives as well as promoting income-generating activities.

---

1   The Salesian Preventive System aims at preventing the pupils to commit mistakes. The system is based on Reason, Religion and, above all, Love; it therefore rejects any form of violent and physical punishment.

In this framework, Child-protection represents another important component of VIS' activities in Palestine. VIS' projects in this field are in fact aimed at strengthening emergency response capacity and diversifying the tools available to the most vulnerable communities in Area C, ensuring access to psychosocial support and inclusive child-friendly space. Recently, VIS has been working on renewable energies as well, providing Palestinian schools with photovoltaic panels – in order to increase their sustainability – and organizing workshops on renewable energy for both students and workers.

VIS is also working in the higher education and the academic fields, thanks to its long-term partnership with Bethlehem University with which it manages two main programs.

The first one is the Master's degree in "International Cooperation and Development" (MICAD), which is a specialization course that began in 2005 and with the aim of training high-qualified local staff, thereby enforcing civil society.

The second is the program in "Governance and Public Administration" (SPGAPS), which is an intensive program that began in January 2016 aimed at enhancing competencies of Palestinian public sector officers.

In addition, VIS' activities are linked to the first Yunus Social Business Centre in the Middle East which has been recently established. Its main purpose consists in involving private sector in local community development, through the support of businesses with a strong social impact.

Guidance and Training Center for the Child and Family
مـركـز الإرشـاد والـتـدريـب للطـفـل والأسـرة

Founded in Bethlehem in 1994, GTC's vision comprises two main parts. On one hand, it aims at providing high-quality mental health and social services making them accessible to all Palestinians. In this field, GTC predominantly focuses on children and adolescents, closely working with families and society as a whole. On the other hand, GTC strives to contribute to international research in the field of psychology through various projects and studies aimed at addressing mental health needs of the local Palestinian community. Training the next generation of mental health professionals and researchers represents therefore a strictly connected activity.

With regards to the first pillar of GTC's vision, a multi-layered and holistic approach is used to provide effective support to children. Depending on the service users' needs, this may include preventive and therapeutic care at individual level or through group therapy. Collaboration between psychologists and social workers is fundamental to effectively address children's needs from a wider point of view. A relevant number of different approaches is offered, including Psychodynamic and Cognitive Behavioral Therapy. Moreover, consultations conducted by psychologists with caregivers, families and teachers ensure that the support offered to children addresses all areas of their psychosocial wellbeing, whether at home or in school. GTC also plays an active role in providing its services by approaching schools, governmental and private organizations its vision. This is helpful not only for individual service-users, but also to strengthen the linkages among first and second pillars of GTC's mission statement.

Regarding the second pillar, the needs of the Palestinian society are further addressed through various projects and research studies that are conducted on collective and individual problems. By collecting data on the mental health needs of its service-users and by utilizing its links with various educational and private institutions, GTC is able to develop projects addressing the most relevant issues faced by children and families nowadays. In addition, through training and supervision, the center not

only helps to develop the next generation of mental health workers but also promotes mental health awareness in the general public, thus eradicating the stigma attached to psychological issues. Additionally, rather than adopting Western standards and measures of psychology, GTC conducts context and stakeholders-oriented researches in order to better adapt its services to the Palestinian and Arabic context, which in turn maximizes the impact of its work at a wider level.

Action Against Hunger has been working in the Occupied Palestinian Territory (oPt) since 2002, aiming to reduce vulnerabilities and respond to humanitarian needs as well as protecting and strengthening Palestinian community resilience.

In the West Bank, Palestinians suffer from several restrictions and limited access to water, adequate housing, land and livelihoods, which severely hamper the socioeconomic growth of communities. There are also alarming protection concerns that need to be addressed related to the respect and enforcement of International Humanitarian Law (IHL) and International Human Rights Law (IHRL).

PROTECTION
Action Against Hunger programs in the West Bank aim to protect vulnerable communities in Area C and East Jerusalem by adopting an integrated protection approach delivering systematic emergency, recovery and resilience-oriented response against discriminatory occupation-related policies and practices.

In the framework of the West Bank Protection Consortium, Action Against Hunger contributes to the protection of Palestinians from individual and mass forcible transfer, by providing essential services and material assistance – including the construction or rehabilitation of critical infrastructure such as residential structures, WASH (Water, Sanitation and Hygiene) related structures, schools and clinics – to ensure dignified living conditions.

ADVOCACY
Through targeted researches, policy development and humanitarian advocacy undertaken with third sector and intergovernmental organizations, Action Against Hunger is actively advocating for the respect of IHL and IHRL, including universal access to water, land and livelihoods opportunities.

WATER, SANITATION, AND HYGIENE

Our WASH programming in the West Bank aims to provide, improve and guarantee access to safe, sufficient and affordable water and sanitation for the most vulnerable communities.

Interventions focus on improving water and wastewater management, increasing water storage capacity and improving the accessibility to water. This is pursued through awareness-raising, provision of latrines and tanks, rehabilitation and construction of WASH facilities, water networks and cisterns, by strengthening the governance of the water sector developing a Fair Water Distribution Model, Water Master Plan for Area C (in cooperation with Palestinian Water Authority -PWA- in the Southern area) and finally by organizing capacity building & awareness campaigns targeting water service providers.

FOOD SECURITY AND LIVELIHOODS

Our FSL programming in the West Bank aims at improving the socio-economic status of vulnerable Palestinians through increasing access to sustainable livelihood opportunities.

An emergency response such as feed distribution and animal shelter rehabilitation activities were implemented in different Area-C communities.

Other activities focus on developing farmers' cooperatives to enhance vulnerable livestock breeders through the construction of different fattening and demo farms, supporting Income Generation Activities (IGA) for female-headed households and social business activities for Area C Community Based Organizations (CBOs). Value chain activities were implemented for the most vulnerable communities in Area C such as Jameed (dried yogurt) marketing and milk processing.

Thanks for the contribution to:
Barbara Carallo (VIS), Rita Erica Fioravanzo (IEP), Valentina Sommacal (Independent Gender Specialist), Mohammad Amro (AAH), Martina Gabrielli (VIS), Mohammad Amayreh (AAH).

" Introduction "

1. INTRODUCTION

The project "Child-friendly schools integrated intervention to strengthen the resilience of Mantiqat Shi'b al Butum, Khirbet al Fakheit, Khirbet al Majaz and Jinba students in Masafer Yatta area (Area C)", focused on three different areas: providing psychosocial support to children and their families in Jinba, Mantiqat Shi'b al Butum, Khirbet al Fakheit, and Khirbet al Majaz schools, villages in Masafer Yatta area, an area South of Hebron, in West Bank[2],Area C; rehabilitation of school facilities in four villages named above; and promoting gender equality. The aim of the project was to increase children's resources by improving their way of living, at least in the scholastic environment: the main idea of the project was to create a safe place especially in schools, considering that other places of their environment could be considered not safe.

The aim of this manual is to provide indications and indicators to assess a psycho-social intervention with children attending schools in Area C, taking into account cultural aspects, as well as social and economic conditions. The project is also expected to trigger some impact on teachers, families of students, and communities.

The West Bank was the name given to the territory that was captured by Jordan in the aftermath of the 1948 Arab-Israeli War and subsequently annexed in 1950 until 1967, when it was occupied by Israel during the 1967 Six-Day War.

The Oslo Accords, a set of agreements between the Government of Israel and the Palestine Liberation Organization (PLO) signed in 1993 (Oslo I Accord[3]) and in 1995 (Oslo II Accord[4]), based on United Nations Security Council Resolutions 242[5] and 338[6], created administrative districts with diversified levels of Palestinian autonomy within each area as follows:

---

2   We use the term West Bank to indicate the territory and the term Palestinian to indicate people living in West Bank.
3   The Oslo I Accord or Oslo I, officially called the Declaration of Principles on Interim Self-Government Arrangements or short Declaration of Principles (DoP), was signed in Washington D.C. on 13th September 1993.
4   The Oslo II (or Oslo 2) Accord (or Taba Agreement), also known as The Interim Agreement on the West Bank and the Gaza Strip, was signed in Taba (Egypt) on 28th September 1995. Oslo II created the Areas A, B and C in the West Bank.
5   United Nations Security Council Resolution 242 (S/RES/242) was adopted unanimously by the UN Security Council on 22nd November 1967, in the aftermath of the Six-Day War. The preamble refers to the "inadmissibility of the acquisition of territory by war and the need to work for a just and lasting peace in the Middle East in which every State in the area can live in security".
6   The United Nations Security Council Resolution 338, adopted on 22nd October 1973, called for a ceasefire in the Yom Kippur War in accordance with a joint proposal by the United States and the Soviet Union.

➤ Area A (full civil and security control by the Palestinian Authority): initially, around 3% of the West Bank, excluding East Jerusalem (first phase, 1995). This area includes eight Palestinian cities and their surrounding areas (Nablus, Jenin, Tulkarem, Qalqilya, Ramallah, Bethlehem, Jericho and 80 percent of Hebron), with no Israeli settlements. Entry into this area is forbidden to all Israeli citizens.

➤ Area B (Palestinian civil control and joint Israeli-Palestinian security control): initially, around 23-25% of the West Bank (first phase, 1995). This area includes 440 Palestinian villages and their surrounding land with no Israeli settlements.

➤ Area C (full Israeli civil and security control): initially, around 72-74% of the West Bank (first phase, 1995). All Israeli settlements, including those in and around East Jerusalem, are located in Area C. The restrictive planning regime applied by Israel in Area C makes it virtually impossible for Palestinians to obtain building permits, impeding the development of adequate housing, infrastructure and livelihoods.

As of July 2017 West Bank has an estimated population of 2,747,943 Palestinians and approximately 391,000 Israeli settlers, in addition to other 201,200 settlers living in East Jerusalem. The international community considers Israeli settlements in the West Bank, including East Jerusalem, illegal under international law, although Israel disputes this.

Around 320,000 Palestinians currently reside in East Jerusalem, in addition to 200,000 Israeli settlers. Israel's unilateral annexation of East Jerusalem and the surrounding West Bank hinterland contravenes international law.
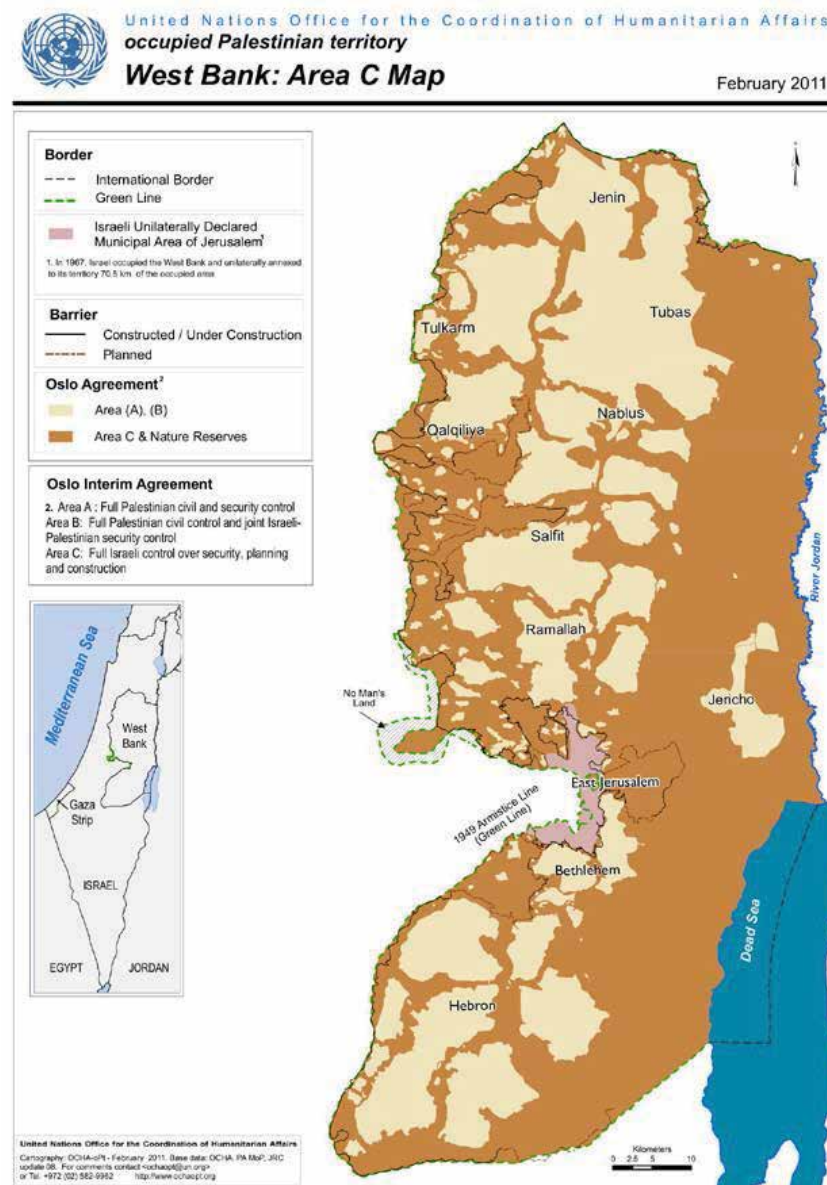

West Bank after Oslo Agreements

1.1. THE POLITICAL-SOCIAL SITUATION IN WEST BANK

The situation in the West Bank, including East Jerusalem, remains tense, with violent incidents occurring between Palestinians and Israeli security forces and settlers. Night raids and house inspections by Israeli forces, the prolonged and arbitrary detention of Palestinians, including the practice of administrative detention, also with regards to children, continue to be a major source of human rights concern. After a decline in recent years, settler violence resulting in Palestinian casualties or in damage to property has increasing during 2018 with 197 incidents recorded by the end of October 2018, compared with 157 in all of 2017. Standards of living, economic growth and employment prospects in the West Bank continue to be undermined by limitations on access to land, natural resources and construction. A restrictive and discriminatory planning regime makes it virtually impossible for Palestinians to develop adequate housing, infrastructure and livelihoods in Area C, which makes up over 70% of the West Bank, while their freedom of movement is significantly restricted by a multi-layered system of administrative, bureaucratic and physical constraints as well as citing security concerns.

