# First Phase Report of the Child Well-Being Psychosocial Support (PSS) of Traumatized Children in the Gaza Strip Project

Al Ahli Arab Hospital, Gaza City

Part of the Episcopal Diocese of Jerusalem

A diocese of the worldwide Anglican Communion

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## Background

The children of Gaza are confronted with considerable amounts of violence in their daily lives. Since the outbreak of the Second Intifada in 2000, intensified violence coupled with an extreme decline in freedom and severe economic depression has affected the majority of people, especially women, children and adolescents. Children born into this environment are exhibiting psychosocial and behavioral problems. The steady exposure to violence coupled with poverty has led to various kinds of psychosocial and behavioral problems that develop into mental health diseases such as depression, anxiety, and PTSD. The exhibited behavioral symptoms include poor arousal, poor concentration, and poor attention, outbursts of anger and/or irritability, poor academic achievement, and withdrawal. These symptoms are the precursors to mental health disease. If not addressed, the mental health of the children of Gaza will greatly affect the society's future. This program is developed and implemented by the Al-Ahli Hospital (AAH) in Gaza, part of the Episcopal Diocese of Jerusalem, as it pertains to the organization's vision to provide the finest medical care possible under the most adverse circumstances to the marginalized and vulnerable. The psychosocial intervention program aims to help children cope positively with stressor events and promote the well-being of traumatized children and their mothers.

## Methodology

### Project design

The project is divided into two phases. The first phase, predicted stage, consists of four psychological assessment working days with children and another open day to close up peacefully.

The second stage of the project will select the children exhibiting difficulties coping positively with stressor events or showing symptoms of mental health issues such as PTSD.

### Participants

The project sample consists of 650 children aged 6-15 with a mean age of 10.34 years (Standard Deviation= 2.06). There were 298 boys (46.13%) and 352 girls (54.87%).

### Statistical Measures

The following scales were used to assess children in the first stage.

**Socio-demographic questionnaire:**

The Socio-demographic Questionnaire consisted of demographic variables that contained: age, sex/gender, place of residence, number of siblings, family income and other variables that may affect the psychological conditions of the children.

**Gaza Traumatic Events checklist due to Great March of Return**

This scale contains 15 items, checked by '' yes'' or '' no'', which measure the traumatic events that Gaza children experienced during conflict to identify the types of traumatic events that Palestinian children encounter in the Gaza strip. The scoring of the scale ranged between 0 for those who chose '' No'' and 28 for those who chose '' Yes''. In this study, the Cronbach's Alpha was 0.81

**PTSD Scale for Diagnostic and Statistical Manual of Mental Disorders IV (Arabic version, Thabet, 2008)**

The items of the PTSD scale indices are keyed to the Diagnostic and Statistical Manual of Mental Disorders, volume IV (DSM-IV) criteria and can provide preliminary PTSD diagnostic information. Moreover, it has a self-report for children and adolescents as well as a parent's report of PTSD symptoms. The adolescent version (for adolescents aged 13 years and older) contains a total of 22 questions and has also been administered in school classroom settings. A 5-point Likert scale from 0 (none of the time) to 4 (most all the time) is used to rate PTSD symptoms. Only 17 items were included in the total score because two items were not DSM-IV criteria and three items were repeated symptoms.

Although there is limited information about the specific cut-off score for a particular trauma type or population, a cut-off score of 38 has been proposed in the literature (Steinberg, 2004). In this study, the Cronbach's Alpha was 0.83.

**Strengths and Difficulties Questionnaire (parents & self-report forms for children 11 & up)**

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16. It exists in several versions to meet the needs of researchers, clinicians and educationalists. SDQ consists of 25 items; 14 describe perceived difficulties, 10 describe perceived strengths and one is neutral ('gets on better with adults than with other children'). Each 'perceived difficulties' item is scored on a 0-2 scale; 0: not true, 1: somewhat true, 2:

certainly true. Each 'perceived strengths' item is scored in the reverse manner; 2: not true, 1: somewhat true, 0: certainly true.

The 25 SDQ items are divided into scales of Hyperactivity, Emotional Problems, Conduct Problems, Peer Problems and Prosocial Scale (five items per scale). A score is calculated for each scale (range 0-10) and a total difficulties score for the four scales (excluding Prosocial behavior, which was considered different from psychological difficulties), i.e. a range of 0-40. The SDQ has been previously used for 322 Arab children living in the Gaza Strip and was very promising as a screening measure or rating scale in different cultural populations. For this study, internal consistency for this scale using Cronbach's alpha was 0.71.

