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E V A L U A T I O N

CATHOLIC RELIEF SERVICES-USCC/JVE

HEALTH EDUCATION PROGRAM

A Report Prepared by:
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During The Period:
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EXECUTIVE SUMMARY

The evaluation was designed to focus on the delivery system of the CRS/JWB Health Education Project: The training of teachers, the teaching itself, the appropriateness of the content and teaching to West Bank mothers, and the impact of the program on these mothers.

In the course of studying these components, discussions with staff members, visiting the classes and mothers, it became clear that the problem of appropriateness lay not in the language of the lessons or the level of teaching skills, both of which are carefully monitored by program staff, but in two related areas that are primarily questions of program design.

1. The program has not developed objectives for the learning expected of the mothers, nor have any systematic efforts been made to measure this learning. Relevance of the program content to their needs, and their use of what they have learned are therefore not known.

2. The words the teachers use are simple. The concepts and kinds of information were not, however, chosen or tested for comprehension or relevance in the lives of the women. The combination of unnecessary and confusing detail, technical terms and concepts, and the sheer mass of material make retention and use of the material difficult for teachers and for mothers.

This evaluation strongly urges a major revision of the program materials in line with an assessment of womens' priorities, interests, and current knowledge. The amount of material should be greatly reduced, simplifying the burden on the staff and teachers to manage a complex program. Program resources and the womens' interest are valuable, and should be used in the most productive ways possible. An on-going plan for evaluation would help the program assure the efficacy and productivety of its activities.

The Health Education program has achieved a stability and acceptance that enables its staff to assess their program and consider new directions and emphasis. The staff is strong and if anything too eager to undertake activity that will improve program quality. Connections in the community, both at the village and professional level are good, credibility is high, and the West Bank women are anxious and quick to learn. Professionals here seem to agree that preventative education is at once the most effective and feasable approach to improving health standards on the West Bank. The Health Education program is providing a needed service, and has potential for increased excellence and impact if the materials can be adapted to meet the program goals more effectively.

INTRODUCTION

The evaluation was conducted in daily contact with Dana Sams, Project Manager, Dr. Naji Abu-Rmeileh, Technical Consultant to the program, and Grace Hauck, Liaison/Evaluation Officer, CRS/N.Y. Each stage was reported to the full staff for their questions, reactions and ideas.

The scope of work involved study of the appropriateness and efficacy of the classes being taught in the villages. The findings that emerged suggested that a redesign of content was needed.

The evaluation role, in conformity with the general requirements of a program redesign, consisted of:-

1. examining service delivery as it meets program purpose;
2. identifying needed program changes;
3. aiding staff in redefining objectives for more effective program function;
4. aiding staff in developing plan to meet recommended changes;
5. assuring the design on an on-going evaluation plan to measure achievement of new objectives.

As none of the senior staff mentioned above will be with the program after September, and as staff understanding and commitment are essential to a successful redesign, much of the latter half of the evaluation was spent in working with the permanent staff in planning ways to implement these recommendations.

In addition, many details and minor suggestions that would ordinarily be discussed informally with project management are included in this document to assure they are recorded for the new project staff.

This evaluation will be included in a more comprehensive CRS report, and will therefore deal only with those program aspect in which problems were identified and recommendations made.

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OBSERVATIONS AND CONCLUSIONS

Management

The staff is competent, qualified, well-trained in most cases, creative and concerned with program success. Dana Sams, the project manager who built the staff and the program, shows leadership skill, confidence and judgement in dealing with the countless vexing day-to-day problems. Communication between project manager and staff is excellent and open.

There is general agreement about what constitutes good teaching and the staff works very hard to achieve it; using an on-going assessment, revision, and reassessment process that shows flexibility and skill. Staff are, for example, at the moment completing a new Teaching Skills Manual for teachers, field testing an excellent teacher monitoring form (see Appendix A), drawing up a revised teaching skill curriculum, planning for an extension of six month practice teaching in the current training program, developing a plan for each teacher to draw up her own lesson plans rather than use the standardized form, and running in-services for the experienced teachers whose skills/knowledge need refreshing.

Staff capability is one of the program's strengths; however the resignation of Project Manager Sams, effective next month, raises concerns for program stability in the immediate future. This is an exceedingly complex program and relies in large part on personal trust and understanding Sams has developed with outside agencies, the communities and service organizations in the area. The political situation as well as local sensitivities make informed direction especially important.

