



*JDC-Israel's Experience with Programs for  
the Ethiopian Population in Israel*

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## **JDC-ISRAEL'S EXPERIENCE WITH PROGRAMS FOR THE ETHIOPIAN POPULATION IN ISRAEL**

Israel has received immigrants from Ethiopia since the early 1980s, in two major waves. The first was in 1985, with approximately 7,000 Ethiopian Jews and the second wave of immigration was in 1991, bringing approximately 14,000 immigrants. Ever since, there has been a steady flow of Ethiopian immigrants to Israel, numbering about several hundreds per month. Today, there are close to 100,000 Ethiopian-Israelis in Israel. The majority of Ethiopian-Israelis hail from rural areas in Ethiopia and have had to adjust to Israel's Western and largely urban society and its different cultural codes of behavior. The process of integration into Israeli society has proven to be especially challenging for this community. Lack of language, applicable vocational skills or work experience has led to a high unemployment rate. In the area of education, Ethiopian-Israeli children tend to exhibit large gaps in learning performance, language, literacy and math when compared to their non-Ethiopian Israeli counterparts.

Ethiopians have also had to adjust to different health conditions in Israel. Due to the change in diet and lifestyle, as well as stress related to the immigration process, the Ethiopian population suffers a greater incidence of chronic illnesses and specifically, a dramatic rise in diabetes, high blood pressure and asthma. In addition, the number of HIV infected Ethiopian immigrant individuals has dramatically risen in the immigration of the early 1990s, bringing another threat of a dangerous disease for this population. Moreover, differences between the health beliefs of traditional Ethiopian culture, and the Israeli medical establishment, together with communication barriers between the medical establishment and the Israeli Ethiopian community, have often resulted in mistrust and misdiagnosis, leading to improper care.

Given the combination of difficulties, there has been a need to develop programs specifically for the Ethiopian population. The programs that have been created in response are designed to promote their health status, provide equal opportunity and help this population assimilate successfully into Israeli society.

Since the first waves of Ethiopian immigration, JDC-Israel has been a leading partner in the creation of such programs, most of which have proven to be fairly successful. Over the years, JDC-Israel has gained considerable expertise in working with the Ethiopian community, and is well-acquainted with the Ethiopian culture and the special needs of the immigrants. It has developed skills and tools to communicate effectively with the Ethiopian-Israeli population and gained extensive experience in selecting and training Ethiopian-Israeli cultural mediators, who then function as liaisons between the community and Israel's various social, medical and educational establishments. JDC-Israel also has access to a pool of experienced professionals, both Ethiopian and non-Ethiopian, who have worked with the Ethiopian population on all levels of the various programs and activities described below. It is important to note that a cadre of talented young Ethiopian-Israeli leaders has emerged, who are dedicated to their community and are active in promoting positive change. JDC-Israel has worked closely with some of these leaders in various programs.

This report outlines select programs carried out by JDC-Israel in the past two decades, focusing on three major areas: HIV/AIDS prevention, health promotion and

education for children and parents. It includes evaluations of the programs where available, analysis of how the programs can be applied in other contexts and recommendations regarding implementation.

## **I. HIV/AIDS PREVENTION**

Since the mid-1980s through the late 1990s, JDC-Israel was one of the groups developing and facilitating programs for the Ethiopian population in the area of HIV/AIDS prevention. Below is a list of the activities JDC-Israel has been involved in, as partners with the Ministry of Health and the School for Public Health<sup>1</sup>:

- *Development of culturally-appropriate educational materials* - The materials were developed in partnership with Ethiopian professionals and included visual educational materials in Amharic such as posters, ads, and brochures on the subject of HIV/AIDS prevention, specifically geared to the Ethiopian community.
- *Utilizing the media to raise awareness* - The effort to educate the community included the use of Amharic Radio broadcasts and TV programs;
- *The training of nurses and other health professionals* who work with the Ethiopian community on the special needs and sensitivities of this population;
- *Lectures and group activities on the subject of health promotion* which were brought to the community by Ethiopian-Israelis;
- *Development and implementation of programs for teenage Ethiopian youth* on the subject of HIV/AIDS prevention, mainly revolving around practicing safe sexual behavior;
- *Case Coordinators who serve as liaisons and cultural mediators* between HIV/AIDS infected Ethiopians and the medical personnel and service providers in health clinics across Israel.

Since the late 1990s, Israel's Ministry of Health has worked closely with JDC-Israel to further develop the original programs described above. Following is a description of the current programs that are part of a national effort to prevent HIV/AIDS in the Ethiopian Community. These programs were developed jointly by JDC-Israel, Israel's Ministry of Health, the School for Public Health and Israel's Primary Health Care Clinics. They are implemented and run by the Ministry of Health, while JDC-Israel helps in strategic planning and monitoring. Collectively, these programs are known as **“The National Program to Prevent HIV/AIDS in the Ethiopian-Israeli Community”**.

