



BERNARD VAN LEER FOUNDATION

ISRAEL STRATEGY SUMMARY

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Overview

The Israel strategy of the Bernard van Leer Foundation (BvLF) is national in scope and therefore relevant to 1.3 million children aged 0 to 8 years, who are growing up in the country. The overarching theme is investing in young children, especially those who are most disadvantaged, in order to improve their welfare today and the quality of Israel's workforce in the future. The three goals in Israel are:

1. Universal access to quality pre-school for children aged 3–6 years
2. Reduced incidence of depression, anxiety and aggression among young children exposed to political violence
3. Reduced rates of malnutrition among young Bedouin children growing up in unhealthy physical environments in the Negev.

This summary gives an overview of the goal choice, key outcomes and strategies, and the assessment and evaluation metrics for each goal.

Goal 1: Universal access to quality pre-school for children aged 3–6 years

Israel ranked 31st among 45 participants in the Progress in International Reading Literacy Study (PIRLS) 2006, an international examination of 4th-grade students in 40 countries to test reading literacy in the child's mother tongueⁱ. We chose to focus on the Israeli pre-school sector because we believe that of all early learning services in Israel, this is the one where there is the greatest opportunity to have a major impact on learning achievement in early primary school (especially for the most disadvantaged children), thereby improving Israel's position relative to other OECD countries. There is scope for improvement in this sector in relation to access and to quality of teaching and learning. As of 2007–2008 we found an aggregate enrolment among 3–4 year olds of 80%, with minority communities at a greater disadvantage. Curriculums in pre-schools are not specific to the populations of children they serve and there is a lack of quality control in many pre-schools. This situation has been observed by staff in pre-school centres and various partner organisations that BvLF is already supporting in Israel to improve this situation.

Outcomes and strategies

Given the existing legislation, the purpose of this goal is to ensure that Israeli government policy on compulsory pre-school education is fully implemented, with special attention to Haredi and Arab children in view of the large size of both groups and the significant disadvantages faced by themⁱⁱ.

Sufficient budget allocation for pre-schools in all municipalities, including contributions from the national Ministry of Education, local municipalities and members of the business sector. This outcome was chosen because lack of funding is a major obstacle to implementation of the existing pre-school policy. Sufficient budget is a key precondition for the expansion of pre-school coverage and for the improvement of its quality.

Strategies to achieve this outcome:

1. **Support for policy analysis to inform evidence-based advocacy regarding access, quality and equity within the pre-school system.** Independent data and analysis on the current level of investment, quality, access and equity, can inform the public debate about pre-school provision. This information will help advocates to ensure their arguments are based on solid research oriented toward children's needs. Baseline research is being conducted in the first half of 2011 by the Taub Center for Social Policy Studies in Israel.
2. **Build or strengthen a broad coalition of parents, communities, civil society groups and business leaders to encourage and support full implementation of compulsory pre-school policy.** Support to parents' associations, business leaders, professional associations (e.g. paediatricians), civil rights organisations and other key stakeholders can stimulate a national debate on the pre-school system. The more diverse the coalition, the greater the potential impact.
3. **Promote matching projects for pre-school between municipalities with large Arab populations and entrepreneurs.** This strategy can help to create a model of co-funding in Arab municipalities that could increase access to national matched funds. Arab towns typically have a more limited tax base and less access to outside private funding, according to information we received during our information gathering and the vetting process by local experts and counterparts. The research being conducted by the Taub Center will provide more precise information on the financing of pre-schools in Israel.

Improved quality of teaching and learning in Haredi and Arab pre-schools. The following strategies will improve the teacher skills and curriculum in Haredi and Arab pre-schools, based on contemporary knowledge of child development.

1. **Expand successful demonstration centres.** Centres such as those run by Mercaz Beth Jacob in Jerusalem, supported by the Foundation in the past, demonstrate to Haredi educators how teaching and learning methods and content can have a positive impact on children's learning outcomes. Methods and content include play-based teaching and the introduction of science and technology.
2. **Scale successful training modules for Haredi educators.** Long-standing work with Ezer Mizion has resulted in better learning outcomes for pre-school children within Haredi communities. Training educators to become multidisciplinary developmental teachers will build on this work (includes social, emotional, communication and

language aspects, innovative teaching techniques, etc.). These teachers will become multipliers in the educational framework where they are working. The training targets male teachers and focuses on integrating contemporary knowledge on child development into pre-schools.