**Project activities procedures**

**Training the team**

The project supervisor conducted two training days for the team on using the Problem, Action Result (PAR) technique (a technique used to build strong answers on behavioral interviewing questions), intervention and assessment tools. The facilitators practiced the activities on themselves to discover strengths and weaknesses in the methods, then reflected on them with the supervisor to start the assessment phase.

**Targeting children**

The project target was 650 children. The total number of participants was 646. They were recruited from the five areas of the Gaza Strip (North, Gaza, Middle, Khan Younis, and Rafah). The traumatized children were selected in cooperation with local Community Based Organizations (CBOs) in each area after an initial visit from the project supervisor and list of the number of children needed from each area. The participating CBOs were selected over a six month process that began in January 2018. AAH considers CBOs involved in the six month selection process as community project windows of AAH.

**Conducting group work in the first phase**

**The activities include:**

- Interviewing children and mothers for the baseline using the Gaza traumatic events checklist, PTSD scale and SDQ for parents of children who are less than 11 years old. Children self- interviewed through SDQ if they were 11 years and or older.

- One training day, four intervention days, and one open day as follows:

  The team with the PSS supervisor conducted 27 intervention sessions for children aged (7-15) divided into two categories (7-10) and (11-15) years, in the five areas of the Gaza Strip in cooperation with eleven CBOs. The sessions were conducted inside the CBOs as each group consisted of 25 children. There were four days of intervention. Before starting the intervention, facilitators welcomed the children and their mothers, then they informed them about the project. They also explained the implementation of activities. After that, their mothers signed an informed consent to participate in the project activities.

- **First day activities:** On the first day of intervention, facilitators welcomed children and started the session with entertainment activities like drawing. After that they started implementing the main exercise a, "Risk and Resource Map", in which they expressed their fears and safe places where risk areas were identified. The facilitators encouraged children to talk about their fears and worries and where they feel safe and relaxed.
- To close the day peacefully, a relaxation exercise was conducted.

**Second day activities**

The second day began with different entertainment activities. The main exercise was the use of a "body map" to talk about the physical symptoms of fears and worries. Children talked about the symptoms of fears and worries and used an outline of a body to indicate how those

symptoms affected their body and drew their symptoms onto the map. After finishing the work they discussed the drawing inside the group. This helped children to talk about hard times that they faced. Expressing their fears and bad memories is helpful in two ways: first, sharing memories of fear and trauma aids healing and second it is a useful assessment tool.

**The third day activities**

The third day's exercise was a "Problem Tree", in which the children worked in small groups. Every group defined the most common problems they faced, then wrote them down on A4 paper. Each group had to identify the causes of these problems, and finally suggest strategies to solve these problems.

**The fourth day activities**

The fourth day began by asking the children to talk about social relationships in hard times. The children were asked to identify people who provided help when they needed it. This gave the children an opportunity to tell their stories and share their experiences with other children. Through sharing their experiences they can see that they are not alone and that many children have the same feelings that they do. This discovery helps them develop empathy for others, show support and find strength in each other.

**The fifth day activities**

On the fifth day, children were taken on a tour to the AAH hospital to spend a free day playing in the garden and having a healthy meal. At the end of the day the children's post tests were conducted using the same methodology.

**The Result**

**Socio-demographic characteristics of the study sample**

As shown in table 1, the project sample consists of 646 children aged (7-15) with mean age 10.34 years (SD= 2.06). They were 298 boys (46.13%) and 348 girls (54.87%). According to place of residence, 27.72% were from North Gaza, 26.9% from Gaza city, 13.8% from the middle area, 15.5% from Khan Younis, and 16 % from the Rafah area. Regarding number of siblings, 75.7% had four and less siblings, 22.6% had 5-7 siblings and 4% had eight and more siblings.

Regarding Income, 85.9% of the families subsisted on monthly income of less than $300, 10.8% of families subsisted in monthly income from $301-$500 monthly and 3.2 % of families subsisted in monthly income from $501-$750.

Regarding their father's education; 10.5% were not educated, 21.7% had Preparatory school, 33% had secondary, and 14.9% had attended university. Regarding their mother's education; 6% were not educated, 22.2% had Preparatory school, 39.8% had secondary, and and 15.9% had attended university.

Regarding their father's employment; 57% were unemployed, 11.3% worked as a day laborer, 15% were civil employees and employed, 6% were civil employees and unemployed, while 96% of mothers were house wives and only 2.3% were civil employees. This poor socio-economic situation and high unemployment rate has affected the psychosocial and mental health status of children.