The program consists of two core parts:

### **1. Community-Based Health Education Series**

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<sup>1</sup> Ulman, H. (2001). *The Activities of JDC-Israel in the realm of Health in Israel 1914-2000*. Jerusalem. (Hebrew)

**Rationale:** To enrich the Ethiopian community's knowledge about HIV/AIDS, change misconceptions, promote healthy sexual behavior and increase the use of condoms.

**Target Population:** The general Ethiopian-Israeli population. Certain programs target immigrants while still in absorption centers, while others are directed at immigrants who have already moved to permanent communities. The latter are conducted in community centers, immigrant clubs, army bases, and in the context of academic preparatory programs.

**Program Principles:** The series is comprised of five meetings each, which are conducted in Hebrew or Amharic. Each health education workshop is held with approximately 15-20 participants and is homogenous in respect to age and gender.

- The facilitators of the program are Ethiopian-Israelis trained by the Ministry of Health. Currently there are 50 facilitators across the country.
- The educational materials include brochures, posters and advertisements. In addition, the participants are shown a film in Amharic, which presents the subject of HIV/AIDS prevention. An interactive play may also be staged at the end of each lecture series and performed for the local community by Ethiopian- Israeli actors.

**Evaluation:** An evaluation of the program by the Myers-JDC-Brookdale Institute<sup>2</sup> found that the attitudes and knowledge of the participants prior to the health education workshops emphasized the need and importance of this intervention. Although the program was short, it was effective at improving the participants' level of knowledge and changing their attitudes towards the issue. The workshop also affected the intended behavior and perception of self-efficacy with regard to use of condoms. Yet, the authors of the evaluation study noted that "after the intervention there remained significant deficits in knowledge and attitudes".

## **2. Case Coordinators**

**Rationale:** This is an individualized care program aiming to enhance the compliance of Ethiopian-Israelis infected by the HIV/AIDS virus to medical treatment, and to prevent carriers from infecting their partners. The program includes a special effort to seek out pregnant HIV/AIDS carriers and to educate them about the importance of receiving medical care and treatment, to prevent infection of their fetuses.

**Population:** HIV/AIDS infected Israeli-Ethiopians in Israel.

**Program Components:**

- ❖ **Case Coordinators:** At present, 24 case coordinators are serving in HIV/AIDS centers located in hospitals across the country. The case coordinators are Ethiopian-Israelis who serve as liaisons between HIV/AIDS

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<sup>2</sup> Rosen, B., Matzliach, R., Dubani, A., & Shtarkshall, R. (2004). *The National Program to Prevent AIDS in the Ethiopian Community: Evaluation of the community-based Health Education Workshops*. (Hebrew, abstract Available in English)

infected individuals and health clinics throughout the country. Each case coordinator is responsible for a number of HIV/AIDS infected individuals, assisting the patients in their visits to the HIV/AIDS centers and following up on their condition over time. The coordinators aim to help patients understand the importance of receiving regular treatment and to educate them on the various ways HIV/AIDS is transmitted. They distribute condoms and educate for proper use, and they may seek to locate pregnant partners of HIV/AIDS infected men, to encourage medical treatment. Most of the work of the coordinators is implemented at the HIV/AIDS centers across Israel and at the Health Bureaus of the Ministry of Health.

- ❖ *Social Workers* – There are currently nine social workers in HIV/AIDS centers across the country catering specifically to the HIV/AIDS infected population, only some of whom are Ethiopian-Israelis. Their role is to provide emotional and social support for the patients who come to receive treatment.

## **II. GENERAL HEALTH PROGRAMS**

### **1. Tene-Briut Program**

In 2003, this project received an award for voluntary work in immigrant integration from the Deputy Minister of Absorption.

***Rationale:*** The Ethiopian population suffers from a higher incidence of chronic illnesses than among native-born Israelis, which is thought to be the result of their major change in lifestyle, combined with the stress of the immigration process itself. Specifically, this community has seen a dramatic rise in diabetes, high blood pressure and asthma. It is assumed that the causes include the dramatic shift from an active agrarian lifestyle in Ethiopia to a sedentary lifestyle in Israel, coupled with a sudden increase in the consumption of processed and sugar-rich foods. The Tene-Briut program aims to prevent, diagnose and treat these lifestyle-related chronic diseases, with a special emphasis on diabetes, through culturally appropriate activities.