1.2. SCHOOLS IN MASAFER YATTA
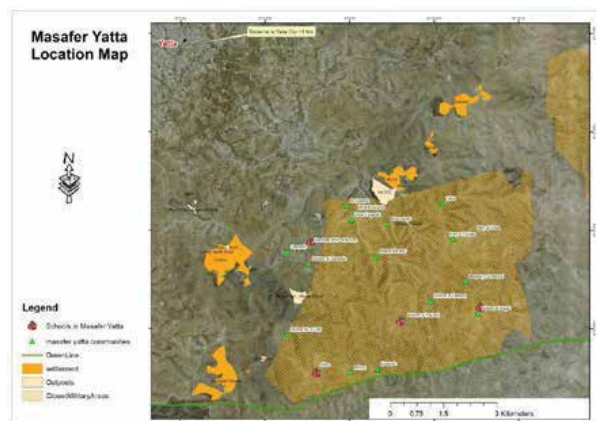
In Masafer Yatta area there are 4 schools, for 17 villages and a population of 1446 people, among which 179 students (86 girls, 93 boys), 31 teachers (30 men, 1 woman) and 338 parents.

Schools in the area are close to the illegal Israeli settlements or to the in-between roads. Two schools are directly adjacent to a military zone and children are exposed to military exercises.

In the other two schools, children are exposed to the indirect presence of the Israeli army. The presence is understood by hearing sounds of military movement. All four schools had classrooms without wall insulation for weather protection and rain infiltration, the inadequacy of water system and sanitary systems, lack of playgrounds, lack of security and proper cleaning systems. All these factors resulted in a change in children's perception transforming schools into suffering places rather than safe places.

Moreover the almost exclusively presence into the schooling system of male teachers makes it difficult for female students to find an appropriate grown-up to talk to.

1.3. VILLAGES IN MASAFER YATTA

Community	Number of male residents in the community (area C)	Number of female residents of the community (area C)	Number of male children (0-17 years)	Number of female children (0-17 years)	Number of male persons (18-over60)	Number of female persons (18-over60)	Number of refugees in the community
Saadet Tha'lah	50	48	23	22	27	27	0
Tuba	37	35	19	16	20	20	0
Isfey al Fauqa	54	52	24	23	29	29	0
Isfey al Tihta	15	15	7	7	9	9	0
Khirbet al Majaz	71	69	32	30	39	39	0
Qawawis	102	98	46	44	56	54	0
Khirbet al Fakheit	33	32	15	14	18	18	0
Maghayir al Abeed	13	13	6	6	8	8	0
Jinba	137	132	62	59	75	73	0
Halaweh	49	47	22	21	27	27	0
Mantiqat Shi'b al Butum	86	84	39	37	48	46	0
Mirkez	51	49	23	22	28	28	0
Khirbet Bir al 'Idd	6	5	3	3	3	2	0
Beer al Gawanmeh	9	8	4	5	3	5	0
Khirbet at Tabban	6	8	4	4	2	4	0
Maq'ourah	6	6	3	4	3	2	0
Khirbet at Tawamin	11	9	5	5	6	4	0
TOT	735	711	333	322	399	392	0

At the end of 1970 ISF (Israel Security Forces) created in the Masafer Yatta area the "Firing Zone 918": an area of 30,000 dunums (about 3,000 hectares) South of Hebron, in which 265 families live in 17 villages[7]. According to the Oslo agreements, the whole area of Masafer Yatta is classified as Area C, under total military and civil control of the Israeli army. This means a massive presence of military vehicles patrolling the whole area day and night as well as very frequent mobile checkpoints located on a Palestinian road that connects the whole area of the South Hebron Hills to the town of Yatta crossing bypass road n. 317 which is for the exclusive use of Israeli vehicles.

---

7   Saadet Tha'lah, Tuba, Isfey al Fauqa, Isfey al Tihta, Khirbet al Majaz, Qawawis, Khirbet al Fakheit, Maghayir al Abeed, Jinba, Halaweh, Mantiqat Shi'b al Butum, Mirkez, Khirbet Bir al 'Idd, Beer al Gawanmeh, Khirbet at Tabban, Maq'ourah, Khirbet at Tawamin.

In most of these villages, Palestinian families live in caves into the rock and in tents due to the ban by Israeli civil administration to build in Area C.

Families are usually very large, with six or seven children, they live in a very simple way, making a living from selling fresh milk or animals at the market in Yatta. They remained deeply tied to ancient local traditions: society has a patriarchal structure, according to which men have generally more chances to move and enjoy higher education opportunities with respect to women; in this context getting married is fundamental.

Society is strictly divided by gender. Each person has a way of life directly derived from his/her gender. In Each family, gender indicates the appropriate allocation of duties and work among family members.

The following drawings show the representation in some child's mind about these differences.

Caption: "My dad plows the land, My mom kneads leban (traditional homemade cheese) I milk the sheep"

Caption: "The father is grazing the sheep, the child is playing with the rope and the mother is hanging the clothes"

Caption: "I am playing football and my mom is cleaning the house and my dad is plowing the land"

Children in their drawings show very clearly and very uniformly the idea of sharing responsibilities inside houses: men oversee activities outside (usually in the field) while women are doing housework (they are hanging out the laundry for example). These representations may be interpreted through the lens of a gender analysis.

1.3.1. GENDER ANALYSIS

The project "Child-friendly schools integrated intervention to strengthen the resilience of Mantiqat Shi'b al Butum, Khirbet al Fakheit, Khirbet al Majaz and Jinba students in Masafer Yatta area (Area C)" targets directly 179 students (86 females and 93 males) aged between 6 and 16 and involves their communities of 664 people (317 women and 327 men). The direct beneficiaries of the project include 1,446 persons (711 women e 735 men) living in the 17 villages of the Masafer Yatta area.

The project places a specific focus on gender aspects. As such, during the first months of implementation it was planned to elaborate and analyze data with the aim of identifying gender-differentiated needs of students and their communities in order to suggest solutions to those challenges.

The analysis was conducted between February and April 2019. It employed a mix of qualitative and quantitative data gathered during desk review phase and field phase. The latter lasted for six days and entailed meetings and activities with children students, families, and teachers. The analysis of secondary data included a gender-sensitive review of the social sciences textbooks used in the four schools. The same type of review was applied to analyze official policy documents of reference, in particular, the Palestinian Education Strategic Plan 2017-2022.

Activities conducted with teachers included focus-group discussions in each of the four schools, whereas activities with school directors and officials of Yatta Education Directorate were based on semi-structured interviews.

On one hand, students aged between 7 and 11, depicted in their drawing family members engaged in typical or favorite household-based activities. Thanks to these contributions, it was therefore possible to identify gendered roles and children's perceptions therein. On the other hand, students aged between 11 and 16 were involved in boys-only and girls-only focus group discussions. The discussions enquired on students' ambitions and dreams for the future, their favorite school subjects, what they like and dislike about the school environment, friendship and their current everyday concerns.

As for family members, a group of mothers in each village participated in women focus-group discussions whereas fathers were interviewed individually, as only a limited number of them were available in villages during the daytime. Discussions with parents revolved around their everyday concerns for their children, the level of interaction between parents and schools, the quality of the teaching, their ambitions and aspirations for their children.

The study has relied on a voluntary non-probability sample of key respondents. It employed the thematic coding approach to organize and analyze all information gathered, both narratively and graphically.

The underlying assumption of this study is that gender-equality is better understood as more equal access to resources and assets and more equal division of labor, responsibilities, decision-making power and agency between women and men is displayed. This makes communities stronger and therefore more resilient.

The study has highlighted four key challenges or gender-based constraints and has considered relevant gender-differentiated effects on children, adolescents, and adults. The gender-based constraints emerged included:

1. Mobility is severely constrained due to (a) security risks due to settlers' violence and (b) inadequate road infrastructure and lack of vehicles. This situation results in students' dropouts, particularly for girls, as they are considered more vulnerable to the attacks mentioned above. Conversely, male students become more exposed to settlers' violence.

2. Inadequate teaching approach, methodology and learning environment. The teaching methodologies, mostly based on rote learning, adopted in the four schools do not favor the development of critical thinking. Teachers, most of whom are males (there is only one female teacher in the four schools) avoid dedicating individual attention to female students as an expression of discretion dictated by socio-cultural norms; conversely, they apply strict methods to discipline male students sometimes resorting on physical punishments. As a consequence, female students are timid with regards to male teachers and therefore, may miss out on opportunities to clarify their doubts and learn in a friendly environment. On the other hand, male students react to teachers by increasing their vulnerability and resentments. Teachers do not display adequate knowledge and strategies

to respond to the gender-differentiated needs of male and female students. Science subjects focusing on the study of the body physiology is superficially addressed. Providing the schools with at least one female and one male counselor emerged as a priority. Currently, schools do not offer recreational and extra-curricular activities, which could reinforce students' resilience and equip them with alternative, creative ways to address their psychological stress. The analysis also revealed the prevailing lack of interaction between the schools and the families. Parents have limited access to their kids' schools. Education within school walls remains the exclusive prerogative of the teaching staff. Conversely, children's education within the family environment remains a parents' prerogative. As such, teachers neither notice nor address children's physical or psychological conditions which may be linked to indicating an unfriendly or even hostile family environment. Reportedly, the four schools do not accept students with disabilities or with special needs since the teaching staff is not qualified to provide relevant services and the school facilities are not adequate.

3. The family environment is precarious and affected by a high level of vulnerability. The analysis identified cases of early marriages and early pregnancies in the communities living in the four villages. Small and precarious housing infrastructure lodge large families preventing privacy and quiet spaces where children can focus on their learning. During the afternoons, male children and adolescents take care of herding the livestock while female children and adolescents help out mothers with household tasks. Access to clean and running water is minimal, and the hygienic conditions in are mostly not adequate. The constant threat of forcible transfer, demolition, army and settlers' raids induces a state of continuous alert, stress and psychological pressure among all community members entailing the risk of violence, including gender-based violence.

4. Lack of access to information and services fostering the well-being of individuals and communities. Local communities have limited access to medical and psycho-social consultations particularly to services addressing sexual and reproductive health of adolescents and adults, both males and females. Medical staff visits the village only once a week if external factors – such as the weather, roads and security conditions – are favorable. The precarious road conditions and the frequent road closures by the Israeli army and settlers coupled with a lack of vehicles entail severe delays in the management of health emergencies.

The analysis has also highlighted the presence (within Masafer Yatta communities and the surrounding areas) of local individuals (female teachers and community members) and organizations owing essential resources and being endowed with a potential to address the challenges mentioned above. These local individuals do recognize the above-mentioned problems and resort to their skills, knowledge, networks and, of course, motivation to bring solutions responding to the actual needs of local communities, according to modalities that are socially accepted and therefore particularly useful.

The analysis suggests the involvement of these individuals and organizations as critical resources to implement the study recommendations, listed below:

1. Sensitizing teachers on the importance of integrating a gender approach in their education methods and of introducing mechanisms to monitor the quality of their teaching from a gender perspective.

2. Identifying and recruiting women teachers ready to work in Masafer Yatta area also to complement the service of already existing male teachers.

3. Organize educational and recreational activities (e.g. summer camps) for youth run by qualified external personnel being able to address subjects such as health and sexual/reproductive health, protection, violence, communication and life skills.

4. Contribute to ensuring, as much as possible, children's safety on their way to school, hence increasing their presence rate and curb school dropouts.

5. Reinforce parent-teacher interaction also by keeping the school premises open in the afternoon to host information and adult learning sessions for the community.

6. Favor mechanisms that facilitate communities' access to health services, with a focus on the access to reproductive health and anti-violence centers.

"
Fundamental theoretical concepts
"

2. FUNDAMENTAL THEORETICAL CONCEPTS

Working in emergency situations has very specific meanings and rules. Emergencies create a wide range of problems experienced at individual, family, community and societal levels. At every level, emergencies destroy normally protective supports, increase the risks of different problems and tend to amplify pre-existing problems of social injustice and inequality.

⮕ It is important not to forget that in an emergency situation it could be possible to find pre-existing problems (e.g. severe mental disorder) and not only problems induced by an emergency situation (grief, depression, anxiety disorders). In the West Bank context, it is important to consider the effects of previously existing problems in combination with the military occupation due to the fact that not every problem is caused by the political situation.

⮕ In emergencies, not everyone develops significant psychological problems. Many people show resilience[8], which is the ability to recover relatively well in situations of adversity. This is a common concept that has to be carefully considered as we do not know yet what resilience means to non-western populations and marginalized groups. So, it is fundamental to analyze correctly each situation to understand the impact of the context and the new event. In the West Bank context, the main problem is to find a right balance between the emergency context – in its particular form of emergency – and single resilience aspects.

⮕ Particular groups of people are at increased risk of experiencing social and/ or psychological problems. Here' the groups of people who have been frequently showing an increased risk of various problems in different emergencies:
  ▶ Women (e.g. pregnant women, mothers, single mothers, widows, unmarried adult women and teenage girls).
  ▶ Men (e.g. ex-combatants, idle men who have lost the means to take care of their families, young men at risk of detention, abduction or being targets of violence).

8 Michael Ungar, Resilience across Cultures, in "*The British Journal of Social Work*", Volume 38, Issue 2, February 2008, Pages 218–235, https://doi.org/10.1093/bjsw/bcl343

- Children (from newborn infants to young people of 18 years of age)
- Elderly people (especially when they have lost family members who were caregivers).
- Extremely poor people.
- Refugees, internally displaced persons (IDPs) and migrants in an irregular situation.
- People who have been exposed to extremely stressful events/ trauma (e.g. people who have lost close family members or their entire livelihoods, rape and torture of the affected group; survivors, witnesses of atrocities, etc.).
- People in institutions (orphans, elderly people, people with neurological/mental disabilities or disorders).
- People experiencing severe social stigma (e.g. untouchables, commercial sex workers, people with severe mental disorders, survivors of sexual violence).
- People at risk of human rights violations (e.g. political activists, ethnic traditional healers, community health workers, teachers, women's groups).

