



Community Profile

Children's Situation and Needs within an Inclusive Approach
to Gender and Disability

Al-Shawawra Village



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Executive Summary

1.Introduction to the Profile

The process of preparing profiles about the situation of children, their needs, and priorities with a comprehensible perspective on disability and gender in the targeted areas aims to highlight the needs and priorities of children, especially those with disabilities. The results of the study will be used to advocate and support the issues of vulnerable groups in societies; especially children.

The profile is prepared by reviewing of a package of secondary sources, such as: Published data from the Ministry of Education and the Palestinian Central Bureau of Statistics, a number of interviews with institutions and active centers in the village, AL-Shawawra municipality, AL-Shawawra kindergartens, the health center, school students, families in the community, families of children with disabilities.

2. Introduction to AL-Shawawra:

AL-Shawawra village is located at an altitude of 557 meters above sea level. The annual rainfall rate is 292 mm. The area of the village is 15,644 acres, 12,000 of them are pastures. According to the statistics of 2017, AL-Shawawra population was 4111. 48% of them are less than 19 years, and the average family member is about 4.7.

3. An introduction to persons with disabilities

The number of persons with disabilities in the community is estimated at about 150 individuals. A third of them are not enrolled in education or have enrolled and left. According to the Ministry of Education, there is one school only (AL-Shawawra Elementary School) in the community which has a ramp for students with disabilities. There is also a school (Alhalabi Mixed School) which has a resource room while other schools do not have any of these.

Inclusive Education is defined according to Article 1 of Law No. 8 of 2017 as “**Inclusive education:** is education that does not exclude any of the students, regardless of difficulty, disability, gender or color.” According to this, there is no need to make fundamental changes to the educational system.

The lack of access for children with disabilities to education contradicts their right to an inclusive education, which is guaranteed by the regulatory laws. The Decree Law No. 8 of 2017 states through Article 14 that the Ministry should “adopt a policy of inclusive and supportive education that meet the needs of all students, by providing:

1. Qualitive education for students who are mostly vulnerable marginalized students, such as students with disabilities.
2. Accessible school buildings, educational resources and qualified and specialized teaching staff.
3. Appropriate educational curricula and evaluation mechanisms that are flexible and responsive to the needs of students to provide them with qualitative education.

The inability of children with disabilities to enroll in education has disastrous consequences for their future. Because this will greatly prevent their integration into society and their ability to find job opportunities to build their future instead of depending on others.

Concerning the types of disabilities and their distribution in the village. Hearing, speech and movement disabilities form more than half of the cases among children. Both visual and mental disabilities form about a third of the total cases, and the remaining disability rates are distributed among the other types of disabilities; such as Autism and cerebral palsy.

Regarding the needs of children with disabilities, they are mainly supportive tools, services and medicines. About 50% of children with disabilities in the community need physical and occupational therapy services and medicines. Nearly 25% of them need hearing aids, visual tools and psychological support services. The remaining percentages of children need wheelchairs, artificial snails and walking support tools (crutches and walker).

Most families of children with disabilities point that empowerment and psychosocial support services are either poor or not available at all. Most families of children with disabilities state that they do not receive free supportive equipment like wheelchairs and hearing aids, specialized health services or cash assistance.

On the other hand, 50% of families in the community point that they face obstacles when seeking services from the Ministry of Social Development because of the bureaucratic procedures, such as: The long times to obtain the services, the difficulty of eligibility criteria that the Ministry of Social Development deals with and the inaccessibility of the Ministry.

Most families in the village point to the great lack of knowledge about the rights of children with disabilities and how to access the provided services to them. This also applies to local council employees and teachers in the kindergartens who are included in the study. They show a low level of knowledge about the rights of children in general and children with disabilities in particular.

When families of children with disabilities are asked how they cover the costs of necessary medicines, supportive tools, health services and diagnostic services, most families say that they cover them on their own expense.

About Palestinian People with Disabilities

- Children under the age of eighteen form 20% of individuals with disabilities in Palestine.
- About 46% of children with disabilities between the ages of 6-17 are not enrolled in education.
- The illiteracy rate among children aged 10 years and over reaches 32%.
- 60.5% of children with disabilities do not use public transportation due to environmental and financial obstacles.
- At least 46% of children enrolled in education pointed that they need to have adequate transportation, buildings, classrooms, or bathrooms in order to complete their education.

Palestinian Central Bureau of Statistics

The results of the study also showed that there is a group of obstacles that face persons with disabilities in general and children with disabilities in accessing health services, and these obstacles mainly include the following: the unavailability of some medicines, the long wait to obtain services, unavailability of diagnostic services in some cases, absence of some specialties related to The case of a child with a disability, lack of accessibility of some centers to provide services to children with disabilities, lack of supportive tools that children with disabilities needed and the remoteness of services from places of residence for children with disabilities. Free health insurance and referral destination: Getting free health insurance is done through the General Union for People with Disabilities for those who have a disability rate of up to 60% or more only or through the Ministry of Social Development. Those with a disability percentage of less than 60%. Are to the Ministry of Social Development to obtain health insurance necessarily requires dealing with children with disabilities and their families as social cases that need assistance, while they are not treated as people who have the right to obtain comprehensive insurance like others without disabilities.

Regarding laws related to health services for people with disabilities in general and children in particular, the Public Health Law No. 20 of 2004, which consists of 85 articles, does not take the needs of persons with disabilities into account. Moreover, this law does not include articles that respond to the needs of children with disabilities. In addition, the criteria on which a health center is licensed do not include accessibility as one of the conditions for licensing. This of course exacerbates the difficulties that children with disabilities face while accessing health services.

The results of the study also show that there are a group of obstacles that face persons with disabilities in general and children with disabilities in accessing health services. These obstacles are:

Free health insurance and referral: free health insurance is obtained through the General Union for People with Disabilities just for those who have a disability rate of 60% or more or through the Ministry of Social Development. This is considered a major obstacle for children with disabilities less than 60%. Moreover, the Ministry of Social Development considers children with disabilities and their families as social cases who need help when giving them health insurance. They are not treated as people who have the right to obtain a comprehensive insurance like other people without disabilities.

Service Packages: Health services provided by health insurance exclude several services, most of them are: diagnostics, medicines, supplies, medical consumables, tonics, vitamins and supportive tools. This means that children with disabilities are unable to obtain medical devices and supportive tools - (such as Wheelchair, crutches, hearing aids, etc) because they are not included in the insurance. The same applies to prosthetics that are not covered by health insurance, which causes more suffering for children with disabilities and increases the financial burden on their families.

Transfers and surgeries: Children with disabilities face great difficulties in obtaining the medical referrals needed to perform surgeries. Some operations are not covered by the insurance, such as: cosmetic surgeries even though they are sometimes considered necessary. There are great difficulties in obtaining the necessary transfers for rehabilitation services such as: physiotherapy and occupational therapy. In many

cases, transfers are obtained for short periods of time despite the fact that the cases of children are chronic ones which need several sessions.

On the other hand, people with disabilities who benefit from the health insurance system are not able to obtain many medicines as they are not listed on the list of medicines approved by the Ministry of Health. Children with disabilities do not have access to medical devices, hearing aids and other supporting tools because it is not included in the insurance. artificial parts are not covered by health insurance, so this leads to more suffering to children with disabilities and their families.

4.Economy

The number of economically active individuals is 1,131. The total number of workers is 1,053. The number of unemployed people is 78, and the number of economically inactive individuals is 1,384. According to the results of the General Population and Housing Census for 2017, 80% of families in the community depend on agriculture as an additional source of income. Work inside the Green Line forms 45% of the income sources in the village. The number of workers inside the Green Line is about 450 people, and in the settlements about 100 people. The average family income in the community is estimated at 3,000 NIS. The average daily wage for workers in the West Bank is about 80 NIS, and inside the Green Line is about 250 NIS. The number of women working in the village is about 100 women who work in the governmental and private sectors, agriculture and other sectors.

5. Services

The village residents depend on a water network that covers about 95% of the village's residential areas and neighborhoods. It was established in 1982. Residents face a problem in supplying their homes with water during summer because of the high rate of waste. The population is supplied with electricity through Jerusalem Electricity Company. The village residents depend on cesspits and endless pits to get rid of wastewater. Waste collection service is provided in the village by the Joint Services Council for solid waste through a special vehicle for collecting garbage.

6. Education

Primary and secondary education indicators in AL-Shawawra are to some extent close or relatively better than the indicators at the national level. The total number of students in the four schools is 975 (528 males and 447 females). The average number of students per teacher in the village schools is 17.7 compared to 19.9 in the West Bank. The average number of students in the classroom is 25 compared to 26.7 in schools in the West Bank. The number of students per toilet is 33.7, each sink reaches 34.4 and each bay is 41.6. Slightly better indicators than those related to other public schools in the West Bank.

