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47756

**SECOND SEMI-ANNUAL REPORT**

**ON**

**LIFE CYCLE/  
HEALTH EDUCATION PROGRAM**

**CRS/JWB 4D-004**

**GRANT NO. AID/NEB-0159-G-SS-5065-00**

**AUGUST 1, 1985 - JANUARY 31, 1986**

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SECOND SEMI-ANNUAL REPORT  
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Life Cycle/Health Education Project  
Jerusalem/West Bank

AID/NEB-0159-G-SS-5065-00

August 1, 1985 - January 31, 1986

I. HISTORICAL REVIEW

Catholic Relief Services obtained a Grant of U.S. \$ 375,820 (Three hundred seventy-five thousand and eight hundred twenty dollars) from AID/Washington for a Nutrition Education project, AID/NESA-G-1182, that began in 1975 and ended in 1979.

Based on interest shown from questions that the mothers asked during the nutrition classes, the observations made during home visits, and the requests from community and government officials, CRS/JWB submitted a more comprehensive project designed to meet additional local needs. Besides classes in nutrition, this grant also included classes for mothers in first aid and child development. A sum of U.S. \$ 742,000 (seven hundred forty two thousand dollars) was granted by AID/Washington for a Health Education project (AID/NESA-G-1652) This became operational 1 October, 1979.

An amendment to the grant was presented to AID/Washington in July, 1981 requesting a two year extension and additional funding for the following reasons:-

1. The approach used for training village girls as teachers needed to be modified and expanded.
2. An additional topic, hygiene, needed to be developed and added to the training of village teachers.
3. Village requests for the project leaped to over 100% from 73 to over 200 locations.
4. There was a need to focus more attention on leaders of local Charitable societies in order to best utilize the skills of the village teachers.

The amendment was signed 15 July, 1982 granting a one year extension and US \$551,719 (five hundred fifty one thousand, seven hundred and nineteen dollars).

Funding for the second year of the Amendment was to be based on the results of a program evaluation which was successfully completed August 1983. Five hundred thirty thousand and two hundred ten U.S. dollars (\$530,210) was granted to continue the project until Sept 30, 1984 culminating the fifth year of the project.

Two extentions were requested and granted at this time; from September 30, 1984, to December 31, 1984 and from December 31, 1984 to January 31, 1985 for the following reasons;

1. Time was needed to complete two teacher-training inservices which were held October 1-November 9, 1984 and November 19-December 21, 1984.
2. Problems in completion of a specially designed computer program to analyze the Evaluation data made it impossible to complete this analysis before the allotted time.
3. Changes in top administration took place between August and October 1984 including appointment of a new Director (August 1984), Associate Director (September 1984), Interim Health Education Project Manager (August-October 1984), and a new Health Education Project Manager (October 1984).
4. As early as August 1984 the Health Education office (as well as the entire CRS staff) was gearing up for a move which took place in December 1984.

Based upon the success of the previous two grants and the considerable extent to which Health Education had reached the West Bank population, another proposal was submitted to AID/Washington for the following reasons:

1. To institutionalize the program into the local societies.
2. To establish Health Education in Gaza
3. To develop an advanced-training component to the existing program which would expand the risk-identification capabilities of the existing village teachers.

This grant was approved and signed February 26, 1985 under the name "Life Cycle Health Education" (AID/NEB-0159-G-SS-5065-00). \$1,521,249 (one million five hundred twenty-one thousand two hundred forty nine dollars) was estimated as the total project cost of which \$523,000 (five hundred twenty-three thousand dollars) was obligated for the first year (February 1, 1985 to January 31, 1986). The Life Cycle/Health Education project became operational on February 1, 1985.

## II. PROJECT STAFF

There were no staff changes this report period. 21 of 24 positions remain occupied including the Project Manager. (see chart A) All positions are filled by Palestinians with the exception of the Project Manager. The position of Nurse/Educator will be eliminated. It was found that that particular position was not needed in order to fulfil the objectives of the grant. See "Activities" section number 8 for further explanation.

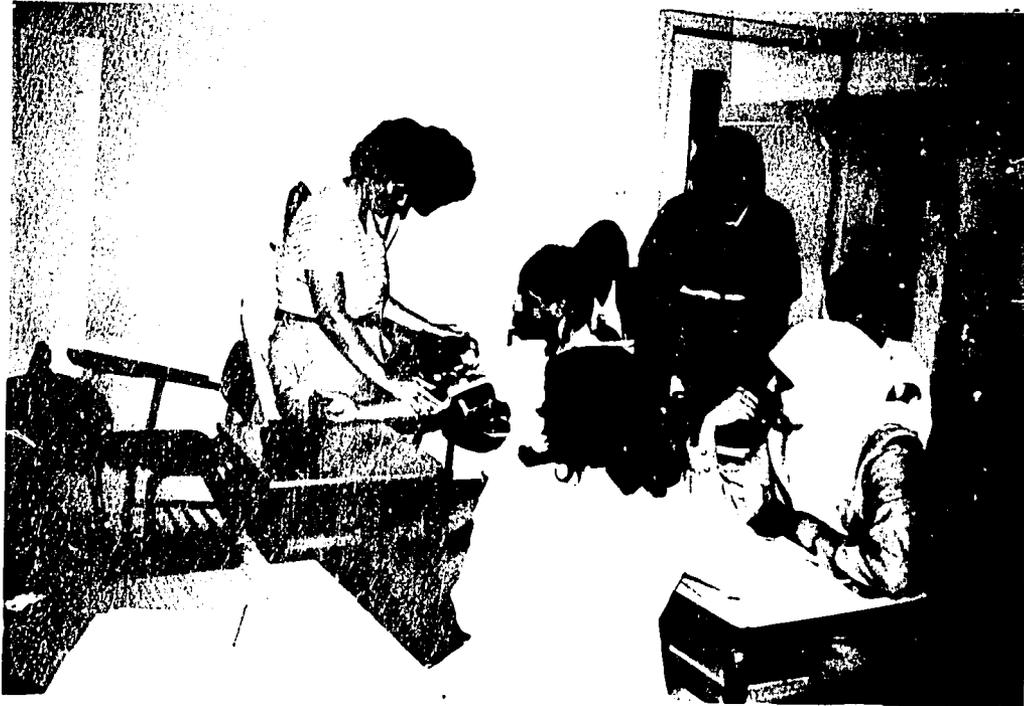
CHART A: (LIFE CYCLE) JOB DESCRIPTIONS AND POSITIONS FILLED

JOB DESCRIPTION	POSITIONS AVAILABLE	POSITIONS FILLED
Project Manager	1	1
Community Relations Person	2	1
Bookkeeper 1/2 time	1	1
Instructors	6	6
Field Supervisors	6	6
Translator/Clerk 1/2 time	1	1
Secretary	1	1
Computer Operator	1	1
Drivers	4	3
Nurse Educator	1	0
<b>TOTAL</b>	<b>24</b>	<b>21</b>

## III. ACTIVITIES DURING THE PERIOD AUGUST 1, 1985-JANUARY 31, 1985

### 1. CRS Staff Inservice On Marasmus, Cold injury, Cancer Detection, Injections And Microscope. (1985)

Three areas of concern by local doctors, clinics, and other people involved in health care in the West Bank are marasmus, cold injury, and disease caused by polluted water. These problems could be effectively countered through proper preventive health instruction. For this reason, an inservice was designed to cover these subjects in order to reinforce the importance of these problems. It is felt that the standard of living is such in the West Bank that no cases of either marasmus or cold injury should occur if mothers understand proper post-natal care.



Nurses from Brigham Young University explaining the use of blood pressure cuffs to CRS Instructors and Supervisors

These are problems which only occur due to ignorance or carelessness and not to a lack of basic needs. CRS has purchased three microscopes to be distributed in resource centers for use by the trained village teachers in their villages. It is hoped that through these microscopes, people will learn to respect the rules of hygiene especially due to polluted water. For this reason, the microscope was added to the inservice agenda.

The inservice was planned jointly by the project manager and six nurses from Brigham Young University, Utah. The nurses were part of a travel-study program sponsored by BYU. As it happened, their visit coincided with the break between training courses.



BYU Nurse introducing cancer warning signs. This is one of several topics of interest discussed during the seminar.

The CRS field staff and the nurses took this opportunity to share with each other areas of concern and expertise. The field staff was given the opportunity to increase their understanding and awareness of serious local problems. The nurses were given an invaluable experience of village life. The nurses planned the inservices and during the time of the last report period spent two weeks observing village life and going on home visits in order to better prepare them for the material they were to deliver. The inservice was delivered in seven days. The first day began with a question and answer period in which it was determined that two other areas of concern could be covered as well; cancer detection and the danger of injections. Lesson plans were written by the Nurses (see attachment 1). The classes were very well received by all who attended. The response of the nurses was positive (see box).

