
Early Childhood in Bedouin Society: Mapping Needs and Services

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Foreword

In recent years, important strides have been made in the development of early childhood programs for the Arab Israeli population at large and for Bedouin society in the south of Israel in particular. While many organizations have participated in this development including the Government, local, regional and national NGOs, local authorities, the academy and others, the needs remain great and disparities are still wide.

Working together with different entities towards building organizational partnerships that will involve the pooling of resources, necessitates a thorough knowledge of current early childhood programs and services, as well as a focus on and prioritization of early childhood needs. JDC-Ashalim has embarked upon a mapping process to present the current reality regarding Bedouin early childhood needs and services and to identify the significant challenges in working with this population. The Early Childhood in Bedouin Society: Mapping Needs and Services document is the product of the first stage of an integrative process that will be concluded by the summer of 2015. This will enable JDC-Ashalim and its partners to develop a comprehensive strategic plan for investment in early childhood within Bedouin society and to serve as a guide for effective partnership between the different organizations that work in this field.

It is important to note that one of the significant challenges in undertaking this process is the dearth of accurate and up-to-date information. There is a lack of uniformity in both data collection and its presentation within different depositories. Accordingly, the mapping has relied primarily on data published by Israel's Central Bureau of Statistics (CBS), and other governmental and national databases. However, some of the information presented has been cross-referenced with other statistics gathered and published by various non-governmental sources.

A summary of the first stage of the mapping process:

1. A think-tank was established for the support, design and implementation of the mapping process and the strategic plan.
2. Statistical data, background information and studies on Bedouin early childhood were gathered and analyzed.
3. Key individuals working nationally, regionally and locally on Bedouin early childhood issues were identified (Governmental officials, NGO workers, academic representatives and field practitioners). The relationships and interactions between these individuals were examined.

4. Meetings and in-depth interviews were held with Bedouin early childhood service providers and a survey of parents was also initiated to both identify available services and programs and gain the support of practitioners and parents for the mapping process.

This document provides a basis for the second stage of the process in which roundtable discussions will be held to introduce the information, prioritize needs and develop a regional and local strategic plan for the advancement of early childhood issues in Bedouin communities.

Table of Contents

1. Introduction	4
2. General Background – Bedouin Society in the Negev	6
Social aspects	6
Geographical aspects	6
3. Early childhood in Bedouin society	9
Fertility and early childhood demographics	9
Status of children within family unit structure	10
Parent’s education and child development	12
Economic circumstance of Bedouin families and children	12
Living conditions of Bedouin children	14
Bedouin children’s health	16
At-Risk young Bedouin children	17
4. Available services and programs for young Bedouin children	19
Early childhood educational services	19
Early childhood pre-kindergarten care	21
Early childhood health services	22
Supplementary social services for Bedouin families and children	23
Third Sector and Bedouin children	23
5. Towards developing solutions	25
Early childhood services	27
Community empowerment	27
Parent and child development	28

TABLES

Table 1. Number of children according to age groups (birth to 6) in Bedouin towns, Regional councils and unrecognized villages	10
Table 2. Economic circumstance and living conditions of children in Bedouin families	14

FIGURES

Figure 1. Fertility rates among the Bedouin population	9
Figure 2. Early childhood population distribution by Municipal classification	10
Figure 3. Percent of Bedouin children living in families whose income is below the poverty line	13
Figure 4. Three life areas that provide a framework for assessing the child environment and his/her developmental achievements	18

MAPS

Map 1. Bedouin settlements in the Negev	8
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PHOTOS

Photo 1. Living environment in unrecognized Bedouin village	14
Photo 2. Play area in a Bedouin Town	15
Photo 3. Kindergarten housed in a caravan	19

1. Introduction

Since the first half of the 20th century, with the formation of nation-states and the encroachment of modernization, the nomadic way of life for Bedouin tribes throughout the Middle East had changed to varying degrees. Such is the case with the Bedouin Arabs living in the Negev desert in southern Israel, whom the government is resettling into semi-urban settlements and urban-style towns. The social, economic, cultural and geographical transitions that the ongoing urbanization process is generating, parallel to the effort of many Bedouin communities to preserve traditional spaces and practices, have brought about many social plights. Deep disparities and significant economic gaps between urbanized groups and residents of unrecognized villages have developed with the former more integrated into the economy and the latter still practicing subsistence agro-pastoralism when possible or without any income generating source (land for cultivation, livestock or wage-labor). Such disparities are found not only within Bedouin communities, - they mirror the gaps between Bedouin communities and the general population of Israel. As such, **the Bedouin are situated at the nation's social and economic margins and at the geographic periphery of the country.**

The Bedouin society experiences deep social, economic, cultural and spatial transitions that embody for children a wide range of at-risk environments.

The above mentioned phenomena, engender for young children (age birth to 6 years) a range of risk factors emanating from the family and the home environment, from the community in which they live, and from the quality of education and healthcare services to which they are exposed. Particular risks are associated with large families, the still common practice of polygamy, economic hardship, parenting difficulties, insufficient municipal infrastructure, as well as minimal and low quality services and programs for early childhood. As a result, **there are wide gaps in the early life developmental achievements of Bedouin children** (Brookdale, 2009). This is evidenced by:

- *A significant gap between the mortality rates of Bedouin and non-Bedouin children below age 1 (CBS, 2014)*
- *A higher rate of poor health conditions, low birth-weight, hospital admissions and poor nutrition among Bedouin children compared with other children (Ministry of Health, 2008)*
- *A higher prevalence of emotional, behavioral and social difficulties among Bedouin children (Szabo-Lael and Manor, 2014)*
- *Lower performance of Bedouin children in literacy and skills acquisition compared with other young Israelis (Szabo-Lael and Manor, 2014)*

(cf. pages 9-18 below)

The developmental achievements of children in the early years of life are a determinant of health, wellbeing and their ability to learn skills across the balance of their life-course. A large body of research in developmental neuroscience and child development shows that providing all children with an equal chance to thrive and grow pays dividends through ‘a lifetime of productivity in the workplace and responsible citizenship in the community’ (NSCDC 2007)¹. Therefore supporting the development of children in early childhood is critical for our nation’s progress.

Closing the developmental gaps in early childhood achievements between Bedouin and non-Bedouin children is a complex challenge. Bedouin children age birth to 6, represent 25% of the Bedouin population and are the age-group with the highest growth in Israel. These are the children who face the significant challenges listed above.

2. General Background –Bedouin Society in the Negev

- **Social aspects**

During the last century, the Negev Bedouin had experienced accelerated and far-reaching social, cultural, economic and geographical changes that impacted every aspect of their lives. In general, these changes had been generated through interaction between the formerly pastoral nomadic Bedouin and other socio-cultural groups as well as from broad regional geopolitical transformations. Such a state of relatively rapid societal transition is complex and creates upheaval. It is a state in which different and often colliding values and perceptions co-exist, bringing about a host of dilemmas, doubts, challenges and crises of identity.