Table 1

Socio-demographic characteristics of the study sample (N= 646)

| | **No** | **%** |
|---|---|---|
| **Sex** | | |
| Male | 298 | 46.13 |
| Female | 348 | 53.87 |
| **Age** | | |
| Age from 7-15 years Mean=10.34 (SD=2.06) | | |
| **Age groups of children** | | |
| 7-10-years | 357 | 55.3 |
| 11 and more years old | 289 | 44.7 |
| **Place of residence** | | |
| North Gaza | 180 | 27.7 |
| Gaza city | 175 | 26.9 |
| Middle area | 90 | 13.8 |
| Khan Younis | 101 | 15.5 |
| Rafah | 104 | 16.0 |
| **Number of siblings** | | |
| 4 and less | 467 | 72.52 |
| 5-7 siblings | 146 | 22.67 |
| 8 and above siblings | 31 | 4.81 |
| **Type of residence** | | |
| City | 303 | 46.98 |
| Camp | 195 | 30.23 |
| Village | 147 | 22.79 |
| **Family monthly income** | | |
| Less than $300 | 555 | 85.91 |
| $301-500 | 70 | 10.84 |
| $501-750 | 21 | 3.25 |
| **Type of residence** | | |
| Rented flat | 533 | 82.5 |
| Own house | 40 | 6.2 |
| With extended family | 67 | 10.4 |
| **Father's Education** | | |
| Not educated | 68 | 10.5 |
| Elementary | 63 | 9.8 |
| Preparatory | 140 | 21.7 |
| Secondary | 213 | 33.0 |
| Diploma | 45 | 7.0 |
| University | 96 | 14.9 |
| Post graduate | 21 | 3.3 |
| **Father's Employment** | | |
| Unemployed | 368 | 57.0 |

| | | |
|---|---|---|
| Simple worker | 73 | 11.3 |
| Skilled worker | 20 | 3.1 |
| Civil employee and employed | 102 | 15.8 |
| Civil employee and unemployed | 44 | 6.8 |
| Merchant | 3 | .5 |
| Sailor | 6 | .9 |
| Farmer | 4 | .6 |
| Other | 26 | 4.0 |
| **Mother's Education** | | |
| Not educated | 39 | 6.0 |
| Elementary | 40 | 6.2 |
| Preparatory | 143 | 22.1 |
| Secondary | 257 | 39.8 |
| Diploma | 56 | 8.7 |
| University | 103 | 15.9 |
| Post graduate | 8 | 1.2 |
| **Mother's Employment** | | |
| House wife | 622 | 96.3 |
| unskilled worker | 4 | .6 |
| Civil employee | 15 | 2.3 |
| merchant | 2 | .3 |
| Other | 3 | .5 |

**Exposure to Traumatic Events**

As shown in table two, the most commonly reported traumatic events experienced by children during the Great March of Return (GMR)*: **watching mutilated bodies and injured Palestinians on television (72.6%). Table 2).***

Overall, children reported a range of 0 to 11 traumatic events, with a mean number of 1.50 (SD=1.66). There were no significant differences between males and females in reporting traumatic events (t=1.29, p=0.19). When children were grouped in the 7-9, 10-12 and 13-15 years age groups, there were no differences in reporting traumatic events (F=1.27, p<0.27). The majority of children did not go to the GMR, nor were they exposed to any traumatic events physically, which indicates that parents have realized the danger and tried to protect them. However, families yet don't recognize the impact of trauma related to watching TV news and injured bodies. Those who live in the border area have different experiences, They not only watched the GMR activities; they experienced it. As a result, some of the children themselves were injured.

Table 2: Type of traumatic experiences

| Item | | **No** | **Yes** | |
|---|---|---|---|---|
| | No. | % | No. | % |
| 1. Hearing killing of a non-relative | 588 | 91.2 | 57 | 8.8 |
| 2. Hearing killing of a relative | 584 | 90.5 | 61 | 9.5 |
| 3. witnessing arrests during the GMR | 611 | 94.6 | 35 | 5.4 |
| 4. Witnessing killing of a friend | 627 | 97.2 | 18 | 2.8 |
| 5. Witnessing killing of a close relative | 615 | 95.3 | 30 | 4.7 |
| 6. Witnessing shooting of a friend | 610 | 94.6 | 35 | 5.4 |
| 7. Witnessing shooting of a close relative | 532 | 82.5 | 113 | 17.5 |
| 8. Watching mutilated bodies on TV | 177 | 27.4 | 468 | 72.6 |
| 9. Shooting by bullets, rocket, or bombs | 632 | 98.0 | 13 | 2.0 |
| 10. Threaten by shooting | 623 | 96.6 | 22 | 3.4 |
| 11. tear gas inhalation | 565 | 87.6 | 80 | 12.4 |
| 12. being shot by rubber bullets | 633 | 98.1 | 12 | 1.9 |
| 13. amputation of part of your body due to shooting | 639 | 99.1 | 6 | .9 |
| 14. being arrested near the border | 635 | 98.4 | 10 | 1.6 |
| 15. direct injury by gas bomb | 631 | 97.8 | 14 | 2.2 |