To sum up my experience working with the CRS, could be done in one word - fantastic. I have seen homes not fit for human habitation, yet housing large families. I have seen village teachers who have a great love for their people and also a large knowledge base which they share with their people. I have seen supervisors who also are concerned and care about the people they visit and who are very astute and knowledgeable. I am truly impressed with the Health Education course of the CRS. The records are up to-date and appropriate, and an excellent indicator of the success of the programs (decreased incidence of underweight children). The teachers are enthusiastic and animated, and the supervisors are excellent resource people.

My recommendation for this course is to continue on. Continue to teach in the villages and continue to try to expand the program so that all villages can have the opportunity to learn.

The main problems I have observed are politics and over-zealousness. The supervisors want to do more than their role and training allows them (i.e. give IM injections). Also the Israeli Government is slow to allow courses to be established and won't allow screening clinics to be held (i.e. blood pressure, I believe that a "layman" can be taught to accurately take blood pressures and to screen for hypertension and toxemia). Solutions for these problems are unfortunately unrealistic - change the political scene and train the Supervisors and teachers to be nurses.

I feel that the BYU health internship program and CRS can work well with each other, meeting each other's needs. I truly hope that BYU and CRS will continue to have a working relationship with each other so that others can have the experiences that I have had.

**2. "How To Save An Eye" Inservice For CRS Staff  
(Aug. 13 - Aug. 21, 1985)**

St. John's Ophthalmic Hospital offered a course for the CRS Health Education Instructors and Supervisors on "How to save an eye". This course was designed by St. John's Ophthalmic Hospital to help to detect prevalent eye diseases, give referrals and treatment. The course included 6 days of classroom instruction and one day of observation in one of the clinics operated by St. John's Hospital in the West Bank. (See attachment two for course outline) The class was a very worth while venture. It was hoped that this inservice would strengthen the eye component of the "Life Cycle" program by improving the knowledge of those most responsible for its presentation. Following up this inservice will be a similar, but reduced course presented to all of the village teachers in the West Bank. This will be discussed in the section number 4 entitled "Refresher course for Eye, First Aid, and Instructional equipment". This course was also significant in that it opened up a new ongoing, working relationship between the Health Education program and St. John's Ophthalmic hospital.

**3. Materials Workshop (Sept. 9 - 19, 1985)**

Upon completion of the first 2 CRS training courses in July, 1985 (see first semi-annual report for more details concerning these courses), it was decided that the 43 new village teachers from the Nablus and Ramallah courses should be given a short follow-up course on how to make materials and how to use teaching equipment. A two week course was developed and the village teachers were gathered once again. They were taught to make their own teacher aids such as; dolls, posters, and other materials useful in their classrooms. They were also taught to use the equipment that will be available to them through the resource centers. Lesson plans were developed in Arabic by the CRS instructors. (See attachment 3)



Village Teachers from the Nablus area learn to use Microscopes and make Materials for their village classes during the materials workshop.

A set of eight posters was developed by the staff to be distributed to the village teachers. (see attachment number 4) It was felt that for certain subjects it was important for the posters to be accurate. Currently the village teachers are making all of their own posters and some are not accurate. However, the teachers are still encouraged to make their own posters and teacher aids. These posters were handed out to all 130 village teachers in the field and those who attended the most recent training course.

4. **Refresher Courses For Village Teachers "Eye, First Aid, And Instructional Equipment" (Oct. 28, 1985 - Jan. 31, 1986)**

CRS planed a First Aid refresher course for all village teachers as a sequel to the last refresher course of October - December 1984. First Aid was not included in that course because all of the lesson plans and materials were not ready on time. (see final report Health Education grant 1652). St. John's Hospital look advantage of this occassion to deliver a one week course "How to save an eye". It was taught by a nurse from their staff. Also included was a one week practicum on how to use all of the educational equipment that will be available in the resource centers. Four seperate courses were taught in Hebron, Kamallah, Jenin and Nablus for a total of 84 village teachers. (see chart B). Three CRS Instructors taught the course along with the nurse from St. John's Ophthalmic Hospital. Lesson plans for the courses can be seen as attachment 3.

**CHART B: FIRST AID, EYE, EDUCATIONAL EQUIPMENT INSERVICE FOR VILLAGE TEACHERS**

Place	Dates	Attendance
Hebron	Oct. 28 - Nov. 14, 1985	20
Ramallah	Nov. 18 - Dec. 5, 1985	14
Jenin	Dec. 10 - Dec. 31, 1985	31
Nablus	Jan. 6 - Jan. 28, 1986	19
<b>TOTAL</b>		<b>84</b>

The village teacher from Shu'fat camp noticed that the child of one of the mothers in her Health Education class had eye problems. Although she had noticed it before, she thought that it was not a serious problem. After the "First Aid/Eye" inservice, she referred the child to St. John's hospital. The doctors said that if he hadn't come for treatment, he would have gone blind. If only for this one child, the inservice was a success.

**5. New Training Courses  
(Oct. 1985-April 1986)**

One new teacher-training course was begun during this report period. The course began Oct. 21, 1985 in Ramallah and included teachers from areas as far away as Hebron. (see chart C). This is the third training course of the Life Cycle grant, including 26 village teachers and one CRS Supervisor who is taking the course to strengthen his understanding of the material in the courses. A new location was selected since the last training course in Ramallah in order to provide more space for the classes. Sirryet Ramallah El-Ula club donated a large hall for the course. Three C.R.S. Instructors are conducting the classes.

**CHART C: VILLAGE TEACHER TRAINING COURSE  
OCT. 1985 - APR. 1986**

Place	Districts included	Attendance
Ramallah	Ramallah	10
	Jerusalem	1
	Jericho	2
	Bethlehem	5
	Nablus	1
Hebron		7
<b>TOTAL</b>		<b>26</b>

#### **6. Gaza Intervention (Oct. 1985 - Present)**

Several meetings have been held to determine the feasibility of and desire for health education training in Gaza. Contact has been made with Ahli hospital, UNRWA, and the NECC. Community Development Foundation, (Save the Children Foundation) and the Red Crescent have also expressed interest in a CRS intervention. All principals involved have agreed that a CRS intervention is desirable and feasible but as yet have not agreed upon a plan of action. The most positive, practical response was with the NECC. Further meetings are planned. It is hoped that CRS will hold an initial training session within one of the aforementioned institutions inviting participants from other interested bodies. Since CRS is working mainly with clinics and hospitals, all necessary Supervision & follow-up will be done within the clinic itself.

The situation in Gaza is such that the West Bank formula must be modified both in content and delivery in order to be effective. Present discussions are focusing upon those problems in order to develop a plan which will have an effective and lasting impact.

#### **7. English Language Training For Staff (Nov. 11, 1985 - present)**

Several members of the Health Education staff had for a long time expressed a desire to learn English. Six of the staff speak no English another 5 speak 50%. The rest speak well. An American, who had taught English for the CRS Handicapped Project was retained by the Health Education project to teach English part-time to the staff (20 hours a week). This is to continue pending an evaluation by the Project Manager to determine the usefulness and interest level of the program.



English class for CRS staff  
January 1986

The staff responded very well to date. Staff members began instruction on Oct. 25, 1985 and all of them are continuing after 3 months. There has been a noticeable improvement of the English speaking capability of the staff since this was initiated. As long as interest remains high and there is noticeable improvement in the staff, the English classes will continue. (See attachment 5)

8. Bethlehem University - "Nursing Conference" Dec.4, 1985

Thirteen members of the Health Education field Staff plus the project manager attended a one day conference held at Bethlehem University. (see attachment 6) The conference entitled "Identification and management of High Risk Pregnancy" consisted of three main lectures dealing with management and identification of Risk pregnancies. These lectures were followed by individual conferences dealing with numerous subjects related to Mother and child health. The conference was well planned and effective. Many people dealing with health in the West Bank attended the conference. All in all it was a very worth-while venture.

## 9. Advanced Training Courses

The entire strategy of the advanced training courses has been reviewed. Several factors contributed to CRS's re-evaluation of the appropriateness and timeliness of such a program. CRS first began to suspect problems with the implementation of this program when the nurse who contributed 90% of the now-complete advanced-training curriculum expressed the point of view that there simply wasn't enough difference between the "Life Cycle" curriculum which she supports enthusiastically and the new "Advanced Training" curriculum (A copy of the advanced training curriculum is submitted separately with this report). The nurse, who had 30 years experience working in the West Bank and Gaza with UNRWA, discouraged advancing the present curriculum too much (such as doing profiles for pregnant women). "This is the job of a doctor or nurse", She said. The material required to justify an entire new training course would be on the level of a midwife or nurse. This is beyond the scope of the village teachers. The question remains then, what is to be done with the new material identified by the nurse and others, while developing the advanced training curriculum.