With regard to school services, the study team noticed a general satisfaction of the students. Most of them expressed their satisfaction with a set of aspects related to their schools, such as the wideness of their classrooms with no overcrowding, the presence of good and comfortable seats, and the presence of playgrounds and activity. More than 72% of students believe that the toilets in their schools are not clean, while about 40% of them indicate that the number of toilets is insufficient, and nearly a third

of the total students indicate that the shaded areas in their schools are insufficient, and they are unable to use computers or have an adequate science lab.

Most of the interviewed families in the study expressed their satisfaction with a range of aspects related to their children's schools. This included the level of cleanliness of schools, availability of computers, the quality of food provided in the canteens, and the level of parks and playgrounds in their children's schools. Where these aspects are evaluated by most of the families between excellent and good up to 75% of the participating sample. On the contrary, the remaining percentage of the sample pointed the low level of school communication with them, as they described it as the difference between acceptable and poor.

The results of the study reveal that 13.3% of families in the community have at least one male child who is not enrolled in primary or secondary education, even though he is within the age group for enrollment in school education. This is compared to 6.7% of families that have uneducated females within the same age group. Most percentages of males and females who are not enrolled in education are in secondary education.

Regarding the relationship between the teaching staff and the parents, there is a weak communication between them. About 74% of families in the community indicate that they either never visited their children's schools or visited them once or twice during the 2018/2019 academic year. About 80% of families indicate that the reason for their visit to the school is because they are summoned by the school administration, to discuss education matters or to inquire about their children's performance.

In a related context, 10% of families with children in school report that their children receive private lessons in mathematics and English language mainly.

7. Early childhood education:

The results of the study reveals that there are two kindergartens in the village in which 158 children are enrolled; 90 females and 68 males who are under the supervision of 9 teachers. The number of students per teacher is 17.6, while the average number of students in the classrooms is 19.8 children. Regarding other indicators, it is found that there is a bay for every 15.8 children, a sink for every 26.3 children and a toilet for every 26.3 children. On the other hand, the results show that there is only one child with disability who receives education in a kindergarten. The results also show that kindergartens in the community are not suitable for receiving children with disabilities.

8. Adolescent males and females

The results of the study also show that 61.7% of families in the community have children whose ages are within the age group between 12-17 years. Families refer to a range of issues relate to their teenaged children, especially males. This mainly include wasting long time on the internet and social media.

9. Health:

Residents receive health services through the health clinics, which operates five days a week within the official working hours from (2-8). Two days of them are devoted to

general medicine, and two days for mothers and children to register new babies and provide the necessary vaccinations for them. There is also a day for pregnant women.

The governmental clinic offers a laboratory testing service that covers a set of basic laboratory tests through a simple laboratory. The number of individuals covered by health insurance is 2137 compared to 1980 who are not covered by health insurance (2017 census data).

Residents receive specialized health services in health centers and clinics in Beit Sahour and Bethlehem. The nearest hospital is approximately 12 km far from the village. With regard to medicines and their availability, they are generally available. A private pharmacy is available in the village, in addition to the medicines provided by the government clinic at a nominal price.

10. Institutions

AL-Shawawra lacks programs that target children in general and children with disabilities in particular. This is despite the presence of four institutions in the village, in addition to the village council. Unluckily, its development priority for 2020 included projects related to infrastructure only not social ones.

Most families point to the weakness or scarcity of activities that target children at the community level. According to these families, their children have not participated in several activities which children usually participate in. They confirm that there are no opportunities for children with disabilities to participate in any of the recreational activities in AL-Shawawra village.

11. The child's right in protection

Most of those concerned in children and people with disabilities development agree that the two most important factors which affect the children's situation in general and children with disabilities in particular are:

1. Culture and community awareness of children's rights
2. The role of relevant legislation and community institutions.

Their consensus on this comes after their recognition that there are several social attitudes and practices that oppose children's rights in general and children with disabilities in particular. The foremost of which is society's acceptance of violence directed at children, whether in the family or in the community followed by practices that are not suitable to persons with disabilities, especially from some service Providers. Most of them also admit that they do not trust the decision-makers and do

Article (6) of the Palestinian Childhood Law

The state works to create all appropriate conditions that guarantee children their right to obtain the highest possible level of health and social services and their right to education and to participate in various aspects of social life.

Article (8) of the Palestinian Childhood Law

The state shall take appropriate measures to ensure that children with disabilities enjoy the necessary care in all fields, especially education and health and vocational rehabilitation to enhance their self-reliance and ensure their active participation in society.

not expect them to work on solving their problems or providing various rights. Most of the parents work to provide the necessary services for their children. In the end, the concerned parties emphasize that children who are in danger and need protection are from the following categories:

Table 1: Characteristics and categories of children who are at risk

No.	Item	Characteristics	Interventions
1	Children with disabilities	<ul style="list-style-type: none"> The number of children with disabilities in AL-Shawawra is estimated at about 150 children Low school enrollment rates and the inability to access education and all forms of services. 	<ul style="list-style-type: none"> A database on children with disabilities that includes their socio-economic status, their needs, and their disability classification. Voluntary work to provide supportive education for children with disabilities Organizing community awareness campaigns about the rights of children with disabilities and how to access them. Organizing recreational, social and sports activities for children with disabilities A campaign to enable access of children with disabilities to the relevant service institutions (transfer)
2	Poor children	<ul style="list-style-type: none"> It is estimated that there are about 100 poor families, 20 families of which are headed by women, and 75 families receive services from the Ministry of Social Development or the UNRWA. Poor families are those who depend for their income on jobs in public institutions, and families of the unemployed and large families, who spend on university education. 	<ul style="list-style-type: none"> A campaign to provide grants and assistance to poor families in the village and projects for self-employment or developing existing projects for poor families. Working to establish a community or cooperative fund to provide university education Organizing voluntary campaigns to collect donations and aid for poor families, especially on special occasions. A campaign to follow up on the inclusion of poor families in AL-Shawawra in the lists of poor in the Ministry of Social Development.

No.	Item	Characteristics	Interventions
3	Abused children	<ul style="list-style-type: none"> Children in Al Shawawra village are exposed to violence from their schoolmates, parents, and teachers. Acceptance of the local culture for violence by parents and the teacher. 	<ul style="list-style-type: none"> Community awareness campaigns; To face violence against children in school. Psychological and social counseling for abused children Local basics for monitoring violence in school and at home
4	working children	<ul style="list-style-type: none"> Children under the age of 15 work in agriculture and in workshops and shops especially during the summer vacation Most children contribute to unpaid agricultural work. Some children work in occupations that are not permitted to work under conditions that violate the law. 	<ul style="list-style-type: none"> An initiative to activate control of children's labor at the governorate level Raising awareness among parents and community institutions about protecting working children.
5	Children of families that live in the wilderness of Al-Shawawra	<ul style="list-style-type: none"> The number of families that live in the wild during the spring period or throughout the year is about 20 families. Children of wildlife families face problems in accessing services, especially education. 	<ul style="list-style-type: none"> Providing supportive education for families living in the wild. An advocacy campaign to provide basic services, such as electricity and water to families who live in remote areas and are not connected to the electricity or water network. Providing transportation for students in remote areas to and from the school.

Chapter 1: General background about the study and its objectives

1.1 General background about the study

QADER has prepared the profiles as part of a project that aims to enhance the response of official institutions to the needs and priorities of children in 6 communities in the southern West Bank within the framework of a comprehensive approach to gender and disability. The project is funded by Caritas Germany and co-funded by the Bethlehem Children's Relief Association, the project was implemented in Al-Shawawra, Tuqoo', Battir, Beit Ummar, Surif and Kharas during 2019 and 2020.

The process of preparing profiles depended on the situation, needs and priorities of children aiming at a comprehensive perspective on disability and gender in the targeted areas, it also aims to highlight the real needs and priorities of children and children with disabilities, in addition to achieve the following goals:

1. Preparing a methodology and practical training to determine the reality and issues of children at the local level from a comprehensive perspective for persons with disabilities and gender. This methodology and evidence can be generalized to the institutions involved in community development in the various governorates.
2. Developing the voluntary work in local communities by enriching them with the necessary knowledge and tools; to advocate and support the issues of their societies, especially the issues of vulnerable groups in society.

For the purpose of developing the profile, a set of activities were conducted, under the constant supervision of QADER's technical staff, namely:

1. Consultations of a group of active institutions in the field of childhood and human rights. The aim of this is to identify their point of view on the most important data and variables that must be focused on at the community level and access relevant reports. Those institutions are the Ministry of Social Development, UNICEF, Save the Children and Defense for Children international Palestine.
2. Reviewing relevant guides, studies, plans and published reports such as the Strategic Plan for the Child and Child Protection System 2018-2022, Review of the Child Protection System in the State of Palestine, Accreditation Guide for Social Services issued by the Ministry of Social Development, Report of the Media and Child Rights Conference issued by the Early Childhood Resource Center The Palestinian Child Rights Reality Report 2013, issued by the Palestinian Central Organization, Palestinian Child Law No. 7 of 2004, International Convention on Rights of the Child adopted by the United Nations in 1989, Social Development Sector Strategy for the years 2017-2022, UNRWA Child Protection Framework (United Nations Relief and Works Agency for Palestine Refugees).