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Recommendations:

1. CRS/N.Y. move rapidly to replace Sams or at least to inform local staff of plans. Lack of information makes planning, evaluation difficult, and is contributing to staff uneasiness.

2. CRS/JWB make efforts to secure consulting services of Dr. Naji Abu-Rmeileh, who conducted the day-to-day activities in Miss Sams' recent absence of one month and has served as a consultant in the role of project assistant. Dr. Naji has impressed me and local staff as qualified, sensitive to program and personnel problems and as a man of judgement and imagination. Dr. Naji chairs a department at Yarmouk University, but could continue as a part-time consultant.

3. CRS bring Sams back if possible to help orient new project manager and make introductions in community.

Concerns: Several staff members expressed confusion or dissatisfaction with their salary levels and perogatives as compared with other staff. This is a common problem but can needlessly damage morale. Suggest CRS/JWB put in writing official salary guidelines, as well as policies for part time vs. full time employees, contract policy, etc.

A review of CRS/JWB correspondence with CRS/N.Y. and AID/W and conversations with staff here reveal considerable frustration on preperation and adequacy of required report. In line with recommendations for simplefying staff functions, suggest AID/W provide CRS with guidelines for future progress reports.

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Practices in first aid, child and pregnancy care and nutrtition are changing rapidly. Suggest program develop a system to update content on regular, on-going basis.

Coverage of Population at Risk

Villages are currently enrolled in the program at their request, and there is a waiting list. Those taking advantage of the program tend to be better organized, with strong leadership, and willingness to adopt new ideas. On two or three occasions, project staff have identified visibly needy villages or Bedouin tribes and made special arrangements for them to be served through a nearby established program. Results have been excellent, staff report, "women soak up the childbirth lessons like a sponge", "nowhere else can they get this information".

Current attendance data is relatively reliable because of regular spot-checks by supervisory staff. The data shows attrition ranging from 20% in villages to 30% in some Bedouin areas. There is no data on those who do not enroll, although in some villages this constitutes large segments of eligible population, if only because no more than twenty or so women are enrolled at any one time. Some teachers have been urged to seek out mothers of observed at-risk children; some have begin spontaneously to do so.

Efficient use of program resources requires focus on population most at risk; in this case for unhealthy or dying children. Although searching out these areas or mothers may involve special costs; delivering services to a less needy population is itself a program inefficiency.

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Recommendations:

1. Within six months after arrival of new program director CRS will report on feasibility of choosing new villages or areas on basis of need. Given lack of vital statistics (infant mortality, morbidity, low birth weight, etc....), staff suggest might use hospital information on origin of malnourished, marasmic children, or rough observation and reports from CRS field staff and other social service agencies.

is this commonly observed?

2. Within six months of new project manager's arrival, staff will report on plan to actively seek out and involve neediest village mothers in program. Teachers could identify and contact through home-visits. The importance of serving the neediest should be stressed in training, and a means for doing so developed.

Staff is in agreement with these recommendations. They feel the program is now well enough established and accepted to begin to adapt special plans for special purposes. Their ideas include holding special sessions in homes of poorer or shyer mothers, or in tents, providing content of special interest, etc.

Local Community Support

The local village Charitable Societies, sponsors of the program in each village, have agreed to provide space for the program and salaries for the teachers after CRS training. The first group of teachers are receiving salaries, however the two more recent groups to graduate (100 teachers) are yet to be paid, and the prospects for future funding is unclear.

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CRS feels that it is unfair to the teachers and damaging to program credibility to train girls who will not be paid, and have therefore cancelled the training program scheduled for fall. There will be no more training until the Unions of Charitable Societies, the actual funding sources, or some other local sources provide the needed funds. This announcement has caused concern at the village level and with area Social Welfare representatives, and it now seems probable that money will be available for the trained teachers soon, and for a new training program this winter.

To meet these funding needs, as well as CRS's goal of strengthening the local societies, CRS is investigating the potential of income generation projects. These would provide for the teachers as well as the usual health benefits of increased income and possibly for other needed services. Conversations with ANERA Director, who has experience in area, were not encouraging, but indicated that a feasibility study would be justified.

Recommendation:

CRS follow-up on income possibilities. Current funding mechanism is unreliable and is a constant drain on staff time and energy. Consultation with local income specialist could provide realistic assessment of potential. There is indication that local funds may be available if economically viable project can be designed.

