



**State of Palestine**

# **National Strategy for Early Childhood Development and Intervention**

**2017-2022**

The “National Strategy for Early Childhood Development and Intervention” document was approved and endorsed on 16 January 2017 by their Excellences’:

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## **Acknowledgments**

The Early Childhood Development and Intervention (ECD) strategy is the result of concerted efforts from several sectors, who worked together, coordinated and supervised by the Ministries of Education and Higher Education (MOEHE), Health (MOH) and Social Development (MOSD). The three ministries would like to extend gratitude to all institutions, organizations and individuals who have contributed to making this strategy possible.

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## Foreword

We, the Ministers of Education and Higher Education, Health and Social Development, are pleased to present the National Strategy for the Early Childhood Development and Intervention of Palestine, which provides a framework for advancement of early childhood survival and development in our country. Advancement of Early childhood development involves a comprehensive set of interventions in the areas of health, nutrition, education and protection – all of which are instrumental for healthy brain development. Examples of interventions include programmes in health on: antenatal and birth care, basic hygiene practices, responsive care for infants, immunization, early detection of developmental delays and disabilities, mental and physical health care, and early proper stimulation. In nutrition, interventions include programmes on: prenatal diet for adolescent mothers, breastfeeding, and malnutrition, multiple school readiness interventions and pre-primary education.

This strategy represents the beginning of a success story for the future in advancing our main asset – our children – and the government's intention to invest – profitably – in this vital human resource, developing services aimed at enhancing its outputs and ensuring a rights-against-needs approach in order to achieve healthy, nurturing, stimulative and protective childhood. This strategy is designed to ensure equal access of all children, families and even communities to quality, comprehensive and sustainable care that is adaptive to the cultural context and the specific characteristics of the Palestinian society particularly focusing on children with developmental delays and disabilities.

Notably, the joint effort in the development of this strategy by the three ministries and the supporting partners is an important indicator of the enhanced recognition of the collective responsibility and readiness for advancing the inter-sectoral service delivery system for our children and families. By launching this strategy, we express commitment to coordinate and collaborate among ourselves and with local and other partners to translate this strategy into work plans and programs for early childhood development and intervention, provide the required human and financial resources to implement it, build a database for all issues related to early childhood development and create a monitoring and evaluation system to measure the strategy's achievement of its goals.

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## Definitions

**Early childhood:** The period consisting of the first six full years or 72 months in the life of a child, that is, the period that goes from gestation up to the child's sixth year. The first six years of life represent a period of significant transformations and achievements that will serve as the foundation for the rest of their lives. Early childhood includes very early childhood, the period that goes from gestation up to three years of age.. Supporting healthy early childhood requires multi-sectoral approach including education, health, nutrition, child protection, social welfare and social protection of children.

**Full development:** Human development is a process of acquiring abilities that slowly takes a person from a condition of extreme dependency towards autonomy. When we talk about full development, we include the development of communication, self-help, physical, socio-emotional and cognitive properties, and for this to fully happen, the child needs an environment that is comforting, harmonious, and rich in experiences starting in the pre-natal period, through care from the mother and father, the family, and interaction with their surroundings.

**Family within the context of child development:** Child development, beginning in the pre-natal period, takes place within the context of the family. Supporting families that are pregnant or with children up to three years old means placing the focus on their strengths rather than their occasional weaknesses; it means developing their capacity to not give up, and help them recognize which people and organizations around them they can depend on. Any type of family can promote development in early childhood – including nuclear families, or extended family members (including grandparents, aunts or uncles, or cousins);

**Parenting:** The concept of parenting has been used to describe the set of activities carried out by the child's primary caregiver in their role of assuring the child's survival and full development, in order to encourage their social integration and slowly make them more autonomous. It is considered the main duty of one generation (parents): to prepare the second generation (children) to handle the physical, economic and social situations they will encounter throughout their development.

**Safe and supportive environments:** The baby is a completely dependent being. When they are born, they enter a new and strange universe, experiencing different and sometimes unpleasant sensations when compared to the mother's womb. The relationship with the person who takes care of them is what helps them tolerate and understand these changes in this new world in which their personality will develop. The presence of adults who recognize and attend to their needs and the organization of a routine centered around the different stages of their development helps babies familiarize themselves with the world and have more confidence to discover and

comprehend it. Affection is essential for the baby to feel safe and encouraged to explore the environment, learn and gain autonomy.

**Toxic stress:** A serious condition that hinders child's development. When babies feel an unpleasant or threatening sensation, their body unleashes a process in which they become alert and there is a discharge of adrenaline, increasing their heart rate. If they are adequately attended to, that is, their essential needs are satisfied, the stress system is deactivated, creating a memory of satisfaction that helps their health. However, if the child's needs are systematically ignored, the stress lasts longer and hormones discharged by the sensation of threat harm the formation of synapses, which can impair learning and potential development. This can happen in situations where care is inadequate for a long period of time, and is most alarming in situations that prevent the parents from taking better care of their children. This is why it is important to identify situations (presence of mental illness in adults, drug use, extreme poverty, abandonment, violence, abuse) in which family or community practices prevent full development

**Kindergartens:** Educational institutions that care for children in the age group 4-6 years before entering the school, providing them with education and care in a systematic and structured way based on early childhood philosophies and principles. They are two types according to affiliation – classes offering a one-year program as applied in the government system (KG grade) and private kindergartens offering two-year education prior to entering to grade 1.

**Nursery:** Any suitable place designated to receive, accommodate and care for children, which is licensed according to the provisions of this regulation, excluding the so-called home-based nursery (1).

**Kindergarten curriculum:** All direct and indirect educational and pedagogical experiences which children undergo with educators in a safe and supportive environment.

**Protection system:** The national child protection system (referral and follow-up system), which is associated with mechanisms for reporting, communication and follow-up of children victims of abuse or at risk who are in need for different forms of protection, care and rehabilitation by specialized government and nongovernmental organizations according to procedures and policies built on the basis of the best interest of the child in order to realize children's rights and protect them from all forms of maltreatment, violence and exploitation (2).