***Target Population:*** The Ethiopian population throughout the country, and health professionals who work with the Ethiopian community.

***Program Components:*** The program has been active since 1998. It is carried out by the unit for diabetes and endocrinology at the Hillel Yafe Medical Center in Hadera, the Clalit Health Services, the Ministries of Health and Absorption, in partnership with JDC-Israel, the Jewish Agency and others.

The following is an outline of the central components of the program:

- ❖ *Development of culturally-appropriate materials:*
  - A series of computerized, culturally appropriate presentations utilizing familiar aspects such as photographs taken in the community, Ethiopian stories and cultural symbols. The presentations are updated according to issues and questions raised in the community meetings;
  - A humorous Amharic-language film addressing the weight gain issue;

- Visual material for distribution in lectures such as flyers on health complications related to diabetes. These materials are designed to communicate with those parts of the population who are illiterate or uncomfortable with text;
  - An informative Amharic-language film on diabetes.
- ❖ *Development of Ethiopian-Israeli Health Leadership:* The program trains a professional team of Ethiopian nurses to educate the Ethiopian community on chronic diseases through lectures. The aim is to create a cadre of young Ethiopian-Israeli leaders who will be able to facilitate change in their community. In 2003, 75 lectures were held in 30 settlements for 2,400 nurses in various settings: absorption centers, schools, old age clubs, medical centers, community centers;
  - ❖ *Radio program* – A bi-weekly radio program on chronic diseases and broader health issues is broadcasted in Amharic to an audience of thousands of Ethiopian-Israelis, particularly the older population. The broadcast is produced in collaboration with the staff of the *Tene-Briut* program, which initiates the topics and responds to call-in questions from listeners;
  - ❖ *Training non-Ethiopian professionals:* The *Tene-Briut* staff holds meetings and training sessions with primary medical care teams as well as with para-professionals to help familiarize them with the cultural heritage and the medical beliefs and attitudes of Ethiopian-Israeli patients and the community as a whole. They emphasize the specific circumstances of this community that lead to the prevalence of chronic diseases, and focus on the means of providing effective treatment for this population. They use materials to give health practitioners a sense of the typical Ethiopian health background, such as a nutrition booklet explaining traditional Ethiopian foods and their nutritional value;
  - ❖ *Documentation and Identification of Unique Needs of the Ethiopian Population:* The program keeps on-going documentation of the needs of the community members, as they are expressed by individuals in community meetings. In addition, several studies have been conducted to examine, among other issues, the prevalence of diabetes and changes in the nutritional and physical activity habits in the Ethiopian population.

### **Evaluation:**

A summary evaluation report of the *Tene Briut* program<sup>3</sup> underscored the importance and success of the radio program and recommended broadening its use. The authors also emphasized the importance of expanding efforts to educate both the Ethiopian-Israeli community and the medical establishment in Israel on the prevalence, causes and methods of treatment of chronic diseases among this population.

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<sup>3</sup> Ezrachi, Y., Shabtay, M. (2004). *An Evaluative Report for Project "Tene Briut"* (Hebrew)

## **2. Refua Shlema**

**Rationale:** The program aims to improve the communication between service providers and Ethiopian-Israeli patients, enhance the immigrants' compliance with medical recommendations and promote positive health behavior. The need for the program stemmed from communication barriers between Ethiopian patients and Israeli health providers, which resulted in problems with diagnosis and treatment, as well as feelings of discrimination and deprivation among the Ethiopians.

**Target Population:** Ethiopian-Israeli patients in primary health care clinics across Israel.

**Program Components:** *Refua Shlema* is an intervention program in the primary health care clinics, which cater to a large number of Ethiopian-Israelis. It was first implemented in 1998. JDC-Israel, in partnership with Clalit Health Services, led the design and implementation of the program. Today, JDC is involved with monitoring and strategic planning of the program, while the implementation and administration is carried out by the Ministry of Health.

The intervention contains three main elements:

- ❖ *Integration of Ethiopian-Israeli Mediators in Health Clinics* - The mediators receive preliminary, on-the-job training as facilitators. Their task is to help doctors understand the complaints of Ethiopian patients while attending to the cultural meaning of the complaint. The mediator is also responsible for guiding patients on the proper use of medication, preparation for medical exams, and for developing the capabilities to manage chronic illness. Special emphasis was put on the selection and training of these mediators and on the ongoing guidance they receive as a key to the success of the program. The profile of the mediator is a relatively veteran Ethiopian immigrant, with an understanding and loyalty to the needs of the Ethiopian community. He/she should be fluent in both Hebrew and Amharic, possess intercultural sensitivity, tolerance, motivation and an ability and motivation to learn.