This instability means that, **social changes have not occurred evenly across Bedouin society**. Over the years, differences and disparities between groups have grown and deepened to produce a considerably heterogenic society. While commonalities still remain (language, cultural elements and religion), tribes and clans may differ in various socio-economic characteristics and in their degree of 'collective mentality'. This has resulted in a socio-cultural continuum with one pole signifying the conservatism of some of the more traditional Bedouin communities that are reluctant to adopt changes or reveal difficulties to outsiders, and the opposite pole which signifies communities who are open to new trends and have embraced western values and ways of life.

- **Geographical aspects**

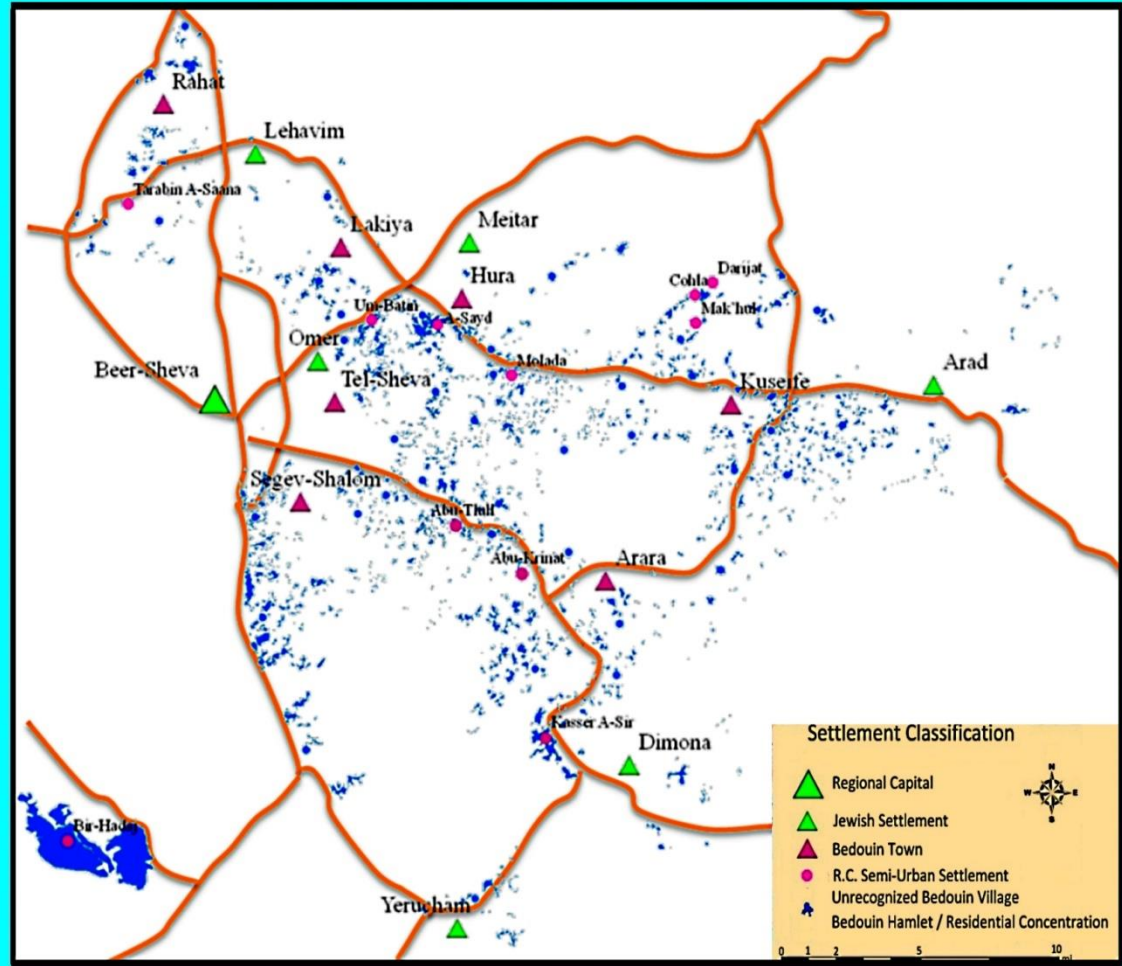
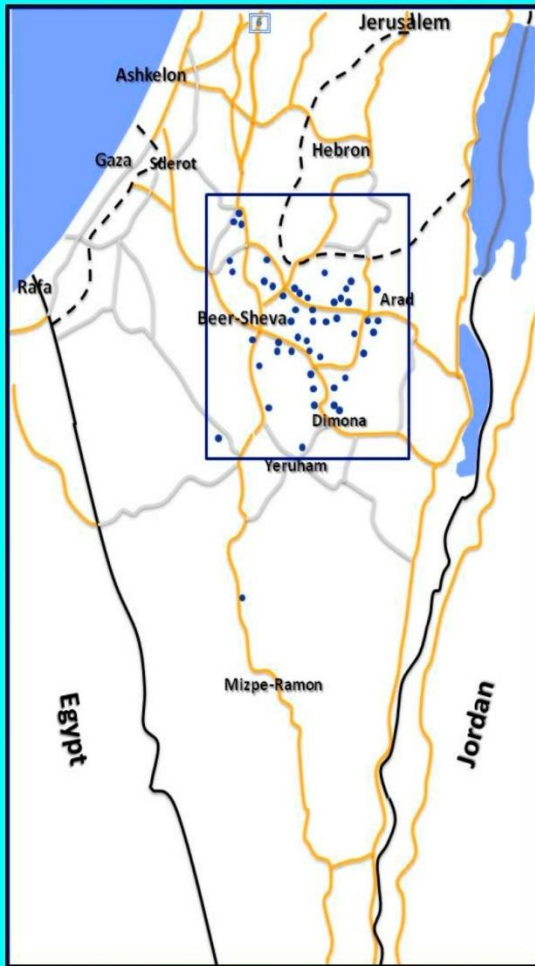
To a certain extent, **the intra-social heterogeneity is reflected in current Bedouin communities**. A central feature in this complex array is the division between residents of municipalities and residents of unrecognized villages. Bedouin urbanization policy in government planed and established towns had been motivated by a desire to provide better accessibility to services, develop physical infrastructure, encourage "modernization", and secure future national land resources through population densification. **Most of the towns established by the state for the Bedouin are over 30 years old**. Despite this, their urban and economic infrastructures are still deficient. Not only are they unable to provide their residents with sufficient employment, they are also struggling to maintain reasonable levels of urban services (Swirski and Hasson, 2006)².