Much of this material is useful for risk identification in small children and pregnant women and is well within the scope of the present program.

Although, this is not enough material to justify a complete new course, it should be included with our present curriculum. The Ramallah College of Nursing has expressed interest in picking up the Health Education Instruction, and has in fact begun to study the feasibility of such an idea. All preliminary meetings have been positive and CRS is currently working with them towards developing a curriculum. (see section 9 "institutionalization") It is hoped that the new curriculum as developed jointly by the Arab College of Nursing and CRS will include those areas that have been identified during the writing of the "Advanced Training" curriculum.

## 10. Institutionalization

### a. Supervision

The initial response of the Union of Charitable Societies as indicated in the first semi-annual report was negative but they have not been ruled out. They remain the best institutional choice because of their unique relationship with the societies in the West Bank and funding in Amman. In fact in Dec. 1985 and January 1986 the Jerusalem and Neblus Unions requested meetings with CRS to discuss the matter even though they had previously refused to get involved. Contacts were made through the CRS office in Amman Jordan with the Minister of Occupied Territories and the head of the General Union of Charitable Societies. Despite these encouraging signs, other options have been studied to institutionalize the supervisory component of the program. The Health Education Supervisors identified strong societies from each district who would assume responsibilities for the supervision in their area. These societies will be invited to attend future CRS sponsored seminars and further discussions will be held pending their responses. || ?

Another group, the Palestinian Medical Relief Committee has expressed interest in the Health Education Program. This committee is made up of over 1,000 medical volunteers from all over the West Bank and Gaza. These volunteers (doctors, nurses, and other medical personnel) are formed into 7 committees in Tulkarem, Nablus, Ramallah, Jerusalem, Hebron, Bethlehem, and Gaza. Each committee elects 2 representatives into a medical council which meets every month in Jerusalem. Of these 14, 5 are chosen as secretaries who meet every week. The medical council is almost completely self-sufficient. They earn money through a variety of means. They hold a dinner once a month in Jerusalem which raises \$4,000/month. They have tried to organize 'insurance' efforts locally to pay for clinics (in Oja and Dyuk in the Jericho area). They have received donations for buildings for clinics in several of their centers and have had three vans donated from outside agencies such as Oxfam and other European donors. This represents their only outside funding.

The Palestinian Relief Committee is one of many possibilities of working with professional medical people in the territories. These alternatives, however, are less desirable because they are usually administratively loose but their interest and enthusiasm is encouraging.

b. Instruction

The Arab College of Nursing had agreed to study the possibility of developing a one year training course for village teachers. This possibility is still under study. The main obstacles are; Who will do the Supervision? and how will they relate to the Arab College? The Arab College remains the most interested local body and it has excellent potential because of its location, health-related curriculum, and stated desire for a health-worker course. They have asked CRS for a proposal which will be submitted early in February.

IV. ASSESSMENT OF PROGRESS AND EVALUATION

Activities to be accomplished during the time period of the grant are listed below with the progress to date.

1. Stated Activity

17,000 mothers will attend classes in the revised Health Education program and 12,000 of their children will be weighed monthly.

Progress to date

9,566 mothers have attended 431 Health education classes since the introduction of the new commodities changes and the new Life Cycle Curriculum. 11,514 of their children have been weighed to date. It should be noted that the new courses did not begin until December of 1984 after the first refresher courses were completed in Hebron, Ramallah, Nablus, and Jenin. 4,364 mothers have attended 208 classes and 4,170 children have been weighed during this report period, Aug. 1, 1985 to Jan. 31, 1986. See attachment 7 for complete beneficiary information including; mother's attendance, classes held, children weighed, children under weight, and referrals.

## 2. Stated Activity

750 pregnant mothers will be given counseling, screened for high risk, defects, and appropriate referrals made. 900 newborns weighed, monitored for weight gain; assessed for risk, defects; appropriate referrals made 1000 underweight children or failure to thrive children identified; mothers counseled; appropriate referrals made.

### Progress to date

Until now no pregnant mothers have been screened or newborn babies weighed according to the Advanced training formula since it hasn't been implemented. See section 8 in the "Activities" section for more information about the current status of the Advanced training program. 346 underweight children have been identified since the beginning of this grant (168 from this report period). All appropriate referrals were made and mothers counseled by the CRS supervisors (see attachment 7). It should be noted that many children identified as underweight according to the UNRWA weight charts, are in fact simply short children of normal weight. They are not mal-nourished or failure to thrive babies. They do not need to be referred to a hospital. For this reason CRS is investigating the possibility of introducing a height/weight chart which will screen these children from the underweight category.



A CRS Supervisor explains the importance of the child's weight chart to a mother in Dura

### a. Child Weight Surveillance

Associated with the Health Education Program Evaluation is a sub-program to measure malnutrition levels in children. Over a period of a child's first five years, a series of weighings are taken. Each weight is compared to the norm for that child's corresponding age group. For each weight a resulting nutrition percentile is calculated so that trends over the entire period of the child's development can be plotted. The resulting trends in nutrition levels are additional indicators for judging the effectiveness of the current health education program and provide the basis for program modifications.

The practice of monthly weighing of children of mother's enrolled in the Health Education program is being continued. Children's weights have been recorded on individual weight charts that are kept by the mothers. These weight charts are also used as educational tools while training the mothers.

They also serve as a valuable history for doctors and clinics if the child is referred. Vaccinations are recorded as well as other important medical information.

CRS monitors the Health Education program through weight surveillance. This report takes into consideration children who have been weighed in the program since the previous evaluation in January, 1985. Records for children have been used for this evaluation (see attachments 8a, 8b, 8c, 8d, 8e, 8f, and 8g). The Harvard Standard of weight for age was used in assessing their progress. The aim of this system was to identify those children most in need of help, either because they are malnourished or because they are in danger of becoming malnourished.



Weighing children is one of the most important components of the CRS sponsored Health Education project. This home-made scale was designed and built by the villagers of Dura for their Health Education class.

### b. Results

Of the 3232 children weighed between January 1985 and January 1986 73.8% remained or increased to 90/100% of the Harvard Standard. 20.2% remained or increased to 80/90% of Harvard Standard, and 4.97% maintained or remained below 80% of Harvard Standard. Refer to attachment 8g for the cumulative weight evaluation table from which these figures were generated. This table was calculated from the totals of all the district tables. 12 children or 0.3% of the children were referred to hospitals, doctors, or clinics since the last evaluation in 1985. This evaluation shows a slight improvement 73.8% over the last evaluation of the Nutrition Education classes in February 1985 when 70.4% of the children were in the 90/100 percentile.

Many variables affect this data. Children were weighed in over 120 centers throughout the West Bank by personnel with varied qualifications. Although CRS tries to monitor and control the weighing, it is impossible to cover all areas at all times. It may be then, that some of the children were weighed improperly or all of their clothes were not removed because of cold weather, etc. Credit must be given, however, to the mothers, village teachers, and other personnel from the societies who kept good records and weighed the children faithfully. Only 2.8% of the children who were originally slated to be weighed through the Health Education program dropped out. This is an improvement over the last report where 5.7% dropped out. Also 11 children or 0.34% died during this period. (last report this was 1.5% again, an improvement) In most cases these children were registered and referred but were too sick to continue with the program.

### 3. Stated Activity

Background data will be collected to establish baseline data for evaluation.

#### Progress to date

To date 1669 questionnaires have been filled from 136 villages in all districts of the West Bank. These have been input into the computer and can be seen as attachment 9. The data tables reflect only the information collected for 1985 (528 questionnaires). The previous 1141 questionnaires from 1984 can be seen in the Final Evaluation Report for the Health Education project. This data will be used to update and expand our evaluation data tables. The questionnaire and methods used were explained in detail in the Evaluation and final report for the previous Health Education project (USAID-NE-G-1652). This data is gathered continuously as CRS enters new villages.

4. Stated Activity

The Union of Charitable Societies will provide leadership, salary, office space, and transportation for 6 supervisors.

Progress to date

See number 9 of the "Activities" section "Institutionalization" for complete details concerning the efforts to institutionalize the project through the Union of Charitable societies.

5. Stated Activity

200 villages through local societies will be able to maintain the cost of a village teacher; provide a classroom and needed equipment for successful continuation of the Health Education program.

Progress to date

To date 127 villages throughout the West Bank are successfully operating Health Education classes. (see attachment 7, chart D, and Map). The prerequisite for this is payment of the village teachers and supply of an appropriate classroom. Currently there is variation of the teachers salaries and a number of means used by the local charitable societies to pay them. The Unions of Charitable Societies subsidize salaries in some cases and in others the complete salary is paid by the society. This causes problems periodically but it is felt that as the Unions become more involved with supervision, the societies will necessarily have to depend upon their own resources more. In order to prepare for this eventuality, CRS is planning a Community Development inservice in the summer of 1986 for the Supervisors. Hopefully, societies who have difficulty during and after institutionalization will be able to rely upon sound advice and moral support from the supervisors. This will not only serve the purpose of aiding the societies to keep health education classes operational, but in further areas of community development as well.