Mediator training consists of learning related health background materials, on topics such as: anatomy and physiology, chronic illnesses, infectious diseases, skin problems, digestive disorders, tuberculosis, children's health, women's health, mental health, medication and side effects and more. In addition, they receive training regarding the role as mediators, managing conflict at work, acquiring skills for transmitting health messages etc. The training consists of one day per month with professionals in the various fields, and includes individual counseling by the coordinator of the program.

- ❖ *On-the-Job Training for Medical Staff to Enhance Cultural Sensitivity.* The medical staff at the health clinics undergo at least one series of meetings aimed at increasing their knowledge and sensitivity regarding medical care of Ethiopian immigrants, to help make their work with immigrants more effective. The series covers issues such as aspects of health and illnesses within the Ethiopian context, the accepted means expressing illness, traditional Ethiopian medicine, difficulties related to immigration, and signs of mental

distress. The sessions consist of lectures and active discussions within the group, and mediators are the main source of information. The lecturers are professional Ethiopian-Israelis and other Israelis in the fields of health, education, social work and psychology.

- ❖ *Health Education Activities for the Ethiopian Community* – These activities are provided in the context of the health clinic. They are presented by the mediator with the help of a staff person from the clinic (nurse, doctor, dietician or administrator). The activities cover topics according to the needs in the clinic. Emphasis is put on the provision of skills to implement the learned material. Some of the activities are implemented in coordination with the *Tene-Briut* program.

### **Evaluation:**

The evaluation of the program has shown that it was very successful<sup>4</sup>. The mediators became an integral part of the clinic staff and contributed to the medical staff's perception of confidence and effectiveness in treating Ethiopian patients. The program also improved the interpersonal relations between physicians and patients, and the perceived outcomes of care.

### **3. Mental Health Projects with the Ethiopian Israeli Community**

**Rationale:** Ethiopians possess unique needs in the realm of mental health. First, this population experienced an increase in mental disturbances due to immigration-related stress. Second, their expressions of illness are different and unfamiliar to Israeli care providers. In addition to language barriers, there are also differences between the beliefs of traditional medical systems and the Israeli scientific bio-medical system. Thus, Ethiopian immigrants are often mis-diagnosed and as a result have not received proper mental care. These projects aim to counter the trend, and to ensure that the Ethiopian population receives appropriate and effective mental-health treatment.

**Population:** General Ethiopian population throughout the country.

#### **Program Components:**

JDC-Israel has partnered with the Falk Institute for Mental Health to address the problems the Ethiopian community faces in the field of mental health. The following is a list of the activities that have taken place within the program:

- ❖ *Initiation of research pertaining to mental health within the Ethiopian community*<sup>5</sup>.

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<sup>4</sup> Dayan, N., & Nirel, N. (2003). *Refua Shlema*: Health Promotion Program for Ethiopian immigrants in Israel in primary care clinics. In Leshem E., & Roer-Strier, D., (Eds.), *Cultural Diversity – A Challenge to Human Services*. The Hebrew University Magnes Press, Jerusalem, 345-362. (Hebrew, Abstract available in English)

<sup>5</sup> Arieli, A., G., & Vaitzek, Y., Z. (1994), Suicide among Ethiopian Jews. *The Medicine*, 127, 65-70. (Hebrew)



- ❖ *Development of a Psychiatric Diagnostic Tool for the Detection of Psychopathology Ethiopian Israelis (SRQ-F)* - The SRQ-F is a questionnaire aimed at helping the doctors in the preliminary clinics diagnose whether their patients are suffering from mental disturbances and to provide them with the appropriate care. It was based on an existing psychiatric diagnostic tool developed by the World Health Organization, specifically tailored to populations from developing countries. The SRQ-F is especially sensitive to Ethiopian culture and to the needs of Ethiopians in Israel. Evaluative research has shown the tool to be very successful<sup>6</sup>.
- ❖ *Health seminars for social workers in cities with large Ethiopian populations.* Seminars included topics such as: traditional Ethiopian medicine, concepts of health and disease within the Ethiopian community, crisis of immigration, mental health etc.