3. **Improve the supervision of Arab pre-schools.** Through an alliance with the Joint Distribution Committee, a large funding agency that receives financial contributions from Jewish communities worldwide, the Ministry of Education and the Musharaka Trust for ECD (an association of Arab-Israeli NGOs with whom the Foundation has a long-standing relationship), the gap in training for Arab pre-school supervisors can be filled. Where budget constraints make it more difficult to increase the number of supervisors, we can develop alternative modalities of community monitoring through collaboration with NGOs.
4. **Co-fund with the Ministry of Education large-scale production and dissemination of existing training and curricular materials for Arab pre-schools.** Prior investments have resulted in culturally appropriate training and curriculum materials for Arab pre-schools. This has been the focus of BvLF support to the Musharaka Trust, which has produced many educational and training materials for Arab teaching staff. Our current focus will be on disseminating these high-quality materials. Leveraging our investment by partnering directly with the Ministry will ensure that existing materials are widely used.

Goal 2: Reduced incidence of depression, anxiety and aggression among young children exposed to political violence

Exposure to trauma associated with the ongoing political conflict is one of the most pervasive violence problems facing all Israeli children. Extrapolating from studies on the general population, we estimate that a minimum of 130,000 children aged 0–8 years are suffering from post-traumatic stress disorder and that an even higher number experience symptoms that do not meet the full clinical diagnosis. This estimate is based on studies by the Israel Center for the Treatment of Psychotrauma. Our vetting process in 2010 has not identified any clear government policies on how to deal with this problem. Most ongoing work focuses on older children and is clinical (not preventive) in nature.

Outcomes and strategies

Given the limited systematic knowledge about this issue, our investments will focus on quantifying the problem, identifying the most cost-effective strategies to address it, and supporting a nascent coalition of experts who could act as advocates in a subsequent phase.

Reduced levels of stress experienced by parents and children from exposure to political violence. Academic research from different countries and universities has shown that it is the management of stress caused by recurrent exposure to traumatic events that determines whether violence will have a long-term impact on children’s well-being. This

phase of the strategy is designed to determine what services and interventions (or what combination of them) have the greatest impact. The strategy includes:

Comparative studies with randomised controlled trials or quasi-experimental designs. There are a range of interventions that could reduce stress and trauma. These include:

1. training and support groups for teachers and parents
2. providing safe spaces for recreation for children
3. employment programmes
4. improving housing
5. providing access to childcare.

BvLF will invest in trials and evaluations to identify what combination of these measures has the biggest impact on stress levels and child/parent mental health outcomes. These studies will be done in partnerships combining NGOs, government agencies, research institutions and universities.

The Israeli government has an appropriate public system for prevention and treatment of depression, anxiety and aggression among young children. Academic experts in Israel in the field of prevention recognise that Israel does not have an adequate public system to address this issue. This statement is based on experiences in projects in areas strongly affected by the violence and deep conflicts in society. Experts do not know what the best public system would look like, but generally agree that there is a role for the public sector to play. The inputs from comparative trials plus the strategies below will help define a vision for public interventions to reduce stress for young children.

1. **Research on the national prevalence of and existing response to trauma and poor mental health in children under 6 years and their caregivers who have been exposed to political violence.** A broad interdisciplinary team of Israeli and American researchers, with skills spanning early childhood, child trauma, community violence, school violence, psychiatry, statistics, epidemiology, public health, Arab studies and paediatrics, has begun to develop a nationally representative sample to determine prevalence. The research is being coordinated by the Israel Center for the Treatment of Psychotrauma. Once research is complete, a second phase will map the existing system for prevention and response. An advisory group to the researchers includes representation from the Jewish, Arab, Haredi and Bedouin communities, as well as staff from the Ministries of Education, Health, Industry and Welfare, and large private service providers.
2. **Research on the ideal public system for prevention and treatment of depression, anxiety and aggression among young children.** Research is needed to help experts set their own goals for advocacy and begin to build a consensus around what is needed. Questions related to design, cost and political barriers to developing and implementing a public system would be included. As above, this will be done with a range of stakeholders and backed by solid research institutions that can drive the process.

Goal 3: Reduced rates of malnutrition among young Bedouin children growing up in unhealthy physical environments in the Negev

There are approximately 45,000 Bedouin children living in the Negev. They are among the poorest and most disadvantaged children in Israel. In 2009, the National Ministry of Health released a report stating that the infant mortality rate among Bedouins is three times the national average (11.5 per 1000 births, compared to 4.1 per 1000 in the general population); the rate of anaemia among 6-month-old babies is 56%, compared to 10% in Jewish infants; 13% of children in 1st and 2nd grade suffer growth delays; 17% are underweight; and children in unrecognised villages are 2.4 times more likely to be underweight than children in permanent communities.