In addition to the towns established by the state, there are dozens of Bedouin villages, some were founded prior to Israel's establishment, while others came into being in the 1950s, by internally displaced Bedouin tribes. These villages are not regulated by the formal planning system, and hence lack public infrastructure such as connection to the country's water and electricity grid, sewage treatment and paved roads. Public services

(education, health and social services) are mostly provided regionally and require residents to travel outside their village where few public transportation options exist.

The Bedouin number around 210,000 registered residents: about 132,000 reside in 7 towns and 8,000 in 11 semi-urban settlements organized into “El-Kasum” and “Neve-Mid’bar” regional councils. Approximately 71,000 live in 34 unrecognized villages and hundreds of hamlets. Due to data inconsistencies, population estimates may be higher with up to 230,000-260,000 Bedouin living in the Negev today, some 45,000 families.

(Ministry of Interior, May 2013)



Map 1. Bedouin settlements in the Negev.³

3. Early childhood in Bedouin society

- **Fertility and early childhood demographics**

In general, Bedouin children live in large families with **the average number of children in each household standing at 6.8** (Tzionit et al, 2006)⁴. According to the Central Bureau of Statistics, in 2013 the **total fertility rate (defined as the average number of children a woman would bear during her lifetime) among the Bedouin population was 5.38** compared to 3.03 in the general population in Israel and 3.35 among Muslims (CBS, 2014)⁵. Despite its height, this figure actually represents **a consistent decline in the fertility rate** as observed in the past decade (Figure 1). However, in the years 2000-2013 **a sustained upward trend was observed in the number of Bedouin infants** from 6,638 to 8,034, respectively (CBS, selected years)⁶. The World Bank's (2010)⁷ report on the social consequences of high fertility indicates that high fertility rates pose an increased health risk for mothers and children, detract from the investment in human capital development, slow economic growth and exacerbate environmental risks.

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Figure 1. Fertility rates among the Bedouin population

As a result of high fertility, at the end of 2010, **the percentage of children (aged birth to 6) in the Bedouin population stood at 24% (numbering around 61,000)**; 22% among the residents of towns and regional councils, and 27% among the residents of unrecognized villages. Table 1 displays a breakdown of the various age groups (birth to age 6) in towns, semi-urban settlements and rural communities (i.e. unrecognized villages) as of 2012. The percentage of children under 6 years among the Negev Bedouin is much higher than the corresponding percentage in the total population of Israel (17%) and also higher compared to Israel's Muslim population, (23%) (CBS, 2014)⁸.

The ever increasing number of young children in Bedouin society necessitates a sustained growth in resource allocation for the development of physical infrastructure and the training of professionals that can best respond to children's developmental needs.

<i>Municipal Classification</i>	<i>Total Population</i>	<i>Birth To 2</i>	<i>3-4</i>	<i>5-6</i>	<i>Birth To 6</i>
<i>Towns (n=7)</i>	141,569	10,065	10,048	9,541	29,654
<i>Regional councils' Semi-urban settlements (n=11)⁹</i>	29,082	3,025	2,443	2,443	7,910
<i>Unrecognized villages (n=34)¹⁴</i>	86,250	8,970	7,245	7,245	23,460
<i>Total</i>	256,910	22,059	19,736	19,229	61,024

Table 1. Number of children according to age groups (birth to 6) in Bedouin towns, regional councils and unrecognized villages

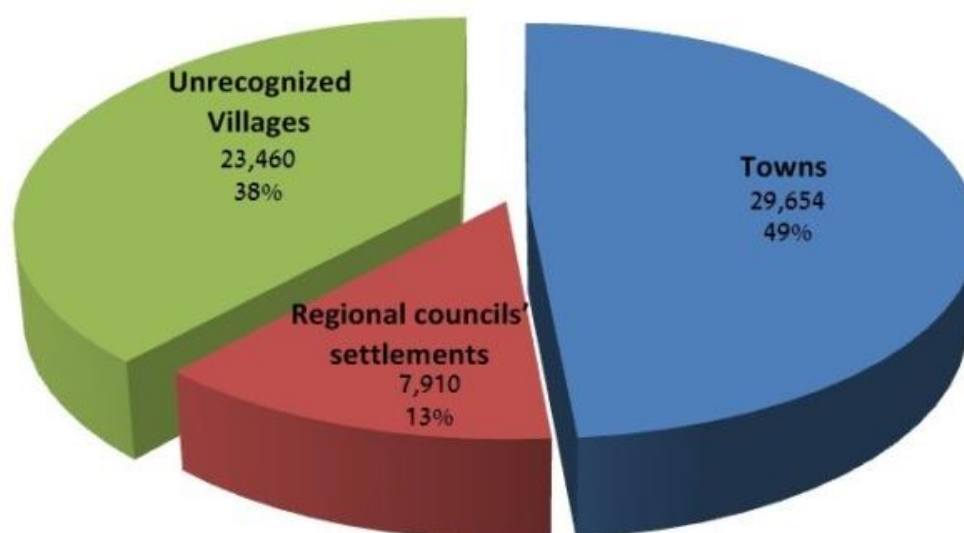


Figure 2. Early childhood population distribution by Municipal classification (number and percentage of Bedouin children under age 6 in towns, R.C. settlements and unrecognized villages of the total number of Bedouin children under age 6)

- **Status of children within family unit structure**

In line with the changes that characterize the Bedouin as a society in transition, there have been **changes in family practices and in the status of children within the Bedouin family**. In traditional Bedouin economies, (shepherding and farming) children were an integral part of the workforce and contributed to the household subsistence. Children would tend the livestock, help in land farming, and take part in household chores. At the same time, the modest lifestyle meant children's upbringing did not incur high household expenditures. With the advent of urbanism and modernization, families became service and wage-labor dependent. This **relieved children from the need to participate in the**

economic production cycle. At the same time, Bedouin modern life came with ever increasing economic burdens related to educational services, leisure activities and urban consumerism.

Such burdens are mitigated to a certain extent by strong attachments among extended family members. The social organization of the Bedouin is structured hierarchically based on kinship and matrilineal decent moving from the nuclear family to extended family (*Hamula*), to a union of families (*Aela or clan*) and to tribes (*ashira*). Individuals maintain varying degrees of relationships to different levels of associations. **Strong extended family kinship ties are translated into important networks of social and economic support.** In Bedouin society, the extended family is never geographically far and takes an active role in the life of the individual. Essentially, the extended family and the union of families that children are born into, represent their life-long community. As such, kin-based communities have **a major influence on the development process of children, their education and socialization.**

The closeness between members of the extended family is further reflected in high rates of consanguineous marriages. **58% of children have parents who are relatives**, over 20% of all children live in families in which the parents are first cousins.