In the West Bank, especially in Area C due to the military occupation and the complex living conditions, most of the people can be considered vulnerable: the project chose children as the main population targeted along with their families and the communities they are living in, in order to provide new generations with innovative educative tools and let them build new capabilities.

Using a transcultural[9] approach means that professionals are trained not only in the field of clinical theory and techniques but also in the area of socio-cultural aspects[10]. They can analyze and evaluate every single situation in light of this knowledge. This approach helps to avoid misunderstanding due to the fact that "there could be differences in the assessment of the patient based on the clinician's assumptions and understanding of cultural factors"[11]. It means that approaching people and communities should pass through the comprehension of their beliefs, their way of living, and the way they consider themselves.

---

9   Talking about transcultural approach the main reference is Georges Devereux.
10   As Devereux was an anthropologist and a psychoanalyst, he theorized this important aspect of his transcultural psychiatry with the concept of *complementarism*, based on Bohr's complementarity theory, which holds that objects have certain pairs of complementary properties which cannot all be observed or measured simultaneously: in psychotherapy, goal of the complementarity approach is the attempt to use, as far as possible, a general approach (anthropological point of view) and an individual approach (psychoanalytic method).
      cfr. Devereux G. (1978), Ethnopsychoanalysis: psychoanalysis and anthropology as complementary frames of reference, Berkeley, University of California Press
11   Sundvall M., Tidemalm D.H., Titelman D.E., Runeson B., Bäärnhielm S., Assessment and treatment of asylum seekers after a suicide attempt: a comparative study of people registered at mental health services in a Swedish location, in "*BMC Psychiatry*", 2015, 15(1), pag 235.

It is important to consider the effects of culture also in the concept of trauma and traumatic symptoms and expressions as they deeply influence the individual perception and interpretation of trauma: what is "traumatic" in a culture (or society) is not "traumatic" in another one. As the concept of trauma has Western origins, it is necessary to adapt it to different situations and to "translate" it in a way that suits different circumstances.

2.1.   PSYCHOLOGICAL ASPECTS DETECTED IN CRISIS CONTEXTS
Childhood Traumas in conflict-torn countries and Child Protection agenda

In the last few years, many governmental and non-governmental organizations, international actors and agencies have underlined the importance of devoting more attention to child protection issues in conflict-torn countries and in the following peace negotiations with the result of underestimating the psycho-social impact of the conflict in the long run. Ilene Cohn, in a comprehensive article about child protection and peacekeeping processes, states that: "despite increased international attention to and awareness of children's rights, children are largely overlooked in the peacemaking and peacekeeping process"[12] and that "peacemakers do not adequately address children's needs for several reasons: lack of awareness of the nature and extent of the impact of conflict on children… "[13]. In the same article, the author states, "events in childhood will affect the individual as an adult and consequently, society as a whole"[14].

The most recent studies about conflict-torn countries and post-conflict national rebuilding capacity demonstrate an increasing awareness about the importance of paying attention to children and placing child rights-related issues on the top of the agenda. Studies and reports about these issues generally stress the importance of taking care of children's rights during and after a conflict for the following two reasons:

(a)   The unique characteristics of the age of development and the difference between the needs of adults and children;

(b)   The scientific evidence that a traumatic childhood can affect a person until her/his adulthood and even influence their own children, therefore affecting more generations.

In relation to the age of development and adults'/children's needs,(a) the following factors are frequently highlighted: the physical, emotional and psychological

---

12   Cohn, Ilene, The protection of children in peacemaking and peacekeeping processes, *Harvard Human Rights Journal,* Spring 1999, p.1.
13   ibd., p.1.
14   ibd., p.2.

vulnerability of children; their dependency on others for their own survival; their need for security and special care; their vulnerability to different forms of abuse; the deep mental impact of any kind of trauma; and the permanent effects of the lack of primary education on a developing mind etc.

In addition to these significant reasons, it is important to pay specific attention to child-related problems in conflict-torn countries for another key characteristic of war-affected children: the intergenerational transmission of traumatic experiences.

The state of conflict induces in the affected population pluri-episodic traumatic experiences of different types, duration, gravity, age, and gender-specificity. The psychological, neurobiological and social characteristics of these traumas are now very well known. We are also well aware of the neurochemical mechanism that transforms psychic traumatic reactions into physical illnesses. Richard Mollica and other researchers of the Harvard Medical School conducted pioneering empirical research in this area. They proved that in a sample of 1,275 Bosnian refugees, those who had experienced cumulative traumatic events during the war presented a significantly higher rate of physical disability, social impairment, major psychiatric disorders (predominantly major depression and PTSD) and medical illnesses in the following 5 years. The rate was noticeably higher in the young and old populations and one of the major risk factors was the duration and number of traumas experienced (with more than 3 traumatic events the probability developing any kind of disability was 3 times the probability shown by respondents who had experienced 1 to 2 traumatic events)[15].

Regarding (b) - particular attention is frequently given to the possibility that violence suffered in childhood may become a component of the active violent behavior of the individual towards others in adulthood (including his/her own children). Cohn reminds us that "numerous studies and papers describe the wide-ranging impact of war on children and indicate the psychosocial consequences of exposure to chronic violence. Research on children living in war-torn areas points to the numerous domains of cognitive, social, emotional, and psycho-physiological functioning that can be severely affected by exposure to violence, including depression, withdrawal, fear, anxiety, affect dysregulation, aggression, dissociate reactions, and intrusive thoughts"[16].

---

15 Mollica, R., McInnes, K., Sarajili, N., Lavelle, J., Massagli, M., Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia, *JAMA,* August 1999
16 Cohn, Ilene, The protection of children in peacemaking and peacekeeping processes, *Harvard Human Rights Journal,* Spring 1999, p.1

Child Traumas in conflict and war-torn countries as Attachment Mechanism Disruption

In order to better address the special needs concerning children involved in conflict, it is important to understand the primary and common source of all these traumas; on a broad-spectrum, all conflict-related traumas share a similar biological base: they are attachment-related traumas. Consequently, this means that conflict affects the young population in a different manner and intensity, which is linked to the deepest universal base of our primary bio-psychological developmental tool: the attachment system.

The attachment system is the specific evolutionary mechanism that basically allows for the continuity of life from one generation to another through a cognitive-emotional-behavioral scheme of protection, security, and safety. According to this point of view, the conflict is a catastrophic collapse of this system. From early childhood, children's development follows a well-balanced dialectic between the need for security and an impulse to explore and become autonomous. During the war, the roots of both child's mental and emotional development are impaired by external conditions: the free exploring behaviors are opposed by threatening and dangerous environmental conditions and any 'secure base' where the child can find safety is often tragically lost (death of parents and caregivers, displaced families, destroyed home, school, community sites). The child is therefore not given the opportunity to build an internal secure space for her/his safe autonomous growth.

This situation will influence the personality of the child not only throughout childhood but even largely throughout adulthood and - as we would like to explore here - will have a large influence on their children and future generations.

Inheriting the conflict: the intergenerational transmission of traumatic experiences.

It is well known that John Bowlby was the first individual to consider attachment to protective adult figures as a primary mechanism for the regulation of infant safety and survival[17]. Bowlby ascribed this specific behavior to the activity of an instinctively guided but environmentally influenced control system namely the "Attachment Behavioral System". This system has evolved among primates to serve the biological function of ensuring the protection of younger or weaker members of the group. The ABS, normally in a state of silent activation (a kind of

---

17   J.Bowlby, J. (1988), *Attachment and Loss, Vol. I* London, Hogarth Press, 1969, *Vol*.II, New York, Basic Books, 1973, *Vol.III* New York, Basic Books, 1980 and *A secure base*, New York, Basic Books

hibernation state), becomes highly activated if threatening conditions arise and induce the infant to seek proximity and contact. Bowlby refers to this specified individual as the infant's Primary Attachment Figure but in specific cultures several attachment figures can be selected. In highly developed Western countries the child's PAF is mainly one individual – usually the mother or a substitute of her – while in other cultures (as the African, the Chinese, the Jewish, etc.) several important persons can simultaneously play the role of PAF: siblings, relatives and even non-relatives.

The ABS should be understood to be closely coordinated with other behavioral systems, such as exploration, escape and feeding. Attachment behavior is activated, modulated and terminated by changes originating in the internal or external environment (threatened by separation, actual separation, and reunion) and is accompanied by the strongest of emotions (joy, love, fear, anger, despair). It is certain that attachment theory can be applied to different cultures. Cross-cultural research in this field recommends considering attachment in different cultures as a balance between universal trends and contextual determinants. In order to identify attachment mechanisms in a specific country, it is important to consider two points of view: contextual components and a universalistic perspective. The strategies used by children to handle attachment challenges across different cultures cannot be fixed since this would leave no room for adaptation to dynamic changes of the natural environment and to constraints imposed by different developmental niches. Simultaneously, in any study conducted world-wide, the same four basic attachment patterns and a general cultural pressure towards selection of the secure attachment pattern in children are generally present. A dramatic demonstration of the adaptive value of attachment security is its role as a preventive factor against malnutrition in East[18] and Central-Africa[19]. Cross-cultural attachment studies have revealed the importance of change from the dyadic infant-mother Western perspective to an attachment-network approach – such as the 'extended family' model – in order to better understand attachment mechanisms and their predictive factors.

It is proposed that children involved in conflict, as victims or witnesses, are not only viewed as traumatized children but also and above all as children affected by extreme severe attachment disorders. If these children are not properly helped and protected during conflict and post-conflict process, the risk of these

18 Dixon, S. D., LeVine, R. A. & Brazelton, T. B. (1982), Malnutrition: A closer look at the problem in an East African village, *Developmental Medicine and Child Neurology,* 24, 670-685
19 True, M.M., *Mother-infant attachment and communication among the Dogon of Mali*, doctoral dissertation, University of California at Berkeley

disorders being transformed into different types of physical and mental diseases, and thereby possibly influencing the attachment security of their own children, is very high.

Amongst the numerous peculiarities of the ABS, the following points must be noted as specifically important in order to better recognize and understand the emotional and mental conditions of the children in West Bank.

Whilst most promptly in younger individuals, attachment behavior is presumed to remain influential throughout a person's lifetime and to account for central aspects of an individual's mental state. Therefore, any attachment disorder, if not properly treated, will result in permanent effects.

Children who were victims and/or witnesses of traumatic events experienced a disruption of the attachment system: their Primary Attachment Figures, who were supposed to ensure their security, safety and protection, 'failed' in their major biological task and are seen - by the child's unconscious point of view - to have "left" her/him in danger, undefended and exposed. From a child's perspective, such traumatic events, besides being ruinous in themselves, are also unconsciously experienced as parental/caregivers/adulthood world desertion and can have a very profound impact for the rest of the individual's life.

For children, thinking and talking about those incidents is not only extremely painful, but can also result in anger, distrust, resentment towards the parents and other important attachment figures who were not in the position to help and protect the child, with imaginable strong and unsafe emotional reactions, mainly directed towards parents, caregivers, foster families and eventually the whole adult society.

It is therefore recommended that training for psychosocial workers is carried out in a way to teach the staff how to handle this kind of negative child reactions.

The development of attachment to a specific individual leads to a qualitative change in infant behavior and in their brain's 'organization'. Quantitative terms (such as "strongly" or "weakly" attached) are not useful in describing differences between individuals. Children with such a traumatic life in conflict-torn areas can either:

o Continuously seek the caregiver's closeness and endlessly ask for evidence of affection and attachment. Even when the circumstances are safe, a child with a non-trauma-affected attachment system should take advantage of this safeness for exploring and testing her/his autonomy, or

o Show the absence of any normal attachment behavior (seeking proximity, protection, aid) in threatening situations and display an 'abnormal' lack of attachment needs.

Deviations from the normal and healthy child attachment reactions described above depend on the presence in the child's mind of strong life-threatening processes (e.g. fear, panic, anger, inhibition, shame) that are different from the normal attachment patterns[20].

Children in conflict may not necessarily become 'less' attached to parents who couldn't defend and protect them but rather a major change in their emotional development may take place, anyway. The normal attachment system will rely on other mechanisms that deeply interfere with the development of a sane and secure behavior, such as hard coping mechanisms required to process the traumatic events experienced or witnessed. A child's reaction in such cases should be assessed very carefully, in order not to misunderstand apparent 'happy-go-lucky', autonomous, self-confident, unsympathetic behavior, which is often used in childhood to cope with unbearable feelings.

The full importance of the ABS system was better understood through considering that it serves multiple survival functions, such as protection from starvation, natural disaster, attacks of co-specifics, risk of separation from the group... etc. We can ultimately state that all experiences a child may suffer from during the conflict should be considered as attacks upon her/his survival. They keep the ABS activated for extremely long periods of time often without obtaining the expected protection. These repeated failures of the ABS leave the child with a permanent over-activation of her/his ABS and lead the child to disorganize her/his attachment behavior in order to look for other possible – but often impossible – solutions. The ABS often results in potentially long-lasting damaged neurochemical changes in the systems which control and regulate moods and hormones.

The ABS is highly responsive to danger signals. It is intimately related to fear and is primarily activated by frightening conditions of any kind. In emphasizing the immediacy of the tie between proximity-maintenance and survival in the

20   Ainsworth, M., Blehar, M.C. (1978), Waters, E. & Wall, S., *Patterns of Attachment*, Hillsdale, NJ

environment of evolutionary adaptation, we have to draw attention to two conditions of danger:

1. environmental or internal changes directly or immediately threatening to the child's survival; and
2. any condition suggesting separation from the PAF, even in the absence of immediate threats from the environment.

Any change that signals increased risk to the individual in the environment, such as moving into an unfamiliar environment, is therefore considered to be "natural clues" to danger and is also expected to activate the ABS.