Nine villages have closed Health Education classes (see Chart D). This is due to different reasons. In some cases the village teachers left and the society is trying to re-train a new teacher. In these cases it is very probable that the society will re-group and begin classes again. This is natural and often happens. The Health Education Program is country-wide and many difficulties face each village. The smaller villages are especially vulnerable to family, and financial problems. As institutionalization becomes more and more of a reality, some attrition should be expected. Overall, however, the hold of Health Education is strong and for every village that closes, many more open.

**CHART D: LIFE CYCLE/HEALTH EDUCATION COURSES JAN. 31, 1986**

District	New Villages Begun This Report Period	Villages Whose Societies Are Currently Non Operational	Villages Operating
Jenin	1	2	40
Tulkarem	3	-	16
Nablus	1	1	14
Ramallah	7	1	14
Jerusalem	-	3	7
Jericho	-	-	3
Bethlehem	4	1	9
Hebron	1	1	24
<b>TOTAL</b>	<b>17</b>	<b>9</b>	<b>127</b>



- \*JERUSALEM: (2 centers)
  - Sapford
  - Greek Catholic.
- \*HEBRON : (2 centers)
  - Hebron Ladies
  - Red Crescent.
  - Haret El-Sheikh.
- \*NABLUS : (2 centers & 1 sub-center)
  - Nablus Community Center
  - Cultural Club.
- \*TULKAREM : (2 centers)
  - Red Crescent
  - Dar El-Yatim.
- \*JENIN : (3 centers)
  - Asdika' El-Marid
  - Red Crescent
  - Jenin Charit.Soc.
- \*JERICHO : (2 centers)
  - Jericho Ladies
  - Al-Hilal Club.

## HEALTH EDUCATION CENTERS IN THE WEST BANK

JANUARY 31, 1985

NAME OF CENTERS	NAME OF CENTERS	NAME OF CENTERS
<b>JERUSALEM AREA</b>	<b>HEBRON AREA (cont.)</b>	<b>TULKAREM AREA (cont.)</b>
1 SPAFFORD CHILDREN'S CEN./J'LEM	5 HALHUL LADIES CHAR. SOCIETY	14 HABLA CHARITABLE SOCIETY
2 GREEK CATHOLIC INF.WEL./J'LEM	6 BANI NA'IM CHARITABLE SOCIETY	15 SEIDA CHARITABLE SOCIETY
3 EL-AMAL CHAR. SOCIETY/ABU-DIS	7 DOURA CHARITABLE SOCIETY	16 BAQA EL-SHARDIYEH CHAR. SOC.
4 ARAB ELDAHOUK & KURSHAN	8 DAHRIYEH CHARITABLE SOCIETY	
5 ABBAT JABER SUB-CENTER	9 BEIT-ULA CHARITABLE SOCIETY	<b>JENIN AREA</b>
6 SUBA CHAR. SOCIETY/BETHANY	10 NUBA CHARITABLE SOCIETY	-----
7 AL-JAHALEEN SUB-CENTER	11 YATTA CHARITABLE SOCIETY	1 TUBAS CHARITABLE SOCIETY
8 BETHANY HOUSING PROJECT	12 SAMOU' CHARITABLE SOCIETY	2 AQQABA SUB-CENTER
9 SILWAN CHARITABLE SOCIETY	13 RAFAT SUB-CENTER	3 ZABARDEH CHARITABLE SOCIETY
10 SHU'FAT CAMP CHAR. SOCIETY	14 SI'IR CHARITABLE SOCIETY	4 MISSILIEH SUB-CENTER
	15 RAS EL-'AROUND SUB-CENTER	5 RABA SUB-CENTER
<b>RAMALLAH AREA</b>	16 BEIT-KAHEL CHARITABLE SOCIETY	6 JALDAMUS SUB-CENTER
-----	17 TARQOMIA CHARITABLE SOCIETY	7 QABATIAH CHARITABLE SOCIETY
1 EL-BIREH RED CRESCENT SOCIETY	18 IDNA CHARITABLE SOCIETY	8 EL-HARA EL-SHARDIEH SUB-CENT
2 FRIENDS OF THE CDM./EL-BIREH	19 KHARAS CHARITABLE SOCIETY	9 YA'BAD CHARITABLE SOCIETY
3 NE'LIN SUB-CENTER	20 SURIF CHARITABLE SOCIETY	10 TOURA SUB-CENTER
4 KARAWAT BANI-ZEID CHAR. SOC.	21 SHUYUKH CHARITABLE SOCIETY	11 AFRABA CHARITABLE SOCIETY
5 DEIR-GHASSANEH SUB-CENTER	22 BEIT 'AWWA CHARITABLE SOCIETY	12 BURQIN CHRITABLE SOCIETY
6 AROURA CHARITABLE SOCIETY	23 SHUYUKH EL-'ARROUB CHAR. SOC.	13 KUFUR-ODD SUB-CENTER
7 EIN YABROUD CHRITABLE SOCIETY	24 RIMHIYEH CHARITABLE SOCIETY	14 EL-HASIMIEH SUB-CENTER
8 BURQA CHARITABLE SOCIETY	25 TAFFOUH CHARITABLE SOCIETY	15 WAD-BURQIN SUB-CENTER
9 BEITILLU CHARITABLE SOCIETY		16 YAMQUN CHARITABLE SOCIETY
10 JIFNA CHARITABLE SOCIETY	<b>NABLUS AREA</b>	17 SILAT EL HARTHIEH CHAR. SOC.
11 SILWAD CHARITABLE SOCIETY	-----	18 ASDIKA' EL-MARID CHAR. SOCIETY
12 KUFUR-NI'MEH CHAR. SOCIETY	1 TILL CHARITABLE SOCIETY	19 JABA' CHARITABLE SOCIETY
13 TURMUS-'AYYA CHAR. SOCIETY	2 ASSIRA EL-QIBLIYEH CHAR. SOC.	20 FAKKOU'A CHARITABLE SOCIETY
14 SINGEL CHARITABLE SOCIETY	3 BEITA CHARITABLE SOCIETY	21 SANOUR CHARITABLE SOCIETY
15 BUDRUS CHARITABLE SOCIETY	4 BOURIN CHARITABLE SOCIETY	22 JENIN CHARITABLE SOCIETY
	5 NABLUS COMMUNITY CENTER	23 JALAMEH SUB-CENTER
<b>BETHLEHEM AREA</b>	6 ASSIRA EL-SHAMALIYEH CHAR.SOC.	24 KUFUR -DAN CHARITABLE SOCIETY
-----	7 HUWWARA CHARITABLE SOCIETY	25 JENIN RED CRESCENT CHAR. SOC.
1 BEIT-JALA LADIES SOCIETY	8 OSSARIN CHARITABLE SOCIETY	26 ANZA CHARITABLE SOCIETY
2 CARITAS/BETHLEHEM ASSOCIATION	9 ARAB WOMEN'S UNION/NABLUS	27 DEIR ABU-DEIF CHARITABLE SOC.
3 WAD-RAHHAL SUB-CENTER	10 SABASTIA CHARITABLE SOCIETY	28 AL-'ARAKA CHARITABLE SOCIETY
4 JORET AL-SHAM'A SUB-CENTER	11 URIF CHARITABLE SOCIETY	29 ANIN CHARITABLE SOCIETY
5 NAHALIN SUB-CENTER	12 EINABOUS CHARITABLE SOCIETY	30 KFEIRET CHRITABLE SOCIETY
6 ARAB WOMEN'S UNION/BEIT SAHOUR	13 KUSRA CHARITABLE SOCIETY	31 BARTA'A CHARITABLE SOCIETY
7 ISLAMIC CHAR. SOC./BETHLEHEM	14 BEIT-WAZAN CHARITABLE SOCIETY	32 AJJEH CHRITABLE SOCIETY
8 HUSSAN CHARITABLE SOCIETY	15 KARYOUT CHARITABLE SOCIETY	33 AL-TAYBEH CHARITABLE SOCIETY
9 WAD-FOUKKIN CHARITABLE SOCIETY		34 T'INNEK CHARITABLE SOCIETY
10 BATTIR CHARITABLE SOCIETY	<b>TULKAREM AREA</b>	35 SILET EL-DAHER CHAR. SOCIETY
11 EL-KHADER CHARITABLE SOCIETY	-----	36 AL-FUNDUKANMIEH CHAR. SOCIETY
	1 SALFIT CHARITABLE SOCIETY	37 DEIR-GHAZALEH CHARITABLE SOC.
<b>JERICHO AREA</b>	2 FARKHA SUB-CENTER	38 EL-MUGHAYER CHRITABLE SOCIETY
-----	3 SKAKA SUB-CENTER	39 AL-RAMAH CHARITABLE SOCIETY
1 JERICHO LADIES CHAR. SOCIETY	4 AL-MURABITAT CHAR.SOC/BALQILIA	40 SIRIS CHARITABLE SOCIETY
2 EL-UJA SUB-CENTER	5 DAR AL-YATIM CHAR.SOC/TULKAREM	41 HAYYELMARAH CHARITABLE SOCIETY
3 AL-HILAL CLUB	6 BAL'A CHARITABLE SOCIETY	42 MAYTHALOUN CHARITABLE SOCIETY
	7 ANABTA CHARITABLE SOCIETY	
<b>HEBRON AREA</b>	8 ATEEL CHARTIATBLE SOCIETY	
-----	9 ILLAR CHARITABLE SOCIETY	<b>CENTERS : 111</b>
1 HEBRON LADIES CHAR. SOCIETY	10 AZZOUN CHARITABLE SOCIETY	<b>SUB CENTERS: 26</b>
2 HEBRON RED CRESCENT CHAR. SOC.	11 TULKAREM RED CRESCENT SOCIETY	-----
3 AL-MAJD SUB-CENTER	12 SHWEIKEH CHARITABLE SOCIETY	<b>T O T A L : 137</b>
4 HARET EL-SHEIKH SUB-CENTER	13 JAYYOUS CHARITABLE SOCIETY	