Another characteristic of many Bedouin families, one that has a significant influence on the development of children, is the practice of polygamy. **One in three children (38%) lives in a family in which the father is married to two wives or more. Polygamous practices tend to place children in a high-risk environment.** In polygamous families, the age difference between siblings is smaller and parental attention and family resources are divided among a greater number of children. Studies also show that **polygamy negatively impacts family functioning and the psycho-social wellbeing of children** (Al-Krenawi and Graham, 2006; Al-Krenawi and Slonim-Nevo; 2008)¹⁰. Polygamous families experience a higher rate of marital conflict, family violence and family distress which have a direct effect on the mental health of children and may predict **a lack of sense of security, poor social competence, poor academic achievement, and behavioral problems from early age.** Strenuous relationships between co-wives are also likely to disrupt effective parenting and parental involvement as well as lead to negative mother-child interactions and conflict between siblings.

- **Parents' education and child development**

Research has shown that there is a **significant positive correlation between parents' education and the developmental and educational achievements of their children** (CBS, 2011)¹¹. In general, Bedouin parents' education level is low. 17% of children have fathers without formal schooling, 61% have fathers who have attended high school, and only 19% of the children have fathers who finished high school with a full matriculation or acquired post-secondary/academic education. In relation to mother's education, there are significant differences in achievement scores between children whose mothers attained a post-secondary or higher education than children of mother's with low level of formal education (CBS, 2011). Data reveals that **the formal educational level of most Bedouin mothers is low, even in comparison to fathers' level of education**. Mothers of 39% of the children had no schooling, and only 50% of the children have mothers who attended high school. The percent of children residing in unrecognized villages whose mothers have no formal education is higher than that of the children residing in towns (48% and 34% respectively); similar disparities were found in relation to fathers' education.

Large families, parents with low level of formal education and rising rates of poverty, place heavy constraints on parents' ability to make sure their young children receive services and to promote their developmental achievements.

The high value of formal education in general and the attainment of higher education in particular are gradually being embraced by Bedouin society. While in 2000, there were 870 Bedouin students attending universities and colleges, by 2010 the number grew to 1,280, with over half of them women. Most of these students will find employment in the Bedouin education or social services system becoming important role models for children in their communities.

- **Economic circumstance of Bedouin families and children**

While it was reasonable to assume that urban resettlement would provide the Bedouin with greater employment opportunities and that the earned income would enable economic and social development, these expectations have not been fulfilled (Rodnitzki, 2011)¹². **The levels of economic development, education and employment in Bedouin society are among the lowest in Israel**, with Bedouin communities being consistently ranked at the bottom clusters of the socio-economic ladder.

Figures show that women's but also men's integration in the wage-labor workforce (12% and 43% respectively) is still very low (Negev Bedouin Statistical Book, 2010)¹³, indicating that only some have managed to find employment to replace lost traditional economies.

Additional figures reveal that Bedouin earned wage is 40% lower than the national average.

Low integration in the workforce has led to **rising poverty among children** (Abu-Bader and Gottlieb, 2008)¹⁴. 78% of households are below the national poverty line (Shainin et al, 2010)¹⁵ and almost half of the children live in families without a wage earner (Ben Rabi et al, 2009)¹⁶.

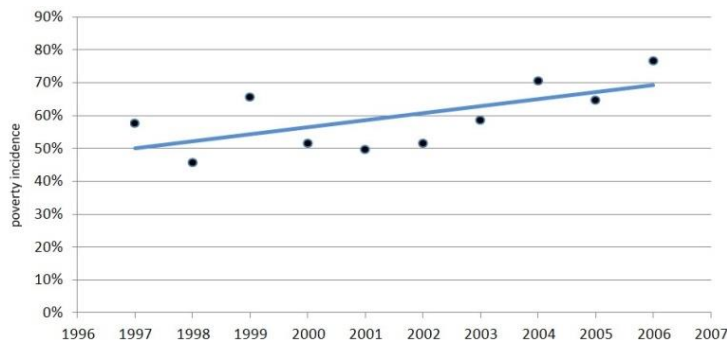


Figure 3. Percent of Bedouin children living in families whose income is below the poverty line

Fathers of only 53% of the children are wage earners (56% in the towns and 28% in the unrecognized villages). 44% are blue-collar workers in industry and construction and only a small minority is employed in academic or managerial professions. A survey conducted by the Myers-JDC-Brookdale Institute (2009) found that **mothers of an overwhelming number of Bedouin children (93%) are unemployed**.

Bedouin low participation in the work force can be explained by the lack of public transport connecting the Bedouin towns (which were essentially planned as commuter towns) with regional employment centers and the underdeveloped state of local commerce and industry. In addition, women’s extensive unemployment can be attributed to both personal and cultural barriers.

Developing day-care programs for young children is a vital need for Bedouin mothers who wish to integrate into the work force. Such services would go a long way towards alleviating the acute poverty among the Bedouin society.

In the abovementioned survey, 81% of mothers responded that they “have no one to look after the children” in case they do find work, a further 15% explained that it is not culturally accepted that women will work outside the home or travel unattended outside their residential area (see also Abu-Rabia, 2000)¹⁷.

Such obstacles to workforce integration coupled with growing young and dependent populations place Bedouin households within acute poverty cycles (Abu-Bader and Gottlieb, 2009)¹⁸.

- **Living conditions of Bedouin children**

The hard economic circumstance of families has a direct effect on the living conditions of children: **mothers of 43% of the children reported that family income is insufficient to cover most of the household needs.** Approximately 48% of families do not own a car.

	Total	Towns and semi-urban settlements	Unrecognized villages
<i>Mother's estimate of family income sufficiency</i>			
<i>Sufficient of most of the needs</i>	47	50	42
<i>Not sufficient of most of the needs</i>	43	39	50
<i>Infrastructure</i>			
<i>Power source other than the National electric company (household generator)</i>	-	0	90
<i>Not connected to central sewage lines</i>	-	1.5	99
<i>Not connected to central water line</i>	-	0	40
<i>Household appliances</i>			
<i>Home without heater or air conditioner</i>	38	38	38
<i>Home without a water heater for bathing</i>	33	10	76
<i>Home without a refrigerator</i>	14	4	33
<i>Home area for kids ages 3-5</i>			
<i>Comfortable place to play and host friends</i>	46	29	64
<i>Place to keep personal belongings</i>	41	27	56

Table 2. Economic circumstance and living conditions of children in Bedouin families (percentage) (Ben Rabi et al, 2009)¹⁹

The lack of physical infrastructure in unrecognized villages means that 12% of children live in homes where there is no electricity at all. The rest may have intermittent power supply through a generator (usually only for a few hours during darkness). **In many homes in unrecognized villages, there are no heaters, means of heating water for bathing, or a refrigerator** (Ben-Rabi et al, 2010²⁰, Table 2). Typically, these homes are self-constructed houses built of lightweight materials like plywood and corrugated sheets.