### **Applicability of the General Health Promotion Programs and the HIV/AIDS Prevention Programs**

The experience accumulated from all the various programs listed above has led to the emergence of several effective principles for working with the Ethiopian-Israeli population. They are outlined below:

1. ***Using visual materials.*** Visual materials have emerged as a highly effective means to convey information since a high percentage the Ethiopian-Israeli population is illiterate. (Examples are the Community Based Health Education Series Program, the *Tene Briut* Program, the *Refua Shlema* Program).
2. ***Using culturally appropriate materials.*** Ethiopian cultural symbols are particularly effective, examples involving animals and agriculture, and realistic examples that convey everyday experiences etc. (All three programs described above use such materials).
3. ***Using mass media.*** Mass media has the potential to reach a large segment of the population. The radio programs proved to be especially influential. (*Tene Briut* Program).
4. ***Ongoing health promotion rather than sporadic meetings.*** A structured on-going program has a greater likelihood of creating an enduring change in perception and behavior.
5. ***Interactive programs rather than lectures.*** Interactive lectures and activities are more likely to draw participants' attention to the material, and promote more effective integration.
6. ***Permanent facilitators for programs involving direct community contact.*** This principle requires hiring facilitators on a part- or full-time job basis rather than ad hoc. Hiring the facilitators significantly increases their level of commitment and preparation for the sessions.

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<sup>6</sup> Youngmann, R., Zilber, N., Workneh, F., & Giel, R. (2000). Development of culturally-sensitive screening instrument valid for Ethiopian populations. *The influence of acculturation on idioms of psychological distress. Final report.* The Netherlands-Israel Development Research Program. Jerusalem.

7. ***Using existing groups and frameworks rather than investing resources in creating new ones.*** The most successful programs were those that targeted populations in existing convenient frameworks – such as the health clinics and absorption centers etc. Organizing new groups solely for the purpose of general health promotion or HIV/AIDS activities proved to be significantly less effective. (Examples are the Community Based Health Education Series program, the *Refua Shlema* program, the Case Coordinators program).
8. ***A multi-professional team model for work in the HIV/AIDS centers:*** Team work was found to be effective, working with the combined resources of a doctor, social worker, nurses and case coordinators.

In addition to the principles outlined above, JDC-Israel has access to the following resources:

- ***Using an existing group of Ethiopian-Israelis who have participated as liaisons in the various programs described above.*** Most speak Amharic and are familiar with Ethiopian culture. They have been successful agents of change in their own communities and have gained extensive experience as liaisons, working with the Ethiopian-Israeli community on HIV/AIDS prevention and general health promotion issues.
- ***Using the existing group of professionals – Ethiopian-Israelis and non-Ethiopian-Israelis.*** These professionals have had considerable experience with the training of liaisons and medical professionals, with the programming and administration of programs for HIV/AIDS prevention and health promotion programs for the Ethiopian-Israeli population.
- ***Educational materials developed in Israel -*** An abundance of high-quality material has been specially developed for the Ethiopian-Israeli community on subjects of health promotion and HIV/AIDS prevention. The materials include posters, ads, films, photos and plays using Ethiopian cultural symbols.
- ***Familiarity with cultural differences and nuances of the Ethiopian culture*** and experience relating successfully to the Ethiopian population. This includes the understanding of cultural differences and sensitivities of the Ethiopian population and an ability to interpret signs of illnesses and distress within the Ethiopian context.

### **III. EDUCATION PROGRAMS FOR CHILDREN AND PARENTS**

#### **PACT – Parents and Children Together**

##### ***Rationale:***

During the past decade, studies showed that Ethiopian-Israeli children are exhibiting large gaps in education performance, language, literacy and math compared to their non-Ethiopian Israeli counterparts. The PACT initiative is designed to prepare Ethiopian children for a head start in their school careers and to reduce the gaps between Ethiopian and non-Ethiopian children. PACT works on the holistic

assumption that different elements in a child's life are interconnected and must be considered in order to solve problems effectively. Thus, the children's educational skills are targeted while actively relating to their families and their communities.

PACT is implemented in partnership with, and with funding from, eight American Jewish Federations; JDC-Israel; the relevant municipalities; government agencies such as the Ministries of Education and Social Affairs; the Sacta-Rashi Foundation; and local public and voluntary organizations that serve the Project's target populations.

***Population:***

The PACT Project's target population is Ethiopian children from infancy to the age of eight, their parents, the educational, health and welfare staff who serve them, and the local Ethiopian immigrant community. It is currently being implemented in ten cities across Israel (Beersheva, Kiryat Malachi, Kiryat Gat, Ramla, Hadera, Netanya, Afula, Kiryat Yam, Lod, and Rehovot). PACT is now reaching more than 7,700 Ethiopian-Israeli children.

***Program Components:***

The Project was first implemented in Beersheva during the 1999-2000 school year, and was later expanded to nine other cities. PACT has developed a comprehensive, alternative intervention model for very young Ethiopian children and their families. It aims to increase equality of opportunity by providing an equal educational start for children.