Even if separation from the PAF occurred, following this line of reasoning, conditions indicating immediate threat or providing natural signals of danger were expected to activate the ABS in children involved in conflict-torn countries. The empirical observation of these children who suffered from such difficult conditions demonstrated that some children reacted in an unexpected way, displaying two completely different types of reactions, instead of a high level of attachment behavior:

1. A state of detachment in which signs of attachment to the PAF were totally absent as the threatening conditions failed to activate the attachment behavior (Deactivated ABS). The child actively avoids the proximity and the protection of PAF. In this case, the attachment behavior is frequently replaced by active interest toward objects, risky explorative behavior, withdrawal from others and avoidance responsive reactions.
2. A state of over-prolonged (hyper-vigilant) attachment in which the return to normal and safe conditions fails to terminate the activation of attachment behavior, in addition to settling the child down - in order to reactivate the autonomous exploratory behavior. The child is continuously looking for the caregiver's attention: she/he appears to be no longer able to play independently, remain alone and enjoy explorative behavior. Simultaneously the child often shows resentment and anger towards caregivers.

Behavioral criteria may be put in place in order to cluster each infant into one of three "Attachment Classifications" and in their Sub-classifications:

1. Secure Attachment
2. Insecure-Avoidant Attachment (the type 1 described above)
3. Insecure-Resistant/Preoccupied Attachment (with its sub-categories of Angry-Preoccupied and Passive-Preoccupied) (the types 2 described above)

Longitudinal studies have demonstrated that secure attached children use to display substantially greater concentration in playing and learning, an attitude to experience and express emotions in a more positive manner, greater social competence and greater ego resilience than children belonging to the other two clusters[21]. Insecure-Avoidant Children are found to be most probably angrily rejected by peers, teachers, relatives and other important adults. Insecure-Resistant Children are generally treated as powerless and weak while secure children are treated in a respectful way[22].

The permanency of the Attachment Type throughout the lifetime was confirmed, observing two independent samples of several hundred cases (85% predictability or above)[23] although its stability was highly influenced by stable life-circumstances. In samples in which there were major changes in the PAF's life-circumstances, there were also substantial changes in the child's attachment status[24].

It is clear that conflict-torn countries such as Palestine are likely to offer very threatening life-circumstances thereby significantly increasing the rate of insecure attached children in post-conflict generations. However, the 'insecure' attachment is not the worst effect of traumatic experiences in childhood. Permanent disorganization of the ABS in conflict-affected children is in fact one of the most dangerous traumatic effects on the ABS for the present and future generations.

Ainsworth and Bell had observed "unclassifiable" attachment behaviors as early as 1970 (13% of the children did not fit into any of the three categories established by Ainsworth)[25]. In the 1990s, a large study carried out by Mary Main and colleagues revealed a fourth new category: the Disorganized/Disoriented Attachment. This was not a genuine pattern of attachment such as the others because of the lack of any coherent goal, intention or explanation in the observed sequences of attachment behavior.

Indeed, those children frequently observed amongst the group of children who live in conflict-torn countries, were seen to be experiencing a collapse of some attachment strategy:

---

21 Sroufe and Egeland, 2003
22 Sroufe and Fleeson, 1986
23 Main and Cassidy, 1988; Warner, 1994
24 Vaughn, 1979
25 Main and Weston, 1981

1. Sequentially and simultaneously display of contradictory behavioral patterns;
2. Indirect, misdirected, incomplete and interrupted movements, expressions, actions;
3. Stereotypes, mistiming, inopportune movements, and anomalous postures;
4. Freezing, stilling and slow movements and expressions;
5. Direct behavioral indication of apprehension and fear towards the PAF;
6. Direct behavioral indication of confusion, disorganization, and disorientation.

A research study carried out on more than 100 parents whose children had been previously classified according to four Ainsworth's attachment categories, found a substantial match between a parent and her/his child with respect to the attachment categories. This implies therefore that children having confident and autonomous parents more likely to feel confident. By the same taken, children of dismissive, preoccupied, anxious-preoccupied or unresolved/disorganized parents are at most likely to be disorganized.

Another study had demonstrated the powerful intergenerational transmission of attachment behavior. A sample of young women and men were interviewed in order to classify their attachment styles. Their children were classified at the age of 1 year; it came to light that the correlation of attachment styles between a parent and her/his child was impressively high.

The attachment behavior endurance between childhood and adulthood and throughout subsequent generations is even more noticeable in relation to disorganized behavior. The main explanation may be finded in the contradictory experience of an attachment figure that is frightened or frightening. This principle, as well as the extended conditions of families in war-and conflict-affected countries emerges as follows: frequently parents are so worried, distressed, wounded and dejected that they are unable to control their reactions in front of the children; children perceive their behavior as a threat to their own personal security and the frightened parent easily becomes, in child's perspective, a frightening parent. For example, when a parent suffers a loss, displacement, general threatening conditions, or has been traumatized her/himself, her/his behavior frequently becomes highly unpredictable and consequently frightening for the child.

This "secondary" (indirect) traumatic experience further affects the child and doesn't enable her/him to develop well-organized attachment behavior. If there is a sudden and/or unexpected change to the child's environment or in her/his foundations (family, house, school, village), the child is not enabled to establish an organized attachment pattern. This condition frequently results in various forms of psychiatric disability, such as major depression, personality and mood disorders in adulthood. Quite often they produce a disorganized attachment behavior in the child, who - if not helped - will act towards her/his future children in the same frightened/frightening manner, driving her/his babies to become disoriented/disorganized in relation to attachment and thereby in a way transmitting the their grandparent's traumatic experience of conflict.

2.1.1. SPECIFIC ASPECTS OF TRAUMATIZATION IN CRISIS CONTEXTS

Psychological professionals working on this project use the "Multidimensional Psychodynamic Trauma Therapy" (MPTT) model as a method of clinical intervention and training that allows more accurate diagnoses as well as shorter and more effective treatments in the field of traumatic disorders. MPTT approach is characterized by some fundamental aspects:

1. The MPTT does not make 'critical event' coincide with 'trauma', as often it is the case with other treatment models that consider all those involved in a critical event to be 'traumatized'. MPTT model clearly distinguishes between the exposure to a critical event and traumatization. According on empirical studies carried out on populations affected by major events, this differential is meaningful since the majority of the population exposed to a critical event appear to be not 'traumatized' in a clinical sense unless there are pre-existing vulnerable conditions and there is a lack of resilience networks in the social context where the event occurred. Sometimes it is the expectation of traumatic post-event consequences that push some psychosocial and health professionals to create anxiety and destabilize the spontaneous resources of the population. For example, by calling 'the trauma' a critical event instead. Saying "the child has suffered the trauma of separation from his mother" rather than "the child has suffered a critical event, the separation from his mother", modifies the mental and social representation of the listener from a prejudicially *a priori*-defined pathological picture to an evolutive framework of open possibilities, from a sense of powerlessness to a perception of ability and competence fundamental to mitigate the impact of that event.

2. MPTT model, therefore, considers as harmful any kind of interventions aimed at preventing the "traumatic" consequences of a critical event based on the use of therapeutic or clinical methods that take for granted a psych traumatic evolution of the impact of the event on the population. MPTT model, on the other hand, provides a risk-index system that identifies three types of risk in the affected population:

   Risk-Index 0-1: population that does not have pre-existing vulnerability factors and that can count on a solid resilience network whether personal or social.

   Risk Index 2-3: population that has some pre-existing vulnerability factors and a resilience network which is not completely reliable.

   Risk Index 4-5: population that presents all or almost all the factors of pre-existing vulnerability and total or almost total absence of a network of individual and social resilience.

In the case of Risk 0-1, the recommendation is simply to monitor the recovery of well-being over time, which is spontaneous and sustained by natural coping and resilience methods. In the case of Risk 2-3, the recommendation is to reinforce the network of the resilience of the individuals involved and if possible, their social context through salutogenesis and psych education interventions by monitoring the recovery of well-being according to the wait and watch rule. Only in the case of Risk 4-5, alongside the immediate construction of temporary networks of resilience, will it be useful to realize forms of individual and group psychological support, based, however, in the post-exhibition phase by helping to identify forms of coping with the event and attuning to personality and culture which are never imposed from the outside.

2.2. BOTTOM-UP APPROACH

A bottom-up approach consists in the integration of systems in order to give rise to more complex systems: the original systems will be transformed in subsystems of the emergent system, to explain the complexity starting from single parts. The psycho-social part of the project is based on a bottom-up approach aimed at understanding beneficiaries' real needs through observations and building an efficient response to those needs.

Action-research is one of the main tools of a bottom-up approach that seeks a transformative change through the simultaneous process of taking action and

doing research, which are linked together by critical reflection.

In this specific case, observations and participation had been the main tools used in order to achieve the scope of the project. These tools were used at different levels:

- **children:** psycho and social professionals worked with children observing their behavior and evaluating their conditions; they provided also playful training to enjoy the scholastic environment; technical professionals asked children about their needs and desires related to rehabilitation of schools;
- **teachers:** professionals provided training to improve their knowledge and to let them better understand their students;
- **families and communities**: they have been involved in their children's scholastic life in order to let them build a new relationship.

2.3. PSYCHO-SOCIAL EMERGENCY INTERVENTIONS IN THE PALESTINIAN CONTEXT

West Bank context is unique due to the military occupation persisting for more than seventy years. Peoples' freedom of movement is highly restricted and they continuously live under threats and discrimination. This reality can be considered a different concept of emergency. In a paradoxical view, emergency is defined as "something dangerous or serious that happens suddenly or unexpectedly and needs fast action in order to avoid harmful results". In the West Bank context, the component of "fast action" is not present, due to the chronicle situation.

Related to this complex situation, literature[26] and observations show that witnessing severe military violence was associated, on one side, with children's aggressive and antisocial behavior, while on the other side, with proactive, reactive and aggression-enjoying behaviors. Linking that to the attachment theory, good and supporting parenting practices could moderate the link between exposure to military violence and aggressive behavior.

Various local organizations, specialized in giving assistance to children living in war or other kinds of difficult contexts and their communities (families, schools, etc), provide psychosocial support. The project was in partnership with two of them, "Yes Theatre" and "Red Noses" which conducted different kinds of activities for students and teachers.

26 Qouta S., Punamäki R.-L., Miller T., El-Sarraj E. (2018), Does War Beget Child Aggression? Military Violence, Gender, Age and Aggressive Behavior in Two Palestinian Samples, in "Aggressive Behavior", Volume 34, pages 231–244

2.3.1. "YES THEATRE" AND "RED NOSES" ACTIVITIES

Yes Theatre

Yes Theatre (YT) is a cultural organization founded in Hebron in 2008 by professionals and practitioners, with the aim of creating a new Palestinian generation, focusing on the importance of theater as a way of training individuals and communities.

YT has different activities and projects: Play 4 Kids (a social message for children, based on daily experience, spread of in schools); Kids 4 Kids (K4K, dramas represented by children for children); Drama Workshops; Yes 4 Youth (a training project); Yes 4 Future (a capacity-building program); Puppets 4 Kids (a development program based on the use of puppets).

Within the project "Child-friendly schools integrated intervention to strengthen the resilience of Mantiqat Shi'b al Butum, Khirbeit al Fakheit, Khirbet al Majaz and Jinba students in Masafer Yatta area (Area C)", YT conducted activities targeting students and teachers. These activities include a training program for teachers, drama laboratories for children and some exhibitions for students as well as for communities in YT's theater in Hebron.

For what concerns the capacity building program, teachers were provided with a 100 hours training program. This program targeted those teachers who have direct contact with students (both female and male) of Masafer Yatta. It was implemented in such a way to offer different laboratories to prepare teachers to use tools that will help children and teenagers to express their feelings in a healthy way[27]. In this program, participants were encouraged to develop competencies and useful knowledge regarding the theatre-therapy. Sessions – customized for each laboratory – implied the involvement of personal expression through games and exercises, followed by integrative readings in support of childhood and fundamental childrens' rights.

27 Expression of feelings and emotions is considered more difficult in complex context where people are not used to be focused on this aspect of their lives. It is a concept coming from Maslow's hierarchy of needs theory. It is often portrayed in the shape of a pyramid with the largest, most fundamental needs at the bottom and the need for self-actualization and transcendence at the top. That means that individuals' most basic needs must be met before they become motivated to achieve higher level needs.

The drama laboratories involved groups of 10-15 children aged 8 to 14 years. Laboratories were organized in 8 sessions (34 hours each) and spread over 8 days. This allows children to have time to focus on, commit to and develop their ideas, thus taking actively part in the creation of the seminar itself. Educational aims of the seminar consist in developing new skills and abilities such as listening, understanding group dynamics, taking risks, listening to feelings and emotions. During the first Children festival, held on the 29th of April, 2019, an exhibition took place in front of parents, families, friends, and school. From an educational point of view, it is important to have families participating , to make communities more involved in schools matters and to reinforce the importance of school in building children's future.

During the first phase of the project, Yes Theatre conducted four puppet shows, two in the schools of Jimba and Al Majaz and two during the first Children Festival. In the last phase of the project, it conducted four other puppet shows, two different shows for each school; exhibition for youngest children had a significant role in planting seeds of respecting people and peers with disabilities in an inclusive way; the other one, for older children, focused on the importance of respecting rules. Each performance included a first phase of interactive activities and a second phase of face painting sessions for each child.

As a final activity, YT proposed a second Children Festival. A one-day event held in one of the four schools that brought together children and their families from all the area. During this event, children presented the work created during the workshops and shared their new experiences in the rehabilitated environments of their schools. The event has seen the participation of all of the organizations involved and it became a closing moment for the project itself.

PUPPET SHOW

DRAMA WORKSHOP

CHILDREN FESTIVAL

RED NOSES International

Red Noses International based in Vienna, has been making the difference for and learning from patients, families and medical staff in many health and care facilities in Europe and beyond for more than 20 years. Throughout the years it became clear that the need to address mental health issues and provide psychosocial support is not confined to a certain geographic area and/or facility.

RED NOSES Palestine (RNPS) was created as a branch office to the Red Noses International. It was created as the first experience for the organization in the Middle East because of the big need for its intervention and activities in the Palestinian Hospitals where children are traumatized. Also, health care services in Palestine are in a big need for development and improvement.

The concept of therapeutic clowning is very effective as clowns are specialists for regaining childlike vitality and for assuming a positive attitude in a conflict situation.