3. Preparing the first draft of the work guide to prepare profiles about the reality, needs and priorities of children according within an inclusive approach to disability and gender in the targeted communities.
4. Holding a consultative meeting with a group of national experts in the field of childhood and disability to discuss the first draft of the profile, especially the variables that will be included in the identification data. A representative of the Ministry of Health, a representative of the Ministry of Social Development, a representative of QADER's Board of Directors participated in the meeting, in addition to representatives of international institutions operating in Palestine.

1.2 Methodology for preparing Al-Shawawra village's profile.

The methodology for preparing the profile depended on the following activities:

Review of secondary sources: including the town's developmental plan, the statistics issued by the Palestinian Central Bureau of Statistics and the ones issued by the Ministry of Social Development, in addition to the statistics of the clinics, the schools, the local council and any published reports about the village. The aim of this is to collect the available data in the published and unpublished reports, studies and official statistics.

Interview with the local authority in the community: an interview was conducted with the local authority in the community in order to review its' organizational status, water, electricity and waste services in the village, in addition to roads in the community, effective centers and institutions and their fields of work, available health services in the community, in addition to the provided services and activities to children and economic establishments in the village and the economic situation of families.

Regular interviews with kindergartens: 9 interviews were conducted with kindergartens located in the village to collect data related to early education.

Regular interviews with a sample of male and female students in the different academic stages: 160 interviews were conducted with male and female students at schools to identify the main obstacles that limit access to a comprehensive and qualitative education for all, from the students' perspective.

An interview with health clinics officials in the village: an interview was conducted with the health clinic officials in the community to gather information about the health services provided by the clinic and the health indicators for children.

Interviews with active institutions and community centers in the village: a group of interviews were conducted with a group of active institutions and centers in the village to collect information about the provided services to children and to determine the priorities that concern children from their perspectives.

Regular interviews with a sample of families in the community: regular interviews were conducted with 185 families in the community and 30 families of children with disabilities to collect information about the real situation of children from the perspective of the families themselves.

A group of graduated and university students volunteers from Al Shawawra participated in the preparation of this profile , as the youth group has spend great effort in data collection along with QADER's team in conducting the interviews with families, school students and institutions. The youth group was trained on the methods of qualitative and quantitative data collection by a group of specialized experts.

The Youth group that contributed to the preparation of Al Shawawra's profile

- 1 Ahmad Naji Taleb Hmeidan
- 2 Haneen Mahmoud Ahmad Salem
- 3 Sumaya Nabeel Mahmoud Abu Rmayis
- 4 Ghada Suliman Mohammad Al Qady
- 5 Sumaya Tareq Abu Rmayis

Chapter 2: Geographical location, population, and economic activities in Al-Shawawra village.

2.1 Location, area and population

AL-Shawawra village is located to the east of Bethlehem 6.3 km (antenna) - that is the horizontal distance between the village center and Bethlehem city center. It is bordered from the east by open lands, from the north by Dar Salah village, from the west by Beit Sahour city and from the south Za'tara Village. The village is located at an altitude of 557 meters above sea level, and the annual rainfall rate is 292 mm. The village area is 15,644 dunams, and most of them are arable. The pastures area is 12,000 dunams, whereas the rest are crop fields and fruit trees lands.

AL-Shawawra Village Council, since its establishment in 1996, supervises the village's organizations and provide the village with the basic services. The council consists of 9 members (7 males and 2 females) and 3 employees. The council is responsible for providing infrastructure services in their various fields: water, energy, roads, transportation, waste collection and building supervision.

According to the general census of 2017, the population of AL-Shawawra was 4,111 people (about 875 families) divided into 8 main families in the village. About 48% of the population are under the age of 19.

According to the General Population and Housing Census results of 2017, 1,131 individuals are economically active, 1,053 workers, 78 unemployed individuals, and 1,384 individuals are economically inactive.

The number of families of persons with disabilities in the community is estimated about 67 families, or approximately 7% of families. 25 families of them have children with disabilities (about 3% of families) distributed roughly equally between males and females. The results show that 27% of children with disabilities in these families are not enrolled in any educational facility or have enrolled but dropped out.

Hearing, speech, and physical disabilities are more than 54% of disability cases among children, while visual and mental disabilities form about 31% of the total disability cases (15.5% each). the remaining percentages were distributed among other types of disabilities, such as autism and others.

- The number of children below 19 years is 1979.
- The number of individuals from 1565 is 2375.
- The number of registered refugees in the village is 293.
- The number of unenrolled children in education in kindergartens (3-5years) is 260 and the enrolled 188.
- The number of included in health insurance is 2137 compared to 1980 are not included in health insurance.
- 367 families have internet connection.

2.2 The economic situation of the families in the village

A large percentage of AL-Shawara residents depend on agriculture, where 80% of families in the community depend on it as an additional source of income, while it is a main source of income for about 12% of the residents. About 4,000 dunums are cultivated with rainfed crops, 200 dunums of fruitful trees and 30 dunums of greenhouses, while there are about 30 sheep farms with a total number of 3000 sheeps, in addition to 10 chicken farms, with a total number 40 thousand bird.

Workforce inside the Green Line forms 45% of the village's income sources. The number of workers inside the Green Line is about 450 workers, about 100 workers work in the settlements, about 20 workers work without permits inside the Green Line. The unemployment rate in the village is about 10%. The following table shows the distribution of the workforce according to the different work sectors.

Table 2: Distribution of workers in the community to the different work sectors

Agriculture	Public Sector	Workers in the Green line	Private Sector	Workers in the West Bank	Workers in settlements	Trading Industry	Industry	Total
12%	20%	45%	3%	5%	10%	3%	2%	100%

The average income of families in the community is about 3000 NIS. The average daily wage for workers in the West Bank is about 80 NIS, while inside the Green Line is about 250 NIS. The number of working women in the village is about 100 woman who work at public, private, agricultural and other sectors, as shown in the following table.

Table 3: Number of working women according to different work fields

Public Sector	Private Sector	Agriculture	Sewing and Heritage	Free	Total
25%	30%	18%	22%	5%	100%

There are a few economic establishments in the village, such as groceries, greengrocer's and butcheries. There are also 10 light industry establishments. It should be noted that there is no restaurants in the village.

2.3 Water, electricity, sewage, and road service

Water

Residents depend on the water network which was established in 1982, and covers about 95% of the village's houses. The water network forms about 90% of the water sources compared to 8% for water collection wells. 2% of people depend on water tanks. The price of a cup of water through the network is 5 NIS, while the price of one cup through water tanks is about 30 NIS. Water is available in summer at a rate of 3 days a week/12 hours, and in winter throughout the week at a rate of 12 hours per day.

The most important water-related problems in the community:

- The water network is old and needs rehabilitation.
- Urban expansion which increases the need to expand the internal water network.
- Insufficient amount of water.
- A high percentage of water waste that reaches 40%.

Electricity

Residents depend for their access to energy on the Israeli electricity network that was established in 1983. This network covers about 97% of the community houses. Electricity is available 24 hours in summer and winter except for regular cuts that may occur due wind, weather conditions and low temperature. About 3% of families depend on solar energy. The price of a kilowatt of electricity is about 60 Agoras, and the percentage of waste is about 10%.

The most important problems related to electricity:

- The electricity network is old and needs rehabilitation.
- Some of the electricity poles poses a threat on the lives of nearby residents because they are old.
- Lack of street lighting poles, and the need to rehabilitate the existing.

Sewage

The village residents depend on cesspits for the disposal of sewage, which causes a high level of pollution in the groundwater. In addition to the high cost of cesspits defusion which reaches 250 NIS. Sewage is disposed in Wadi AL-Nar, which is about 7 km far from the village, which leads to the spread of bad odors, insects and environmental pollution.

The most important sewage problems are:

- The lack of a sewage network.
- The high cost of cesspits perfusion
- The general pollution of groundwater and the earthsurface surrounding the cesspit; as a result of sewage leakage from the cesspits, and the sewage lines of Bethlehem and Beit Sahour cities.

Waste

The Joint Service Council for Solid Waste collects the community's waste by its private car that works every daily/monthly at a rate of 8 hours. The cost of collecting waste per family is 20 NIS/monthly. The waste is disposed in a random landfill affiliated with the community.

Problems that face the waste service:

- Failure to commit to pay waste collection fees.
- Poor road infrastructure, which makes it more difficult for the waste collection vehicle to reach all areas.