Photo 1. Living environment in unrecognized Bedouin village (taken by Karplus Y.)

The process of Bedouin urbanization characterized in part by insufficient infrastructure development and strained municipal

services in the planned towns and semi-urban settlements, generated **an acute environmental crisis affecting public health and residents' quality of life** (Kissinger et al, 2013)²¹. Bedouin towns experience frequent breakdowns in sewage and solid-waste treatment facilities. Raw-sewage often runs to nearby dry riverbeds which also collect domestic, commercial and biodegradable solid-wastes, resulting in underground water contamination and severe odor nuisance for neighboring residents. Within the towns, there is a widespread practice of dumping waste beside roads, in open spaces, over backyard fences and adjacent neighborhood filled-to-capacity garbage dumpsters. Streets are littered with plastic bags, empty bottles, tin cans and other household waste.



Photo 2. Play area in a Bedouin Town (courtesy of Abu-Srihan A.)

Lack of green open spaces, parks and recreational services lead children to make their own play environments in hazardous settings. It is not uncommon to observe children turning piles of waste that include metal scraps, abandoned vehicles, and sewage pipes into playgrounds (Minski, 2007)²². Such **degraded conditions and the difficulty of sustaining environmental and personal hygiene are identified in a Ministry of Health report (2008)²³ as contributors to gastrointestinal and pulmonary diseases leading to above-average hospitalization rates of Bedouin children.**

As a direct result of children not having safe areas to stay and play, they are at **increased**

The physical environment in which young Bedouin children grow and play poses elevated health and injury risks.

Many homes have no running water or electricity or means of heating. Outside the doorstep, there are environmental hazards and no safe play areas.

risk of injury from yard accidents, in 2013 alone, 29 children were fatally injured in such accidents (Wiess and Lefler-Fridberg, 2014²⁴). Between 2008 and 2014 Bedouin children's loss of life due to unintentional injury accounted for 18% of all such cases among the general population of children in Israel, even as Bedouin children accounted for only 4.3% of the children in Israel. Among Bedouin children, most of the fatalities in

2013 (18 of 29) occurred at home and in the yard, nine events were related to road accidents in the vicinity of the home (running over backwards). **The majority of fatalities (15 of 29) were of infants aged 0-4.**

- **Bedouin children's health**

Bedouin society as a whole is prone to high levels of health risks. While urbanization and modernization brought a reduction in general mortality, at the same time the society became exposed to new risk factors that elevated by hundreds of percent the prevalence of diseases characteristic of urban dwellers (such as diabetes and obesity). Compared with residents of the towns, Bedouin who live in the unrecognized villages confront specific health risks associated with the absence of infrastructure: lack of running water and electricity, poor sanitation, no proper housing, and other environmental risks as well as low accessibility to health services (Yogev, 2014)²⁵.

Environmental degradation and poor living conditions, deep poverty, high fertility rate and marriages among cousins that perpetuate congenital disorders and hereditary diseases all contribute to the **poor health of Bedouin children**. Infant mortality (calculated as the number of deaths that occurred among infants under one year of age per 1000 live births) is one of the most important health indicators for assessing the health status of the population. **In the last decade Bedouin infant mortality rate dropped from 16.9 (2004) to 11 (2012)**, but it remains very high both in comparison to the Jewish population (2.5) and the Arab population (6.3) (CBS, selected years)²⁶. A report by the Ministry of Health (2008)²⁷

Early childhood mortality rates of Bedouin children are higher than that of non-Bedouin children. They are at greater risk of growth delays (stunting and wasting) and of contracting infectious diseases.

attributes **the primary cause of death among Bedouin infants to congenital anomalies and hereditary diseases (47.2%), the second most common cause is premature birth (22%)**.

Anthropometric measurements (height and weight) are a common tool to evaluate the health of children and to assess their nutritional condition. Developmental delays often indicate to poor living conditions that impede normal growth and development. During 2001-2002 such a survey was conducted among young Bedouin children (under 5)

Bedouin children suffer from higher rates of poor health conditions, low birth-weight, hospital admissions and poor nutrition compared with non-Bedouin children.

residing in unrecognized villages (Bilenko et al, 2004)²⁸. 9% of the children were found to have low height-to-age (stunting) and 4.4% had low weight-for-height (wasting). A 10-fold higher incidence of stunting and wasting was found among girls as compared to boys. Another survey that examined the prevalence of anemia and

nutritional deficiencies among Bedouin children 6 months of age who live in towns indicates that 56.6% of them suffer from anemia (Bilenko et al, 2007)²⁹.

The Ministry of Health monitors morbidity and hospitalizations due to respiratory, infectious and Zoonotic diseases (animal transmitted diseases). Due to efforts of improving vaccination coverage in the Bedouin settlements and villages, prevention of vaccinatable infectious diseases had been highly successful. However, **there is a considerable disparity in vaccination coverage of children under age 5 who live in the unrecognized villages (87%), compared with children living in the towns (94%)**. Despite the success in preventing vaccinatable infectious diseases, no significant change had been observed in the incidence of gastrointestinal infectious diseases brought about mainly by poor environmental and personal hygiene. **Hospitalization rates due to gastrointestinal and respiratory infectious diseases are higher among Bedouin children in unrecognized villages due to poor living conditions including:** inability to regulate indoor temperature, lack of electricity, and difficulties in maintaining environmental and personal hygiene in the absence of running water, sewage treatment and waste disposal facilities.

- **At-Risk young Bedouin children: Mapping conducted by the National Program for Children and Youth at Risk**

Between 2009 and 2013 the national program for children and youth at risk, had initiated a mapping of the status of disadvantaged and at-risk children. The national program **defines children at-risk as those who live in situations that place them at danger in their family and/or in their environment**. This definition is comprehensive and general to all children in Israel, and does not address the specific condition of Bedouin children.

Risk situations were further defined according to three broad life areas that provide a framework for assessing the child environment and his/her developmental achievements:

1. *Family-related and child-care problems* include difficulty of the parents in coping with the behavior of their children, inability of the parents to provide their children with enrichment, difficulties with the emotional relationship between the parents and their children, difficulty of the parents to provide proper physical care (neglect), exposure to risk situations within the family, inability to protect the child from others (abuse).
2. *Child emotional/social development* includes behaviors indicative of emotional difficulties, adjustment problems and difficulties in establishing relationships with others and aggressive behaviors.