**Characteristics of the target group:** Households living at the borderline of poverty and households at risk of being caught in the poverty cycle, including children in need for special care; families suffering from social exclusion, domestic violence, social disintegration, delinquency and certain social problems; families living in



remote areas and areas threatened by settlement activity and the Wall, in areas adjacent to the Apartheid Wall, in the Old City of Hebron, Jerusalem, Gaza Strip or Jordan Valley; families suffering from forced displacement; and families where the household head or the mother is suffering from chronic illnesses or disabilities, with orphans or lacking a provider (2).

**Infants:** Children under the age of 12 months.

**Special needs children:** Children from all over the world are very similar in their way of experiencing the world, each at their own rhythm and with their own preferences. All children develop differently, at different rates, but there is a developmental trajectory of typical growth and acquisition of developmental skills. Children who due to living or medical conditions have an identified and diagnosed disorder in the development and require additional support in order to fully participate in the society can be classified as children with special needs. Children with special needs may need greater help and attention from their parents, siblings, teachers and the community in which they live. These children also benefit greatly from spending their lives with other children, and a stimulating and protective environment helps them develop their potential, diminishing their frailties

References for the definitions:

1. Nurseries bylaws No 11 of 2011.
2. Mr. Daoud al-Deek, Assistant Deputy Minister for Administrative Development.

## **Executive summary**

The MOEHE, MOH and MOSD have worked with all concerned partners to develop the National Strategy for Early Childhood Development and Intervention in the State of Palestine for the period 2017-2022, seeking to offer better survival and development for all Palestine children in this age group with the aim of ensuring early detection of children with developmental delays and disabilities and intervention, conducting continuous monitoring of growth and development in all domains such as sensorial, physical, emotional, social and cognitive and providing holistic , inter-sectoral and comprehensive set of interventions that includes health, nutrition, education and protection – all of which are instrumental for healthy brain development.

Characteristically in the Palestinian society, the number of children in the age group 0-8 years is around 800,000, accounting for about 17% of the population. They are the human capital and the future of national liberation and development in Palestine. It is their right, by law and in human rights conventions, to receive health care and education and be protected from all sources of violence. It is widely acknowledged that interaction of hereditary and environment factors has profound and extended effects on all aspects of child growth. Hence in view of the fact that Palestinian children face numerous problems in the health, education and social protection and that the available care is deficient and incomplete, it becomes necessary to implement real work plans and effective care programs addressing all children and their families, particularly in the most affected and most marginalized areas.

According to the legal and scientific bases of this strategy and its guiding principles, this is the responsibility of all legislative and executive powers, local and community authorities, the private sector, media outlets, NGOs, UN agencies and families. Everybody ought to recognize the importance of early childhood care, the benefit of positively investing in this sector and giving it priority at the national level, and the need to allocate the required funding to do so. Proper care will help us to address all aspects of development challenges in the future.

This strategy focuses on providing the conducive conditions to ensure the best possible start in life. Everybody is required to change their response to children in this early age, make reforms, close the gaps, and prioritize their respective work to respond to children and their families and achieve positive ECD outcomes. To achieve this overarching goal, the five strategic objectives should be achieved, making services available to all children, providing high quality, sustainable and meaningful care, supported by modern policies and legal regulations, and providing evidence on progress towards these objectives through a sound, documented monitoring and evaluation system. All of this will require collective efforts and compliance to commitments set out in this strategy.

## Introduction

Everybody agrees on the importance of healthy early childhood development. It is a guaranteed right by law and all duty-bearers should abide by this national duty in an agreed upon national framework, with a clear vision, realistic targets and sound technical and financial interventions, and in coordination and partnership between all stakeholders guided by principles that correspond and respond to the needs of Palestine children in the early years of the 21<sup>st</sup> century. Recent advances in neuroscience pinpoint the environmental factors and toxic stress that can disrupt development. This neuroscience points to exciting new ways to protect vulnerable children and help them build resilience so they can survive, grow and reach their full potential. The rapid advancements in communication technology, the knowledge and technological upsurge, increased employment of mothers, residency in small apartments, economic and social changes, in addition to the suffering of Palestinian children from the occupation, among others, have increased children's needs for care and services that nurture all aspects of their growth and development .

In the Palestinian society, children in early childhood face inequality in access and the quality of services available which are often incomplete and poorly coordinated among the different agencies and ministries. Often, it is the most disadvantaged children who are the least likely to have access to the essential ingredients for healthy development and wellbeing. Interventions by the concerned agencies and ministries and partner organizations working in the ECD programme are of limited impact and their goals towards upgrading this programmes are modest. Together these factors lead to fragmentation of efforts and duplication of activities. The limited engagement of agencies in the ECD programmes can be attributed to the absence of a clear vision and strategy accepted by all stakeholders, lack of clarity in their roles, uncertain prioritization, poor integration and coordination, and limited technical and financial resources allocated for this sector in the state budget. All of these factors have led to the absence of a unified national strategy for the ECD and Intervention.

In order to address these challenges, the concerned agencies and ministries have agreed on working together and building a real and effective partnerships to develop a unified vision and comprehensive, meaningful policies to achieve the targets of this national strategy for caring for Palestine children in the early childhood.

## Target group

1. **Families and mothers:** women of the reproductive age, children and their families' comprehensive development programs with special focus on marginalized poor families and families with children with developmental delays and disabilities.

## **2. Children in the following childhood stages:**

First stage (from pregnancy to 4 years): This stage sets a solid foundation for future development. The main responsibility rests on the family and health and social protection services.

Second stage (4-6 years): Characterized by children's ample ability to find new opportunities for exploration and learning.

Third stage (6-8 years): Successful transition to school, creation of solid foundations for school education, increased self-reliance and self-confidence, respect and empowerment of children to express themselves and acquire the ability to function in a team.

## **Chapter One: Strategy's vision, objectives and foundations**

### **Vision:**

Every child enjoys comprehensive and integrated care that provides protection, survival and nurtures all aspects of their growth and development within an approved legislative framework and real national partnership.

