Recent upheavals in the Arab region, particularly the war in Syria, have led to millions of people taking refuge in neighbouring countries or being displaced within their own countries. The humanitarian approach prioritises urgent needs such as shelter, food and medical services; beyond these, families typically have no sustained support to provide appropriate care for their young children. To address this gap, the Health, Early learning and Protection Parenting Programme (HEPPP) is to be scaled up following an evaluation of a recent pilot in Lebanon and Jordan.

The history of HEPPP’s development starts with years of work by the Arab Resource Collective (ARC) on the concepts and principles of early childhood development, and good practices such as inclusion and the role of play in learning. Over the three decades since it was founded, ARC has succeeded in assimilating into the Arabic discourse a holistic and integrated approach to early childhood. ARC now hosts the Arab Network for Early Child Development (ANECD), with members including government ministerial officials, academics, NGOs, experts and practitioners from across the region.

‘Holistic’ means considering the child as a unified entity, and ‘integrated’ means addressing children’s needs in a coherent way. ARC’s holistic and integrated approach is based on principles of child ecology, developmental psychology and children’s rights, including that the child’s physical, emotional, cognitive, social and other capacities develop as an interrelated whole; that childhood is a complete phase of development by itself; and that development takes place in a well-known sequence, though its pace varies from one child to another.

The holistic and integrated approach was distilled in Adults and Children Learning, a manual published in Arabic in 2002. In the following years, ARC’s early childhood development programme moved on to develop further training resources in Arabic for parents and early childhood workers, either translated and adapted or produced by local teams of professionals, involving pilots through direct implementation in capacity-building projects with the targeted beneficiaries.

HEPPP: approaching fathers and mothers together

Developed by a team of early childhood experts, academics and practitioners from Egypt, Palestine and Lebanon, HEPPP was first piloted in community centres in Lebanon and Egypt between 2012 and 2014. Fathers and mothers...
followed the training together, as a family unit with their children. Participating parents were divided in two groups according to the age of their children, one group for pregnancy to age 3 and the other for age 4–6.

The pilot consisted of a structured set of 15 weekly interactive training sessions, lasting two to three hours each, on the subjects of pregnancy; breastfeeding; balanced nutrition; nutritional problems and indicators; personal hygiene, including toilet training; safety and accidents; immunisations, infections and disease; equity and inclusion; communication between parents; communication with peers; reinforcing positive behaviour; ‘every child has intelligence – what is your child’s?; play; critical thinking, learning and inquiry-based skills; and nursery, kindergarten and school readiness.

Together, these sessions provide a framework of concepts, skills and exercises to enhance parents’ knowledge about the importance of the early years; nurture a holistic and inclusive approach towards raising children; encourage respect for children’s diverse potential, skills and pace of development; develop good practice in health, nutrition, early learning and risk management; promote positive caregiving practices, minimise stress and avoid violence; improve the community’s impact on children’s health, education and safety; and build parents’ capacity to become role models and support other parents.

HEPPP is innovative in the Arab region because:
- it adopts a holistic, integrated and inclusive approach covering health, nutrition, early learning, social welfare and physical protection in a coherent and interactive way
- it addresses the continuum of the child’s age from before birth to 6 years
- it deals with the challenges of engaging fathers and mothers as couples together as the primary caregivers and educators
- it integrates the strategic objectives of early detection, early intervention and early stimulation.

Part of the plan is to scale-up the implementation with a parent-to-parent approach by engaging selected graduate couples (to be called sanad3) into paid work, after providing them with additional training on facilitation, thus giving them a sense of worth as well as a modest income. In this way the numbers of beneficiaries will increase and the unit cost will decrease exponentially after several rounds of implementation.

Lessons learned from weekly experiences and discussions with parents participating in the pilot were complemented by a study which evaluated HEPPP’s effectiveness using pre- and post-implementation questionnaires, focus groups with parents, and reports submitted by the trainers. The evaluation found a clear impact on participants’ knowledge, practices and attitudes in most topics, and identified various ways to improve the programme. These included in each session an initial group discussion with all parents before dividing them into two working groups according to their children’s age, and

3 Sanad is an Arabic term that translates as ‘sustainer’.

‘ARC has succeeded in assimilating into the Arabic discourse a holistic and integrated approach to early childhood.’
making sure each group had one male and one female trainer, to model gender equity to the couples participating.

Adaptation for working with refugee families

In the meantime, the developing refugee crisis in the region made clear the need to adapt HEPPP also for parents who are refugees, internally displaced or vulnerable people in host communities. In collaboration with partners4, ARC added five more sessions to integrate an element of psychosocial care and support for the caregivers, covering mental health and well-being; depression; grief; psychosomatic disorders; and violence.

Another change to reflect operating in the refugee context was opening the programme to single parents and extended family members acting as caregivers. When both fathers and mothers were available, engaging them equally as couples was a challenge given the dominant culture, yet it is proving to be feasible and to enhance positive patterns in responsive parenting as well as gender equity practices.

The first round of implementation with refugee families was carried out between 2016 and 2018 in Lebanon (working with two NGOs, the Women Programs Association and Baraeeem (Buds) Association) and Jordan (with Plan International). It involved Syrian and Palestinian refugees from Syria and parents from underprivileged Lebanese and Jordanian host communities, who are being made increasingly vulnerable by the influx of refugees.

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4 These include the Bernard van Leer Foundation, the Open Society Foundation and Plan International.
In total, 110 parents were trained during the first phase of the programme: 70 across four groups in two centres in Lebanon, and 40 in Jordan across two groups in one centre. Of these, 12 graduate parents were then selected to become sanads – eight in Lebanon and four in Jordan – and were given training on basic facilitation skills. In a second phase, they trained 120 new participants using a parent-to-parent approach.

An evaluation of both phases has been carried out, consisting of three parts. First, a questionnaire with parents to gather quantitative data on four variables: parents’ recent mental health state (as measured by the World Health Organization’s WHO-5 Wellbeing Index); their levels of stress (using the PSI – Parental Stress Index); the disciplinary style they adopt with their child (DSQ – Disciplinary Style Questionnaire); and the child’s emotional and behavioural conduct (SDQ – Socio-Emotional Status: Strengths and Difficulties Questionnaire). Second, two focus group discussions (pre-implementation and post-implementation) were conducted with parents to obtain more in-depth qualitative data about changes in their knowledge and practice.

Finally, to control for potential differences in variables across groups, a ‘fidelity rating’ explored whether the same key messages of the project were being given to all the trainees in the same way. Overall, the evaluation tests the effectiveness of the HEPPP approach by measuring the impact on different aspects of participating parents’ knowledge, attitudes and practices. At the time of writing, the data are being compiled and prepared for analysis.

Future plans

According to the results of the evaluation, ARC’s team will re-visit HEPPP to identify areas for improvement in terms of programme content, methodology and methods of delivery. ARC will also consider how to refine research tools – for example, to enable separate quantitative evaluation of mothers and fathers, more quantitative evaluation of child development using ASQs, and evaluation of retention rate.

Nonetheless, the value of the programme is already sufficiently clear that more donor agencies have stepped forward to support ARC to implement HEPPP on a larger scale. ANECD will serve as a perfect vehicle to promote scaling-up among more Arab countries, reaching refugees in new sites and developing a critical mass of families engaged with the HEPPP approach.

Reference