Roads and transportation

The length of the internal road network in the village is about 54 km. About 34 km of them are paved. Most of the streets are narrow and need expansion and rehabilitation. The most important problem is the absence of sidewalks, especially in areas which are close to schools. Regarding the linking road network, its length is about 10 km, 5 km of them need rehabilitation, which is the road that links AL-Shawawra village with Za'tara village.

Regarding the transportation service, there is only one external service line in the village that connects the village with Bethlehem which includes 9 cars. There are also two private cars, and two other cars that do not have a public license, but citizens rely on them for the transport to the city center and the neighboring villages. The trip to Bethlehem costs 9 NIS each time while it costs about 30 NIS to reach the surrounding villages due to the lack of transportation service that link the neighboring villages.

It should be noted here that transportation is not accessible for people with disabilities and drivers do not like to lift people with disabilities, which let them leave the village rarely. Whenever they are forced to transport, they rent a private taxis which cost them a lot.

There is a temporary military checkpoint the occupation impose approximately twice a week to stop movement.

Article 32 to Convention on the Rights of the Child No. (1): “States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development”.

Chapter 3: Access to comprehensive and qualitative education for people with disabilities for both gender

3.1 The indicators of primary and secondary education in the community are not good compared to the indicators at the national level

There are 4 governmental schools in the village¹, two elementary schools and two secondary ones; a school for boys and a school for girls. The total number of students in these schools is 975 (528 males and 447 females) educated by 55 male and female teachers. Indicators of elementary and secondary education in the community indicate a great convergence in education indicators at the West Bank level. The average number of students per teacher in the community’s schools is 17.7 compared to 19.9 in the West Bank. The average number of students in the classroom reaches 25 compared to 26.7 in the West Bank. The number of students per toilet is 33.7, about 41.6 students per sink and 34.4 students per bay, these indicators are close to the indicators related to other schools at the West Bank level.

Nevertheless, it is found that there is only one school (El-Halabi Elementary Mixed School) which has a resource room. There are no resource rooms in the schools, and there are three schools in the community that do not have an educational counselor.

¹This data was obtained from the Ministry of Education as a result of not obtaining approval to enter schools and conduct the required interviews

Table 4: The schools in AL-Shawawra village and the basic indicators associated with them

School Name	Teachers	Students	Teacher/ student	Student/ classroom	Resources Rooms teachers	Number of Coun- sellors	Bay/ student	Sink/ student	Toilet/ student	Availability of Ramps	Accessible Toilets
As-Shawawra Secondary School for Boyes	18	303	16.8	25.3	0	1	43.3	37.9	43.3	No	Yes
As-Shawawra Secondary School for Girls	12	188	15.7	18.8	0	0	23.5	47.0	23.5	Yes	Yes
Al-Halabi Elementary Mixed	14	267	19.1	26.7	1	0	29.7	29.7	24.3	No	Yes
RezqAs-Saeed Elementary Mixed	11	217	19.7	24.1	0	0	27.1	54.3	36.2	No	Yes
Total	55	975	17.7	25	1	2	34.4	41.6	33.7		

3.2 Poor level of accessibility in schools for students with disabilities

According to the interviews with families of children with disabilities, it is found that most of these families believe that buildings, libraries, laboratories, classrooms, computers and all educational curricula are not accessible at all to children with disabilities. The available data from the Ministry of Education confirms that there is only one school (AL-Shawawra Elementary School) in the community which has ramps for the use of children with disabilities.

Table 5: The extent to which different aspects are accessible with children with disabilities needs from the parents' point of view

	Yes completely	Yes Partially	Not Accessible at all	I Do Not Know	Total
Buildings	7.7%	7.7%	84.6%	0.0	100%
Libraries	7.7%	0.0	92.3%	0.0	100%
Laboratories	7.7%	0.0	92.3%	0.0	100%
Classrooms	15.4%	0.0	84.6%	0.0	100%
Computers	7.7%	7.7%	84.6%	0.0	100%
Educational curricula	15.4%	7.7%	69.2%	7.7	100%

More than 75% of families also pointed that schools are not prepared to receive children with disabilities (a level of readiness ranging from poor to acceptable). About 46% of families pointed that children receive the necessary training to enable them to move independently within the school environment, as shown in the following table:

Table 6: Parents' evaluation of a set of aspects related to education accessibility for children with disabilities

	Excellent	Very Good	Good	Acceptable	Poor	Total
Schools readiness to receive children with disabilities	7.7%	7.7%	7.7%	23.1%	53.8%	100%
Children with disabilities receive the necessary training to enable them of moving independently within schools' environments	7.7%	7.7%	15.4%	23.1%	46.2%	100%

	Excellent	Very Good	Good	Acceptable	Poor	Total
Availability of admission criteria that allows children with disabilities to be enrolled in school	15.4%	15.4%	7.7%	23.1%	38.5%	100%
Students and teachers level of accepting a child with disability	23.1%	23.1%	7.7%	15.4%	30.8%	100%
Children are exposed to violence in the society, school, and the family	15.4%	23.1%	23.1%	15.4%	23.1%	100%
Society's acceptance a child with disability	7.7%	7.7%	7.7%	15.4%	61.5%	100%

3.3 Parents and school students' satisfaction of the infrastructure in their schools

It should be noted that the study team was not able to enter the schools to conduct the necessary interviews and obtain the data about the infrastructure, services and facilities in the community's schools. But, the conducted interviews with the school students show that most of students express their satisfaction with a range of aspects related to their schools, especially the spaciousness and lack of overcrowding classrooms, the availability of good and comfortable seats, and the availability of playgrounds. However, more than 72% of students think that the toilets in their schools are not clean, while about 40% of them indicated that the number of toilets is insufficient.

Table 7: School students' evaluation of a range of aspects of school facilities

	Strongly Agree	Agree	Disagree	Strongly Disagree	Neutral/ do not know	total
The classroom is spacious and not overcrowded	24.2%	61.5%	12.1%	2.2%	0.0	100%
The seats in the classroom are good and comfortable	9.9%	69.2%	17.6%	3.3%	0.0	100%
The school has large areas for play and activity	8.8%	82.4%	7.7%	1.1%	0.0	100%
There are enough shaded areas in the school	6.6%	60.4%	28.6%	4.4%	0.0	100%

	Strongly Agree	Agree	Disagree	Strongly Disagree	Neutral/ do not know	total
There are enough toilets in the school	5.5%	56.0%	30.8%	7.7%	0.0	100%
The toilets in the school are clean	1.1%	22.0%	23.1%	49.5%	4.4%	100%
I can use the computer sufficiently	3.3%	75.8%	13.2%	6.6%	1.1%	100%
We go to the science lab and for scientific experiments	4.4%	86.8%	6.6%	1.1%	1.1%	100%
I can borrow books and stories for outside reading	3.3%	89.0%	5.5%	2.2%	0.0	100%
There is a library where you can sit and read	2.2%	94.5%	3.3%	0.0	0.0	100%

On the other hand, most of the interviewed families within the study expressed their satisfaction with several aspects related to their children's schools; the level of school cleanliness, availability of computers, the quality of provided food in the canteens, and the nature of the school playgrounds. Most of the families rate these aspects between excellent and good. This is shown in table 8.

Table 8: Parents' evaluation of a set of different aspects related to their children's schools

	Excellent	Very Good	Good	Acceptable	Poor	I Do Not Know	total
Communication level with the parents	15%	38.3%	21.7%	3.3%	20.0%	1.7%	100%
Cleanliness in general	10.2%	46.9%	36.7%	4.1%	2.0%	0.0	100%
Computers availability	12.2%	38.8%	34.7%	8.2%	2.0%	4.1%	100%
Quality of provided food in the canteens	16.3%	30.6%	32.7%	12.2%	4.1%	4.1%	100%
Parks and playgrounds in the school	8.3%	27.1%	50.0%	10.4%	4.2%	0.0	100%

3.4 Enrollment in elementary and secondary education

The results of the study show that 13.3% of families in the community have one male child within the age group of primary or secondary education enrolled in an educational facility. 6.7% of families in the community have at least one female child who is not enrolled in an educational facility despite her age. Most males and females who are not enrolled in an educational facility should be in secondary level.

Regarding children with disabilities, the results of the interviews with families of children with disabilities indicated that about 30% of children with disabilities have never been enrolled in an educational facility or they have been enrolled but dropped out.