### **Mission:**

National efforts are unified and integrated between all government, private and NGO structures involved in supporting the early childhood development and intervention programmes in partnership with the UN agencies and international organisations to invest in strengthening a system for early childhood health, nutrition, education and protection and responding to children's needs and rights in a safe, nurturing and protective environment, based on the State's compliance with the international conventions and treaties and the development and implementation of national laws, legislations and policies that ensure safety, wellbeing and health of all children in the State of Palestine. This system will provide proper nutrition, protection and the stimulation to vulnerable children and provide information, guidance and support so caregivers with support of service providers can help build better future for all children

### **Themes and strategic objectives:**

1. Access and equity: Ensure that all children receive equitable early childhood development and intervention services.
2. Quality: Offer high quality early childhood development and intervention services.
3. Sustainability: Ensure sustainable delivery of quality comprehensive early childhood development and intervention services through government's commitment and strengthened partnership with families and relevant services and institutions local, regional and international NGO's and UN agencies.
4. Support capacity building of service providers for families with children under age 8
5. Legislation: Develop policies and regulations to support introduction of innovative services for early childhood development and interventions.
6. Monitoring and evaluation: Develop a monitoring and evaluation system for early childhood development and intervention services.

## **ECD strategy's foundations**

### **I. Legal and rights-based references**

ECD strategy for the State of Palestine is mainly based on the following legal and rights-based references:

The amended Palestinian basic law of 2003  
The Palestinian child law (PCL) of 2004 (amended in November 2012)  
The UN Convention on the Rights of the Child (CRC) of 1989  
The Universal Declaration of Human Rights (1948)  
The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 1979  
The UN Convention on the Rights of Persons with Disabilities (2006)  
Education for All (Jomtien, Dakar and Incheon)  
Nurseries bylaws No 11 of 2011  
Foster families' bylaws No 10 of 2013  
Alternative family regulation No 06/28/16/C.M./R.H. of 2014  
Procedures Manual for Children of Unknown Parentage and Illegitimate Children No 11/89/17/C.M./R.H. of 2016  
The disability law No 4 of 1999 and bylaws No 6 of 2004  
Millennium Development Goals (MDGs)  
Sustainable Development Goals (SDGs)  
A World Fit for Children goals and principles  
Education Development Plan in the Arab World  
The Palestinian Development and Reform Plan  
The public health law  
The National Strategy for Infant and Young Child Feeding  
Compulsory Technical Instructions on Infant Formula and Follow-up Formula  
Compulsory Technical Instructions on Infant and Follow-up Foods  
Compulsory Technical Instructions on Food Fortification with Minerals, Vitamins and Other Substances  
The National Regulation on Marketing of Breastmilk Substitute

### **II. Scientific foundations**

1. Children grow and develop systematically in a comprehensive and integrated manner, which means that all growth aspects are interconnected and interrelated.
2. Child growth and development follow a recognizable sequence, Yet every child is unique and consideration should be given to individual differences in the educational process in order to avoid overburdening a child. The child's abilities and development level should be respected.

3. Children grow and develop in different patterns affected by their individual environments.
4. Children enjoy multiple intelligences. Learning requires reinforcement of the child's multiple intelligences, which would enable them to use their strengths to complement their less-developed aspects.
5. Children are active learners if they are allowed the chance to learn through play, action and self-expression.
6. In childhood, growth is quantitatively and qualitatively rapid in all aspects.
7. Good mother and child health is an important and strategic entry point to a child's proper growth.
8. Safe environment is a prerequisite for proper child development.
9. Early childhood is a stage of critical growth and a conducive opportunity for full and proper growth. It has deep impact on the subsequent age stages.
10. Early detection of delays and disabilities and intervention help prevent further deterioration and advances development to the full potential of the child and better inclusion in the society.
11. Balanced and healthy diet protects children from serious risks to the different aspects of their growth.
12. Pedagogy and educational care need to be planned and implemented in such way that puts the child and the family in the center of the teaching and learning process.
13. A rich and stimulating environment helps children to develop creativity and independence.
14. Engagement of families in the care of their children and raising their awareness on children's issues facilitate child growth and development.
15. Nurturing, love and affection in the early childhood provide basis for the good social-emotional development and a well-adjusted individual.

## **Chapter Two: Rationale and responsibilities**

### **I. Rationale of the National ECD Strategy**

1. The life of the child in the first year has a profound and extensive impact on all aspects of growth and development in the subsequent stages of life. Numerous problems affecting adolescents and young people are in part attributed to poor care and upbringing of the individual in childhood. Moreover, Palestine children suffer even in the gestation period from the Israeli occupation practices that deny many of them the right to live their childhood, distorting it and leaving negative effects on all aspects of their development.
2. Palestinian families have limited awareness and knowledge of their pivotal role in child care and therefore, very often rely on care and educational institutions.
3. A positive start of life helps children to grow properly and brings benefits, not to the child only, but also to the family and society by reinforcing the human capital, increasing the productive capacity and reducing public expenditure on education, health, welfare and crime prevention.
4. Caring for the child in all aspects of their growth and development is a right enshrined in international and UN conventions and treaties on human rights and the rights of the child and supported by the PCL.
5. Early intervention in child pedagogy has long-term positive effects. Early detection of children with developmental delays and disabilities and intervention in the first years provide the basis for establishing his/her cognitive potential, skills, values and attitudes.
6. We need to promote the human capital reserve of the Palestinian people. Today's child is tomorrow's woman and man. The Palestinian society needs healthy and fit individuals who can participate in national liberty and social development and advancement.
7. We should be up to the challenges that face children in the context of social changes (working mothers, family planning, etc.), technological changes and the dramatic communications revolution.
8. There is a lack of comprehensive, long-term plans to develop ECD programs.
9. The government's oversight and supervisory role on private educational and health institutions is weak.

### **II. Responsibility for planning and implementation of ECD programs**

Responsibility for the planning, implementation and monitoring of early childhood development and intervention programs rests on the legislative authority, relevant government ministries (MOEHE, MOH and MOSD), local authorities, human rights organizations, the media, families and communities, and any official who is expected



to offer care or services to children. The following is a description of the roles and responsibilities of each one of these levels:

Level	Responsibilities
Legislative authority	Approve laws and legislations related to ECD and intervention programme and children's rights and require the government to allocate budgets needed for the development of this sector.
Executive authority	<p>At all government levels, develop structures, budgets, strategies and plans to establish, support and enhance ECD and intervention programs; service delivery programs for children and families.</p> <p>Build and advance the capacity of service providers to provide quality ECD and intervention services ;</p> <p>Advance knowledge of the sector's leaders and personnel and conduct periodical surveys, research, monitoring and reviews of the sector.</p> <p>Focus on increasing coordination among partners through the ECD national committee and child protection networks.</p> <p>Ensure ongoing and regular monitoring by the service providers and ECD national committee of all activities and programs within the strategic plan and work plans as agreed with partners and stakeholders.</p> <p>Incorporate into existing health, education and social protection services ECD and intervention services and monitor them as regular part of the ongoing activities.</p> <p>Create a centralized unit to develop a management information system and conduct research on early childhood development and intervention programs. The unit can be managed by the ECD national committee.</p> <p>Promote inter-sectoral collaboration, bringing all the stakeholders to the table and monitor their multidisciplinary inter-sectoral approach to ECD and intervention.</p>
Families and primary care providers	Ensure safe, nurturing, protective, and stimulating home environment and seek for basic child services and support to better meet their children's developmental needs (emotional security, physical health, social upbringing, cultural identity).