Among the programs initiated and sponsored by PACT are:

- ❖ *Enrollment in preschool frameworks for every Ethiopian-Israeli child.*
- ❖ *Training and placement of professional Ethiopian-Israeli liaisons in kindergartens.* Liaisons monitor the needs of the kids in the classrooms. They serve as cultural bridges between the Ethiopian-Israeli parents and their kindergarten teachers, and educate teachers and students about Ethiopian culture. Educational liaisons benefit from regular, ongoing professional training to enhance their skills and develop appropriate methods.
- ❖ *Implementation of innovative math and literacy programs in kindergarten frameworks.* Literacy professionals work in small groups and on an individual basis with Ethiopian-Israeli students to develop and enhance literary skills necessary for entering the first grade. Creative activities focus on the developmental aspects of written and oral communication.
- ❖ *Direct home intervention assistance for the most distressed families.* This program involves specially designed literacy, employment and cultural programs for Ethiopian-Israeli parents.

- ❖ *Professional training for early childhood educators from the Ethiopian-Israeli community*
- ❖ *A wide range of cultural and social activities for children and families including music classes, science stations, summer day camps, field trips, holiday celebration and scholarships for extra-curricular activities.*
- ❖ *PACT Plus initiative* - In an effort to create a continuum of services that will preserve and continue to promote the achievements of the target population, the project has been extended from kindergartens to Ethiopian immigrant children in the 1<sup>st</sup> and 2<sup>nd</sup> grades in some cities (Beersheva, Rehovot, Ramla, and Hadera). This continuing program, which is known as PACT *Plus* or *Grade by Grade*, includes activities in the areas of education (primarily reinforcing study skills and increasing the hours of study); social assistance (identifying and treating families with socio-economic difficulties); and the community (through the assistance of educational liaisons and work with parents, at schools and neighborhood centers). PACT Plus is implemented and monitored by a municipal steering committee in each city.

### ***Work with Parents***

The PACT project is based on the assumption that to achieve significant change in a child's life it is important to relate to his family and community. Thus, PACT views the parents as bearing the greatest responsibility for educating and nurturing their children and as essential partners to the staff working in the service system.

In all the cities, a significant proportion (more than half) of all PACT intervention programs included a central component devoted to work with parents.

The PACT program involves a comprehensive change in the way early childhood needs of Ethiopian-Israeli children are addressed. This has implications at both the national and local level.

### ***Mobilizing the National Level***

Mobilization has happened at the national level in the following ways:

- A substantial expansion of the resources invested in pre-school Ethiopian children;
- Mobilization and involvement of government policy makers in advancing preschool Ethiopian children in areas of education, welfare and health.

### ***Implementation at the Local Level***

Implementation at the local level includes:

- A new organizational infrastructure that allows for coordination and cooperation;
- Expanded investment in promoting children and their parents;

- New professional orientations and approaches that enhance the effectiveness of the services in addressing the needs of Ethiopian children and their families.

### ***Partnership with the Ethiopian-Israeli Community***

The PACT project emphasizes implementation in close cooperation with the Ethiopian immigrant community. This is reflected in both the organizational infrastructure of the Project and by ongoing processes and efforts of the implementing agencies to promote partnership and dialogue at the outset. In each city, preparatory discussions with both service providers and Ethiopian community leaders are held to promote cooperation. In addition, the planners invested in creating and reinforcing dialogue through a range of channels and forums. Ongoing partnership is ensured through the following mechanisms:

- The Project's organizational infrastructure requires inclusion of community representatives in all committees and forums, including key decision-making forums;
- Inclusion of Ethiopians as program staff;
- Training for Ethiopian leadership and staff;
- Strengthening Ethiopian organizations and their role as service providers.

### **Evaluation:**

A comprehensive and extensive evaluation was conducted by the JDC-Brookdale Institute in 2004<sup>7</sup>. The data was collected in four PACT cities with a large Ethiopian-Israeli population: Beersheva, Rehovot, Netanya and Hadera, as well as in Ashkelon, in which PACT has not been implemented and which serves as a comparison. Because of the longer period of exposure to the program, the evaluation used the Beersheva results as the primary basis for evaluating PACT's impacts. Below are the highlights of the evaluation's findings.

***Outcomes for Children:*** There was significant improvement in the performance of the Ethiopian children. There was significant improvement in learning behaviors among Ethiopian children. The gap was reduced from 38 to 15 percentage points, thus eliminating 60% of the original gap.

In the areas of literacy and mathematical thinking, the percentage of children who perform poorly decreased significantly. In mathematical thinking, the gap declined from 23 to 8 percentage points, a decline of 39% in the original gap. The parallel decline for language and literacy was 27%.