3.5 Poor follow-up of children in school

In general, there is a weak communication between parents and their children's schools. About 74% of families in the community point that they either do not visit their children's schools at all or visit them once or twice during the 2018/2019 academic year. About 80 % of families state that the reason for their visit to the school is to discuss education and school affairs (Figure 1) or to inquire about their children's academic and behavioral performance. The study also show that most families (88.3%) had never participated in activities or meetings of the Parents' Council during the 2018/2019 academic year (Figure 2)

Figure 1: The relative distribution of families according to the number of times they visited their children's schools during the 2018/2019 academic year

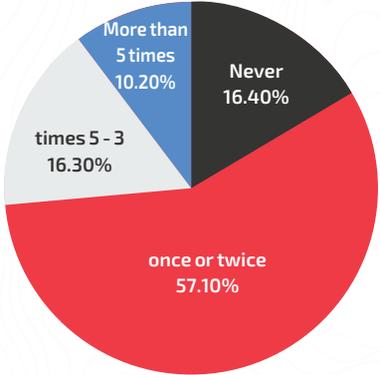
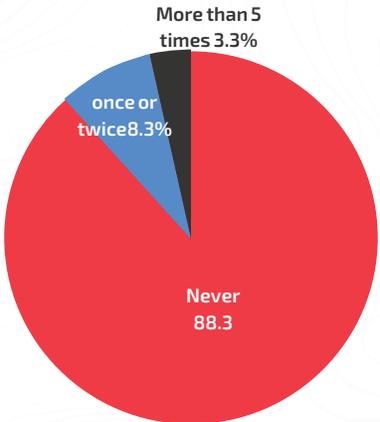


Figure 2: Relative distribution of families according to the number of times they participated in parenting council activity during the academic year 2018/2019



3.6 10% of families have children who take private lessons

10% of families with children in school reported that their children receive private lessons, 60% of them take mathematics and English and 30% of them take physics. These families stated that the private lessons improved the academic performance of their children.

3.7 Early childhood education

There are 2 kindergartens in AL-Shawawra village, in which 158 children are enrolled, 90 of these children are females and 68 males who receive education under the supervision of 9 teachers. The number of students per teacher is 18.5, while the average number of students in classrooms is 20.5. There is a bay for 17.1 child, a sink for 27.75 child and a toilet for every 17.1 child, as shown in the table below.

Table 9: The main data for the kindergartens in the community

Kindergarten Name	No. of Teachers	No. of Rooms	No. of Children	Child/ Teacher	Child/ Room	Child/ Bay	Child/ Sink	Child/ Toiler
AL-Shawawra's Children Kindergarten	3	3	64	21.3	21.3	10.7	32.0	32.0
Ammoria's Children Kindergarten	6	5	94	15.7	18.8	23.5	23.5	23.5
Total	9	8	158	37	20.05	17.1	27.75	27.75

Moreover, the results of the interviews indicated that the conditions of one of the kindergartens are very poor, the kindergarten has a significant lack of ventilation, seats and boards. Two out of the 3 rooms in the kindergarten need maintenance and are not heated. This makes the educational environment inappropriate. In addition, the playground has a cement floor and it is unfurnished which might cause a danger to children in case one of them falls.

The results also show that There is only one child with disability who is enrolled in a kindergarten as the community's kindergartens are not accessible or ready to include children with disabilities, as they lack of accessible sanitary units and buildings, the lack of of accessible curricula to children disability nature and the lack of an accessible means of transportation for children with disabilities.

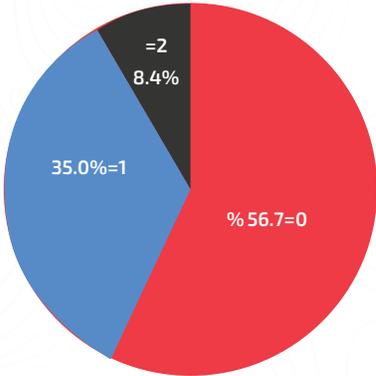
Table 10: Indicators for children with disabilities (CwD) at the kindergarten level in the community

Kindergarten Names	No. of CwD	Accessible Curricula to CwD	Availability of Technical Aids	Accessible Buildings	Accessible Sanitary Units	Accessible Transportation
AL-Shawawra's Children Kindergarten	0	Not Available	Not Available	Not Accessible	Not Accessible	Not Available
Ammoria's Children Kindergarten	1	Not Available	Not Available	Not Accessible	Not Accessible	Not Available

The interviews also revealed that the teachers in kindergartens are not aware of the legislations and laws of persons with disabilities and their rights, they did not participated in any training courses or workshops related to legislations and laws of persons with disabilities and their rights during the past three years.

The enrollment rates of children in early education in the community were about 57%, as 42% of families in AL-Shawawra have at least one child of early school age who is not enrolled in education as shown in Figure 3.

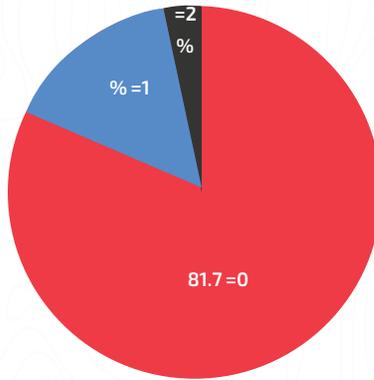
Figure 3: Number of family members who are not enrolled in kindergarten and who is within the enrollment age group (age between 36-59 months)



3.8 Enrollment in higher education

Regarding enrollment in higher education, the results show that 18.3% of families in the community have at least one person enrolled in community intermediate colleges or universities, and that 3.3% of families have two family members enrolled in higher or intermediate education. It is also found that 5% of the families in the community have members enrolled in vocational education. (Figure 4)

Figure 4: Relative distribution of families according to the number of family members enrolled in higher or intermediate education



3.9 Adolescent children in the family

The results of the study show that 61.7% of families in the community have children aged between 12-17 years. Families refer to a range of issues relate to their teenaged children, especially males. Those issues mainly are: wasting long time over the internet and social media, low achievement at schools, late attendance, and no respect to parents. Regarding females, the most important issue is wasting long time over the internet, as shown in figure 5 and 6.

Figure 5: Issues Related to Male Adolescents

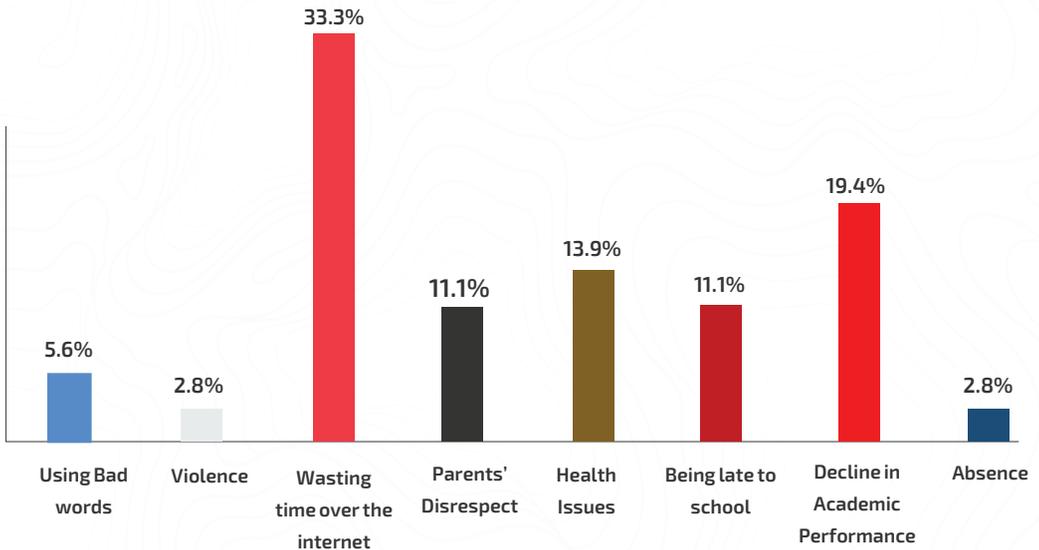
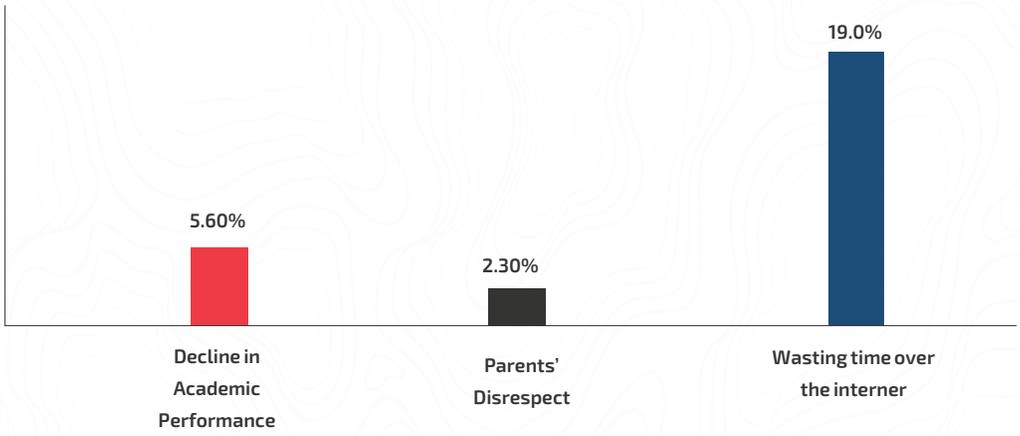


Figure 6: issues related to female adolescent girls.