<p>Communities/local authorities, NGOs and corporates</p>	<p>Promote a culture of situation assessment for children and families and support comprehensive planning of the built and natural environments, taking into account the needs of children and families and promoting safety in the community.</p>
<p>Local media</p>	<p>Contribute to family and community awareness-raising on the importance of ECD and intervention, monitor the implementation of programs, develop media investigations and reporting on the situation of children in Palestine, participate in campaigns on children and families, provide parent/family education, and produce and publish different kinds of related programs (i.e. children programs, programs for adults, investigative reporting, educational series, etc.).</p>
<p>Universities and research centers</p>	<p>Direct part of students and professors' research to childhood issues and share their findings with sector stakeholders, participate in future annual studies and surveys on changes in the ECD programme in order to continually advance it and introduce new scientific findings, research and report on the expectations and problems facing the different groups and take these findings into account when developing and/or adjusting plans and programs aimed at continuously updating the priorities. As part of their practicum/training at the relevant university programs, professors and students can provide ECD and intervention services to children.</p>

## **Chapter Three: Realities and challenges of the delivery of educational, social and health services to Palestinian children**

Early childhood care and education in the State of Palestine are managed by multiple bodies, including the private sector, government agencies, community-based organizations (CBOs), religious organizations and NGOs.

### **I. Social services**

In cooperation with all partners, the MOSD is seeking, through the national child protection system, to ensure the appropriate social care and protection for child growth and development in an integrated approach.

#### **Challenges facing the national child protection referral and follow-up system**

- 1) Inadequacy of appropriately qualified human resources to provide social care and educational services in early childhood protection centers and residential care institutions,
- 2) Shortage of databases on child protection and disability programs,
- 3) Lack of kindergarten fee waiver schemes for children,
- 4) Lack of specialized curricula for staff in early childhood protection centers and residential care institutions,
- 5) Poor institutional compliance with regulations agreed upon for child protection and reporting of cases involving threats to a child's safety in a coordinated and consistent manner.
- 6) Law awareness level among families and communities on issues of child maltreatment, violence, neglect and exploitation.
- 7) Implementation of the (amended) PCL.

#### **Nurseries**

This level relates to children in the age group 0-4 years. The MOSD, MOH, Ministry of Public Works, Ministry of Local Government, Civil Defense and Governor's Office in each governorate oversee service delivery for this group of children and grant licensure to nurseries based on health, environmental and physical criteria according to the nurseries bylaws of 2011. There were 94 licensed nurseries in 2005. The number increased to 111 in 2010 and went down to 95 in 2014. Lack of licensure and the absence of adequate and accurate data remain among the major challenges facing this sector.

## **Challenges facing nurseries**

- 1) Inadequacy of qualified human resources to provide social care and educational services.
- 2) Lack of a database on nurseries offering services and care to children.
- 3) Shortage of personnel to monitor nurseries.
- 4) Shortage of logistical capacity of the MOSD and partners' failure to compensate for this shortage, particularly in providing transportation means for nursery inspection and licensure committees.
- 5) The nurseries bylaws disregard home-based nurseries and consider them non-existent, leaving many home-based nurseries working without any control. Nursery supervisors are not allowed to visit such nurseries unless in the case of a complaint and after obtaining a warrant from the public prosecution.
- 6) Lack of awareness on part of nurseries' owners of the importance of licensure and compliance with the law, resulting in a number of nurseries operating without a license and not meeting the criteria.
- 7) Parents lack awareness of the importance of enrolling their children in licensed nurseries to ensure their protection.
- 8) Parents lack awareness of the oversight role and the need to report any defect that they may encounter in the nurseries where they enroll their children in order to protect them.
- 9) Some partners consider their role in the licensing of nurseries as to assist the MOSD in the licensing, whereas the licensure is the responsibility of all partners, whether in the provision of logistical support or individual monitoring.
- 10) Lack of an operating procedures manual for nurseries' educators.

## **II. Educational services**

Educational services related to child development and learning exist within two main levels: kindergartens and early stage of basic education (grades 1-3).

### **1) Kindergarten level**

At this level, programs target children in the age group 4-6. MOEHE role is to develop specifications and criteria that ensure a healthy, safe environment in kindergartens in partnership with MOH to provide licensure. Since education in most kindergartens is not currently part of the formal education system and the teaching and learning process at this level is managed by the private sector, MOEHE role is focused on pedagogical supervision, staff training and development of relevant curricula and strategies. The MOEHE started to introduce a one-year KG program as part of the formal education system and opened a number of KG classes in public schools in marginalized areas and communities in Area C since 2012. By the end of 2015/2016 school year, there were 78 such KG classes.

## **Challenges facing education in the kindergarten sector**

Despite efforts to ensure that all children receive education, especially the most deprived, the assessment points to multiple challenges, including:

- 1) Low gross and net enrolment rates of children in kindergartens.
- 2) Low academic qualification of kindergarten teachers.
- 3) Poor coordination and communication between institutions in the sector.
- 4) The current curriculum framework<sup>1</sup> does not reflect an integrated and comprehensive vision to preschool education.
- 5) The physical environment of kindergartens is poorly adapted to the needs of children with special needs, teachers have little skills and competencies to deal with these children, in addition to social stigma attached to disability.
- 6) Inadequate implementation of the PCL (certainly, some components of the law are implemented but the inadequacy is due to limited resources).
- 7) The government 's failure to introduce compulsorily and free preschool education.