Outcomes and strategies

The preconditions for reduced rates of child malnutrition fall into two categories:

- a) problems with children's diet, stemming from a combination of suboptimal dietary choices and income poverty, and
- b) unhealthy conditions in the physical environment including lack of safe water, poor waste management, poor housing and lack of electricity.

These contribute to digestive tract diseases leading to malnutrition and, in some cases, children's diet may also be influenced by limitations on food storage.

Improved knowledge about dietary and infrastructure causes of child illness and malnutrition. This outcome addresses a knowledge gap among parents that leads to poor dietary practices and poor household hygiene. Strategies to achieve this outcome include:

1. **Demonstration projects on health education projects for children.** This strategy will support programming options that work well with Bedouin culture and build upon the key role women play in caring for their children. Ideally this work will be undertaken in partnership with private and public entities.
2. **Support to local authorities to negotiate an increase in the number of nurses in the Bedouin areas of the Negev.** Reports from the Joint Distribution Committee, the Arab-Jewish Center for Equality, Empowerment and Cooperation (AJEEC) and others suggest that current staffing shortages prevent nurses from implementing health education programmes in mother-child well-being clinics. This strategy would help the Ministry of Health obtain the human resources needed to operate health education programmes.

Increased access to clean water, improved waste management and electricity. Knowledge alone will not resolve all causes of child illness and malnutrition within the Bedouin communities. Access to basic services must also be achieved. Strategies for this include:

1. **Research into environmental health and young Bedouin children.** Environmental causes of health impairments are the least well understood or addressed. Through

Ben Gurion University, and as a part of broader baseline research, the impact of poor physical environments on children's health is being documented. This data will help decision makers and community residents understand the health impacts of poor physical environments on Bedouin children.

2. **Support local authorities in their negotiations for improved access to basic services.** This entails helping municipalities and community members approach the Ministry of Environment, the National Water Company and the Ministry of Infrastructure to secure sufficient funding for these basic services.
3. **Capacity building for child health-focused town planning.** It is important to provide technical support to community leadership and municipal governments to determine how to orient services toward the needs of Bedouin children. In this area, we expect to fund technical support or help non-governmental planning organisations to leverage necessary resources from regional government.

Improved transportation options for Bedouin women and children. Transport is almost never seen as a strategy to improve children's health. However, it is a key factor. In traditional societies, increasing women's mobility can lead to greater access to information about child illness and health, greater uptake of available services, greater response to child illness and better detection of malnutrition. Women may also be able to purchase healthy foods with lower transaction costs. Reduced isolation is a valid outcome in itself, and is likely to have positive long-term impacts on future generations of children, especially girls. Strategies include:

1. **Community organising among Bedouin women for access to public transport that caters for their needs and those of their children.** Recent experiences have shown that groups of Bedouin women, with some guidance in the area of civic education from NGOs, have been able to successfully solicit bus stops near their villages on public routes.
2. **Pilot private sector transportation alternatives that can operate as self-sustaining or subsidised businesses.** One alternative is to search for private sector responses to this issue as transport can be a viable small business opportunity.

Evaluation

Evaluations will be conducted on the programme as a whole, as well as on individual projects. The purpose of evaluation will be both to measure impact on children, but also to consistently learn from programming in order to make mid-course corrections where needed. Some of the key impact data to track (disaggregated by socio-economic and ethnic groups) are included in the table below.

Pre-school	Violence and trauma	Bedouin health
<ul style="list-style-type: none">• child learning outcomes• % coverage of pre-school services• quality of services• available funding	<ul style="list-style-type: none">• incidence of related disorders among children and caregivers• cost-effectiveness of different interventions• improvements to public system for prevention/response	<ul style="list-style-type: none">• child health outcomes• access to basic services• health and hygiene behaviours among parents• available funding

ⁱ Mullis, I.V.S., Martin, M.O., Kennedy, A.M. and Foy, P. (2006). *PIRLS 2006 International Report*. Boston, MA: TIMSS & PIRLS International Study Center, Lynch School of Education, Boston College.

ⁱⁱ Together, Arab and Haredi children represent 48% of all primary school pupils in Israel, and more than 60% of the children living in poverty (Central Bureau of Statistics (CBS)).