3. *Child cognitive development and skill learning* include problems and difficulties in acquiring skills, low scholastic/performance achievements, lack of attendance/involvement in studies, disruptive behavior and refusal to accept authority.

The mapping conducted by the national program of the status of disadvantaged and at-risk Bedouin children currently covers only a portion of the population. Initial results show identified a **large number of Bedouin young children (aged birth to 6) with problems in all 3 defined risk areas.** These children cope with highly complex situations and are in need of multidisciplinary interventions.

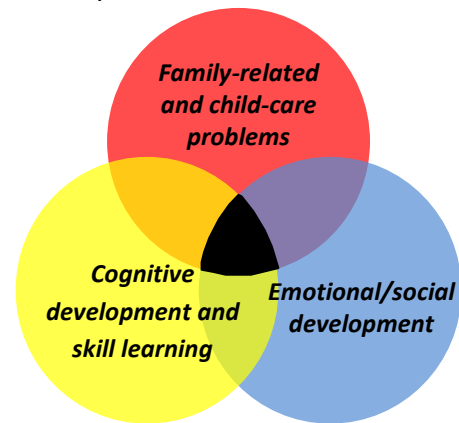


Figure 4. Three life areas that provide a framework for assessing the child environment and developmental achievements.

The national program for children and youth at-risk, develops, enhances and strengthens services for children by providing supplementary funding for localities, based on its mapping of the extent of risk, the prevalence of risk and the complexity of problems in each locality. In the Bedouin sector, these efforts currently provide services for only a fraction of the population of children at-risk. These services carry on and expand the infrastructure laid by the ECHAD Partnership in the town of Lakiya and the regional council of Abu-Basma, a program developed in 2008 by JDC Ashalim, the Jewish Community Federation of San Francisco and the Israeli government.

4. Available services and programs for young Bedouin children

- **Early childhood educational services**

Following amendment No. 16 of the Compulsory Education Act (1984) Bedouin children are entitled to free education from the age of three. The educational services as a 'universal service' is the sole professional service that has sustained and ongoing contact with the vast majority of children at the compulsory education age (3-18). **The education system therefore plays a major role in meeting the developmental needs of children**, and together with social services, in identifying children at risk and referring them to welfare departments for complementary solutions.

Yet **the education system in the Bedouin sector is still in development, and faces many challenges in the area of physical infrastructure and human resources including:** schools in dilapidated buildings, a shortage in funded positions, qualified teachers and administrators, grossly insufficient budgets, and low learning achievements. In fact, the opening of kindergartens for Bedouin children began only in the 1970s parallel to the establishment of the seven Bedouin towns. For the children of the unrecognized villages, this process began even later.

In 2014 some 14,554 children aged three to five were registered in 512 formal (i.e. operated by the Ministry of education) and recognized-non-formal (i.e. budgeted by the Ministry of education) kindergartens. In addition, there are many private and unregulated kindergartens operated by non-profit organizations though the true extent of the phenomenon is unknown.

The provision of kindergarten facilities is not meeting the nationwide needs and the needs of young Bedouin children in particular.



Photo 3. Kindergarten housed in a caravan (taken by Azbarga A.)

There is a shortage of hundreds of classrooms in Bedouin settlements and planned construction is not meeting the needs, resulting in overcrowded kindergartens that impair the quality of education. According to a survey initiated by the Center for Bedouin Studies and Development of Ben-Gurion University (2010)³⁰ only **38% of kindergarten classes were housed in permanent buildings while the rest operated in rental apartments and caravan structures**. Many of these prefabricated structures are decades old, with outside toilets and

^ significant number of kindergartens are located near

school building, usually sharing a courtyard with older pupils. In unrecognized villages, most kindergartens are not connected to the water and electricity grid and have no paved access roads. The broad geographic dispersal of villages requires a comprehensive transportation system, and in the absence of paved roads, transportation to and from kindergartens constitutes a safety risk (Dagan and Buzaglo, 2014)³¹.

Beyond the physical infrastructure aspect, the development of professional educators is

Educational staff in kindergartens, play a decisive role in ensuring quality early childhood education.

a crucial element in the quality of early childhood education services. **College programs for early childhood Bedouin educators provide only basic tools for working in the kindergarten** (Daroma, 2005)³² and

many Bedouin kindergarten assistants have not received any professional training. **In the eyes of the community and the teachers themselves, their role and the expectations placed on them are still rather low.** As a result, teachers and assistants rarely initiate or innovate educational or social techniques and generally immerse themselves in the daily routine of operating a kindergarten.

Since 2008 however, Ashalim with its partners had initiated a number of groundbreaking professional development programs for Bedouin early childhood educators. These include:

- ✚ **Bedouin Leaders in Early Childhood Education** that develops the pedagogical, managerial and teacher-parent skills of kindergarten teachers. *In partnership with the Ministry of Education, Musharaka – AJEEC (The Arab-Jewish Center for Equality, Empowerment and Cooperation) and supported by the Bernard Van Leer Foundation, Netherlands.*
- ✚ The **ECHAD Partnership** that provides kindergarten teachers and assistants with comprehensive in-service trainings and programs (Itlalat, Kids in Conversation, and MAAGAN). *In partnership with the Government of Israel and the Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties.*
- ✚ The **House of the Teacher** (in the Bedouin town of Hura) where kindergarten educators can access resources and materials for their work as well as hold peer meetings and training courses. *This is an element of the ECHAD Partnership initiative.*
- ✚ **Quality of Education** for 3-6 years old in Arab society is a comprehensive program package for early childhood educators, young children, parents and local municipalities that combines professional training, guidance and skill

acquisition workshops, development of learning resources, development of learning and play environments, and development of integrative municipal-based work-model. *In partnership with the Ministry of Education, local municipalities and the Bernard Van Leer Foundation, Netherlands.*

- ✚ The **Early Childhood Coordinator** program in Arab local municipalities (in the Bedouin towns of Rahat, Lakya, Hura, Segev-Shalom and Arara) is a 3 year training and guidance program for professionals working in local governments that provides the tools and skills needed to manage successfully the combined aspects of early childhood in their locality. *In partnership with local municipalities, donors and the Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties.*

- **Early childhood pre-kindergarten care**

Infants and toddlers aged three months to three years are offered state supervised day care services. Entitlement to day care service is based on referral by the local departments of social services or through working mothers associations. Additional nurseries and day care centers are either run by local authorities, different associations or private organizations. **In Bedouin society as is the case throughout Israel, the many private pre-kindergarten providers contribute to the decentralization of service provision, making it difficult to supervise existing facilities or maintain quality of care standards.**

There are currently 213 home based family care frameworks (5 children or less) and 5 day care centers serving 1,563 Bedouin children under the age of three (just 7% of all Bedouin children under 3 years old).