Chapter 4: The child's right to enjoy the highest standard of health.

4.1 Poor health services and absence of specialized health services

Residents of the village depend on the governmental health clinic to get health services, those clinics works five days a week within the official working hours from (8-2), two working days are devoted to general checkup, and two days for mothers and children and that includes: registering new babies, providing the necessary vaccinations for children and following-up pregnancy. The governmental clinic also provides laboratory tests service that covers a range of basic laboratory tests through a simple laboratory. It must be noted that the clinic's building is old and unsuitable for providing medical services.

Residents of AL-Shawawra village receive specialized health services in health centers and clinics of Beit Sahour and Bethlehem. Accordingly, access to specialized and emergency health services is difficult and expensive for citizens because it is not available in the village, the nearest hospital to the village is approximately 12 km away. Regarding medication and their availability, they are generally available, there is a pharmacy in the village that provides medication at a nominal price.

It was found that about half of the families believe that the level of available health services in the community, whether for children or adults, vary between acceptable and poor. It should be noted that these services may not be available sometimes. This also applies to the accessibility location of health centers. Regarding the evaluation of the estimated time to reach the nearest hospital, it is similar to the previous point. More than 40% of families pointed that the quality of provided service and the way of dealing with patients vary between poor and acceptable. In other times, the services are not available at all.

Table 11: Families' assessment of a set of aspects related to health services

	Excellent	Very Good	Good	Acceptable	Poor	Not Available	I Do Not Know
Nature of available health services in the community	0.0%	3.4%	33.9%	25.4%	20.3%	6.8%	10.2%
Health centers locations and their accessibility	0.0%	5.0%	38.3%	25.0%	25.0%	0.0%	6.7%
Costs of obtaining health services	1.7%	5.0%	46.7%	25.0%	11.7%	1.7%	8.3%

	Excellent	Very Good	Good	Acceptable	Poor	Not Available	I Do Not Know
Estimated time to reach the nearest hospital	0.0%	3.3%	20.0%	8.3%	55.0%	6.7%	6.7%
Availability of reproductive health services for women	0.0%	13.3%	35.0%	20.0%	8.3%	10.0%	13.3%
Quality of provided services	1.7%	5.0%	36.7%	30.0%	10.0%	3.3%	13.3%
Way of dealing with patients	1.7%	5.0%	35.0%	26.7%	13.3%	3.3%	15.0%
Provided health services for children	3.3%	3.3%	48.3%	18.3%	3.3%	6.7%	16.7%
Availability of vaccinations against diseases	11.7%	36.7%	28.3%	13.3%	0.0%	0.0%	10.0%

4.2 Lack of health services for children with disabilities

As for the families' evaluation of the level of provided health services to children with disabilities, almost all families point that the various services provided to children with disabilities are either poor or non-existent. This specifically include the following:

- The availability of specialized health services for children with disabilities.
- Primary health care services associated with early detection of disability.
- The availability of specialized and professional staff in disability issues.
- Diagnosis of type and degree of disability at the medical center.
- The level of availability of health services.
- Access to health services.
- The availability of a diagnostic protocol for disabilities.
- The availability of accessible vehicle to transport children with disabilities to the health centers.
- Availability of medication and technical aids for children with disabilities.
- Availability of support, counseling, and psychological health services for children with disabilities.

When families of children with disabilities were asked how they cover the costs of their children's needs from medication, technical aids, regular and specialized health services and diagnostic services, most families state that they cover them on their own expense, as shown in the following table:

Table 12: How to cover the costs of children with disabilities

	On your own expense	Through Support	On your own expense & Support	Total
Mediction needed for treatment	69.2%	15.4%	15.4%	100%
Technical Aids (wheelchair, Hearing aids...)	66.7%	25.0%	8.3%	100%
Health services in general (periodic checks ...)	92.3%	7.7%	0.0%	100%
Specialized services (such as : occupational & physiotherapy, ...)	81.8%	9.1%	9.1%	100%
Diagnostic services	92.3%	7.7%	0.0	100%
Transportation costs for accessing health services	84.6%	7.7%	7.7%	100%

Interviews with families revealed that some children suffer from health problems , as 5% of families reported having a child who suffering from underweight, 1.7% of the have a child who suffer from dwarfism 3.3% of them have a child who suffer from Anemia and 1.7% of families have children who smoke.

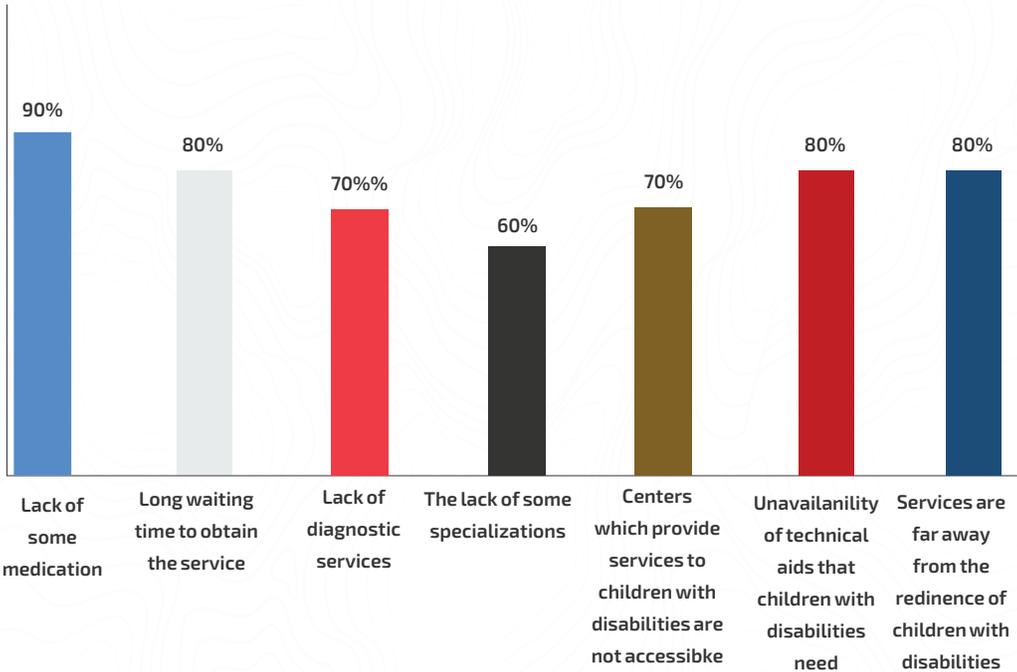
4.3 Obstacles that limit children's access to health services provided by the Ministry of Health

About 75% of the families in the community mentioned the obstacles related to obtaining the services provided by the Ministry of Health, these obstacles are:

- The long waiting times to obtain the services.
- Unavailability of diagnostic services in some cases.
- Unavailability of some medication.
- Unavailability of some specializations.
- Unavailability of accessibility of some centers that provide services for children with disabilities.
- Unavailability of technical aids that children with disabilities need.

The following figure shows the results of the study related to this topic.

Figure 7: The relative distribution of families facing obstacles in accessing the services provided by the Ministry of Health according to the nature of the obstacles they face



Chapter 5: The Child's Right of Culture, Entertainment and Participation

5.1 The absence of programs and activities directed to children

The village lacks of programs that is addressed to children in general and for children with disabilities in particular. Although there are four institutions in the village, in addition to the village council, the institutions in the village are either not effective (such as Nour As-Sharq Cultural Center) or they focus their activities on economic and social empowerment programs for women or provide services to farmers.

Most of the village council's activities focus on providing infrastructure services in the village, which include: water and electricity services, roads and transportation, waste and public health. The council also indirectly supervises building permits. The local authority has a development plan, but it lacks to projects that directly target children, as it considers children among the targeted group from the health, education and infrastructure services, and other services indirectly. In addition to the development priorities for the year 2020, included projects related to infrastructure only and there are no projects that targets youth and children. Furthermore, the budget lacks any projects or programs that target children in general.

Table 13: The available institutions in the village and their field of work

Institution Name	Management Membership	Establishment Year	Available Assets in the Institution	Activities
Nour As-Sharq Cultural Center	3 females and 4 males are board of management members	2003	The center does not have any capabilities. it is a moral framework that unites its members and practices its activities in the village council's building	Presenting seminars and courses related to youth issues and educating them. The center is currently inactive and does not offer any activities for children
Women's Club	7 women from the village	1987	The club has no available assets	Providing first aid and literacy courses for women, in addition to providing 15 water wells for the population, providing aid through SOS for orphaned children, and sewing courses. The center does not provide educational or entertainment services for children.