**Children's Post-traumatic Stress Reactions**

**Mean of PTSD in Palestinian children**

Mean of post-traumatic stress symptoms was 32.94 (SD= 14.73). Mean of intrusion symptoms was 11.18 (SD= 5.47). Mean of avoidance symptoms was 12.44 (SD= 6.44). Mean of arousal symptoms for boys was 9.33 (SD= 5.20). These results demonstrate that children in the Gaza Strip are exposed to traumatic events and they are at risk of developing mental health disorders if there are no proper interventions.

**Table 3**

**Mean of PTSD in Palestinian children -first stage**

| | N | Min. | Max. | Mean | SD |
|---|---|---|---|---|---|
| Total PTSD symptoms | 646 | 0 | 66 | 32.94 | 14.73 |
| Intrusion symptoms | 646 | 0 | 20 | 11.18 | 5.47 |
| Avoidance symptoms | 646 | 0 | 28 | 12.44 | 6.44 |
| Arousal symptoms | 646 | 0 | 20 | 9.33 | 5.20 |

**Sex differences in PTSD in Palestinian children**

Mean of post-traumatic stress symptoms for boys was 33.44 (SD= 14.57) and mean for girls was 31.66 (SD=14.76). There were statistically significant differences in total PTSD toward girls (t= 2.39, p =0.02).

Mean intrusion symptoms for boys was 11.91 (SD= 5.41) and mean for girls was 10.55 (SD=5.46). There were statistically significant differences in intrusion symptoms toward boys (t= 3.16, p =0.001)

Mean of avoidance symptoms for boys was 12.60 (SD= 6.51) and mean for girls was 12.29 (SD=6.38). There were no statistically significant differences in avoidance symptoms.

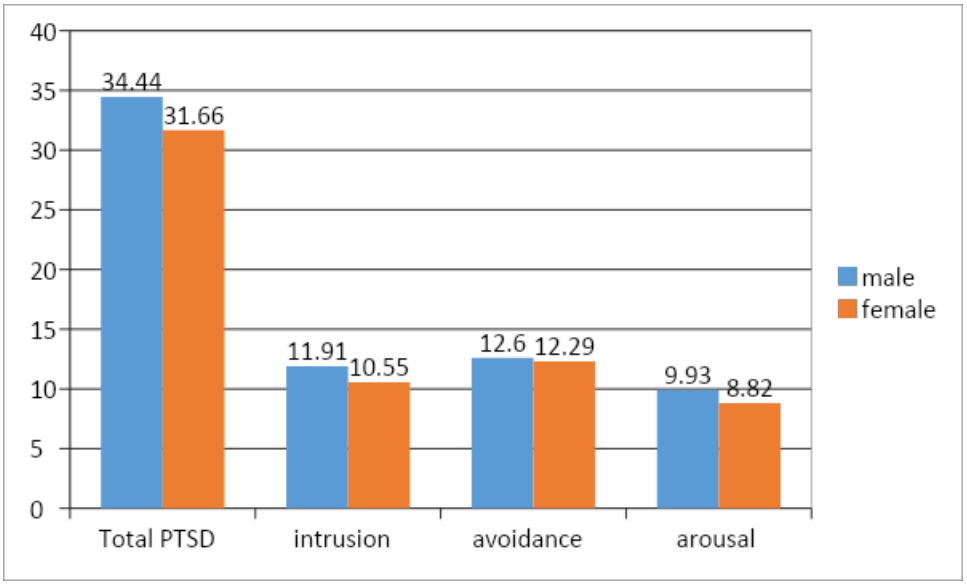
Mean of arousal symptoms for boys was 9.93 (SD= 5.13), mean of arousal symptoms for boys was 8.82 (SD= 5.21) and mean for girls was 12.29 (SD=6.38). There were statistically significant differences in arousal symptoms toward boys (t= 2.71, p =0.01)