Some high level sources have suggested that if CRS project manager were Arab the funding sources might find it easier to provide support. CRS might consider this possibility in terms of long-range goal of institutionalizing program with local resources and staff.

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Service Delivery

Program design and objectives focus on service delivery, i.e. numbers of teachers trained, courses given, villages served, and women completing the courses. Staff effort and imagination have therefore centered around the same program elements, developing ways to insure and monitor quality in training, teaching content development and delivery.

Training: Responsibilities of the training component have grown more complex as program has expanded. The single Nutrition course has increased to four, with a fifth, Sociology of the Family, under consideration. As problems in teaching are discovered, new components are designed to correct them. These have included, among others, a community development and teaching skills component, new teaching guides in these fields, revision of all lesson plans, the extension of practice teaching mentioned earlier, in-services to emphasize content and skills for experienced teachers, for local leaders of Charitable Societies and for program staff itself.

The staff is constantly in process of recognizing program deficiencies and devising solutions. The result is an increasingly unweildy and complicated structure that is growing beyond the means of this staff, or any other, to manage efficiently. Despite their determined activity, several of the training staff have found that the teachers, when reviewed, have lost mastery of content taught only months before. Staff express serious concern about how much the mothers can be retaining of the same content.

7/...

Recommendation:

Program be greatly simplified. A system is needed that would establish priorities and act to control proliferation of effort and structures. Focusing staff energies on priorities would provide greater return to program.

Teaching: The teachers observed (Appendix C) performed adequately to very well. The poorest kept mothers' attention, had vigorous, commanding style, and completed the material assigned. She showed the tendency, a danger in didactic teaching from prepared lesson plans, to deliver the material by rote, and did not respond to the questions and concerns of the mothers. On one occasion blamed certain birth positions (breech, etc.) on mothers' behavior and poor diet.

Staff have stated that an important program goal is developing the mothers' self-esteem and self-reliance, yet didactic teaching tends to list things mothers are failing to do, or should be doing better. There is no place for the woman to take pride in what she does well.

Communities visited were visibly different in wealth, modernization, articulateness, education. The more articulate were very clear about what they had found most useful in the Health Education courses; the less articulate had difficulty naming anything they had learned.

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Recommendations:

1. Training and lessons include appreciation for those things the woman can be proud of, e.g. reliance on breast-feeding, love and sense of responsibility for children and families, generally good choices of food, preserving and cooking techniques, clean homes, children, etc.

2. Program assess current knowledge, practices, interests of women in representative villages, and tailor program content and teaching to these factors. e.g. some women told us they had already know much of the material provided in nutrition. If so, it is unnecessary to teach this material in these villages.

Teaching Techniques: Didactic teaching is ingrained in this part of the world, and is the style familiar to most of staff, and in fact to most traditional health education. Many programs have had success with more participative approaches, as role plays, skits, open discussions, games, etc., and have found students see new relevance in the material. Teaching skills staff said that when skits were used experimentally with teachers it 'brought them alive', but that preparing the skits was difficult.

There is a growing body of literature on village Health Teaching, describing techniques that have proven effective over many years of experimentation and innovation in the third world. CHS could utilise many of these techniques with success, especially those designed to involve villagers activity in their own learning.

A working staff in the field rarely has the time to review on-going publications, so have recommended several succinct, reliable guides, e.g. Helping Health Workers Learn (Hesperian Press, Palo Alto, Calif.), Working with Villagers (American Home Economics Assoc.), From the Field (World Education), and Where There Is No Doctor (new Arabic version). Urge staff examine these texts as guides to wide range of exciting and tested ideas.

Women in programs visited were generally alert, interested, and clearly eager for knowledge. They were able to repeat the content of the previous lesson and at the end of the day's lesson, the content of that. They asked questions and described own experiences. There is no evidence of what they retain at end of course, however, or of that, what they have used. Home-visits showed that at least some more modernized mothers retain important points, although they cannot always use them because of family beliefs. Staff report women sometimes object to actions being taught, (e.g. expressing breast milk) as impractical and too much trouble. These objections are excellent opportunities to explore barriers to adoption of ideas.

However, majority of teachers are young unmarried women. They do not have their own experience in many areas discussed, e.g. childbirth, breast-feeding, caring for sick children.