Inside the project Red Noses professionals provided activities for teachers and students. Red Noses activities for children aim at creating a feeling of normality in emergency situations through recreational activities[28] that are proven to reduce fear and stress. Through the interactive play-workshop, Red Noses artists work with subjective perceptions and children's emotions and feelings to offer strategies to cope with the discomfort of the current situation and trigger a feeling of hope towards the future. During the first phase of the project Red Noses implemented 9 interventions of Circus Smile in which 60 children (31 boys and 29 girls) aged 11 to 14 years, learned some basic juggling and magic skills. Two clown-educators prepared a personalized intervention that took place over 4 days: 3 days of circus arts and juggling workshop and 1 day of public performance implemented by the children. Moreover, during these workshops the children have also prepared flyers and informative posters to announce to their community the show and the laboratories that envisage small magician tricks[29], the creation of simple

28 Research on humour and psychological well-being show that humour is a major factor in achieving, and sustaining, higher psychological well being.cfr *Kuiper & Martin (1993), "Humor and self-concept" in Humor: International Journal of Humor Research, 6 and Bos E.H., Snippe E., de Jonge P., Jeronimus B.F. (2016), "Preserving Subjective Wellbeing in the Face of Psychopathology: Buffering Effects of Personal Strengths and Resources" in PLOS ONE, 11*
29 It is important to evaluate cultural aspects and interpretations about magic aspects of life: in traditional part of Arabic

decorations and disguises as well as the creation of informative posters inviting the community to an open exhibition. This was expected to increase children's self-esteem by developing their ability to face a stage. Such activity would have also had an impact on the parents, who would have taken part in the exhibition, strengthening their interpersonal relations.

CLOWNERY ACTIVITY

46

47

CIRCUS SMILE

_____

culture it could be a problem to talk about magic due to religious prohibitions.

" Methodology and results "

3. METHODOLOGY AND RESULTS

3.1. SAMPLE

The sample included all third-grade to eighth-grade students enrolled in the four schools in Masafer Yatta (Shi'B Al Butum, Khirbet Al Fakheit, Khirbet Al Majaz, and Jinba). The number of students was 70 (48.6% Males and 51.4% Females), 17.1 % of them were under ten years old and 82.9% were older than 10 years (For students distribution by grade, gender and schools see Table 1 and 2).

👤	Grade	👤
0	Third	1
6	Forth	3
8	Fifth	11
8	Sixth	9
11	Seventh	6
3	Eighth	4
36		**34**
N. 70		

Table 1: Number of Students by Grade and Gender

School Gender	Shi'B Al Butum	Khirbet Al Fakheit	Khirbet Al Majaz	Jinba	Total
Male	12	4	10	8	34
Female	9	7	7	13	36
Total	21	13	17	21	**N= 70**

Table 2: Number of Students by School and Gender

3.2.   TOOLS

Self-report Questionnaires and Checklists

Trauma exposure to military activities and violence checklist

The trauma exposure checklist was developed for the purpose of this study based on questionnaires used in previous studies in Palestine. After reviewing the several instruments that were mainly used in Gaza (Thabet, 2001; Odah, 2010), it was concluded that although both tools were validated in Palestine, the experience of children in the West Bank in general and, especially, in Masafer Yatta is different from the one children live in Gaza strip. For this reason, the researchers adopted several items related to personal injury and items related to witnessing military violence against others in schools and at home. The researchers further added items relating to witnessing military training since Masafer Yatta is considered a military training area. The checklist consisted of 13 items asking students to rate the frequency of their exposure to military activities and violence in the last month, on a Likert scale from 1 - never, to 5 - more than once a week.

Post-Traumatic Stress Disorder-8 Short scale

The PTSD-8 was used to assess symptoms of PTSD among students in the four schools in Masafer Yatta. PTSD-8 is derived from the first sixteen items of the Harvard Trauma Questionnaire, which corresponds to the DSM-IV criteria for PTSD. The 8 items were answered on a five-point Likert scale from ('not at all' (0) to 'all the time' (4)). The internal consistencies of the PTSD-8 as measured by Cronbach's alpha were 0.83; 0.84; 0.85 in three different samples (Hansen, Andersen, Armour, Elklit, Palic & Mackrill, 2010). In this study the internal consistency measured by Cronbach's alpha was 0.85.

Observation tools

An observation tool based on the model of Structural Analysis of Social Behavior (SASB) was adapted for this study. SASB is used to assess interpersonal and intrapsychic interactions in terms of three underlying dimensions: focus (other, self, introject), affiliation (hostility, love/hate, and interdependence) and independence (enmeshment/differentiation) (Benjamin, 2000). It incorporates a circumplex model with three surfaces varying in interpersonal focus, representing transitive actions toward specified others, intransitive reactions to others, and introjected actions toward the self (Benjamin, 2000). The observation tool used a five-point Likert scale from (1 for "never observed" to 5 for "observed frequently"). The internal consistency measured by Cronbach's alpha was 0.88.

Emotional competencies-disturbances Checklist

This checklist was developed based on observation and analysis of activities conducted by Red Noses and Yes Theater. Through observing children's interactions during these activities, the researchers analyzed the emotional competencies and disturbances that needed further investigation. The checklist items included children's ability to express emotions (positive emotions, negative emotions, individually, and in group), aggression behavior (under stress, without any cause, physical and oral aggression), children's ability to recognize their own emotions (positive, negative, in verbal way, face to face and in group), passive aggression behavior manifestation (in group and face to face), reflective abilities of children (during play and during explanations), children showing resilience (personal pride, self-worth, internal locus of control, self-esteem, self-efficacy and autonomy), children's ability to recognize mentalization in him/her self and in others, and if children are able to use symbolization during free play and during structured games. The observers checked a "Yes", "No" or "Not observed" for each of the items on the checklist.

Adaptation and translation

The SASB and PTSD-8 were translated from English to Arabic. The adaptability of the tools was discussed with experienced mental health professionals. A linguistic and cultural translation of the tools was performed from English to Arabic. Several bilingual persons (same fluency in two languages and experience with mental health instruments) gave their contribution in order to obtain translations and blind back-translation.

3.3. PROCEDURE

Activities that included games, role play and projective activities that encouraged the expression of emotions and interaction between children in groups and with adults were developed with the aim of observing children in the schools.

School Item	Shi'B Al Butum	Alfakheet	Khirbet Al Majaz	Jinba
	M	M	M	M
Have you seen military training in your area?	1.95	1.91	3.47	4.14
Have you heard sounds of bombing or shooting in your area?	3.76	2.82	4.29	4.48
Has anyone in your family faced irritations from the military forces?	2.52	1.45	2.41	3.33
Did the military invade a house of your neighbors?	2.29	2.09	2.41	4.00
Did the military invade your house?	2.43	1.73	2.19	3.57
Have you heard people around you talking about military attacks and irritations?	4.10	3.18	4.00	4.29

Table 3: Means and standard deviations of the frequency of Trauma exposure to Military activities and violence by school

Psychologists implemented these activities with children in each school for three weeks and video-taped the observations. Consent for conducting the observations and videotaping them was obtained through the Ministry of Education. It was explained to children that they would have been able to withdraw from the activities at any time.

Besides conducting the observations, a psychologist met with each child individually to fill the PTSD-8 questionnaire and Trauma exposure checklist. The videotaped observations were analyzed by trained psychologists. The SASB and emotional checklist were completed accordingly.

2.4. RESULTS

Students rating of trauma exposure to military activities and violence

Table 3 shows the means of the frequency of students' trauma exposure in the four schools. The items included in the table reflect the highest rates of exposure to military violations in one or more of the schools, it also shows variations in the exposure rate between schools. For means and standard deviations for all the items in the checklist, see appendix 1.

The results show that students in Khirbet Al Majaz and Jinba school are more exposed to military training during the week. All students in the four schools hear sounds of shooting and bombing and hear other people talking about military attacks and irritations. Jinba school area has higher rates of military invasion of students' and their neighbors' houses with respect to other areas.

Although the results show variations in students' ratings of trauma exposure, it is important to notice that even a value "2" in trauma exposure rating means that the students are exposed to traumatic events at least once a month, which is considered a high rate of exposure anyway.

Students self- report on Post-Traumatic Stress Disorder symptoms

School Item	Shi'B Al Butum	Alfakheet	Khirbet Al Majaz	Jinba
	M (SD)	M (SD)	M (SD)	M (SD)
Intrusive recollection	2.40 (0.94)	1.64 (0.81)	**2.65** (1.32)	2.48 (0.93)
Event recurring	1.95 (0.76)	1.10 (0.32)	2.29 (1.11)	2.00 (0.84)
Recurrent dreams	**2.85** (1.23)	1.91 (0.94)	**2.65** (1.32)	**2.81** (1.29)
Psychological and physiological distress	**2.50** (1.15)	1.82 (0.75)	2.13 (0.81)	1.86 (0.79)
Efforts to avoid activities	**2.70** (1.13)	1.36 (0.67)	**2.53** (1.18)	**2.95** (0.87)
Efforts to avoid thoughts	**2.70** (1.22)	1.55 (0.69)	**2.71** (1.31)	**2.67** (0.91)
Exaggerated startle response	2.25 (0.97)	1.27 (0.47)	2.18 (1.29)	2.33 (1.20)
Hypervigilance	2.10 (0.72)	1.55 (0.82)	2.24 (0.83)	2.29 (0.96)

Table 4: Means and standard deviations of PTSD-8 short Scale by School

Table 4 shows that in all items on PTSD-8 the students didn't fit the criteria for PTSD diagnosis. The means displayed in the table in bold text are the ones close to 3, indicating that some students in more than one school could be diagnosed with PTSD with respect to few items: recurrent dreams and efforts to avoid activities and thoughts.

Students in Masafer Yatta, although frequently exposed to trauma, didn't show higher rates of PTSD symptoms, suggesting the fact that students in Masafer Yatta manifest trauma in different ways and through different symptoms with respect to western criteria.

Interpersonal and intrapsychic interactions abilities based on SASB

Focus Items	Individual	Items	Group
	M (SD)		M (SD)
Listens to adults	3.60 (0.81)	Cooperates with adults to achieve a goal	3.40 (0.86)
Listens to children	3.28 (0.88)	Cooperates with other children to achieve a goal	3.29 (0.93)
Can do a task alone	2.91 (1.10)		
Asks when does not understand	2.00 (0.94)		

Table 5: Means and standard deviation of children's ability to be focused in **group** and **individually**

The means and standard deviations of children's ability to be focused in group and individually show high rates in listening to adults and other children individually as well as cooperating with adults and children in a group. Students can do a task alone and they tend not to frequently ask in case they don't understand**.**

Affiliation-hostility Items	Individual	Items	Group
	M (SD)		M (SD)
Child plays with another child	3.29 (0.93)	Child cooperates with another child	3.22 (0.89)
Child fights with another child	1.68 (1.13)	Child has same interests as another	3.14 (0.77)
Child helps another child	2.63 (1.10)	Child plays with others or shares building something together	3.32 (0.89)
		Child shows shyness towards other children	2.43 (1.51)
		Child shows aggression towards other Children	1.34 (1.59)

Table 6: Means and standard deviation of children's affiliation vs. hostility in a group and individually

In the dimension of Affiliation – Hostility, students in Masafer Yatta showed high affiliation and low hostility. They showed the ability to play with other children and cooperate in a group. Moreover, they showed to have the same interests, to be able to build something together; they tended to help others and show little aggression towards other children, as well.

Interdependence-Independence Items	Individual	Items	Group
	M (SD)		M (SD)
Child shows high self- esteem in front of adults	2.54 (0.94)	Child can be independent in front of a group	2.57 (1.00)
Child shows high self- esteem in play	2.58 (0.90)	Child can play independently in front of others	2.55 (0.99)
Child shows high self- esteem in working alone	2.32 (1.05)	Child can be independent when doing something with another child	2.72 (0.99)

Table 7: Means and standard deviation of children's interdependence-independence in **group** and **individually**

In the dimension interdependence-independence, students scored average and above average in the parameters of that dimension. They showed average self-esteem in front of adults and working alone; they showed to be able to be independent in front of a group and in front of others while playing; they showed independence while cooperating in doing something with other children, as well.

Emotional competencies - disturbances observation results

Table 8 depicts that 85.7% of students showed the ability to express emotions in a group while only 62.9% showed the ability to express emotions individually. Moreover, nearly 50% of the students showed the ability to, either positively or negatively, express emotions.

Item	YES	NO	Not observed	Missing Values
Expressing emotions positively	48.6%	42.9%	1.4%	7.1%
Expressing emotions negatively	51.4%	40.0%	1.4%	7.1%
Expressing emotions individually	62.9%	28.6%	1.4%	7.1%
Expressing emotions in group	85.7%	5.7%	1.4%	7.1%

Table 8: Percentage of children's ability to express emotions

Item	YES	NO	Not observed	Missing Values
Under stress	32.9%	58.6%	0%	8.6%
Without any cause	10.0%	81.4%	0%	8.6%
Physical aggression	14.3%	75.7%	1.4%	8.6%
Oral aggression	14.3%	75.7%	0%	10.0%

Table 9: Percentage of observing aggression behavior among children

Most students didn't show aggressive behavior towards other students, neither physical nor oral. Only 10% of students showed aggression without any cause; however, aggression behavior increased under stress (32.9%).

Item	YES	NO	Not Observed	Missing Values
Recognize own positive emotions	31.4%	57.1%	4.3%	7.1%
Recognize own negative emotions	50%	34.3%	7.1%	8.6%
Recognize own emotions in a verbal way	28.6%	54.3%	8.6%	8.6%
Recognize own emotions face to face	24.3%	58.6%	7.1%	10.0%
Recognize own emotions in a group	70.0%	18.6%	4.3%	7.1%

Table 10: Percentage of Children's ability to recognize emotions

Most students showed difficulty in recognizing their own positive emotions (57.1%) as well as recognizing their emotions face to face or in verbal way. 70% of students better recognized their own emotions in a group.