Table 4

**Mean of PTSD in Palestinian children first stage**

| | | N | Mean | SD | T | p |
|---|---|---|---|---|---|---|
| Total PTSD symptoms | Male | 298 | 34.44 | 14.57 | 2.39 | 0.02 |
| | Female | 348 | 31.66 | 14.76 | | |
| Intrusion symptoms | Male | 298 | 11.91 | 5.41 | 3.16 | 0.001 |
| | Female | 348 | 10.55 | 5.46 | | |
| Avoidance symptoms | Male | 298 | 12.60 | 6.51 | 0.61 | 0.54 |
| | Female | 348 | 12.29 | 6.38 | | |
| Arousal symptoms | Male | 298 | 9.93 | 5.13 | 2.71 | 0.01 |
| | Female | 348 | 8.82 | 5.21 | | |

Figure 1: Mean of PTSD in Palestinian children




**Prevalence of PTSD symptoms**

As shown in table 5 (below), 84 children reported PTSD (13%) and 562 reported no PTSD (87%).

Table 5

Prevalence of PTSD in children

| Cases of PTSD | N | % |
|---|---|---|
| No PTSD | 562 | 87.0 |
| PTSD | 84 | 13.0 |

**Socio-Demographic differences and severity of post-traumatic stress reactions**

**Sex differences in severity of post-traumatic stress reactions**

There were statically significant sex differences in developing post-traumatic stress reactions in which girls developed more PTSD symptoms than boys (Mean =31.1 vs. 29.93) (*t* (739) = -3.32, *p*= .001). The results showed that girls significantly developed more intrusion symptoms than boys (*t* (610) = -1.94 p= .05) (Mean =12.64 vs.11.89), and avoidance symptoms (*t* (733) = -2.58, *p*= .01).

Table 6

Independent t test for differences in sex and PTSD in children

| Sex | | N | Mean | Std. Deviation | Std. Error Mean | t | p |
|---|---|---|---|---|---|---|---|
| Total PTSD | Male | 773 | 28.93 | 12.99 | 0.47 | | |
| | Female | 739 | 31.1 | 12.46 | 0.46 | -3.32 | 0.001 |
| Intrusion symptoms | Male | 634 | 11.89 | 6.9 | 0.27 | | |
| | Female | 610 | 12.64 | 6.73 | 0.27 | -1.94 | 0.05 |
| Avoidance symptoms | Male | 765 | 10.28 | 6.03 | 0.22 | | |
| | Female | 733 | 11.06 | 5.69 | 0.21 | -2.58 | 0.01 |
| Arousal symptoms | Male | 611 | 6.96 | 6.45 | 0.26 | | |
| | Female | 603 | 7.16 | 6.47 | 0.26 | -0.54 | 0.59 |

**Prevalence of general mental health problems using SDQ by parents and children less than 11 years old**

Using SDQ for parents, 34.7% of children were rated as having caseness* (cut-off point = 16-40), 18.3% (14-16) were borderline, and 46.9 (0-13) were normal by parents. Of children themselves, 34% of children were rated as having caseness (cut-off point = 20-40), 20.7% (16-19) were borderline, and 43.3 (0-15) were normal.

Table 7

Prevalence of general mental health problems using SDQ by parents

| | **Normal** | **Borderline** | **Abnormal** |
|---|---|---|---|
| SDQ caseness parents | 46.9 (0-13) | 18.3 (14-16) | 34.7 (17-40) |
| SDQ caseness self | 45.3 (0-15) | 20.7 (16-19) | 34 (20-40) |

* 'caseness' is the degree to which something is a diagnosable case

**Children's Post-traumatic Stress Reactions-stage 2**

**Mean of PTSD in Palestinian children**

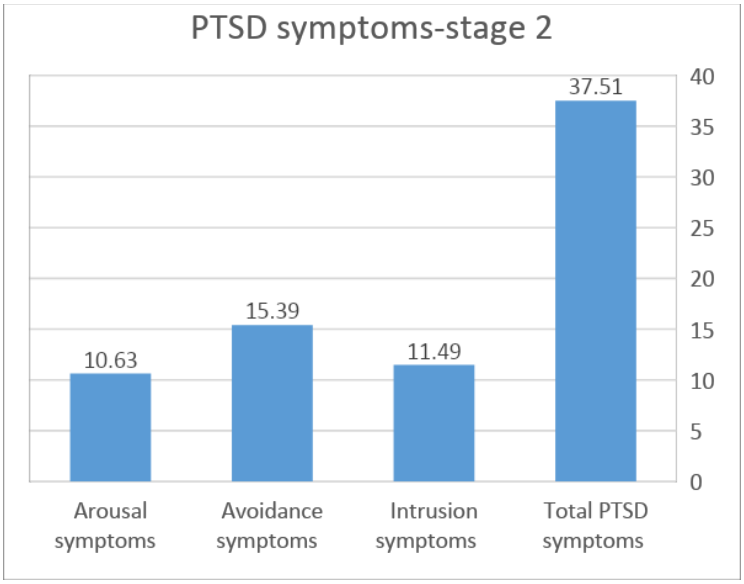
Mean of post-traumatic stress symptoms was 37.51 (SD= 15.65). Mean of intrusion symptoms was 11.49 (SD= 5.49). Mean of avoidance symptoms was 15.39 (SD= 6.41) and mean of arousal symptoms for boys was 10.63 (SD= 4.98).