Recommendation:

Often the reasons for not adopting new health behavior has to do with problems of time or skill needed, opposition from other members of the community, or perceptions of difficulty or usefulness. Teachers need to address these issues if information given is to have effect. It would be extremely useful if teachers can counsel mothers or discuss with them ways to use new information, e.g. warm water baths, etc... for expressing milk or ways to convince husband or mother-in-law of value of new ways. Simply giving out the information will not insure that it will or can be used. Teachers may need to develop more depth of material in those areas the program designates as priorities. Could practice counselling and capitalizing on questions that reveal barriers to use of new knowledge. Experienced mothers in class would have useful ideas.

Materials: In all classes observed, teachers used simple language, and are monitored and taught to do so. One teacher in a more traditional, smaller village used the very specialized words common in that village for her subject, breast-feeding, and was commended by the staff. Simplicity of language has clearly been a program goal.

I question however whether technical concepts, even when expressed in the simplest language, are comprehensible or usable in village life. For example, weight loss (in diarrhea) is expressed in percentages of weight loss. Although the translation is quite simple, i.e. five in a hundred, I doubt concept is easily understood or

applied. The women have ways they already use to judge weight loss, for example, one staff member said, by degrees of hollowness of the eye. It is more efficient and effective to employ the skills and terms of reference already in use than introducing new, more technical and often less applicable ones.

The sheer amount of material and detail also interferes with retention and use of the material. For example, twelve signs are given for each of three stages of dehydration, thirty-six signs in all, some calling for understandings or tools (scales or thermometers) not often found in village homes. When staff experienced teachers and supervisors were polled they stated that there was too much material, and found parts of it inappropriate, for example, lessons on the circulatory, respiratory systems, etc. "they are for doctors and nurses, not for us". Another field supervisor said there were good lessons in each course, but that much of the material did not interest women; "for example, they love to hear about the development of the fetus. But only in general, about what they can feel, like when he kicks. Week by week changes in finger, eyes and ears is too much".

Organization of material into academic disciplines, and standardized delivery makes it more difficult for women to relate program to their own life. Rather than asking woman to organize and understand information as we do, i.e. in our terms and in an academic format, a design and presentation that relates more clearly to her own experience might make the material more usable and comprehensible. Solution of this problem is critical to program success.

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Recommendations:

1. Reorganization of program content in ways more congruent with village woman's perception of her life. Content could be reduced by eliminating material women do not find relevant and do not use. Staff should always ask if material is both essential and usable, or merely 'nice to know'.

2. Terms and concepts be tested with village women and teachers for appropriateness. The women must not only understand the terms but be able to apply them.

   These are crucial points as teaching has little value if mothers cannot understand or apply what they hear in classes.

   It should be stressed that a simpler, more relevant approach does not imply shallow content. The vitality and enthusiasm of the mothers and of the staff suggest that if information is made more accessible those areas the women find of value can be developed in much greater depth than now possible.

Program Design

One of the most significant problems observed is in the program design. As yet no objectives or goals have been set that involve measuring the actual program impact on the knowledge or behavior of the village women, nor has data been collected on what the women know or see as priorities in areas

of health. It is difficult therefore to measure impact program is having, or for the program to develop its priorities in content or teaching techniques as measured by actual learning or change.

A program loses an important tool for efficiency and direction if fails to monitor the learning that occurs. Staff cannot choose among materials for effectiveness, compare teaching techniques, or make realistic judgement about program success. Further, program cannot separate what women have gained from program, from what they knew when they entered, or what they learned elsewhere, (as for example from current TV and radio shows on rural health) because no reliable information exists on preprogram levels of knowledge. Local sensitivities at start of program interfered with collection of this data.

Recommendation:

Objectives be developed that specify program impact on women as learners or on the children and communities as indirect recipients. In addition, an assessment be made of current health practices, beliefs and knowledge. Data can concurrently be collected on what women are retaining and judge most important, in the program, and on areas they would like to see included in the future. Several efforts made to do the latter during the evaluation visit provided good, usable data.