Additional 21 pre-kindergarten educational settings for 315 children were established as part of the "parent as partners" community based program. An unknown number of children attend other private, non regulated care frameworks.

Ashalim with its partners plays a key role in developing high quality pre-kindergarten care in Bedouin communities:

- ✚ **Parents as Partners** offers 21 community-based educational centers for Bedouin children under the age of three. *In partnership with AJECC and supported by the Jewish community federation of San-Francisco the Peninsula, Marin and Sonoma Counties. An element of the ECHAD Partnership initiative.*
- ✚ **Playing Together** develops age appropriate play environments and promotes the ability of young Bedouin mothers to contribute to the development of their children through play. *An element of the ECHAD Partnership initiative supported*

by the UJA-Federation of New York and the Jewish community federation of San-Francisco the Peninsula, Marin and Sonoma Counties.

- ✚ **Mabatton** offers pre-kindergarten care providers training program in identifying children at-risk. *An element of the ECHAD Partnership initiative.*

- **Early childhood health services**

Early childhood health services for Bedouin children are mainly provided by Clalit Health Services that covers approx. 90% of all Bedouin citizens. In total, 45 clinics operate in the formally recognized towns. These are housed in permanent buildings, and employ general practitioners, specialists and pediatricians. In 12 unrecognized villages (out of 34) there are clinics with general practitioners and nurses, in most there are no pediatricians. Children from other villages must commute to nearby towns or cities to receive health services.

The coverage of well baby clinics serving preschoolers and their parents is still partial.

While all Bedouin towns have at least one well baby clinic (Rahat has 5), only in 7 out of 11 regional councils' settlements and in 1 out of 34 unrecognized villages there are a well baby clinic. These centers are an important element in community health and preventive medicine, providing prenatal services and developmental monitoring of young children, as well as parental guidance on nutrition and disease prevention. To mitigate village residents' accessibility difficulties, the Ministry of Health operates a mobile family health unit and two mobile vaccination teams.

Other health services including child development centers are available in a number of Bedouin towns, in Beer-Sheva and at the Soroka Medical Center, which is located within a radius of 50 km (30miles) from most Bedouin villages. Despite the rise in recent years in the number of health clinics and centers and their coverage and scope of services, **there are still many challenges and shortages in the provision of health services to Bedouin children in early childhood.** These stem from budgetary constraints, insufficient number of positions, accessibility issues, and difficulties associated with cross-cultural and language barriers between the health workers, the children and their parents (Ben-Rabi, 2009)³³.

In the framework of ECHAD Partnership the following initiatives were developed:

- ✚ Well baby clinics in Lakya and the regional councils were provided with much needed equipment, and play and Sensomotoric areas.
- ✚ 50 well baby clinic nurses received training in working with Bedouin parents and in developing community based parent guidance programs.

- ✚ A child nutrition and Anemia prevention guidance program was developed based on Bedouin traditional cuisine.

- **Supplementary social services for Bedouin families and children**

The national social services and welfare system is an important institution in responding to the diverse needs of Bedouin families and their children. **In Bedouin communities, 30%-45% of children live in families receiving income support from the National Insurance Institute.** In most communities, local social services departments aid or are in contact with over 30% of the families (National Insurance Institute)³⁴. With a large number of residents who are in need of social services and welfare aid, **the departments, coping with a chronic shortage of social workers, are struggling to meet the demands.** As a result, the number of social workers per 1,000 Bedouin residents is lower than the national average (0.35 and 0.45 respectively) and the case load for any social worker is significantly higher.

In terms of the range of social services provided, in Bedouin towns there is a general shortage in facilities and services, and in particular, programs that meet the needs of young children. This difficulty is made even more complicated for the regional councils that are charged with providing social services for residents of the unrecognized villages in addition to their own residents. Geographic dispersion of the unrecognized villages and hamlets and the lack of roads and public transport make accessibility and the provision of services especially challenging. In addition to these structural barriers, social awareness to social benefits entitlements is still low, and the challenges posed by bureaucratic procedures and cultural differences affect the willingness of the population to seek assistance. Most of those applying for the social services departments seek material help in the form of financial aid (Horowitz and Sagi, 2005)³⁵.

- **Third Sector and Bedouin children**

In light of the many difficulties faced by the Bedouin population, **an active civic society began to take root since the 1990s with the emergence and growth of third sector organizations** who sought justice, equality and community empowerment. Numerous voluntary, not-for-profit institutions, and companies for the public benefit currently operate in a variety of areas such as education, health, welfare, cultural heritage, environmental issues and the promotion of civil rights. Some of these organizations (e.g. *MHT Negev Bedouin Educational and Cultural Institutions Ltd.*, *Gazali Ltd.*) provide kindergartens and day care centers; others are involved in advocacy for children's needs and rights and social change (e.g. AJEEC, Al Sanabel).

The insufficient extent of education and social services for young Bedouin children motivated individuals and groups to try to bridge the gaps through self-organization. Some organizations are based upon familial and tribal associations, while some are community oriented. A few are associated with the Islamic movement and the rest are based on regional and Bedouin-Jewish collaboration.

Most of the initiatives involve small NGOs that operate in a non-systematic manner with a limited core of paid employees working for the benefit of a relatively small number of children (Horovitz and Sagi, 2005)³⁶. These associations have often ceased their activity after a few years. Other organizations evolved into a large scale enterprise in terms of staff, target groups, and the range and reach of services. It is difficult to estimate the amount of resources involved in current NGOs operations, but in the area of child services, funding is high compared to available Bedouin local authorities' budgets. As a result, the **Bedouin arena is filled with activists and projects that are limited in scope and duration, lack professional guidance and any systemic and holistic approach.**

5. Towards developing solutions – insights from mapping needs and services for early childhood in Bedouin society

Research literature identifies **the first years of a child's life as the most significant and the most influential for his life-long development** (Klein and Yablon) 2007)³⁷. Early childhood is also the period in which achievement gaps between children who are at risk and children with normal development first appear and grow over time. Hence children that are unable to acquire the tools and skills needed for their optimal development during early childhood will find it difficult to acquire them as a later stage.

Early childhood years are characterized by striking physical and psychological changes. The young child grows rapidly, with the concurrent development of the brain and nervous system resulting in rapid changes in cognitive, language, and social behaviors. It is at this time of the child's life that **a window of opportunity is opened for interventions** that moderate risk factors, compensate for unfulfilled needs, increase the defense mechanisms of children and enhance their environment. Such interventions can advance the prospect of optimal development.

Therefore, **great importance is attributed for early detection of young children who face developmental difficulties and children who are at risk, and their integration in programs tailored to meet their specific needs.** Together, early identification and assessment and tailored intervention programs have the ability to significantly reduce future achievement gaps and, in many cases, prevent developmental delays.