Item	YES	NO	Not Observed	Missing Values
Expressing passive aggression in group	22.9%	70.0%	0%	7.1%
Expressing passive aggression face to face	10.0%	78.6%	4.3%	7.1%
Expressing passive aggression in specific situations	11.4%	10.0%	71.4%	7.1%

Table 11: Percentage of children expressing passive aggression behavior

Most students, respectively 70% and 78.6%, did not show any expression of passive-aggressive behavior in a group or face to face respectively.

Item	YES	NO	Not Observed	Missing Values
During play	32.9%	60.0%	0%	7.1%
During explanations	34.3%	51.4%	7.1%	7.1%
In specific situations	10.0%	1.4%	80.0%	8.6%

Table 12: Percentage of children's ability to show reflective abilities

Most students, respectively 60% and 51.4%, had difficulty in showing reflective abilities during play and during explanations.

Item	YES	NO	Not Observed	Missing Values
Personal pride	41.4%	45.7%	5.7%	7.1%
Self- worth	17.1%	30.0%	45.7%	7.1%
Internal locus of control	61.4%	28.6%	2.9%	7.1%
Self - esteem	24.3%	20.0%	48.6%	7.1%
Self- efficacy	44.3%	42.9%	4.3%	8.6%
Autonomy	58.6%	34.3%	0%	7.1%

Table 13: Percentage of children showing resilience abilities

Most students showed an internal locus of control (61.4%) and self-efficacy (44.3%), but 30% didn't show self-worth. However, self-worth and self- esteem were hard to observe.

Item	in himself	in others	Both	None	Missing Values
Recognize mentalization needs	1.4%	15.7%	1.4%	74.3%	7.1%
Recognize mentalization desires	42.9%	4.3%	25.7%	20.0%	7.1%
Recognize mentalization feelings	47.1%	2.9%	32.9%	10.0%	7.1%
Recognize mentalization beliefs	21.4%	7.1%	12.9%	51.4%	7.1%
Recognize mentalization goals	34.3%	5.7%	25.7%	27.1%	7.1%
Recognize mentalization purposes	27.1%	18.6%	4.3%	42.9%	7.1%
Recognize mentalization reasons	18.6%	10.0%	34.3%	30.0%	7.1%

Table 14: Percentage of children recognizing mentalization

Table 14 shows that most of the students had low ability of mentalization relating to needs in themselves and in others and the same results were observed for the ability of mentalization related to beliefs and purposes. Their ability to recognize their desires and feelings is higher in themselves than in others.

Item	YES	NO	Not Observed	Missing Values
During free play	14.3%	78.6%	0%	7.1%
During structured games	20.0%	72.9%	0%	7.1%
In specific situations	4.3%	2.9%	85.7%	7.1%

Table 15: Percentage of children's ability to use symbolization

Most students could show symbolization neither during free play (78.6%) nor during structured games (72.9%).
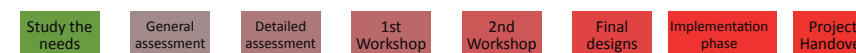
"

Changing the environment

"

4. CHANGING THE ENVIRONMENT

4.1. INTRODUCTION

Implementing educational interventions in Area C communities presents multiple technical, security and logistic challenges. The design process for any educational facility must involve all relevant stakeholders such as the Palestine Ministry of Education and Higher Education (MoEHE), local councils, legal experts, students, teachers, as well as technical experts. Their insights ensure that the proposed structures are relevant, meet technical and legislative requirements and fulfil all responsibilities towards students and teachers.

| Study the needs | General assessment | Detailed assessment | 1st Workshop | 2nd Workshop | Final designs | Implementation phase | Project Handover |

The design process of the school should always engage those who play a role in the learning process, namely students and teachers. From an educational perspective, involving students in the design of their own school make it possible to mirror their needs and interests and strengthen their sense of ownership and responsibility towards their school.

Action Against Hunger's (AAH) approach goes beyond having a traditional conversation with students. Instead it uses students' artwork in their own school environment to understand their deeper perceptions. Schools design process should pass through different stages, characterized by operative tools such as workshops with students, teachers and professional designers coming from implementing organization. Technical experts including social workers, hygiene promotion experts, etc. are also essential in the process to provide appropriate professional insights. Moreover, the coordination and involvement of MoEHE and local councils should be ensured during all stages of the design process.

Students' and teachers' contributions were fundamental in all phases – assessment, technical design and implementation phases – since they made it possible to refine the educational intervention, understanding schools internal and external environments. The process, starting with a blank sheet and building up a picture with the students, allows the technician to understand the kind of schools the students and teachers are looking for.

4.2. METHODOLOGY

Rehabilitation design process for schools should be developed with a tailored mechanism and mainly based in the communication with the targeted groups. This communication could be obtained through interactive workshops that have to be organized in advance in order to involve many students in the design process using some basic technical exercises such as coloring maps, prioritizing needs and painting. This methodology requires the involvement of students, teachers and school staff during all the design process as they are the main beneficiaries and users of the space.

Students stick notes about what they like and dislike on school spaces

Involvement is pursued through more innovative and joyful tools, for instance using artwork that allows students to express their needs.

Before the first workshop, the design team must conduct contextual research and analysis to understand the target areas in relation to demography, topography, climate, location, legal status and, if there are any, the existing master plans and their legal situation, security risks and restrictions. This provides a wide image of the internal and external situation for each school.

4.3. ASSESSMENT

An appropriate assessment is fundamental to improve any educational facility and its landscape. School components should be evaluated through a combination of assessments on student performance, buildings physical condition and critical analysis of the social and environmental context in which teaching and learning activities are taking place. By analyzing all the available resources, it is possible to get valuable information that can significantly contribute in improving the quality of both internal and external space.

For all these reasons, before planning and designing appropriate environments for students, a technical assessment must be conducted by the organization. In particular, the relationship between the proposed physical interventions and their contribution to the project's objective as well as students' engagement to interventions items should be assessed and measured.

Alongside in the assessment phase, several meetings with teachers and students should be conducted in order to get feedbacks about the existing school buildings and to detect problems as well as the specific needs that have to be addressed.

School Name	Community	Type of School	Number of Students	School staff	Grades	
					From	to
Al Fakheet school	Masafer Yatta	Mixed	60	8	1	12

General problems	Proposed solutions	Technical discerption
1- Unsuitable school yard and not prepared for students with disabilities. 2- Existing sun shade is not enough to protect students from sun and rain in yard, students preferred to stay in the classes rather than go out to play. 3 -Water cisterns is in a bad situations, students complained about the water quality. To improve water quality through chlorination. 4- The class rooms are in bad situations, leakage from sealings and dirty walls. 5- The school main gate and fences are very old and do not protect the school spaces. 6- Electrical distribution network is very old and unsafe. 8- WASH facilities are very old some latrines and water fountains are not functioning.	Improving the school environment through A. Rehabilitation and upgrading of the existing school structures. B- Psychosocial support.	1-Supply Artificial grass, improve and create walkways. To adapt the school yard to be suitable to students with disabilities. 2- To extend the existing sun shade, and to plant trees for more shade and healthier environment. 3- To rehabilitate the existing water cistern, and add water harvesting system, to collect rain water from roof and to improve water quality through chlorination. 4- To replace the un-insulated roofs, increase the height of rooms, doors, windows walls and floors (for old buildings). Apply sealant for some joints between roof and walls and where needed. 5- To improve the existing fence (especially the backside) and adding new rigid gate. 6- To replace the existing drinking fountain, latrines, and to replace the water tanks in addition to supply of G.S stands.

General assessment summary in one of the schools in Masafer Yatta, including different qualitative and quantitative data

4.4. WORKSHOPS (1ST ROUND)

Objectives

The first workshop with students and teachers provided the basis for the design process through a series of interactive exercises called "social landscaping". This helped the design team to see the school through students' and teachers' eyes, understanding the concerns, feelings, and expectations they attribute to different issues. This was fundamental in shaping the "design agenda" for the project and orienting designers during the development of the technical concepts and engineering solutions.

The topics that must be discussed during such a workshop include functions and circulation, safety and protection, entertainment and landscaping.

Tools

Focus group discussions in targeted schools helped ensure that students and teachers were aware of the project activities and enhanced the assessment of their engagement and feedback. Their psychosocial activities have been analyzed during these meetings, particularly the ones with students. Students' and teachers' concerns, comments and recommendations have been highlighted, discussed and considered in the design and implementation stages.

Methodology

It is possible to develop a shared vision for the future of small schools in rural communities that is broadly supported within the community and reflects the insights and experience of the organization in this field.

The technical specifications ensure sustainability, materials durability, and the use of friendly and safe (soft, free of chemicals, light…etc.) materials to reduce the negative physical and social effects on students.

The project has been designed and implemented through a participatory approach which included teachers and students doing some green activities on some topics (Recycle, Reuse and Reduce). Therefore, the beneficiaries had a greater sense of ownership towards the project and contributed to the sustainability of its impact in the long run.

Children design the school as they would like it to be

Outcomes

The outcomes resulting from this process consisted not only in improving physical conditions, but also in making teachers more able to draw connections between educational objectives and the learning environment. Like and dislike activities, freehand drawings & painting activities have substantially contributed to create

a clear idea on the characteristics that a suitable physical space for students should present. Students' ideas about how their school should look like, gave the technical team more inspiration about how they could start their designs.

4.5.   WORKSHOPS (2ND ROUND)

Objectives

The second round of workshops, presented the technical concepts that were developed starting from the findings of previous workshops, highlighting both students' and teachers' proposals and their perception about how the new design has considered them. Moreover, during the second workshops new topics have been discussed with students such as choice of colors, reuse, recycling, etc.

Tools

Another focus group completed the next phase of the design process to ensure. It was fundamental to ensure that both students and teachers were fully aware of the project and could smoothly accomplish the remaining activities.

Methodology

The second round of workshops aimed to move towards a final set of conceptual designs. It reported back the findings of the previous workshop, identified changes that were made to the organization proposed areas and made proposals.

This process unraveled some minor required changes in the designs. This also made a difference and was directly reflected in the designs to ensure that the proposal of the technical team convincing and transparent.

Students point out the areas of greatest interest for renovation

Outcomes (Pre Final design)

After this workshop, the design team modified the plans to address the issues raised by the participants, keeping what the students and teachers recognized as essential or desirable and reconsidering what they were not in favor of. This means that no concept raised by students or teachers has been dropped without any justification.

4.6.   STAKEHOLDER WORKSHOP

Coordination meetings and several workshops with MoEHE and the village council have been arranged to introduce the project and obtain feedback regarding the implementation of the plan. Meetings have been conducted with targeted schools' headmasters, the project work plan has been presented to each party, and the risk assessment has also been updated according to their feedback.

4.7.   INTERACTIVE ACTIVITIES WITH STUDENTS

This activity encouraged students to reconnect with the surrounding landscape and enhanced their sense of ownership with respect to their environment. The activity had been done during the implementation phase when students supported building, painting or cleaning of their school during this phase.

4.8. FINAL DESIGN

The final plans incorporated concepts, specifying how they would have addressed stakeholders' concerns and described how the project would have been implemented and how students would have been able to interact with the new intervention, in order to develop their skills and learning tools.

Moreover, due to the complexity of Area C, technical designs had to be adapted and developed in order to be applicable in such a context. The technical staff had to translate these technical solutions into detailed drawings and well-described specifications. The technical package had to include:

> 1) technical drawings;
> 2) technical specifications;
> 3) detailed drawings;
> 4) bill of quantities;
> 5) some pictures or samples of the requested items.

4.8. FIELD IMPLEMENTATION

Due to building restrictions imposed by Israeli authorities in Area C, the field implementation was considered the most critical and challenging step of schools' rehabilitation activities in such areas. Different technical, legal and coordination measures had to be taken to mitigate the associated risks while ensuring high-quality works and guaranteeing the maximum sustainability of the delivered items.

The field implementation phase started during the tendering process. The technical team ensured that all contractors who were willing to apply for the tender were aware of the peculiarities of the requested works and associated risks and had the relevant technical and logistic capabilities to execute the requested   activities.

Field visits and clarification meeting

All participating contractors were invited to a field visit and a clarification meeting. On that occasion, headmasters and engineers from the Ministry of Education answered to contractors' enquiries. The supervising engineer who represents the organization (the contracting authority) clarified each requested item in the field and answered related technical questions. Moreover, the expected risks, community accesses and context had been explained to contractors so that they could consider these factors during the development of their technical and financial offers.

The field visit ended up with a clarification meeting where all specifications, items quantities and drawings were revised and explained. The organization recorded minutes of the meeting and shared it with all the contractors on the same day. These minutes, along with the tender document, constitute an integral part of the contract developed later.

Offers evaluation

The technical staff developed a list of criteria to be adopted during the offer evaluation process, with special focus on how such activities should be contextualized in Area C. The technical staff considered the following criteria during the evaluation:

1- Work plan: the contractor should demonstrate his ability to complete the requested works and all related activities that are listed with corresponding timeframe and in a logical order.

2- Technical experience: the contractor should demonstrate that he has previously successfully implemented similar activities and that he has the technical capacities (staff and experience) to perform the requested tasks.

3- Logistical capacities: the contractor should prove that he has the logistical capacities to execute such works (tools, vehicles, materials, etc…) and that he will not face any problem in finding the needed tools.

4- Contextual experience: the contractor should prove that he has enough experience in implementing construction works in Area C and should also show that he has the needed knowledge and skills to mitigate the related risks.

5- Total and detailed prices: the contractor should attach to his application a financial offer tailored to the requested works and should list all the detailed activities along with the cost of each. All prices should be reasonable, based on market prices.

Contract signature and site handover

After the evaluation and the selection of the contractor, a field visit has been conducted with the contractor, the village council and the school headmaster. During the visit, the supervising engineer provided an explanation for each project item and the implementation timeframe for each; he explained and shared the risk analysis and ensured the full coordination between the contractor, the village council and the headmaster. The contractor submitted the shop drawings to the supervising organization, clarifying all items in details and proposed variations. After the visit, the contractor signed the contract and the site handover document

which is considered as an order of implementation. After this, the contractor immediately started to mobilize his staff, tools, and materials in coordination with the village council and the headmaster in order to avoid any risk and facilitate workflows.