MAJOR PROGRAM RECOMMENDATIONS

The problems of inappropriate and excessive material and the lack of objectives or measurement of learning are related, and are the most serious flaws detected in the program. If one does not know what learning is most important, or what kind is actually occuring, then one has no basis to choose between different kinds of content. Fortunately, the program can begin to deal with both problems as part of one process. An approach is outlined in the following recommendations, some of which have been mentioned earlier:-

1. The program be greatly simplified in content material, preferably by integrating the more essential and successfully learned elements into a single course. Content should be cut by approximately 50%;

2. Organizing principle of program should reflect the way the village learner sees her life and needs rather than academic disciplines. Women do not perform Hygiene, then Nutrition, then First Aid, etc... but perform them together, make choices between them and generally integrate them into their totality of life. The course should reflect the ways she looks at things, rather than the way program providers do;

3. Program objectives should be redesigned to include a focus on learner knowledge and behavior change as well as on delivery system;

4. Program redesign should involve women as learners in setting content priorities, choosing appropriate terms and concepts. Women should see that they are having design impact on program;

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5. Level of current health knowledge, beliefs and practices should be assessed to increase relevance of new design and avoid waste motion. Data will also aid in evaluating actual learning during program;

6. Evaluation plan should be built into program plan to guarantee on-going measurement of program effectiveness, and to enable usable experientation in content and technique change in future;

7. CRS hire a consultant for approximately one month content reorganization. This would relieve staff management of on-going involvement in process and free them to maintain program, and provide needed expertise.

These comments and recommendations have been discussed with CRS staff as they have developed, and have their expressed support and concurrence. A major part of the evaluation period was spent working with the staff to develop alternatives ideas for implementing the recommendations. Options orginally presented ranged from a gradual tightening of content and format to a major one-time revision. These options were explored with the senior staff and then presented to the full staff for a decision. Staff felt that the postponement of the fall training gave an unusual opportunity to concentrate their efforts on a revision, and that completing the effort now would save wasted activity and frustration later. The plan which emerged, and which will be outlined in the following section, is one way to meet the recommendations of this evaluation. The process of revision itself may indicate other and more efficient approaches, and the opinions of the new manager will effect the direction the revision takes. Any plan adopted should

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however be shown to meet the program recommendations and address the problems described in this evaluation.

Staff feels content revision and reorientation of first group of experienced teachers should be completed within six months. Recommend therefore a mid-winter target date for completion

The combination of staff excellence, the stability and credibility program has achieved in area, and the intense interest of West Bank mothers offer enormous scope for program excellence. I feel time and energy invested in refining program and bringing it to sharper focus will be well repaid in increased magnitude of impact and efficiency. Further, program can begin to generate impact data that can prove useful to other regions interested in replicating program.

The program, particularly in the ambiguous political situation and sensitivities, is a remarkable achievement. I feel it is well worth the effort requires to bring its achievement more in line with its objectives.

PLAN FOR IMPLEMENTATION

Staff has worked with evaluator to plan implementation and develop realistic approaches. Dr. Naji suggested that the life cycle of the West Bank woman be used as an organizing principle. The idea was accepted as a logical tool for gathering data, preparing objectives and organizing content. The stages suggested include Becoming a Bride; Pregnancy; Childbirth; Mothering an Infant, Toddler, Older Child, Adolescent, and future Bride or Groom. Each stage will include those problems, changes and issues that are relevant to that time in a woman's life. An initial staff effort to test the idea is included (see Appendix B).

Teaching Skills staff (Shoushan) propose beginning data collection with open interviews around these stages, (to be sure the women actually see their lives this way), and to use findings to organize more systematic data collection.

Staff very receptive to the idea of measuring what is currently being learned, and began immediately to develop ideas and approches. Much of following plan's detail originated with staff and uses their experience in the program.

Goal: Gather data on what women see as valuable in current program, and what needs are not being met.

Plan: (1) Census of mothers who have taken most courses. Supervisory staff, on regular program visits, will ask what three things in Nutrition (or First Aid, Child Development, Hygiene) women found most useful; what one thing they learned that they have already used; and what problems they have now in their homes that they need help in solving.

This simple approach was used during the evaluation visit and generated quick, usable data.

(2) Census of experienced teachers: Two of the supervisory staff, on their own initiative, polled thirty teachers and seven supervisors at a regularly scheduled in-service to test reaction to recommendations. Majority agreed there was too much material, that some was irrelevant and that combining material in a single course would aid in teaching.

Each was asked to list the four lessons in each course they felt women preferred. The results are being tabulated. Similar data will be collected from teachers from other regions, and teachers will begin to ask mothers same question during home-visits, and to discuss what new material the women would find useful.