Institution Name	Management Membership	Establishment Year	Available Assets in the Institution	Activities
Women's Center	9 women from the village	2004	The center obtained a computer center project to train youth and students on its uses, through Spanish cooperation within the framework of the project to empower women and youth in the West Bank.	The center provides economic and social empowerment services for women (food processing, flower arrangement, agricultural guidance, university student assistance, sewing courses, etc.) The center does not provide educational or entertainment services for children.
Snicel Association for Community Development.	3 females and 6 males are Board member	2007	A rented building, in addition to office furniture, some computers and small projectors.	Providing health educational workshops especially for women, conducting agricultural courses for farmers, organizing computer courses, and working on some recreational activities for the residents.

Most interviewed families pointed that the services that could be provided to children are either non-existent or of poor quality. as about 75% of families in the community pointed that they either do not know the number of institutions, youth clubs, centers the cultural and public libraries available in the community, or that these centers are not available, or their number is insufficient also, most families considered that the quality of provided services to children in the field of culture and entertainment is either non-existent or poor. In addition to the absence of families' participation in designing activities addressed to their children, as well as the weakness or scarcity of activities targeting children.

The following table shows the families' evaluation of the provided services to children at the local level. (Table 14)

Table 14: Families' assessment of aspects related to children's participation in cultural, entertainment and social activities.

	Very Good	Good	Acceptable	Poor	Not Available	I Do Not Know	Total
Number of youth institutions and clubs, cultural centers, and public libraries in the community	3.3%	3.3%	6.7%	5.0%	75.0%	6.7%	100%
Quality of provided services for children according to different ages and gender	0.0%	5.0%	8.3%	80.0%	6.7%	0.0%	100%
The provided services include children's needs according to their different ages	1.7%	3.3%	1.7%	5.0%	78.3%	10.0%	100%
Level of provided services by social community institutions in the community in culture and recreation fields	0.0%	6.7%	1.7%	5.0%	75.0%	11.7%	100%
Level of children's access to information	0.0%	15.0%	10.0%	3.3%	63.3%	8.3%	100%
Children's participation in designing different activities including schools' trips, summer camps and cultural activities	5.0%	6.7%	3.3%	1.7%	76.7%	6.7%	100%
Availability of playgrounds and recreational places	0.0%	13.3%	5.0%	3.3%	76.7%	1.7%	100%
Children's easy access to artistic and performing arts	3.3%	0.0%	1.7%	3.3%	83.3%	8.3%	100%
The information provided by institutions suits the physical and mental development of children	1.7%	5.0%	1.7%	3.3%	83.3%	5.0%	100%
Parents participation in designing activities related to their children	6.7%	5.0%	1.7%	5.0%	76.7%	5.0%	100%

5.2 Significant weakness in children's participation in various activities and programs

Most families indicated that their children of both gender did not participate in several activities during the year 2019 in which children usually participate, including: summer camps, attending plays, school trips, voluntary work, or activities organized by sports or cultural clubs. The following table presents the study results:

Table 15: The number of times in which one or more male and female children participated in the various activities

Activity	Males		Females	
	0	1+	0	1+
Sumer Camp	85	15	95	5
Voluntary work	96.7	3.3	91.7	8.3
Attending a play	90	10	95	5
A special celebration for children in the school	71.7	28.3	70	30
A special celebration for children outside the school	93.3	6.7	93.3	6.7
Dabka or other artistic teams	100	0	100	0
Sport/cultural club	96.7	3.3	100	0
Children club	100	0	96.7	3.3
A school trip	68.3	31.7	65	35
A trip outside the school	76.7	23.3	78.3	21.7

5.3 Lack of participation of children with disabilities in various activities and programs

The village lacks the existence of institutions that sponsor persons with disabilities in general, and the existence of provided programs for children with disabilities in particular. Regarding the participation of children with disabilities, it is considered non-existent as children with disabilities do not participate in any of the recreational, cultural and social activities which is not available for children in general.

Chapter 6: The Child's Right of Protection

6.1 Poor children and orphans

The results of the study indicated that there are approximately 100 families in the community that are below the poverty line with about 300 children as per the village council statistics, which forms 25% of the total families in the village. It is also estimated that about 20 of the families that fall below the poverty line are headed by women. The estimates also indicates that there are 75 poor families receive assistance from the Ministry of Social Development and UNRWA, these families also receive assistance from relatives and residents. According to the village council, the assistance the poor families received is considered insufficient and does not cover the basic needs of these families.

The study also indicated that there are approximately 30 orphaned children in the village, of whom only 4 are sponsored children, which makes the vast majority of orphaned children in the danger zone.

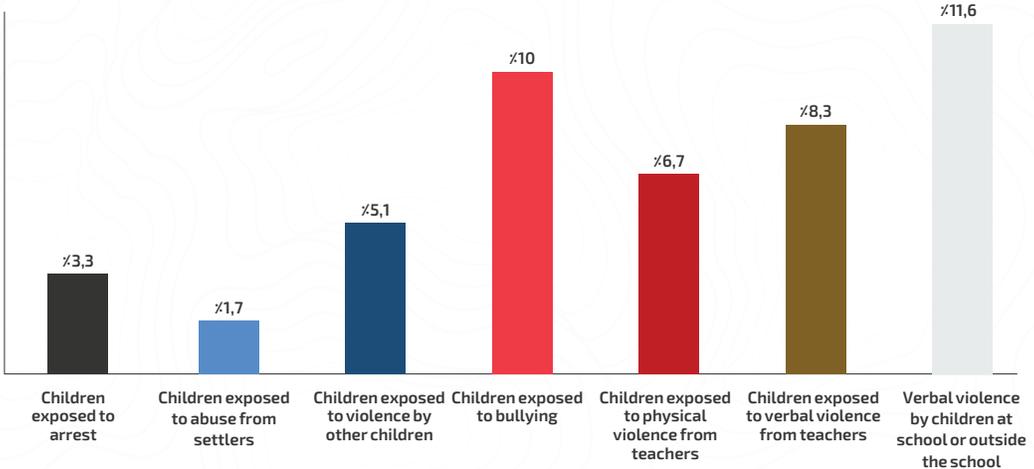
6.2 Children are exposed to abuse and violence

On the other hand, the study results show that 3.3% of the children are detainees, while the occupation assaulted 1.7% of the children. The results also show that about 12% of the children are subjected to verbal violence either from students in school or from other children in the street. In addition, 10% of children are exposed to bullying and 5.1% are physically attacked by other children.

The results of the study reveal the fact that children are subjected to verbal abuse (6.7%) and physical (8.3%) by teachers in schools.

Although these rates depend on what the interviewed families state, it is believed that the percentage of children who are subjected to attacks from teachers or other children is higher. Figure (8) shows the percentages of children who are subjected to abuse or violence during (2019).

Figure 8: Percentage of children who were exposed to abuse or violence during 2019



6.3 A large percentage of children are beaten and reprimanded in schools and in the family

What confirms that the rates of children's exposure to violence from teachers in schools is higher than the rates stated by families are the results of interviews with school students (Figure No. 8). 24.2% of the students who are selected pointed that most of the teachers beat the students when they make mistakes or do not perform their duties. About 65% of students pointed that few teachers do so, and about 85% of students pointed that they are beaten by all or most of the teachers when they misbehave. 70% of students report that all or some of the teachers use profanity with students. Details in this regard are shown in the following table.

Table 16: The level of children's exposure to violence from teachers in schools

	All Teachers	Most of them	Some of them	No Body or rarely
Teachers hit students when they make mistakes or do not do their homework	3.3%	20.9%	64.8%	11.0%
Teachers hit students when they misbehave (hitting classmates, using bad words, etc.)	3.3%	14.3%	67.0%	15.4%
Teachers use profanity for students	1.1%	8.8%	59.3%	30.8%

The results also show that 45% of the interviewed students reported that one of the parents hit them often or a few times when they make mistakes, while 18.7% of them reported that one of the parents rarely beat them. More than 82% of the students say that a parent reprimanded them when they make mistakes, as shown in the following table.

Table 17: Children's level of beating and reprimanded by parents

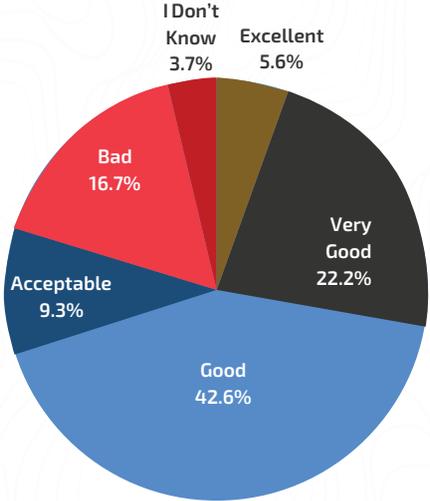
	Always	Most of the times	Sometimes	Rarely	Never Happens
When I do wrong, one of the parents may beat me	0	5.5%	39.6%	18.7%	36.3%
When I am wrong, one of my parents may reprimand me	1.1%	44.0%	38.5%	11.0%	5.5%

The results of the interviews shows that 50% of the parents in the community believe that hitting children when necessary is considered a method of parenting.