Construction works

All construction works in the sites have been conducted according to the work plan. The risk analysis, the quantity of materials, tools, and labor have been identified before the construction works started. Furthermore, low visibility implementation is essential during this type of constructions. Moreover, the supervising engineer needed to coordinate with the local council and the contractor in order to implement the tasks in a right chronological order (indoor construction should be completed at the beginning, while visible construction elements should be left for the final stages of the implementation).

Supervision of the implementation works ensured the following:

1- All of the activities are being implemented according to the work plan (time and order);

2- Each item is being executed at high quality and according to the identified quantity;

3- The risk analysis and mitigation measures are considered and being applied.

To ensure a smooth implementation of the works, the supervising engineer agreed with the contractor on the main monitoring tools. In Area C communities, technical staff usually adopt the following tools:

1- Daily inspection visits to the sites: the supervising engineer should conduct regular visits to construction sites (once a day). During the visits, the engineer gives the related technical instructions, validates the implemented items and ensures that works are in line with the work plan.

2- Progress reports: the contractor is requested to submit weekly or monthly reports about the level of achievement and progress with regards to the work plan. The report should also describe any technical, security or contextual challenges the contractor is facing and propose measures to mitigate these challenges.

3- Photographical evidence: the contractor is requested to gather photographic evidence about the construction in process and other technical details the supervising engineer may request (particularly for works implemented at night or on weekends).

4- Sampling: before and after the construction works, the contractor is requested to supply different samples of the requested items, some samples could be elements to be submitted directly to the engineers (such as fittings, artificial grace, tiles, etc…), while other samples can be about the installation works (such as walls pointing, painting, plastering, etc…). The contractor should purchase and install only a small quantity of these items for the engineer's approval before the full construction can be undertaken.

5- Construction tests: the engineer requests a specific type of construction tests to be conducted by the construction center, particularly for the installation works (concrete and leveling works). Upon satisfying test results, the supervision engineer can validate the constructed works.

6- Preliminary and final technical handover: the technical handover process includes the local council, headmasters and Ministry of education's engineers. In coordination with the supervising engineer, all the above-mentioned stakeholders should validate and approve the constructed works. Their feedback and comments should be listed in the preliminary handover document, and the contractor should address these comments according to an agreed timeline.

Finally, the implementing organization handed over all the new structures to the Ministry of education representative. In the handover document the Ministry of Education committed to operate, maintain and develop the new structure, the organization also keep following up the maintenance as guaranteed by the contractor and in coordination with the Ministry if any security incident takes place.

REHABILITATION WORKS

"

**Future
implications
and
sustainability**

"

5. FUTURE IMPLICATIONS AND SUSTAINABILITY

The project "Child-friendly schools integrated intervention to strengthen the resilience of Mantiqat Shi'b al Butum, Khirbet al Fakheit, Khirbet al Majaz and Jinba students in Masafer Yatta area (Area C)" had a double, multi-sectorial goal: about psych education on one side and a structural goal on the other side, to indicate that psychological well-being is also based on material conditions. Rehabilitation of four schools will allow students of Masafer Yatta schools to use and enjoy in a better way their scholastic lifetime. They will be provided by better spaces to play, better sanitary accommodations, and better classrooms. In future plans, it will be a good way to reduce school drop-out and make the school a safe place for children. With ordinary maintenance, the new schools will last in better conditions for years.

On the other side, training provided by the project for teachers will permit them to offer better educational styles, to ameliorate their understanding of children and to encourage children to appreciate the importance of school. In this way children could find in the school a safe place becoming a solid secure base for their growing. Finally, children will have more skills to understand and to interact with themselves and others, improving their way of living.

5.1. METHODS, TECHNIQUES AND PROFESSIONAL ACTIONS

The transcultural approach allowed professionals to realize that "Western tools" are not useful in every context. As questionnaires and tests demonstrated, children in the Masafer Yatta are not showing high rates of symptoms in any of Western "trauma-related diseases". That could mean that "Western tools" are not efficient to clinically evaluate the situation in the West Bank and that it is necessary to think about a new system of considering trauma and "trauma-related diseases". Through observation, professionals noticed that rather than adapting Western tools it could be more efficient and clinically appropriate to create new tools, based on the different reality of West Bank.

The main result that this project could get is suggesting a new concept of clinical element to evaluate children's conditions in West Bank, based on an accurate analysis of the condition. The first step to create new tools and to change clinical interventions undoubtedly consists in thinking about potential symptoms from another point of view, independent from Western concepts

5.2. SUGGESTIONS AND BEST PRACTICES

To continue and to implement the results of this project, it could be good to suggest the development of two new projects:

1. Palestine Inter-Generational Research Program for Conflict-affected Children: a long-term outcome study (run by local well trained psychosocial workers with the support of an international staff or expert) could dramatically improve the knowledge of the effects of conflict on Palestinian children enabling experts to achieve an empirically-based understanding of the issues, thereby contributing to more successful future psychosocial programming for conflict-affected children and preventing negative long-term psycho-traumatic effects on affected children and the following generations.

2. Training Program for Psychosocial Workers working with Children involved in the ongoing conflict.

The training program, extensive and community-based, will provide the skills and techniques to manage the following:

a. sensitization of communities, teachers, families about children's specific needs and children psychological wellbeing;
b. supporting children or groups of children in case of discomfort, distress, or signs of being traumatized;
c. facilitation and coordination of groups and group-activities for children of different ages with the purpose of endorsing the resilience of the children and improving safe coping mechanism;
d. recognition and assessment of distress in children and use of appropriate techniques to ease the distress;
e. support for the families;
f. carrying out an ongoing follow-up on children, their families, and their communities over a long-term period.

These projects could support the growth of a new generation of Palestinian people who are more aware of their skills and limits.

" **Instead of conclusion** "

6. INSTEAD OF CONCLUSION

At this stage of the analysis, it would be very superficial to draw any conclusion about the psychosocial effects of the conflict on Palestinian children. However, we believe that West Bank could give us the ethical and scientific opportunity to collect data which might prove useful in the promotion of the knowledge of the short- and long-term effects of conflicts on children. It is a well-known fact that 98% of empirical studies about different types of children's traumatic experiences originate from western data, as well as almost all the psycho-diagnostic tools (Questionnaires and Tests) are validated only in western counties. All these elements show how little we know about the cross-cultural implications of traumatic stress syndromes and sequelae and subsequently how less we can do in order to help the children of conflict-torn countries not to become twice victimized – from the ongoing conflict and from their own stressful feeling – and. last but not least, not to let their children inherit their trauma.

BIBLIOGRAPHY

- Ainsworth M., Blehar M. C. (1978), Waters, E. & Wall, S., Patterns of Attachment, Hillsdale, NJ

- Benjamin, L. S. (2000), The Intrex user's manual. Salt Lake City: University of Utah, Department of Psychology

- Bos E. H., Snippe E., de Jonge P., Jeronimus B. F. (2016), Preserving Subjective Wellbeing in the Face of Psychopathology: Buffering Effects of Personal Strengths and Resources in "PLOS ONE", 11

- Bowlby J. (1988), Attachment and Loss, Vol. I London, Hogarth Press, 1969, Vol. II, New York, Basic Books, 1973, Vol. III New York, Basic Books, 1980 and A secure base, New York, Basic Books

- Cohn, I. (1999), The protection of children in peacemaking and peacekeeping processes, in "Harvard Human Rights Journal", Spring

- Dixon S. D., LeVine R. A. & Brazelton T. B. (1982), Malnutrition: A closer look at the problem in an East African village, in "Developmental Medicine and Child Neurology", 24, pages 670-685

- Kuiper & Martin (1993), Humor and self-concept, in "Humor: International Journal of Humor Research", 6

- Hansen, M., Andersen, T. E., Armour, C., Elklit, A., Palic, S., & Mackrill, T. (2010), PTSD-8: A Short PTSD Inventory. Clinical Practice & Epidemiology in "Mental Health", Vol 6, pages 101-108

- Main, M., Cassidy, J. (1988), Categories of response to reunion with the parent at age 6: Predictable from infant attachment classifications and stable over a 1-month period, in "Developmental Psychology", 24(3), pages 415-426

- Mollica R., McInnes K., Sarajili N., Lavelle J., Massagli M. (1999), Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia, in "JAMA"

- Odah, M. M. (2010), Traumatic experience and their relationship to the methods of adaptation to stress and social support and mental toughness to the children in the Gaza Strip border areas. Dissertation, Islamic University in Gaza, Education College, Department of Psychology

- Qouta S., Punamäki R.-L., Miller T., El-Sarraj E. (2018), Does War Beget Child Aggression? Military Violence, Gender, Age and Aggressive Behavior in Two Palestinian Samples, in "Aggressive Behavior", Volume 34, pages 231–244

- Sroufe L. A., Fleeson J. (1986), Attachment and the construction of relationships, in W. Hartup, & Z. Rubin (Eds.), Relationships and development, Hillsdale, NJ, Lawrence Erlbaum Associates, pages 57-71

- Sroufe L. A., Egeland B. (2003), Attachment from Infancy to Early Adulthood in a High-Risk Sample: Continuity, Discontinuity, and Their Correlates, in "Child Development", Vol 71, pages 695-702

- Sundvall M., Tidemalm D. H., Titelman D. E., Runeson B., Bäärnhielm S. (2015), Assessment and treatment of asylum seekers after a suicide attempt: a comparative study of people registered at mental health services in a Swedish location, in "BMC Psychiatry", 15 (1), page 235

- Thabet A., Abed Y., and Vostanos (2001), The Effect of Trauma on Mental Health of Palestinian Women and their Children, Gaza, in "Eastern Mediterranean Health Journal", Vol. 7, pages 413-421

- Ungar M. (2008), Resilience across Cultures, in "The British Journal of Social Work", Volume 38, Issue 2, February 2008, pages 218-235https://doi.org/10.1093/bjsw/bcl343

- Vaughn B., Egeland B., Sroufe L. A., Waters E. (1979), Individual Differences in Infant-Mother Attachment at Twelve and Eighteen Months: Stability and Change in Families under Stress, in "Child Development", Vol. 50, No. 4, pages 971-975

- Warner M. (1994), Organizational Behavior Revisited, in "Human Relations, Vol 47, issue 10, pages 1151-1166

- Wylie L., Van Meyel R., Harder H., Sukhera J., Luc C., Ganjavi H., Mohamad Elfakhani M., Wardrop N. (2018), Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees, in "Public Health Rev.", v. 39, n. 22

- Zaiontz C. A., Sarkar A. (2014), Cultural Themes in Posttraumatic Adjustment in "Clinical Neuropsychiatry", 11, 1, pages 20-31

APPENDIX 1
Schools renovation by photos
Al Fakheit School

BEFORE

BEFORE

AFTER

AFTER

Al Majaz school

BEFORE

BEFORE

AFTER

AFTER

Shi'b al Butum school

BEFORE

Jinba school

BEFORE

AFTER

AFTER

Appendix 2

Means and standard deviations of frequency of Trauma exposure to Military activities and violence by school

School Item	Shi'B Al Butum	Khirbet Al Fakheit	Khirbet Al Majaz	Jinba
	M (SD)	M (SD)	M (SD)	M (SD)
Have you seen military training in your area?	1.95 (1.32)	1.91 (1.22)	3.47(1.59)	4.14 (1.15)
Have you heard sounds of bombing or shooting in your area?	3.76 (1.09)	2.82 (1.08)	4.29 (0.85)	4.48 (0.87)
Have anyone in your family faced irritations from the military forces?	2.52 (1.57)	1.45 (0.82)	2.41 (1.28)	3.33 (1.28)
Have you faced irritations from the military forces?	1.81 (1.25)	1.27 (0.65)	1.82 (0.95)	2.00 (1.45)
Have anyone of your family been tortured by the military forces?	1.24 (0.63)	1.18 (0.60)	2.00 (1.23)	2.48 (1.47)
Have you been tortured by the military forces?	1.05 (0.22)	1.00 (0.00)	1.12 (0.33)	1.48 (1.25)
Did the military invade a house of your neighbors?	2.29 (1.23)	2.09 (1.14)	2.41 (1.18)	4.00 (1.05)
Did the military invade your house?	2.43(1.25)	1.73 (1.01)	2.19 (1.42)	3.57 (1.29)
Was the military a reason to stop you from reaching school?	1.67 (1.32)	1.09 (0.30)	1.12 (0.33)	1.48 (0.98)
Was the military a reason to stop any of your colleagues from reaching school?	1.81 (1.29)	1.18 (0.41)	1.18 (0.53)	1.52 (0.87)
Did you have to leave school because of the military?	1.10 (0.30)	1.00 (0.00)	1.06 (0.25)	1.43 (0.98)
Did any of your colleagues have to leave school because of the military?	1.10 (0.30)	1.00 (0.00)	1.06 (0.24)	1.70 (1.13)
Have you heard people around you talking about military attacks and irritations?	4.10 (1.22)	3.18 (1.17)	4.00 (1.41)	4.29 (1.27)

Appendix 3

Children observations

Based on the model of Structural Analysis of Social Behavior (SASB), used to assess interpersonal and intrapsychic interactions in terms of three underlying dimensions:

1. focus (other, self, introject)
2. affiliation-hostility (love-hate)
3. interdependence-independence (enmeshment-differentiation)

It is possible to observe children in two different situations:

- individually   • in group

Using the SASB scale we can notice:

- Individually
1. If and how a child is focusing in the scope
   - listening to the explanations
   - building something alone
   - asking for questions to adults or other children
2. If and how a child is able to create interaction with another child or if a child doesn't feel comfortable with another child (interaction one to one)
   - playing with another child
   - fighting with another child
   - trying to help some other child
3. If and how a child is able to be independent in his positions
   - in front of an adult
   - playing with another child
   - building something alone

- In group
1. If and how a child is focusing the scope of the group
   - cooperating with an adult
   - cooperating with other children
2. If and how a child feels comfortable in a group
   - cooperating with other children
   - having the same scope of other children
   - participating in plays or buildings something with other children
   - showing shyness or aggressiveness against other children

3. If and how a child is able to be independent in his positions
   - ❯ in front of the group
   - ❯ playing with other children
   - ❯ building something with other children

Appendix 4

Emotional competencies-disturbances Checklist*:*

(Observe and rate children's abilities in these areas):

1. A child is able to express emotions[30]

	YES	NO	Not Available
Positive			
Negative			
Individually			
In group			

2. Observing aggression behavior

	YES	NO	Not Available
Under stress			
Without any cause			
Physical aggression			
Oral aggression			

3. A child is able to recognize his own emotions

	YES	NO	Not Available
Positive emotion			
Negative emotion			
Verbal way			
Face to face			
In group			

4. A child express a passive aggression behavior

	YES	NO	Not Available
In group			
Face to face			
In specific situations			

5. A child shows reflective abilities

	YES	NO	Not Available
During play			
During explanations			
In specific situations			

6. Resilience in a child: he/she shows

	YES	NO	Not Available
Personal pride			
Self-worth			
Internal locus of control			
Self-esteem			
Self-efficacy			
Autonomy			

7. A child is able to recognize mentalization

	In himself	In other
Needs		
Desires		
Feelings		
Beliefs		
Goals		
Purposes		
Reasons		

8. A child is able to use symbolization[31]

	YES	NO	Not Available
During free play			
During structured game			
In specific situations			

---

30 Robert Plutchik suggested eight primary emotions grouped on a positive or negative basis: joy versus sadness; anger versus fear; trust versus disgust; and surprise versus anticipation.