**Table 8**

**Mean of PTSD in Palestinian children - stage 2**

| | N | Min. | Max. | Mean | SD |
|---|---|---|---|---|---|
| Total PTSD symptoms | 597 | 17.00 | 78.00 | 37.51 | 15.65 |
| Intrusion symptoms | 597 | 5.00 | 25.00 | 11.49 | 5.49 |
| Avoidance symptoms | 597 | 7.00 | 33.00 | 15.39 | 6.41 |
| Arousal symptoms | 597 | 5.00 | 25.00 | 10.63 | 4.98 |

Figure 2: Mean of PTSD in Palestinian children




**Prevalence of PTSD symptoms**

As shown in table 9 (below), 141 children reported PTSD (23.6%) and 456 reported no PTSD (76.4%).

Table 9

Prevalence of PTSD in children

| Cases of PTSD | N | % |
|---|---|---|
| No PTSD | 456 | 76.4 |
| PTSD | 141 | 23.6 |

**Prevalence of general mental health problems using SDQ by parents and children 11 years age**

Using SDQ for parents, 24.5% of children were rated as having caseness (cut-off point = 16-40), 12.2% (14-16) were borderline, and 63.3% (0-13) were normal by parents.

Table 10

Prevalence of general mental health problems using SDQ by parents

| | **Normal** | **Borderline** | **Abnormal** |
|---|---|---|---|
| SDQ caseness parents | 63.3 (0-13) | 12.2 (14-16) | 24.5 (17-40) |

**Impact of intervention in children PTSD and subscales**

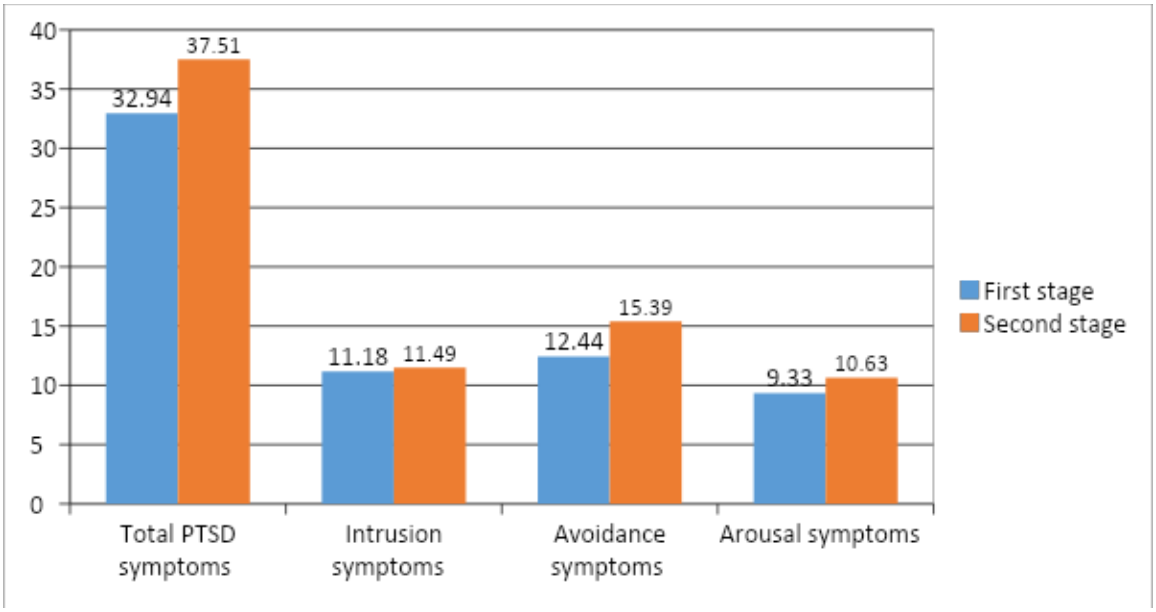
The **PTSD tests were** repeated after one month and it was obvious that the total **PTSD** mean increased including all subscales. This indicates that the short intervention program is not sufficient to recover from stressors. The children expressed their feelings during the sessions and remembered the traumatic events they were exposed to during the wars. However, they did not have the sufficient time to recover. Therefore, they need advanced intervention to help them cope with their stressors. There was no significant difference according to age. It is therefore, alarming to implement the second phase of the program.