Low enrolment rates are linked to a number of interrelated factors, including:

- 1) Absence of a standardized system of oversight on the sector involving private and government agencies.
- 2) Lack of a national body to coordinate, oversee and manage the sector and monitor progress in a supportive manner.
- 3) Low awareness of the importance of preschool education among families and communities.
- 4) Lack of a permanent financial system to support the sector's management.

## **2) Early basic level (grades 1-3)**

Most Palestinian students enroll in grade 1 at the age of 6 years.

## **III. Health services**

The MOH seeks to ensure inclusive health care for all social groups, including children of different ages, women and families in all stages (before marriage and pregnancy, during pregnancy and childbirth, and after delivery).

The MOH offers free health services to the age group 0-6 years with full coverage by preventive, curative and nutritional interventions, including examinations, tests, immunization, food supplements, breastfeeding promotion campaigns, and

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<sup>1</sup> The curriculum currently in use in the State of Palestine for preschool education is based on the Jordanian curriculum.

monitoring of child growth and development. This is in addition to physical checkups of children in kindergartens, inspection of sanitary conditions, and chemical and biological testing of drinking water to ensure its safety.

In addition, the Palestinian MOH basket of services includes provision of the necessary advice and health care before marriage and pregnancy, provision of micronutrient supplements to pregnant women and regular antenatal and postnatal checkups, including the required medical and lab tests for the early detection of any abnormalities during pregnancy and after childbirth.

## **Realities of health services**

### **The national expanded program of immunization (EPI)**

Immunization coverage is one of the best indicators of health systems' performance. The MOH provides vaccines against communicable diseases to all children free of charge according to the adopted national immunization schedule. Coverage in Palestine is close to 100%, leading to a significant decline in the incidence of many communicable diseases, including measles and polio, over the past years.

### **Disabilities and congenital diseases**

During 2015, 70 disabilities were recorded among children screened in primary health care (PHC) centers in West Bank governorates, representing 0.1% of total children screened by PHC physicians. The distribution of these disabilities by type was: 30 physical disabilities, 3 hearing impairments and 37 vision impairments.

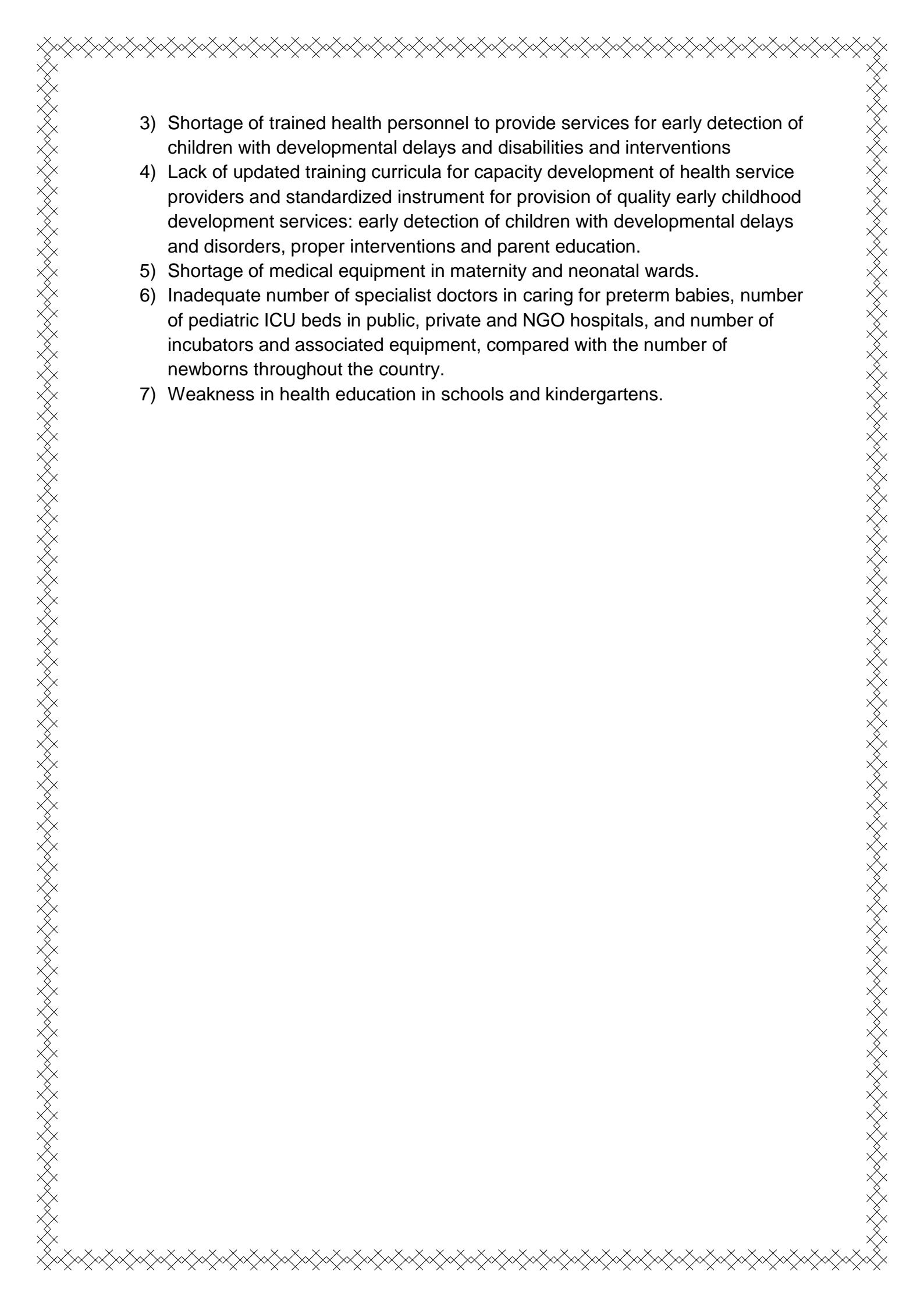
### **Infant mortality reported during 2015 in Palestine**

In 2015, infant mortality rate (IMR) in Palestine declined to 10.9 per 1,000 live births, compared to 25 in 1995. Palestine ranked fourth among Arab states in terms of the pace of IMR decline during the period 2000-2015, following Egypt, Oman and Libya only (ESCWA, MDGs in the Arab Countries).

Major causes of infant mortality by order of frequency are: congenital malformations, acute respiratory distress syndrome, stillbirth, prematurity, sepsis, sudden infant death and dehydration.