**6. Stated Activity**

New villages will request of the Union of Charitable Societies to be involved in the Health Education program.

**Progress to date**

The 25 villages previously chosen to participate in a course in the Hebron area are now on hold pending government approval.

The demand for Health Education classes never seems to lessen, it simply shifts from one district to another.

Last report period the greatest demand was in the North.

Following courses in Nablus and Ramallah the demand shifted Southward. For this reason the next training courses are slated to begin in Hebron and Gaza. The 25 villages previously chosen to participate in a course in the

Hebron area are now on hold pending government approval, but the possibility of holding a course in Hebron is being reviewed. The course in Gaza will be an experimental course with the NECC in order to determine how best to work with the existing clinics and societies there. Three other local institutions have also expressed interest in the CRS Health Education program. See Activities section number 6 "Gaza intervention" for more details.

**CHART E:  
VILLAGES REQUESTING HEALTH EDUCATION**

District	Villages
Jenin	7
Tulkarem	3
Nablus	2
Ramallah	20
Jerusalem	1
Jericho	3
Bethlehem	4
Hebron	25
Gaza	4
<b>TOTAL</b>	<b>69</b>

**7. Stated Activity**

Instructors using the participatory approach to Health Education will be trained.

Supervisors of village teachers will be continued.

Community Development Specialist will be trained.

100 new village teachers will be trained to present the new Life Cycle curriculum in 100 new locations.

### Progress to date

Six instructors have been trained and are currently teaching two ongoing courses for village teachers. These instructors; write and use all of their own lesson plans according to the formula outlined in the new curriculum, schedule their classes, write all exams, develop a grading formula, keep accurate records of the classes, and handle all of the day to day problems that occur in the classroom. In addition to this they have attended all appropriate inservices. They are also under the critical eye not only of the CRS administration (under the guidance of a nurse-consultant with 30 years experience in the West Bank and Gaza, the project manager, and other experienced teaching and health workers) but the Israeli Department of Social Welfare and the Israeli Department of Health. Nurses from a local Nurses-training college, the Ramallah College of Nursing, also attended the lectures, as well as visiting nurses from Brigham Young University who observed the classes. Six supervisors are presently covering the West Bank. Their duties as outlined in their job descriptions (see First Semi-Annual report) have had to do mostly with contact and follow up of the villages as they begin New Health Education courses. CRS is planning a Community Development inservice in March 1986 in order to expand their influence to include Community Development work. After the inservices, it is hoped that the Supervisors themselves will directly promote Institutionalization and self-sufficiency on the local level. They indeed have an interest in this since their very jobs rely upon successful project institutionalization. A more detailed explanation of the Community Development inservice will be included in the next 6 month report. One Community Development person (job description Community Relations Person) has been working with the Life Cycle/Health Education program since it began in Feb. 1, 1985. She has been taking on responsibility gradually. She is now able to run most of program independent of the Project Manager. She is currently scheduling and monitoring all activities of the Instructors and Supervisors. 43 village teachers have been trained in the new Life Cycle curriculum as of Jan. 1986. Another 26 will complete their training in April of 1986 bringing the total to 69. (See Chart C). Upon completion of this course new villages will begin Health Education instruction bringing the total to 142 since Life Cycle courses began. In addition to these, 127 village teachers attended CRS sponsored refresher courses. (See Activities section numbers 3 and 4).

## V. DISTRIBUTION OF TITLE II PL 480 COMMODITIES

PL 480 food commodities were distributed to mothers enrolled in the Health Education courses. Each mother received two rations one for her and one for one child who was registered in the program. The child needed to be under 5 and weighed regularly. The PL 480 food package was changed to increase oil, and include rice. In addition non-fat dry milk was distributed to the mother. Several factors influenced the reduction and change of the commodities. The high cost of transportation from warehouse to the centers became a burden upon the Charitable Societies who were responsible for the expense. There was also a desire to diminish the dependence upon the commodities donated from overseas. The distribution also put a burden upon the staff of the Charitable Societies who many times were the same persons who taught the classes and monitored the weighing.



Food distribution is an ongoing component of the Health Education classes.

## VI. DISCUSSION

The first six months of the Life Cycle/Health Education program was alive with a new spirit and direction. During the second six months, the program has settled more into a routine. The staff have become very effective in their new roles and have applied themselves to the task of providing needed Health Education. The instructors have become well-versed in the new "Life Cycle" curriculum and are making constant improvements in teaching techniques. The Supervision has become more defined with better information feedback systems and accountability. The supervisors are headed for new horizons in the field of Community Development.

The prospect of working in Gaza is almost a reality. A strategy for Gaza has been developed through cooperation with the NECC. It is hoped that this intervention will attract more health-related institutions especially in Gaza city. The sheers size of the population and the demonstrated need demands that more energy be expended in health education in Gaza.

The course of institutionalization has taken turns both upwards and down. Many influential persons and institutions are involved. Although many scenarios are possible, it is becoming evident that the most realistic and effective agencies would be the Arab College of Nursing and the Union of Charitable Societies. Neither of these has agreed yet, but the process is still alive.

## VII. FUTURE OF THE PROGRAM

Two major objectives of this grant have yet to become reality; Institutionalization and a Gaza intervention. The rest of the program is running smoothly. The need and desire for a CRS Health Education intervention in Gaza is apparent. Now it only remains to work out the final logistics. It is hoped that one pilot course will have been completed by the next semi-annual report period.

The process of institutionalization is a process of negotiation. The most encouraging aspect of these negotiations is the strong local desire to have the program continue. As time goes on, it becomes more and more evident to the local societies involved that if they don't take responsibility, no one will. For this reason, certain positive signals have been coming from the people involved. CRS is confident that some strategy will be worked out before the end of this year.