Development of new solutions for young children in the Bedouin population requires an **ongoing dialogue with parents, communities and professionals based on cultural sensitivity, social priorities and basic community needs.** Dialogue and partnership with key agents that support the developmental stages of young Bedouin children will leverage the strengths of various institutions and organizations, promote community involvement and grass-root leadership and create an environment for capacity building and the development of human capital.

Promoting the developmental achievements of young children in the Bedouin society is a complex task. It requires **a holistic view of the relations between children's physical social-emotional and learning-cognitive needs on the one hand and integrated solutions in the areas of child health, education and family wellbeing on the other.**

Supporting the developmental stages of Bedouin children in early childhood requires a range of solutions that support good health, reduce exposure to risk factors, and advance child wellbeing. They must provide social and physical environments in which children can maximize their potential emotionally, socially, intellectually and physically and successfully integrate in their community and in Israeli society.

In order to meet successfully the ongoing family, community and institutional challenges that contribute to the formation of gaps in early childhood achievements, it is important to recognize that **Bedouin children's development cannot be separated from the broader context of the processes of change and development of the Bedouin social and physical reality.**

Compounded by incongruence between their crises riddled status quo and any socially envisioned ideal reality, these major and rapid processes of change have left the Bedouin in conditions of lower psychological and cultural competence with a perceived lack of control. Parents and their communities, therefore require close support in order to regain their internal 'locus of control' (the belief in their ability to control their life) and their perceived ability to influence and advance the development of their young children.

Fundamental for this recognition is the **ecological perspective** that considers the surrounding contexts, roles, and relationships that collectively interact to influence child development. Within an ecological perspective, emphasis and responsibility for a child's developmental achievements shifts from early childhood programs alone to the articulation of responsibilities shared among government agencies, local authorities, NGOs, professionals, educators, communities and parents. The ecological approach to child development extends our concern from a focus simply on early childhood *achievements* to one that **addresses services, community empowerment, and parent and child development over time and across settings** (Knoche et al, 2010)³⁸.

- **Early childhood services**

For many years, not enough attention was paid to early childhood in Bedouin society by the formal education, health and social services systems. This has resulted in shortages of early childhood services, poor quality of infrastructure and under-trained educators and professionals. However, awareness of the importance of high quality early childhood services in Bedouin society has grown in recent years. Government agencies, local authorities, NGOs, communities and parents are keen and willing to provide meaningful contributions towards its development.

Two key issues should be considered when addressing the development of services for young Bedouin children:

- ✚ **Physical accessibility** which relates to the location, availability and scope of services and the ability of young children and their parents to actually reach service sites.
- ✚ **Functional accessibility** which relates to the quality of services, the level of professional training and allocation of personnel, their coordinated integration within the wider local, regional and national early childhood service infrastructure, as well as physical aspects of service facilities.

Improving physical and functional accessibility requires the development of early childhood care frameworks and educational programs for all Bedouin children and for children of the unrecognized villages in particular. It should also involve ongoing professional guidance for Bedouin caregivers and teachers, as well as the training of non-Bedouin personnel in providing culturally sensitive health and social services.

- **Community empowerment**

The community is a key resource in supporting early childhood development both by providing social legitimacy for interventions and services, and by extending municipal funds and other support. The community also provides the historical, cultural, and local-geographical identities that enable children to develop their social capital and self-identity.

Promoting community involvement in early childhood development necessitates a tailored approach to two very different types of 'Bedouin communities':

- ✚ **Local community** whose members are the residents of a locale and are represented by the local government. Due to social divides across tribal associations within any given locale, Bedouin residents often feel disassociated from this formal, administrative type of community.

- ✚ **Kin-based community** whose members belong to an extended family and to a union of families, represented by one or more family heads. A single settlement may accommodate several dozen kin-based communities with varying degrees of willingness to cooperate with each other.

Local government and kin-based community participation at every stage of service planning and delivery is an important step towards developing long lasting social commitments to young children as well as fostering empowered communities that can take ownership of services and responsibility for their sustainability.

- **Parent and child development**

Viewed through an historical and cultural lens, Bedouin society is communalistic (the collective is emphasized over the individual), patriarchal and gerontocratic (dominance of the male over female and older over younger). Yet early childhood intervention and services are often developed as child-centered programs, with teachers and other service providers working directly with children.

As a consequence:

- ✚ Children may be perceived as being allocated too many resources at the expense of other community needs.
- ✚ Parents become bystanders and are unable to intervene and take an active role in the education and service provision settings of their child.

Adopting a parent-child dyadic approach can bridge the gap between community based social perceptions and child-centered services. Such an approach combines professional knowledge of early childhood with the concept of parents as equal partners. Parents are involved in all activities designated for them and their young children through which both parents and children experience a process of growth and development.

Guided by the ecological approach triad of early childhood services, community empowerment, and parent and child development, the articulation and materialization of a comprehensive strategic plan for investment in early childhood in Bedouin society will involve three principle stages.

Stage 1) **Dialogue** with and between professionals, community leaders, and parents to define and prioritize culturally-sensitive and locally-relevant early childhood needs.

- ✚ Accounting for the substantial diversity among Bedouin society in areas such as social transitions and settlement type (towns, semi-urban settlements and unrecognized villages).
- ✚ Adopting a 'vertical' perspective in defining needs ranging from the parent-child, to kin-based communities, to local communities, to the society as a whole; and from the individual settlement, to regional councils and con-urban frameworks, to the entire Bedouin region.

Stage 2) **Development** of needs-tailored service-based, community-based, and home-based programs and interventions.

- ✚ Service-based programs and interventions will strengthen physical and functional accessibility through the expansion and out-reach of services to remote communities and through the provision of training and professional development programs.
- ✚ Local community-based programs and interventions will advance and strengthen an integrative approach to early childhood at the municipal level by building on and expanding the already successful Early Childhood Coordinator program. At a more refined kin-based level, programs should incorporate components that strengthen in children a sense of communal belonging and identity as well as provide the community with tools and skills to support children's integration in expanding socialization circles (extended family, community, education settings, society etc.).
- ✚ Home-based programs and interventions should seek to develop and strengthen parent-child interaction, parents' mediation skills and parents' ability to nurture their child's social, emotional, motor and cognitive development. Home-based programs should incorporate interventions both in individual and parent group settings.

Stage 3) **Evaluation** of the comprehensive strategic plan for early childhood and its components.

- ✚ As a result of the social and geographic changes that the Bedouin experienced and will continue to experience, particular community defined needs and priorities may change, at times abruptly. Such dynamism requires a matching flexibility in program aims and methods of delivery based on continuous dialog and assessment with service providers, community leaders and parents.

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