### **Challenges facing health programs and services in early childhood**

- 1) General lack of proper health knowledge and awareness on child health and development among pregnant women, husbands and families in general.
- 2) Pregnant women's non-compliance with the antenatal care visits according to the accepted protocols.

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- 3) Shortage of trained health personnel to provide services for early detection of children with developmental delays and disabilities and interventions
  - 4) Lack of updated training curricula for capacity development of health service providers and standardized instrument for provision of quality early childhood development services: early detection of children with developmental delays and disorders, proper interventions and parent education.
  - 5) Shortage of medical equipment in maternity and neonatal wards.
  - 6) Inadequate number of specialist doctors in caring for preterm babies, number of pediatric ICU beds in public, private and NGO hospitals, and number of incubators and associated equipment, compared with the number of newborns throughout the country.
  - 7) Weakness in health education in schools and kindergartens.

## **Chapter Four:**

### **ECD and Intervention Strategy 2017-2022: Strategic objectives and implementation framework**

This ECD and Intervention Strategy is based on five main themes and strategic objectives, developed according to the findings of the assessment and analysis of the situation of early childhood development and intervention. The analysis is made in terms of education, health and social care sectors, including challenges and goals, and in response to the above-mentioned vision and mission. The strategy is composed of four main elements: objectives, interventions, outputs and results.

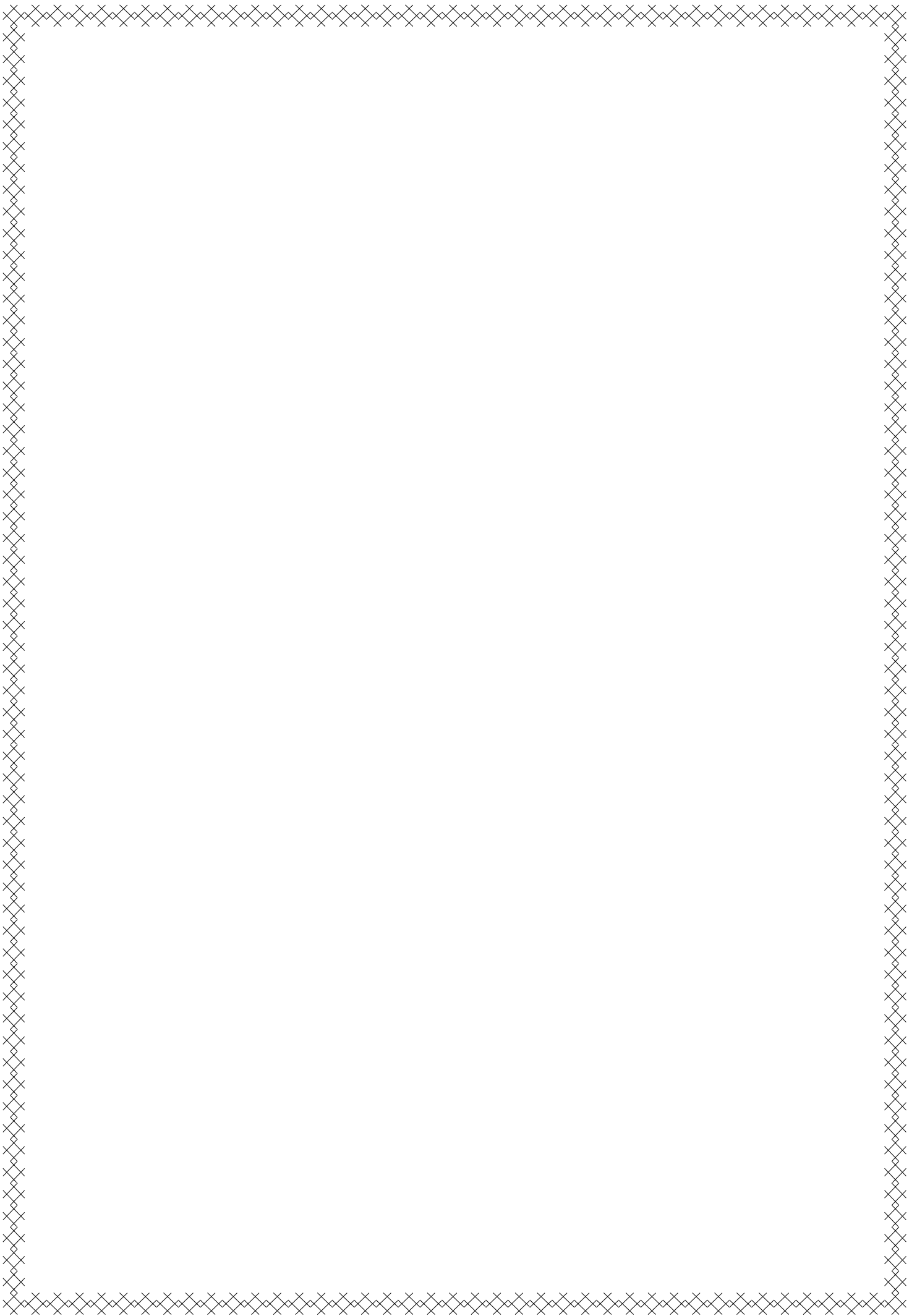
#### **Themes and strategic objectives**

1. Access and equity: Ensure that all children receive equitable early childhood development and intervention services.
2. Quality: Offer high quality early childhood development and intervention services.
3. Sustainability: Ensure sustainable delivery of quality comprehensive early childhood development and intervention services through government's commitment and strengthened partnership with families and relevant services and institutions local, regional and international NGO's and UN agencies.
4. Support capacity building of service providers for families with children under age 8
5. Legislation: Develop policies and regulations to support introduction of innovative services for early childhood development and interventions.
6. Monitoring and evaluation: Develop a monitoring and evaluation system for early childhood development and intervention services.

#### **Implementation mechanisms and framework**

The implementation of this strategy at the government level will take place through annual operational plans developed by the MOH, MOEHE and MOSD. The attached implementation framework presents major interventions proposed to achieve the set out strategic objectives and specific objectives. Complementary roles of the three main ministries (MOSD, MOEHE and MOH), the NGO sector, civil society organizations, relevant international organizations and UN agencies need to be emphasized here.