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<sup>7</sup> The PACT Project for Ethiopian-Israeli Immigrant Preschoolers and Their Families Preliminary Findings from a National Evaluation of the Fifth Year of Implementation Chen Lifshitz, Talal Dolev, Maya Agur, Maayan Bachar, Anat Jacobson, Tirza Margolin, Ruthi Nissim, Jerusalem, 28 March 2004.

In addition, the evaluation lists the following accomplishments:

- More Ethiopian-Israeli children from newborns up to age three are attending preschool;
- Afternoon activities for Ethiopian children have increased through neighborhood centers and enrichment centers. Hundreds of children in each city attend these frameworks. In most case, their activities also involve the parents;
- Enrichment for preschool and school children has increased;
- Programs to enhance children's cognitive, language, literacy and mathematical skills have been introduced into all the preschool frameworks;
- The school day has been extended to include remedial education, enrichment and a hot meal.

***Outcomes for Parents:*** The findings indicate improvement among parents with regards to involvement in their children's education, such as:

- More parents attend parent teacher meetings (21 percentage points)
- More of the veteran Ethiopian parents are aware of the children's situation in school (an improvement of 30 percentage points among the parents that immigrated before 1991)

***Partnership with Local Community:***

Implementation of this project has led to greater involvement of the community members in promoting the community and in service provision, and has created a new kind of dialogue between the community and the establishment.

Members of the community serve on all of PACT's implementing committees and forums, such as:

- Ethiopian Israelis are employed in many project activities;
- The community's voluntary organizations have been strengthened;
- Members of the community have been encouraged to become involved in the planning and implementation of project activities, through support groups for activists, cultivation of leadership in education, and the recruitment of participants as partners;
- The general Ethiopian population has shown increasing trust in service providers, and uses the services more extensively;
- The community has become more familiar with Israeli society.

***New Professional Orientations and Approaches***

- The program has introduced new work patterns into the activities of all relevant service providers. This involves mutual learning, coordination, sharing information, pooling resources, preventing

duplication, and initiating programs to meet the needs of the target population, which are based on the relative advantages and professional knowledge and experience of each service provider.

- The introduction of educational approaches adapted to working with Ethiopian immigrants. This involves a holistic view of the needs of the target population – that is, seeing the child as part of his family, and seeing the parents as partners.
- Increased sensitivity to Ethiopian culture and tradition, and the attendant adaptation of programs.
- Improvement of the professional level of service providers. Investment in professional training has helped disseminate the project's professional approach.

### ***Progress Towards Long-term Sustainability***

One of the major underlying goals of PACT is to ensure the continuity of both the intervention programs and professional principles of the project after the Federations and JDC phase out. The goal is for the project to remain sustainable once the major funding from external sources is either partially or fully phased out.

An examination of PACT in two cities (Hadera and Beer Sheva) shows how the project has moved towards sustainability in the following ways:

- National policy makers in the Ministry of Education and the Ministry of Social Affairs have endorsed the project and its professional principles. These Ministries have also accepted responsibility for prioritizing and funding interventions implemented within the framework of the project.
- At the local level, the progress towards sustainability is seen in different aspects of implementation in each city: In Beersheva, the project's organizational structure and most of its professional principles became part of the daily practice of local professionals. Thus, local leadership as well as a cadre of professionals should have the capacity to sustain these elements of PACT. In Hadera, the municipality undertook full responsibility for operating the project and its organizational structure and efforts are being made to implement the professional principles and organizational cooperation more fully.

### **Health Programs within Project PACT**

***Rationale:*** This program uses the PACT framework of partnership to promote the health of Ethiopian-Israeli babies. It is operated according to the principle of PACT – working with children and parents together in order to promote enduring change.

***Population:*** The program is implemented in the baby clinics of 10 cities in which PACT is active: (Beersheva, Kiryat Malachi, Kiryat Gat, Ramla, Hadera, Netanya, Afula, Kiryat Yam, Lod, and Rehovot). The program targets the Ethiopian-Israeli children and their mothers, as well as nurses in the local baby clinics.

### ***Program Components:***

The program is run by JDC-Israel in corporation with the Ministry of Health.

- ❖ Incorporation of specially trained staff in the baby clinics, which includes: Ethiopian mediators, communication clinicians and occupational therapists. They run programs for the mother in the following areas:
  1. Stimulation and play at the early ages;
  2. Parent meetings on early childhood health-related subjects: safety in the home, nutrition, prevention of winter diseases, family planning, etc;
  3. Close work with parent and child - identification and care for developmental delays;
  4. Expanding health education to the community.
- ❖ Seminars for nurses in the baby clinics, on Ethiopian culture and effective ways to work with the community

***Applicability of PACT:*** PACT presents a comprehensive and successful model for working with the Ethiopian community to enhance positive change. Similar methods that were proven successful in promoting change in education can be used to promote changes in health and AIDS prevention. The following elements can be applicable elsewhere:

- Extensive experience with working with Ethiopian children from birth through age eight;
- A successful model of working with children and their parents in order to promote positive change;
- Increased sensitivity to Ethiopian culture;
- Experience in training and selection of mediators, and Ethiopian professional and paraprofessionals who have worked with the community, creating a pool of such staff;
- Successful model of educational intervention that can be applied to health and AIDS prevention goals.
- Successful model of creating partnership with the local Ethiopian-Israeli community.
- Successful steps to ensure sustainability of the program after the phasing out stages.