Table 11

Paired T test comparing effectiveness of Impact of intervention in children PTSD and subscales

| | N | Mean | Std. Deviation | Std. Error | t | p |
|---|---|---|---|---|---|---|
| Total PTSD symptoms -first stage | 646 | 32.94 | 14.73 | 0.58 | 56.85 | .001 |
| Total PTSD symptoms stage 2 | 597 | 37.51 | 15.65 | 0.64 | 58.56 | .001 |
| Intrusion symptoms -first stage | 646 | 11.18 | 5.47 | 0.22 | 51.89 | .001 |
| Intrusion symptoms stage 2 | 597 | 11.49 | 5.49 | 0.22 | 51.09 | .001 |
| Avoidance symptoms -first stage | 646 | 12.44 | 6.44 | 0.25 | 49.08 | .001 |
| Avoidance symptoms stage 2 | 597 | 15.39 | 6.41 | 0.26 | 58.68 | .001 |
| Arousal symptoms -first stage | 646 | 9.33 | 5.2 | 0.2 | 45.62 | .001 |
| Arousal symptoms stage 2 | 597 | 10.63 | 4.98 | 0.2 | 52.23 | .001 |

Figure 3: Effectiveness of Impact of intervention in children PTSD and subscales




**Impact of intervention on children's mental health according to SDQ for parents form**

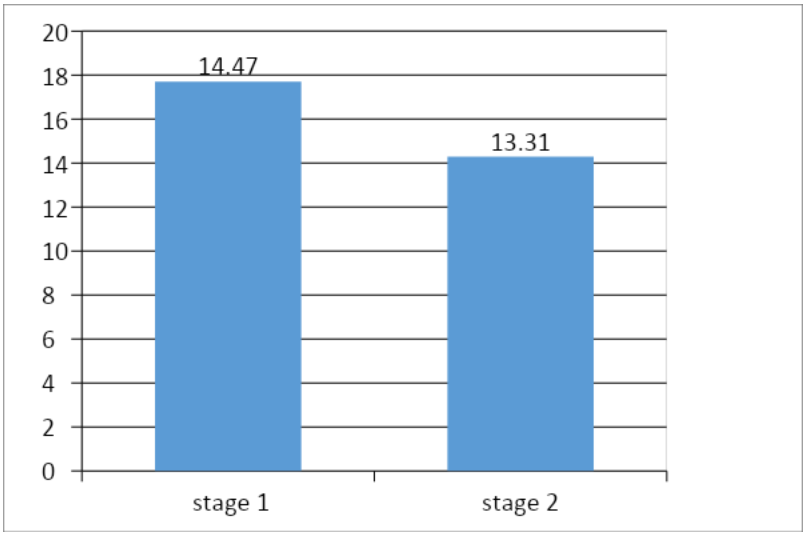
The SDQ for parents form was repeated after one month and it was obvious that the total SDQ mean decreased from 14.47 to 13.3.4 (t = 46.8, p = 0.01). The results affirmed the need for intervention programs to help children promote their resilience .

**Table 12**

**Paired T test comparing effectiveness of intervention using SDQ-parents**

| | | N | Mean | Std. Deviation | Std. Error Mean | t | p |
|---|---|---|---|---|---|---|---|
| | total parent SDQ stage 1 | 356 | 14.47 | 5.83 | 0.31 | 46.88 | 0.01 |
| | total parents SDQ stage 2 | 597 | 13.31 | 6.28 | 0.26 | | |