**Strategic objective: Ensure that all children receive equitable and quality comprehensive ECD and intervention services.**

<b>Specific objective</b>	<b>Interventions</b>	<b>Outputs</b>	<b>Responsibility</b>
Support and encourage children's enrolment in kindergartens.	Increase MOEHE engagement in the provision of preschool education in public KG classes in marginalized areas.	<ul style="list-style-type: none"> <li>• 20% increase in kindergarten enrolment rates by 2022.</li> <li>• 15% increase in the number of existing KG classes by 2022.</li> </ul>	MOEHE
	Enhance the physical environment of kindergartens to respond to the differing needs of children and promote early childhood development.		MOSD
	Identify poor population groups who are on the list of MOSD social assistance to subsidize kindergarten registration fees as part of the social assistance package.		MOSD
	Encourage the private sector to provide at least one KG facility in every community taking into account the community's population size.		MOSD
	Encourage NGOs and civil society organizations to establish kindergartens in poor and marginalized areas.		MOSD, civil society organizations
Ensure that all children and families access appropriate health and development services.	Sustain free treatment services to all children 0-6 years old.	<ul style="list-style-type: none"> <li>• 100% of coverage of children in PHC centers is maintained.</li> <li>• Health services offered to children for early detection of disabilities are upgraded and increased.</li> </ul>	MOH
	Increase the delivery of health and development, nutrition and intervention services to children in marginalized areas.		MOH
	Implement the family health approach (an integrated health and development approach to individual and family health).		MOH

	Promote child growth and development monitoring programs covering sensorial, physical, emotional, social, and cognitive aspects.	<ul style="list-style-type: none"> <li>• The family health and development approach is applied at 50% by 2022.</li> <li>• 60% increase in inclusive breastfeeding rate by 2022.</li> </ul>	MOH
	Support health education and promotion programs targeting mothers and families on issues related to their children, including health and development, nutrition, breastfeeding and integrated management of child illnesses, simulative and responsive parenting and safe, nurturing and protective home environment.		MOH
	Support and implement programs to protect children from domestic and other forms of violence.		MOH, MOSD
	Sustain the provision of vitamin A and D and micronutrient supplements to all children free of charge.	<ul style="list-style-type: none"> <li>• 15% reduction in anemia prevalence in children.</li> </ul>	MOH
Enhance early childhood services for children with disabilities and special needs.	Offer early detection of children with developmental delays and disabilities and intervention services specially focusing on children from 0 to age 3.	<ul style="list-style-type: none"> <li>• 50% of kindergartens are accessible for persons with disabilities by 2022.</li> <li>• 20% increase in the enrolment of children with disabilities in social, educational and health services by 2022.</li> </ul>	MOH
	Adapt kindergartens to be accessible for children with disabilities and ensure their inclusion in kindergartens.		MOEHE, MOSD
	Train staff providing early childhood development and intervention services specially focusing on early detection of children with developmental delays and disabilities and intervention.		MOEHE, MOH, MOSD



**Strategic objective: Offer high quality ECD services.**

Specific objective	Interventions	Outputs	Responsibility
<p>Improve the quality of health and development services offered to children and families particularly focusing on families with children with developmental delays and disabilities.</p>	<p>Improve the quality of preventive, diagnostic, curative and rehabilitative health services for children: Programmes that support breastfeeding; Early nutrition interventions such as providing micronutrients to children and offering parent education programmes; Early detection of children with developmental delays and disability and intervention services to all children focusing on children 0 to age 3 and vulnerable and socially excluded</p>	<ul style="list-style-type: none"> <li>• The number of baby-friendly hospitals increase to 20 by 2022.</li> <li>• 15% improvement in child development indicators and nutrition indicators by 2022.</li> </ul>	<p>MOH</p>
	<p>Improve the quality of services for pregnant women and nursing mothers. Counseling sessions for caregivers that include demonstrations of developmentally appropriate talk, play and reading activities; Providing future parents and parent education</p>		
	<p>Support, encourage and protect breastfeeding, support the Baby-Friendly Hospital Initiative, improvement of health, nutrition and development services provided in the Neonatal Intensive Care Units</p>		
	<p>Support provision of continued and safe immunization to all children</p>		
	<p>At-home visits that provide caregivers with instruction on sensitive, responsive and age</p>		

	appropriate interactions with infants and young children.		
Improve the quality of social development and educational services offered to children and families.	Build the capacity of nursery and kindergarten educators and supervisors.	<ul style="list-style-type: none"> <li>• Nursery and kindergarten standards are updated and applied to 80% by 2019.</li> <li>• Nursery educational curriculum is finalized and applied by 2020.</li> <li>• 70% of ECD staff are trained and qualified by 2022.</li> </ul>	MOSD, MOEHE
	Expand MOEHE role with regard to private kindergartens to go beyond licensure and formal oversight to technical oversight.		
	Finalize an educational curriculum for nurseries that supports and stimulates all 5 developmental areas.		
	Develop and implement standards for care and protection centers and orphanages.		
	Review the quality and quantity of cash and in-kind support to families with children.		
	Enhance the capacity of social workers working in child and family sector.		
	Enhance and improve kindergartens' environment.		
	Ensure adherence to standards and conditions for buildings (nurseries and kindergartens), teachers and staff providing social care services to children, including public safety conditions and health and educational standards.		
	Enhance the capacity of staff working in preschool education to apply holistic child-developmental approach and the inclusive education principles and help children develop		

	their exploration and analytical and critical thinking skills.		
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<b>Strategic objective: Ensure sustainable delivery of ECD services through government's commitment and strengthened partnership with families and relevant institutions local, regional and international and UN agencies.</b>			
<b>Specific objective</b>	<b>Interventions</b>	<b>Outputs</b>	<b>Responsibility</b>
Raise the level of government's commitment to providing and sustaining comprehensive and inter-sectoral ECD services.	Activate the role of the Higher Council for Early Childhood in upgrading the ECD programme and comprehensive and inter-sectoral services.	<ul style="list-style-type: none"> <li>The Higher Council for Early Childhood is functional and effective by 2018.</li> <li>15% increase in enrolment rate in inclusive KG classes in schools by 2022.</li> </ul>	The Higher Council for Early Childhood The three ministries
	Create inclusive KG classes in public basic schools as part of the formal education system.		
	Increase expenditure on the ECD programme by increasing the share of childhood sector in the government budgets.		
Support and promote the role of the private sector, local NGOs, international	Encourage the private sector to increase investment and spending in ECD services.	<ul style="list-style-type: none"> <li>20% increase in the expenditure on the ECD sector by 2022.</li> </ul>	MOSD, MOEHE, MOH
	Increase expenditure on the ECD programme by the private sector, civil society organizations and international donors.		

organizations and UN agencies.	Build partnerships with the private sector, local NGOs, international organizations and UN agencies in the areas of training, oversight, financial and technical support, media and community awareness raising.		
Promote the role of families in sustaining ECD services.	Raise awareness of the importance of ECD among communities and families,	<ul style="list-style-type: none"> <li>Increased family participation in ECD programme development.</li> </ul>	Media institutions, MOSD, UN agencies
	Engage families in ECD programme at all levels (national and institutional) through relevant civil society organizations, the media and parents' councils.		