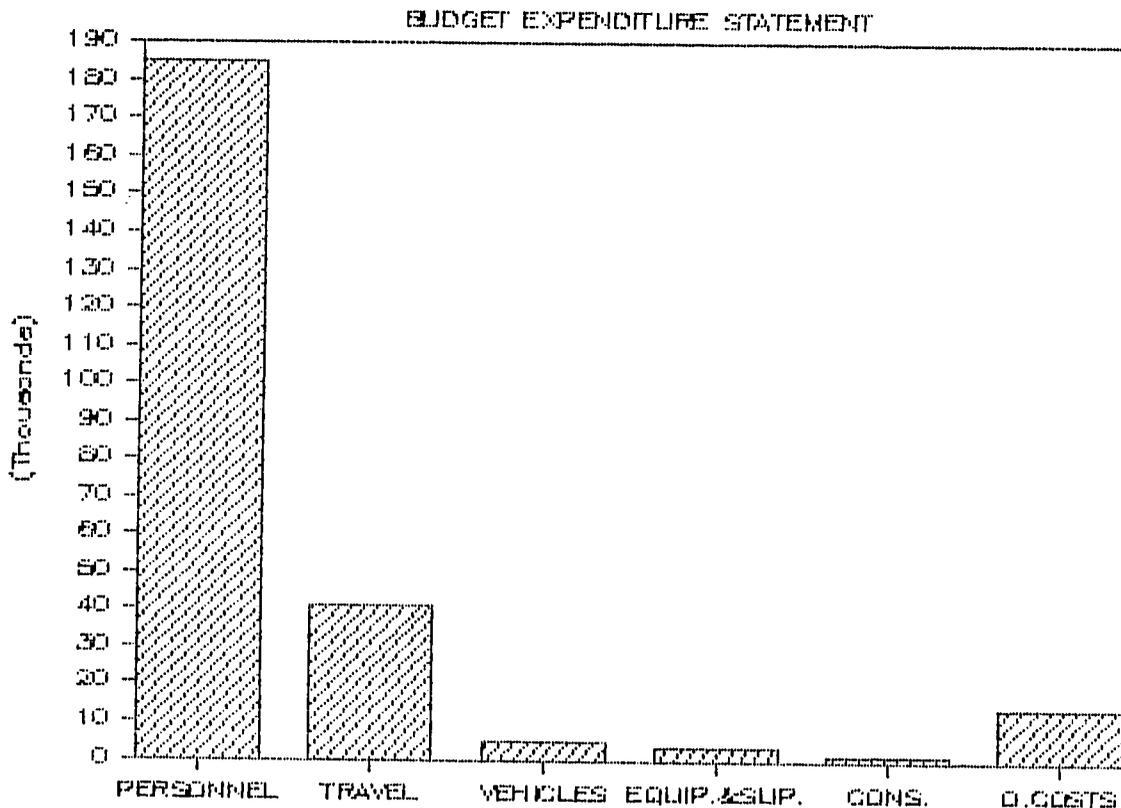
VIII. FINANCE

CHART F  
FINANCE STATEMENT FOR THE PERIOD FEB. 1, 1985 - JAN. 31, 1986

CRS-USCC-JWB-LIFE CYCLE PROGRAM  
GRANT NO. AID-NEB-0159-G-SS-5065-00

BUDGET EXPENDITURE STATEMENT

NAME OF BUDGET ITEMS UNDER GRANT	TOTAL AID FUNDING 2/01/85 - 1/31/88	EXPENDITURE UP TO 01-31-1986
PERSONNEL	\$946,649.00	\$185,323.65
TRAVEL AND PER DIEM	\$234,200.00	\$41,397.89
VEHICLES	\$21,000.00	\$5,072.69
EQUIPMENT AND SUPPLIES	\$94,000.00	\$3,045.36
CONSULTANCY	\$47,000.00	\$1,141.79
OTHER DIRECT COSTS	\$178,400.00	\$13,645.96
	\$1,521,249.00	\$249,627.34



**ATTACHMENT "1"**

**LESSON PLANS  
PREPARED BY  
NURSES FROM BRINGHAM YOUNG UNIVERSITY**

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM  
=====

M A R A S M U S

A I M : CRS Instructors and Supervisors will be able to detect cases of Marasmus and be able to refer them properly.

- OBJECTIVES:
1. Preparation:
    - (a) Introduction to lesson.
    - (b) Distribution of handouts.
    - (c) Define marasmus, discuss signs and symptoms, discuss differences between marasmus and kwashiorkor.
  2. Incubation:
    - (a) Discuss complications and problems which develop secondary to marasmus.
  3. Illumination:
    - (a) Discuss treatment in hospital and at home.
    - (b) Discuss prevention.
  4. Verification:
    - (a) Case study game with class members.
    - (b) Discussion session, question and answer session, and final review.

- PROCEDURE :
1. Preparation - First Objective
    - (a) Discuss objectives based on class request.
    - (b) Distribute handouts.
    - (c) Discuss differences using poster and sketches of marasmus/kwashiorkor. Show textbook pictures. Define marasmus and discuss signs and symptoms.

M A R A S M U S (contd.)

2. Incubation - Second Objective

Discuss complications and problems:-

- (a) Infections.
- (b) Diarrhea/constipation.
- (c) Electrolyte imbalance.
- (d) Body temperature.
- (e) Brain/neuro problems.
- (f) Morbidity.

3. Illumination - Third Objective

(a) Treatment:-

- (1) In hospital: exposure to other children, vitamins, warmth.
- (2) At home: Nutrition, feedings, warmth, hygiene, infection, boiling water, teaching about milk, etc.

(b) Prevention:-

Going back to same environment, pregnancies too close, breast feeding okay while pregnant, supplement foods with breast feeding, classes and marriage, monthly weights.

4. Evaluation - Fourth Objective

- (a) Case study game to determine knowledge of material given.
- (b) Discussion section, question and answer session, final review.

MATERIALS : 1- Poster of differences.  
2- Posters of sketches/pictures.  
3- Overhead pictures.  
4- Display table with information.  
5- Case study handouts.

DURATION : One day.

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM  
=====

THE MICROSCOPE

A I M : To teach the proper use of a microscope to examine water samples and to discover the microscopic world.

- OBJECTIVES:
1. Preparation phase:-
    - (a) Ask why use a microscope - why be concerned about the microscopic world?
    - (b) Explain parts of the microscope.
  2. Incubation phase:-
    - (a) Types of micro-organisms.
    - (b) Shapes and types of bacteria.
    - (c) Molds, yeasts and fungus.
    - (d) Protozoas - "little criteria".
    - (e) Viruses.
    - (f) Micro-organisms cause illness & disease.
  3. Illumination phase:-
    - (a) Procedure for using the microscope.
    - (b) Demonstration of operating the microscope.
    - (c) Demonstration of simple staining of water.
    - (d) Preparing a wet mount slide.
  4. Verification phase:-
    - (a) Demonstration of the use of the microscope.
    - (b) Viewing slides and stagnant water, hay infusion and yeast.
    - (c) Review demonstration of simple staining of water.
    - (d) Summary.
    - (e) Questions.

THE MICROSCOPE (contd.)

- PROCEDURE :
1. Preparation phase:-
    - (a) The microscopic world contains organisms that cannot be seen simply with the eye, but these micro-organisms (small, tiny) are very important in our lives.
    - (b) The microscope magnifies (enlarges) the micro-organisms so that they can be seen by man and man can therefore know that micro-organisms (germs) do exist.
    - (c) The parts of the microscope are as follows:-
      1. Eyepiece.
      2. Focusing knob(s)  
(large = course; small = fine).
      3. Revolving nosepiece.
      4. Objectives (lenses).
      5. Stage.
      6. Stage clips.
      7. Color filter.
      8. Illuminator.
      9. Reflecting mirror.
      10. Base.
  2. Incubation phase:-
    - (a) Micro-organisms include bacteria, fungus, viruses and protozoas:
      - (1) Bacteria comes in four basic shapes:- round (circular), rod-shaped, spiral or coiled, tightly coiled.  
(Handout one shows the different shapes and names of different types of bacteria).
      - (2) Fungus includes molds and yeasts.
      - (3) Protozoas - "little critters" that live in unsafe water.
      - (4) Viruses - which can only be seen with powerful microscope because they are so small.
    - (b) Micro-organisms are the cause of such illnesses and diseases as pneumonia, wound infections, meningitis, gonorrhoea, cholera, gastroenteritis, diarrhoea, measles, chicken pox, etc.

THE MICROSCOPE (contd.)

3. Illumination phase:-

(a) Procedure for using (operating the microscope)

- (1) Take the microscope out of its case, carrying it with two hands (one under the base and the other around the arm) place it on a hard surface (table) away from the edge.
- (2) Clean the objectives (lenses) and eyepiece with lense paper.
- (3) Place the color filter on the stage.
- (4) Place two "AA" batteries into illuminator and then place illuminator in the groves under the stage.
- (5) Take a prepared slide and place it on the stage, under the stage clips.
- (6) Turn the illuminator on by pushing the orange button on the left side towards you.
- (7) Turn the revolving nosepiece so that the smallest objective (lense) is over the slide.
- (8) Slowly turn the large (course focusing) knob until the stage stops or is almost touching the slide.
- (9) While looking through the eyepiece, slowly turn the large focusing knob (towards you if using the 900 power scope and away from you when using the 1200 power scope) until the slide comes into focus.
- (10) Knob more clearly focus the slide.
- (11) If using the 1200 scope, set the eyepiece at 10 x, after focusing the slide as stated above, then turn the eyepiece clockwise to 20 x. Look through the eyepiece and refocus.

THE MICROSCOPE (contd.)

- (12) a. Rotate the nosepiece to the next objective (lense) and refocus as stated above in (8). Continue the process for all objectives.
- b. Demonstrate the above procedure.
- c. Preparing a wet mount slide of water:-
1. Obtain a clean slide and slip cover
  2. Place a small drop of water in the center of the slide.
  3. Cover the water with a cover slip.
  4. Carefully wipe away any excess water from around the cover slip.
  5. Place slide and cover slip on stage under slide clips and proceed to visualize.
  6. After viewing slide, carefully clean slide and coverslip with soap and water, dry. Ready for re-use.
- d. Simple staining of water:-
1. Obtain a clean slide and slip cover.
  2. Place a small drop of water in the center of the slide.
  3. Place a small drop of dye (eosin red or methylene blue) on the water drop.
  4. Cover the water and dye with cover slip.
  5. Carefully wipe away any excess fluid from around the cover slip.
  6. Place slide and cover slip on stage under slide clips and proceed to visualize.
  7. After viewing slides, carefully clean slide and cover slip with soap and water, dry. Ready for re-use.
4. Verification phase:-
- (a) Review demonstration of the use and care of the microscope - give individualized help & supervision:
- (1) View prepared slides of scaly skin & silk.
  - (2) Prepare wet mount slides of stagnant water, hay infusion and yeast.
  - (3) Stain a drop of water using the simple staining method.