31 Symbols facilitate understanding of the world in which we live, thus serving as the grounds upon which we make judgments.

Appendix 5

PTSD-8 symptoms in traumatic context
The following are symptoms that people sometimes have when they are living in a potentially traumatic context.

Please read each one carefully and mark your answer with an X according to how much the symptoms have bothered you (One X per question).

	Not at all	Rarely	Sometimes	Most of the time
Recurrent thoughts or plays about the context you are living				
Persistent and elevated negative evaluations about yourself, others, or the world				
Recurrent nightmares about the context you are living				
Sudden emotional or physical reactions when thinking or talking about the context you are living				
Feeling jumpy, easily startled or on guard				
Irritability or aggressive behavior				
Difficulty concentrating				
Inability to experience positive emotions				

Appendix 6

Military Exposure Survey

School name:		Date:	
Gender:	Age:	Class:	
Place of living:		Number of family members:	

#	Statement	1	2	3	4	5
1	Have you seen military training in your area?					
2	Have you heard sounds of bombing or shooting in your area?					
3	Have anyone of your family faced irritations from the military forces?					
4	Have you faced irritations from the military forces?					
5	Have anyone of your family been tortured by the military forces?					
6	Have you been tortured by the military forces?					
7	Did the military invade a house of your neighbors?					
8	Did the military invade your house?					
9	Was the military a reason to stop you from reaching the school?					
10	Was the military a reason to stop any of your colleagues from reaching the school?					
11	Did you have to leave school because of the military?					
12	Did any of your colleagues have to leave school because of the military?					
13	Have you heard people around you talking about military attacks and irritations?					

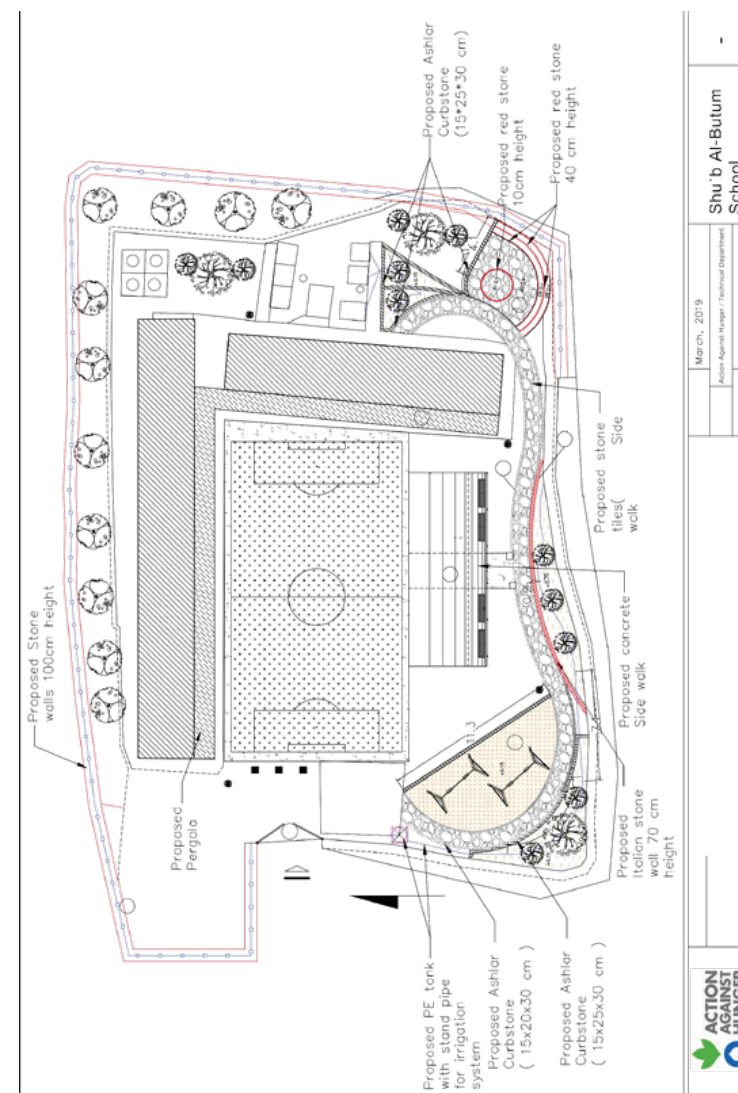## Appendix 7

Technical drawings

Rehabilitation of the existing schools in Masafer Yatta

96

SHI`B AL BUTUM SCHOOL
AL MAJAZ SCHOOL
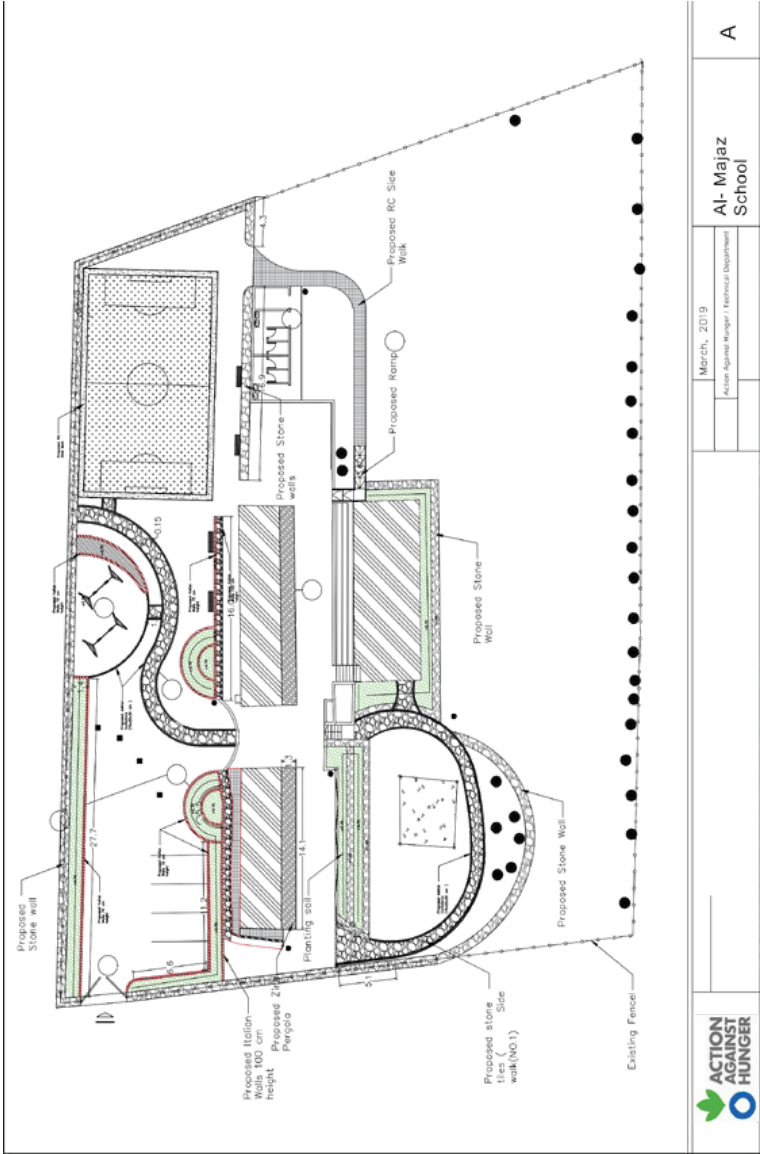KHIRBET AL FAKHIET SCHOOL JINBA SCHOOL
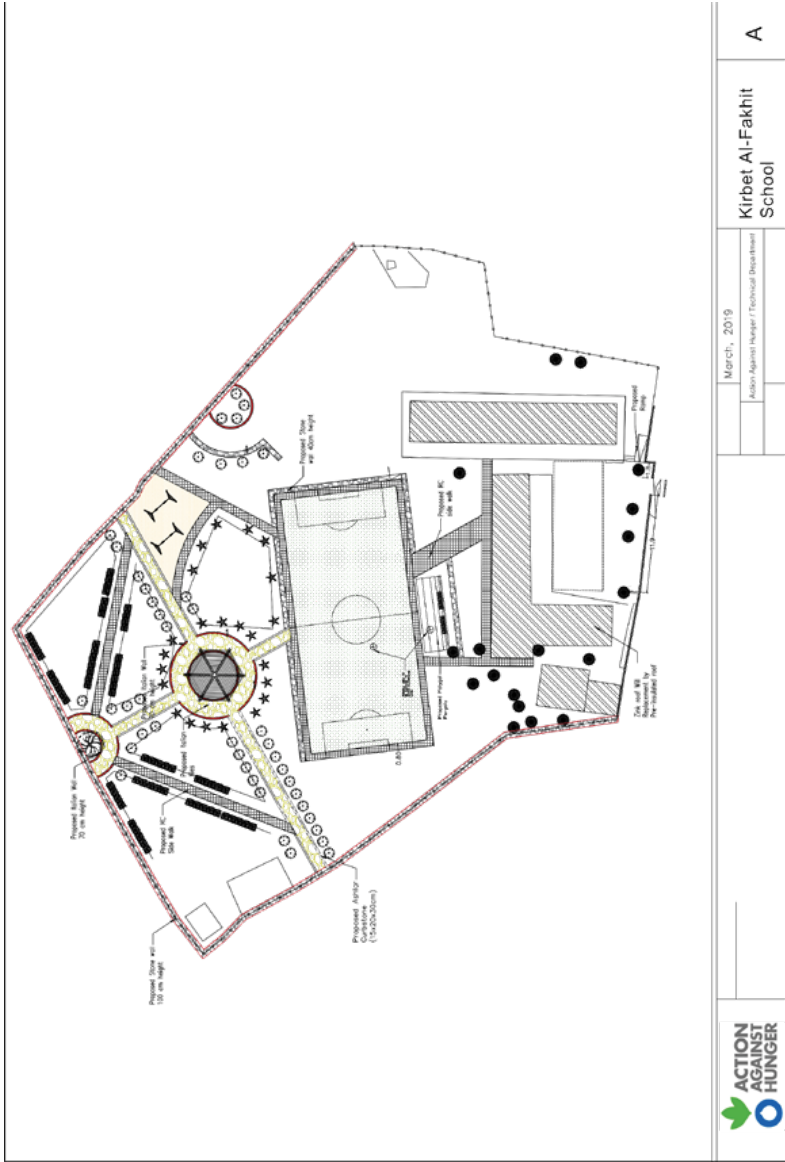DRAWINGS

MARCH 2019

Shib al Butum school

Final renovation

97

Al Majaz school

Final renovation

Al- Majaz School

March, 2019

Action Against Hunger / Technical Department

A

Proposed RC Side Walk

Proposed Stone Walls

Proposed Store walls

Proposed Ramp

Proposed Stone Wall

Proposed Stone wall

Proposed Italian Walls 100 cm height

Proposed Zat Pergola

Proposed stone tiles (walk(NO.1)

Planting soil

Proposed Stone Wall

Side

Existing Fence!

ACTION AGAINST HUNGER

Al Fakheit school

Final renovation

Kirbet Al-Fakhit School

March, 2019

Action Against Hunger / Technical Department

A

Proposed Italian Wall 70 cm height

Proposed RC Side walk

Proposed Stone wall 100 cm height

Proposed Azritz Curbstone (15x20x30cm)

ACTION AGAINST HUNGER

Jinba school

Final renovation

Proposed new Fence

New Gate

6.5

4.9

1.9

1.9

New Artificial Grass

8.1

15.0

Proposed RC Side walk

Proposed Stone wall & Fence

Steel Grill Manhole (100x20 cm) Attached with 4" PVC Pipe

Proposed Sanitary Unit

ACTION AGAINST HUNGER

March, 2019

Action Against Hunger Technical Department

Jinba School

"The aim of this manual is to provide indications and indicators to assess a psycho-social intervention with children attending schools in Area C, taking into account cultural aspects, as well as social and economic conditions. The best practices and recommendations are the result of the implementation of the project "Child-friendly schools integrated intervention to strengthen the resilience of Mantiqat Shi'b al Butum, Khirbet al Fakheit, Khirbet al Majaz and Jinba students in Masafer Yatta area (Area C)", focused on three different areas: providing psychosocial support to children and their families in Jinba, Mantiqat Shi'b al Butum, Khirbet al Fakheit, and Khirbet al Majaz schools, villages in Masafer Yatta area, an area South of Hebron, in West Bank, Area C; rehabilitation of school facilities in four villages named above; and promoting gender equality. The aim of the project was to increase children's resources by improving their way of living, at least in the scholastic environment: the main idea of the project was to create a safe place especially in schools, considering that other places of their environment could be considered not safe."