Regarding children schools' sites and the safety level for children, most families (70%) pointed that the location of their children school is considered safe for their children

(excellent, very good, or good), whether in terms of distance from Israeli settlements or the leading roads to school are not dangerous for them. However, about 25% of families indicated that the school locations in which their children receive education are considered either poor or acceptable in terms of safety.

Figure 9: The level of safety for the school site where children receive education



6.4 The absence of empowerment and psychosocial support programs for children with disabilities

For children with disabilities, the availability of services, empowerment programs and psychosocial support is an important part of their legitimate right of social protection, so the study also focuses on assessing the level of availability of these services and programs. The results show that the majority of families of children with disabilities believe that empowerment services and programs psychosocial support is either of poor quality or not available, and the evaluation is shown in the following table.

Table 18: families of children with disabilities assessment of empowerment and psychosocial support services and programs level

	Excellent	Very Good	Good	Acceptable	Poor	Not Available	I Do Not Know
Availability of required services in general	0	0	15.4%	0	38.5%	46.2%	0
Support and entertainment services	0	0	15.4%	0	23.1%	61.5%	0
Easy access to services	0	0	23.1%	23.1%		53.8%	0

	Excellent	Very Good	Good	Acceptable	Poor	Not Available	I Do Not Know
Empowerment and psychosocial support programs	0	0	23.1%	7.7%	15.4%	53.8%	0
Role of active institutions in the community in serving children with disabilities	0	0	15.4%		23.1%	61.5%	0
The Specialized center's ability to receive different disabilities cases	0	0	23.1%	7.7%	15.4%	46.2%	7.7%
The cost of obtaining the service.	0	0	23.1%	7.7%	15.4%	53.8%	0

Most families of children with disabilities pointed that they do not receive free technical aids (wheelchair and hearing aids), specialized health services, cash or in-kind assistance. Also, about 40% of families indicated that they did not obtain free health insurance or free medication, which also indicated to the weak social protection available to children with disabilities. The following table presents the results of the study.

Table 19: Level of provision of various services for children with disabilities

	Yes always	Yes Partially/ sometimes	No
Free health insurance	38.5%	23.1%	38.5%
Free medication	23.8%	38.1%	38.1%
Technical Aids (wheelchair, hearing aids)	7.7%	7.7	84.6%
Specialised health services	0%	15.4%	84.6%
Cash or in-kind assistance	7.7%	30.8%	61.5%
Customs exemptions	100.0%	0%	0%
Psychosocial counseling and support	15.4%	84.6%	0%
Assistance in renovation of houses to make it accessible.	7.7%	7.7%	84.6%

On the other hand, 50% of families in the community pointed that they face obstacles when they go to obtain services from the Ministry of Social Development, these obstacles are as follow:

Table 20: Obstacles nature that families face in obtaining services provided by Ministry of Social Development

Obstacles Nature	Families%
Long and bureaucratic procedures	100.0%
Long waitin time to obtain the service	100.0%
Routines and administrative complications	100.0%
The difficult eligibility criteria set by the Ministry of Social Development	71.4%
Inaccessibility of the ministry's building	71.4%
Lack of stechnical aids needed by children with disabilities	57.1%
Services are far from places of residence of children with disabilities	85.7%

6.5 Current needs of children with disabilities

The needs of children with disabilities focus on a set of aspects, which mainly include technical aids, specialized health services and medication. About 50% of children with disabilities in the community need occupational and pysiotherapy services. And almost 25% of them need hearing aids, visual aids or psychological support services. While the remaining percentages of children need wheelchairs, Cochlears, or walking aids (crutches, walker). Table 21 shows the needs of children with disabilities in the community.

Table 21: The needs of children with disabilities in the community

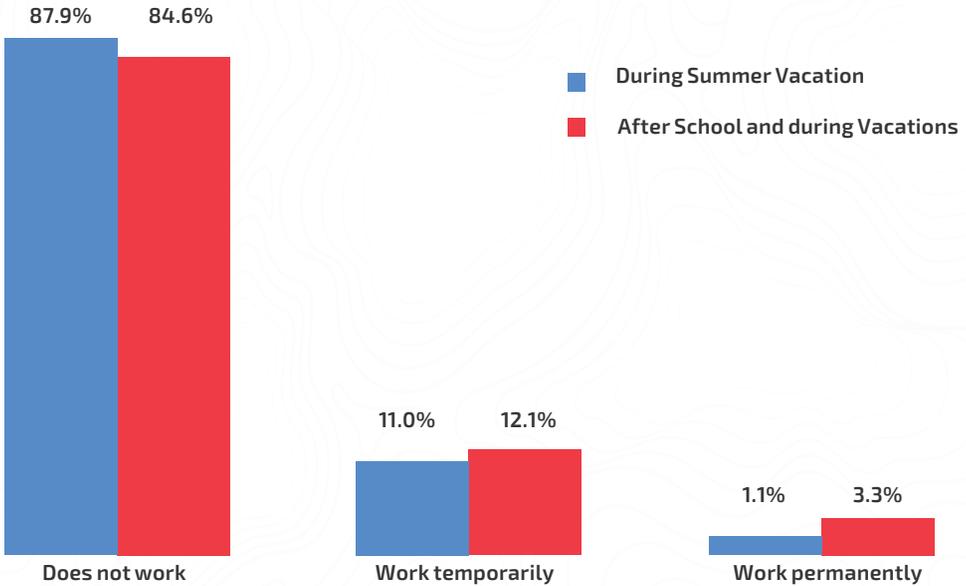
Nature of Need/ Service	Families Percentages
1.Wheelchair	16.7%
2. Hearing Aids	25.0%
3. Cochlear	16.7%
4.Visual aids	23.1%
5. Physiotherapy and functional therapy	50.0%
6. Walking technical aids (crutch, walker)	7.7%
7. Medication	50.0%
8. Psychological support services	25.0%

6.6 Child labor²

According to the interview with the local council, the number of working children under the age of 15 in AL-Shawawra village is only 5 children. In the same context, it is found that the number of working children within the age group of 15-17 is 100 children, 40% of them are not enrolled in any educational facility, while the remaining percentage of children work after school hours or during summer vacation. The village council or the relevant authorities did not develop any policies or mechanisms that prevent or monitor child labor.

Approximately 15% of school students point that they work either permanently or temporarily during summer vacation, compared to 12.1% of students who reported that they also work permanently or temporarily after school hours. Most school students pointed that they have never worked, as shown in the following figure.

Figure 10: Relative distribution of school students according to their relationship to work



6.7 Early marriage.

According to the interviews with families, the phenomenon of early marriage is very limited in AL-Shawawra village, 5% of families stated that they do not allow males or females to marry before they reach the age of 18. This percentage needs further verification because families tend not to provide the researchers with accurate information on this matter.

² According to the International Labor Organization, Child Labor is not considered for individuals above 15 years old

Chapter 7: Knowledge of children's rights and relevant legislations and laws

In general, there is a great lack of awareness and knowledge of children's rights and relevant legislation and laws among members of society in its various groups in the village. The results of interviews with families in the community show that most families do not have sufficient awareness or knowledge about the rights of children, children with disabilities and how Access the provided services.

According to the study results, the level of knowledge among families in these aspects ranges from 1.5 to 3 on a knowledge scale ranging between 1 (I do not know anything) and 10 (I have full knowledge). This matter includes the following aspects:

- Knowledge of children's rights and legislation
- Awareness of laws and legislations for children with disabilities.
- Knowledge of places to provide services for children with disabilities
- Knowledge of the Children's Board of Grievances.
- Knowledge of the rights of children with disabilities
- Knowledge of how to communicate with a childhood counselor
- Knowledge of children protection networks
- The number and sufficiency of child protection counselors in the region

The following table presents the results of the study on this matter:

Table 22: The level of knowledge and awareness of families in the community of children's rights and relevant legislation

Item	Level of Knowledge/ awareness
Your knowledge of children's rights and legislations	3
Awareness of laws and legislations for children with disabilities.	2.5
Knowledge of places to provide services for children with disabilities	2.7
Knowledge of the Children's Board of Grievances	1.7
Knowledge of the rights of children with disabilities	2.8
Knowledge of how to communicate with a childhood counselor	2.6
Knowledge of childhood protection networks	1.5
Number and sufficiency of child protection counselors in the region	1.4

The results also apply significantly to municipality employees and teachers in the kindergartens who are also surveyed and demonstrated a low level of knowledge about rights and related legislations to children in general and children with disabilities in particular.