THE MICROSCOPE (contd.)

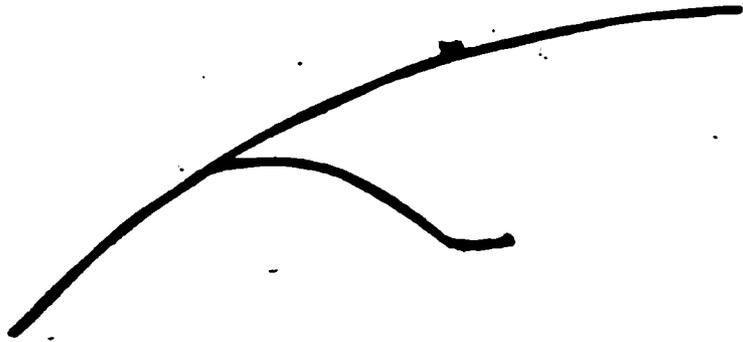
- (b) Summary of the proper use and care of the microscope.
- (c) Questions.

MATERIALS : Microscope 900 & 1200 power, prepared slides, clean slides and cover slips, eosin red and methylene blue dye, stagnant water, hay infusion, yeast, posters and handout.

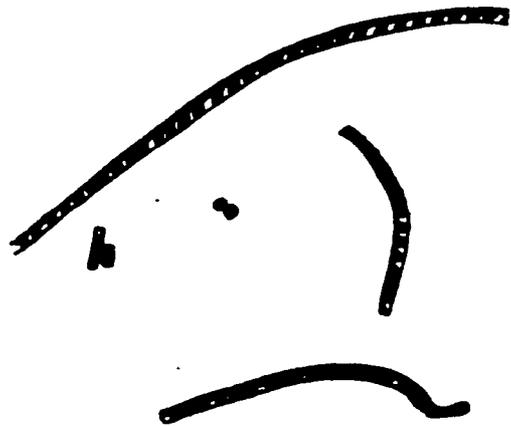
DURATION : 6 hours, 1-½ days.

35

*Bacillus cereus*



\* *Spirillum*



\* *Salmonella*



\* *E. coli*



Bacterial

flagella

Bacterial

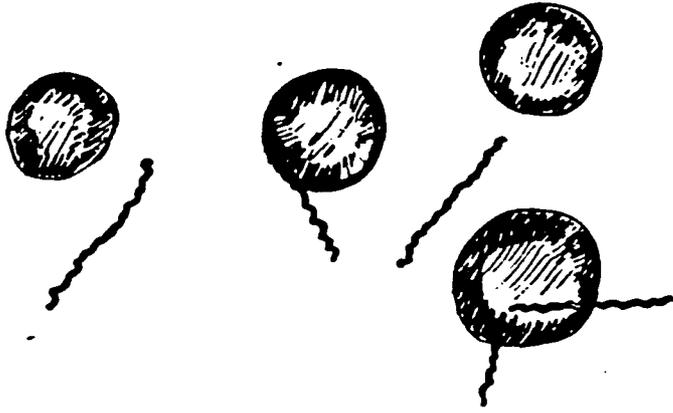
capsule

*Salmonella*

*Spirillum*

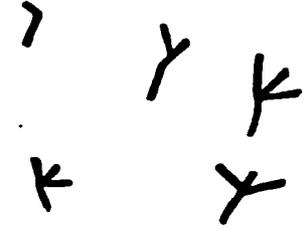
*Vibrio*

# Spirochaete



# Mycobacterium

✓



# Vibrio

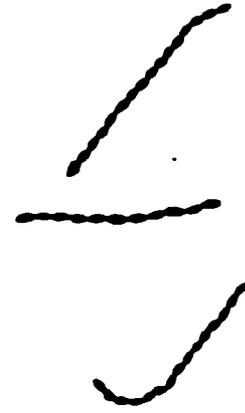


*Bacillus anthracis*

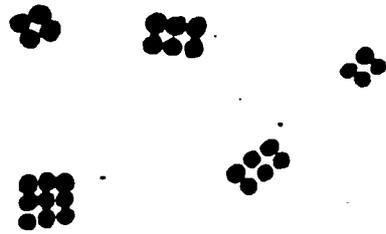


*Bacillus anthracis* spores

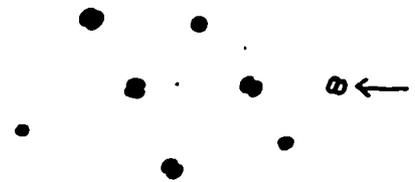
49



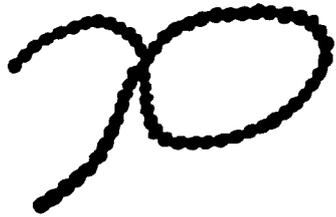
*Sarcina*



*Neisseria*



# \* Streptococcus



# \* Staphylococcus



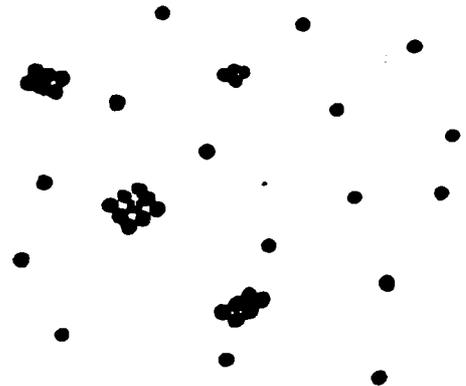
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# Diplococcus



# Micrococcus



63

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM  
=====

HYPERTENSION - SILENT KILLER

I. SIGNS & SYMPTOMS

1. Dizziness.
2. Visual disturbances.
3. Headache.
4. Nose bleeds - Frequent
5. Blacking out - Fainting.

II. PREVENTION

1. Salt:-
  - (a) Need to decrease.
  - (b) Substitues for
  - (c) What salt does.
2. Cholesterol.
3. Regular check-up.
4. Stay on medication.

III. What Hypertension is:

1. Effect on vessels.
2. Effect on body system:-
  - (a) Brain - Strokes
  - (b) Heart - Attacks
  - (c) Kidney - Failure
  - (d) Eye - Blindness.

CATHOLIC RELIEF SERVICES-USCC/JWB

## HEALTH EDUCATION PROGRAM

=====

HYPOTHERMIA - COLD INJURY TO NEWBORNI. DEFINITION

Hypothermia is a state of low general body temperature, specifically low rectal temperature.

This can be caused by either an increase in heat loss or a decrease in heat production.

II. GENERAL CATEGORIES OF HEAT LOSS1. Evaporation:-

- Examples: (a) Wetness at birth.
- (b) Bathing the baby.
- (c) Wet diapers.

2. Conduction:-

- Examples: (a) Cold surfaces.
- (b) Cold water.
- (c) Cold food.
- (d) Cold bottles-milk.
- (e) Wet diapers.

3. Convection:-

- Examples: (a) Breezes from open windows & doors.
- (b) Breezes from fans.
- (c) Wind.

4. Radiation:-

- Examples: (a) Heat loss from uncovered heads.
- (b) Bare feet.

HYPOTHERMIA-COLD INJURY TO NEWBORN contd.

III. SIGNS & SYMPTOMS

1. Fast breathing.
2. Cold extremities.
3. Slow movement.
4. Blue mouth, fingers, toes, and skin  
(This is a late sign).

IV. PREVENTIVE MEASURES

1. Evaporation:

- (a) Change diapers as soon as become wet.
- (b) Bath only part of baby at a time and dry as soon as possible.
- (c) Wrap baby up as soon as delivered, then as soon as cord tied put baby skin on mother.

2. Conduction:

- (a) Do not put a baby directly on a cold surface.
- (b) Use a warm water to bath baby.
- (c) Warm all food given to baby.
- (d) Change diapers as soon as they become wet.

3. Convection:

- (a) Protect crib and baby from breezes or drafts.
- (b) Don't put baby in direct breeze from fan.
- (c) Bundle baby up if out in wind.

3. Radiation:

- (a) Cover babies head-much heat is lost from head.
- (b) Put socks or shoes on babies.

HYPOTHERMIA-COLD INJURY TO NEWBORN. contd.

V. TREATMENT

- If baby become cold:-

- (1) Undress him totally.
- (2) Put him next to mother's breast and abdomen skin to skin - without clothes between mom and baby.
- (3) Cover both mom and baby together with clothes and blankets.