Goal: Gather data to measure what is being learned/done as result of program.

1. To discover magnitude of impact.
2. To use in redesigning objectives for program reorganization.

Plan: Several approaches have been discussed with Community Development and other staff. Tentative plan would involve comparing women who have had course with those who have not. Randomly chosen women who have had courses will be visited to discover what they have gained, in terms of knowledge and new health behaviors. An example of the type of data collection form developed during evaluation is included (Appendix D). This or another format will require field testing for appropriateness and accuracy of results. Because staff expect variation between more prosperous and less prosperous villages, and between the three main regions, villages will be assigned to each of these categories, and then chosen randomly from each category e.g.

	North	Central	South
Prosperous			
Less Prosperous			

In order to establish level of knowledge, and practices without program effect, staff will also interview women in villages without program. Women and villages will be chosen to match sample described above. Sensitivily to local conditions must be observed during home-visits.

The results of these surveys will be forwarded when available to AID/W as part of this evaluation.

Again these plans are tentative and will evolve and change as staff study and begin the implementation. Discussions on all phases of plan with staff indicate high level of understanding of process and goals. If surveys are conducted in August as hoped, Dr. Naji will be on site and can supervise staff efforts. Feel confident of results, with the necessary warning that staff remember commitment to program simplicity and examine each step to be certain it is essential to program priorities.

Appendix B

Visits

Monday June 27th

1. Union for Charitable Societies in Nablus.
   First Aid : Odette.

2. Azzol Charitable Society Tol-Karem.
   First Aid : Shalabees and Hanan.

Tuesday June 28th

1. Catholic Action In Bethlehem.
   Nutrition : Abed.

2. Beit-Jala Charitable Society, Beit-Jala.
   Child development : Rufaida Khatib, Inshirah.

Thursday June 30th

1. Halhul Charitable Society, Halhul.
   First Aid (Poisoning): Um Khaldoon.

2. Shyookh Charitable Society, Shyookh.
   Safety and diseases (child development) Um Khaldoon.

Home visits were made in the villages on each of these days.

Meetings

Dr. Ameen Khatib, President Jerusalem Charitable Unions.

Henry Selze, Director, AWERA.

David Mize, AMIDEast.

U. S. Consulate

Carol Thompson, Political Affairs
Rick Rubinsahl, Economic Affairs

Appendix C

Date :-
Family :-
CRS staff :-
Town :-

(Observe)

PROSPEROUS		MEDIUM		POOR
1	2	3	4	5

Knows how to

Give three signs dehydration

Wrong 1 — Doesn't know 2 — Knows 3

Make special drink

Wrong — Doesn't know — Knows

3 advantages gradual weaning

None — Some — All

Describes how (appropriate foods)

Wrong — Some — All

Describes treat burn

Wrong — Right

Treat bites

Wrong — Right

Has made C.D. toys

No — Yes

Has First Aid Kit

No — Yes

APPENDIX D

Stage in Life Cycle - Bride

Problems/issues	Current Practice (data needed)	OBJECTIVES: Know	Do (homework/class)	Use (life)	Goals: Healthy Mothers, Healthy Babies
Keeping House	Safety Practices/Knowledge Hygiene " / " Incidence water borne illnesses Test water	1. Describe 4 dangers water disease 2. Describe dangers to child from burns/poisons	Look around at home; remove dangers; discuss next class	Store gas etc. out of reach. Keep Hot Liquids, fires from children. Keep Medicine away from children. Lock well Provide safe water	Fewer illnesses, defects, accidents. Best care for illnesses, accidents. Better nourished mothers, children.
Feeding family	Eating customs shopping (who does it) who eats status food. Elder nutrition.	Describe essential foods plan purchases thriftily. Describe importance nutrients to wife. Describe ways to meet needs elders.		Family eats well Wife " " Elders " "	Supportive psychological/social environment for women/children. Family unity in solving problems. Self-esteem for women/children.
Growth and reproduction	What is known	Can describe			
Relationship/husband	Wife's concerns/feelings	Describe ways to improve communication	Discuss with other women classes for men.	Expresses greater satisfaction/support	
" /mother-in-law	"	Describes ways to smooth relationship	Discuss with other women mother-in-law attends class.	" "	
" /family	"				
Preserving	Excellent Collect data				
Herb use	Excellent Collect data				