Figure 4: Effectiveness of Impact of intervention in children using SDQ-parents




**Impact of intervention on children's mental health according to children themselves**

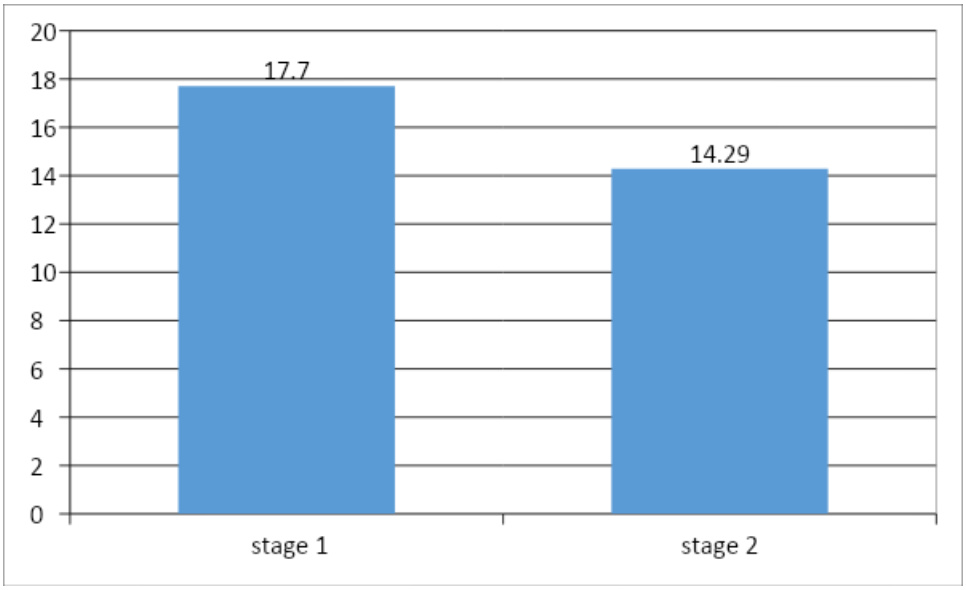
The SDQ for children themselves was repeated after one month. It was obvious that the total SDQ mean decreased from 17.70 to 14.29 (t = 48.03, p = 0.001). The results showed that the intervention activities had a positive impact for children according to the children themselves and their parents.

**Table 12**

**Paired T test comparing effectiveness of intervention according to children themselves**

| | | N | Mean | Std. Deviation | Std. Error Mean | t | p |
|---|---|---|---|---|---|---|---|
| | total self SDQ stage 1 | 281 | 17.70 | 6.18 | .37 | 48.03 | .0001 |
| | total self SDQ stage 2 | 262 | 14.29 | 6.39 | .39 | | |

**To children themselves**




**Conclusion**

The most commonly reported traumatic events due to the bad political situation and siege on Gaza was watching mutilated bodies and wounded people **on TV (72%).** The results showed that the intervention activities had a positive impact for children, according to the children themselves and their parents, it was obvious that total SDQ mean decreased from 17.70 to 14.29 ($t = 48.03$, $p = 0.001$). This result indicates that such intervention programs help children in coping with stressors, and promoting resilience.

The first phase findings report a high response rate to the intervention program; 46% among boys and 53% among girls. The results showed children affected negatively by poverty. The majority of their families monthly incomes are below $300 (85.9%). Of unemployed parents, 57% were fathers and 96% were mothers.

This poor status of income and education reflected on the children's mental health and it had a negative impact on children's psychosocial status. According to their mother's feedback, mothers said that their children have insufficient healthy food. One mother said, "I cannot meet the needs of my children." This increased the psychosocial problems on both children and parents.

**Recommendations:**

- Children in the Gaza Strip have many types of psychosocial and behavior problems, especially in marginalized areas. They need long term intervention programs to help them cope with their stressors, events and response.
- Awareness and psychosocial programs for women & parents.
- Entertainment programs for children and mothers.
- Encouragement for children by distributing toys and presents.
- Entertainment for team between phases of the project
- Continue capacity development program for team.
- More staffing for the psychosocial program.
- Training for the current staff for the second phase.

**Monitoring & Evaluating**

**The Supervisor conducted** daily meetings with the team to discuss work implementation, challenges, and success stories. Field visits to the team at the implementation place. Daily and weekly reports provided by facilitators while monthly, quarterly and final reports provided by supervisor.

**Challenges:**

- *Delayed start of the program for two main reasons: 1) It was difficult to start the program because many children attend school. The actual screening had to start after school and Ramadan. 2) CBO's selection. AAH had been through a long process to re-evaluate its outreach using CBO's due to governance and legislations issues. 20 CBO's were qualified among the total, which was more than 20.*
- *Many conflict escalations occurred during the implementation period and all activities were paused for security reasons.*
- *Children to staff ratio. Each session had up to 25 children and a limited number of staff. This poor ratio reduces the chance of full participation from the children and opportunities to talk about their feelings and their experiences.*
- *More children want to join the program, but the capacity of the project is limited.*
- *Lack of time to perform the reports and data entry versus activities time.*