**Strategic objective: Develop policies and regulations**

Specific objective	Interventions	Outputs	Responsibility
Ensure implementation of the amended PCL.	Develop bylaws, procedures and regulations that ensure PCL implementation.	PCL bylaws are ready and duly applied by 2020.	MOSD
	Develop implementation work plans that ensure translation of the law and regulations into actual action on the ground in all government and nongovernmental institutions.		
Regulate the work of nurseries sector.	Amend the bylaws regulating nurseries to include small and unlicensed nurseries.	Nurseries bylaws are amended, endorsed and applied by 2020.	MOSD
	Review and adopt special standards for licensing and opening nurseries and allow unlicensed nurseries to correct their status.		
Develop and approve policies and legislations	Develop policies and legislations that ensure child protection from child labor.	Effective laws to protect children's rights from	MOSD



protecting children's rights.	Develop policies and legislations that ensure child protection from begging or being used by adults in begging.	begging and child labor are approved and endorsed by 2020.	
	Review all legislations, laws and policies related to children in Palestine and propose amendments and improvements.		

**Strategic objective: Develop a monitoring and evaluation system for ECD services.**

<b>Specific objective</b>	<b>Interventions</b>	<b>Outputs</b>	<b>Responsibility</b>
Develop information systems on ECD services.	Build a regularly updated national database on nurseries and kindergartens.	A national database with all information on early childhood development and intervention programme is available by 2019.	MOEHE, MOH, MOSD
	Create and develop a national database on all ECD services and childhood-related indicators by institutions in charge, including health, educational and social services.		
Reinforce and activate the different oversight systems for the ECD sector, including legal, media and community oversight.	Activate the role of the police and public prosecution in implementing decisions to close nurseries issued by the Minister of Social Development.	The issue of unlicensed nurseries is solved by 2019.	MOSD
	Enhance the oversight and regulatory role of ministries (MOH, MOEHE and MOSD) with regard to nurseries and kindergartens.		MOEHE, MOH, MOSD
	Strengthen the role and involvement of local media in publishing and raising community awareness on issues of children in Palestine.		MOSD, media institutions
	Raise community awareness on the importance of using licensed nurseries only and reporting any defect in any nursery.		MOSD, media institutions
Build a monitoring and evaluation system for the different ECD services.	Develop tools for comprehensive supervision and evaluation of the different ECD services (health, educational and social): indicators, targets, studies and surveys.	A monitoring and evaluation system for ECD programmes development is functional and effective by 2019.	MOEHE, MOH, MOSD
	Provide regular follow-up of the implementation of this strategy by partner ministries and institutions.		

	Engage research departments in ministries, research institutions and academic and humane research centers in studying and assessing the ECD services sector through various studies.		
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## Chapter Five: Monitoring and evaluation

Measurement of progress towards the achievement of the above-listed strategic and specific objectives is based on the monitoring of the implementation and achievement of the expected outputs for each objective through a regular annual monitoring process of this strategy. This process is carried out in coordination and partnership between the three main ministries by means of periodical collection of the available data on the expected outputs of each objective and agreed indicators to measure progress achieved in the ECD sector.

### Proposed indicators for monitoring and evaluation

No.	Strategic objective	Indicators
1.	Ensure that all children receive equitable ECD and intervention services	<ul style="list-style-type: none"> <li>- Immunization coverage rate for children.</li> <li>- Percentage of PHC and MCH providing the early detection of children with developmental delays and intervention services PHC services coverage rate for children.</li> <li>- Children's enrolment rate in kindergartens and preschool education.</li> <li>- Children's enrolment rate in basic education (grade 1).</li> <li>- Number of new KG classes established per year.</li> <li>- Percentage of children benefiting from the different social protection programs (including the national referral and follow-up system, protection from domestic violence and child labor).</li> <li>- Percentage of children with disabilities included in educational institutions and kindergartens.</li> </ul>
2.	Offer high quality ECD services	<ul style="list-style-type: none"> <li>- Early detection and intervention services for children with developmental delays and disabilities available in PHC and MCH</li> <li>- NICUs incorporated BFH steps and promotes early stimulation</li> <li>- Maternity wards certified as BFH and incorporate the early stimulation and intervention services</li> <li>- Postnatal home visiting service and parent counseling available and provide quality services including early</li> </ul>

		<p>detection of children with developmental delays and disability and intervention</p> <ul style="list-style-type: none"> <li>- Child growth indicators/child nutrition indicators.</li> <li>- Number of hospitals applying the Baby-Friendly Hospital Initiative.</li> <li>- Infant and under five mortality rates.</li> <li>- Number of trainings implemented / personnel trained.</li> <li>- Percentage of the application of the approved educational curriculum in nurseries and kindergartens.</li> </ul>
3.	Ensure sustainable delivery of ECD services	<ul style="list-style-type: none"> <li>- Percentage of government/nongovernmental expenditure on the childhood sector.</li> <li>- Projects, partnerships and agreements supporting the childhood sector.</li> </ul>
4.	Develop policies and regulations	<ul style="list-style-type: none"> <li>- Number of new bylaws, protocols and regulations approved.</li> <li>- Number of nurseries licensed.</li> </ul>
5.	Develop a monitoring and evaluation system for ECD services	<ul style="list-style-type: none"> <li>- Studies/surveys implemented.</li> <li>- Availability of a national database.</li> <li>- Active role of the Higher Council for Early Childhood.</li> </ul>

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