## **IV. OTHER PROGRAMS**

The following is a brief description of other JDC program with the Ethiopian community:

### **Education**

- *Kesharim* - Kesharim helps Ethiopian-Israeli junior high and high school students develop socially and academically. By working in a holistic approach with school staff and the wider community, Kesharim builds the skills and



sensitivities they need to address the unique social and educational challenges Ethiopian-Israeli students face. Kesharim also reaches out to parents, making them partners in their children's education.

- *The Ofek Le'Bagrut Matriculation Assistance Program*: The program provides supplemental tutorial support and assistance to Ethiopian-Israeli students in grades 10 through 12 who are having difficulty preparing for their matriculation exams. It also offers help to stronger students, to achieve higher grades in these exams, which are key to higher education and career opportunities in Israel. Individualized learning programs are created for each student, strengthening their academic performance, and emphasizing the importance of learning and boosting self-esteem. Students who participate in the Ofek Le'Bagrut achieve greater levels of success in their matriculation exams, leading them to a brighter future of opportunity and fulfilled potential.

### **Community Empowerment and Social Integration**

JDC is working to develop leaders and activists who can advance their community's integration and status in Israeli society, while at the same time helping Ethiopian-Israelis to become a vibrant and dynamic community.

- *Operation Atzma'ut* – JDC, in partnership with the United Jewish Communities of Metro West, New Jersey and the City of Rishon LeZion has developed and implemented the Operation *Atzma'ut* pilot project in Rishon LeZion. Operation *Atzma'ut* provides targeted support to Ethiopian-Israeli families to help them become independent, economically self-sufficient and better integrated into Israeli life.
- *Aleh - Fostering Community Leadership*: JDC's *Aleh* program fosters volunteer activism among Ethiopian-Israelis and equips participants with the skills to lead their community and advance its integration in Israeli society. Once trained, these leaders confront the challenges facing the Ethiopian-Israeli community as a whole, while also addressing the specific problems of individual members. *Aleh* also helps promote leadership among Ethiopian-Israeli women, with the goal of helping them take on a more assertive role in society.

### **Employment**

- *Reshet – The Continuum of Employment Service*: This employment program facilitates the transition of Ethiopian Israelis into Western employment settings. *Reshet* helps participants find and retain decent jobs and achieve economic self-sufficiency by gradually exposing them to a working environment, while providing intensive support and monitoring.
- *Woman of Valor* – JDC developed this program to combat the multiple factors that have traditionally kept Ethiopian-Israeli women out of the workforce. Through job preparation workshops, Hebrew lessons, vocational training and mentoring support, *Woman of Valor* develops the women's work-place skills and boosts their self-confidence in ways that enhance their prospects both in

looking for work, and remaining in their jobs once they have found employment.

- *MATI- Small Business Development Centers* – MATI specializes in helping aspiring Ethiopian-Israeli entrepreneurs establish businesses or become self-employed. MATI in Netanya specializes in working with Ethiopian-Israelis and helps them to adapt their skills and experience to the Israeli marketplace, develop business plans, apply for small business loans and strengthen their business management skills.

## **Summary**

This Ethiopian-Israeli population experiences significant difficulties in adjusting to Israeli society, due to a combination of cultural differences and a lack of language and applicable vocational skills. Moreover, this population experiences a greater incidence of chronic illnesses, due to a change in diet and lifestyle, and often suffers from improper care due to communication barriers with the Israeli medical establishment. JDC-Israel has gained extensive experience in working with the Ethiopian-Israeli population, specifically in developing successful program models in the areas of health and education. The overall principles that guided the development of these programs included: A sensitivity to the nuances of the Ethiopian culture and a consideration of the populations' special needs; the development of culturally appropriate materials; the use of a holistic approach which considers the child, the family and the community, and the development of a cadre of community leaders who would be dedicated to facilitating positive change. Although the integration challenges of the Ethiopian-Israeli community are unique, the principles which guided JDC's work can be adapted and implemented for the advancement of vulnerable populations elsewhere.