HEALTH EDUCATION PROGRAM

=====

DELIVERY OF PLACENTA

- The placenta should be delivered from 5 minutes up to 1 hour after the baby is delivered.
- If it hasn't been delivered within 1 hour, the mother should be seen by a doctor.
- Do not pull on umbilical cord.
- If a piece of the placenta rips away and is retained inside the uterus, bleeding will continue until the fragment is removed. In a case like this the mother may bleed to death without medical help.
- Put the baby to breast immediately after cutting the cord. This will stimulate the uterus to contract down and expel the placenta.
- Massage the uterus after the baby is born this will help expel the placenta and contract the uterus.

HEALTH EDUCATION PROGRAM  
=====

REASONS WHY YOU SHOULDN'T GIVE INJECTIONS

It is very dangerous to give injections for the following reasons:-

1. You must know all about every medication that you give and the proper methods of injections.  
Things you need to know:-
  - (a) Indications.
  - (b) Side effects.
  - (c) Contra indications:-
    - Allergies
    - Taking other medications.
  - (d) Route.
  - (e) Injection sites.
2. Death can occur from giving injections improperly.
3. It is the function of a licenced nurse. It is a big responsibility and should not be taken lightly.

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HEALTH EDUCATION PROGRAM  
=====

CANCER DETECTION

A I M : Teach the seven warning signs of cancer.

- OBJECTIVES:
1. Preparation:
    - (a) Give brief definition phase.
    - (b) Leading cause of death.
    - (c) Early detection can result in treatment and possible cure.
  2. Incubation phase:
    - (a) Untreated cancer:-
      - pain, discomfort.
      - death.
    - (b) Emotional distress to patient and family.
  3. Illumination:
    - (a) Seven warning signs of cancer:-
      - (1) Sudden loss of appetite and weight, abnormal weight gain.
      - (2) Unusual bleeding or mucus.
      - (3) Persistent dry, hacking cough.
      - (4) Change in color of wart or mole.
      - (5) Sore that doesn't heal within two weeks.
      - (6) Lumps outside or inside the skin (with or without pain).
      - (7) Changes in bowel and bladder.
    - (b) See doctor if have any of these signs.
  4. Verification:
    - (a) Students 7 warning signs.
    - (b) Students need to see doctor if signs are detected.
    - (c) Summary.
    - (d) Review.

PROCEDURE : Lecture.

MATERIALS : Posters.

DURATION : One hour.

**ATTACHMENT "2"**

**COURSE OUTLINE FOR "HOW TO SAVE AN EYE" INSERVICE  
PREPARED BY  
ST. JOHN'S OPHTHALMIC**



# ST. JOHN OPHTHALMIC HOSPITAL JERUSALEM

DR. A. M. MORGAN  
MB Camb., BChir, DO., FRCS (Ed.)  
WARDEN & CHIEF SURGEON

P. O. Box 19960  
Telegrams: JONITAL - JERUSALEM  
Telephones: 282325/6/7

## Outline of the Course given to CRS Instructors and Supervisors

---

SUBJECT: How to Save An Eye  
a) Lecture  
b) Slide  
c) Field work practice

Lesson I Parts of the Eye  
1. Function of each part  
2. How to examine each part  
3. Field test for Eye Health

Lesson II Recognising unhealthy parts  
How and when to refer

Lesson III Trauma, First Aid

Lesson IV Prevention and Control of Eye Disease:  
a) What is the roll of the Field worker in  
prevention and control.

  
Hyam Kaibni  
Health Educator  




# ST. JOHN OPHTHALMIC HOSPITAL JERUSALEM

**DR. A. M. MORGAN**  
MB Camb., BChir, DO., FRCS (Ed.)  
WARDEN & CHIEF SURGEON

P. O. Box 19960  
Telegrams: JONITAL - JERUSALEM  
Telephones: 282325/6/7

31st January, 1986

Mr. Dan Carl  
Catholic Relief Services  
Jerusalem

Dear Mr. Carl,

I certify that the instructors and supervisors of Catholic Relief Services Jerusalem, Health Education Project, underwent ophthalmic course of 4 days totalling 12 hours instruction at this hospital.

Yours sincerely,

A handwritten signature in cursive script that reads "Lee C. Chumbley".

Lee C. Chumbley, MD., FACP.,

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM  
=====

FIFTH DAY - ELECTROMAGNETIC VISUAL AIDS

A I M : The students will use the Electromagnetic Charts well.

OBJECTIVES: To teach the students how to use the Electromagnetic Charts.

PROCEDURES: (1) The teacher explains the importance of the Electromagnetic visual aids:-  
A. It simplifies the teaching the lesson.  
B. Information would be comprehended by the students.  
C. Helps the students to memorize the information in simple form.

(2) The teacher uses the equipments infront of the students.

(3) The teacher asks the students to use the equipment working in a group at first and then to use the equipment working alone.

Materials Needed: Magnetic Board  
(Laminate on different subjects).

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM  
=====

SIXTH DAY - PROJECTOR

A I M : The students will use the Projector correctly.

OBJECTIVES: 1. To teach the students the importance of the Projector.  
2. To teach the students how to use the Projector.

PROCEDURES: (1) The teacher explains the importance of the Projector:-  
A. It clarifies the information in a better way.  
B. It simplified the teaching process.  
C. It helps the students to learn.  
(2) The teacher will use the Projector in front of the students.

Materials Needed: Slide Projector  
Overhead  
Slides  
Visual Aids.

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM

=====

SEVENTH & EIGHT DAY - MICROSCOPE

A I M : The students will use the Microscopes correctly.

- OBJECTIVES:
1. To teach the parts and functions of the Microscope.
  2. To teach how to use the Microscope.
  3. To teach how to prepare slides for the Microscope.

- PROCEDURES:
- A. (1) The teacher will explain and discuss the importance of the Microscope.
- Magnification of micro organisms which can't be seen in naked eye.
- (2) The teacher will name the different parts of the Microscope:-
- |                  |                       |
|------------------|-----------------------|
| a. Eye piece     | f. Color filter       |
| b. Focusing knob | g. Stage clips        |
| c. Arm           | h. Stage              |
| d. Nose piece    | i. Illuminator        |
| e. Objectives    | j. Reflecting mirror. |
- (3) The teacher explains the functions of the parts of the Microscope:-
- |               |                                       |
|---------------|---------------------------------------|
| Eye piece     | = Look down to see.                   |
| Focusing knob | = Can be moved to clarify pictures.   |
| Arm           | = To help in carrying the microscope. |
| Nose piece    | = To move the lenses.                 |
- B. The teacher will explain how to use the Microscope:-
1. Clean lenses with special paper.
  2. Turn light on.
  3. Wash slides.
  4. Cover it with plastic cover.
  5. Focusing the Microscope.
- C. The teacher will demonstrate how to use the Microscope.
- D. The teacher asks students to prepare slides and look down at the Microscope.

**CATHOLIC RELIEF SERVICES-USCC  
LIFE CYCLE/HEALTH EDUCATION PROGRAM**

**FIRST DAY**

**A I M**

Village teachers will be able to correctly apply proper First Aid techniques for burns, wounds, and poisoning.

**OBJECTIVES**

- A. Review First Aid Kit.
- B. Teach how to apply First Aid for burns.
- C. Teach how to apply First Aid for wounds.
- D. Teach how to apply First Aid for poisoning.

**PROCEDURE**

- A. Teacher will discuss with trainees the importance; content, and care of the First Aid Kit.
- B.
  - 1. Teacher will discuss causes, signs, degrees, and complications of burns.
  - 2. Teacher will ask the trainees to demonstrate First Aid procedures for all degrees of burns.
  - 3. Teacher will correct mistakes "introducing new information" through demonstration.
    - a. Do not wrap the first degree burn or put anything on it except for water.
    - b. Put water on the second degree burn.
- C.
  - 1. Teacher will discuss the causes and complications of wounds.
  - 2. Teacher will ask the trainees to demonstrate First Aid procedures for wounds and how to stop bleeding.
  - 3. Teacher will introduce new information concerning First Aid for wounds and how to stop bleeding. e.g. Use a pump to clean the wound, how to use a tourniquet, how to stop nose bleeding by vaseline and eating citrus.
  - 4. Teacher will demonstrate the new method of First Aid.

**FIRST DAY (contd.)**

- D. 1. Teacher will discuss ways, causes, signs, and security of poisoning.
2. Teacher will ask the trainees to demonstrate First Aid procedures for poisoning.
3. Teacher will introduce the new information concerning First Aid for poisoning. "Using milk only in poisoning due to corrosive materials.  
Do not use egg yolk or olive oil because it encourages vomiting.
4. Teacher will demonstrate First Aid for all cases of poisoning.
- a. By mouth.
  - b. By inhalation
  - c. By absorption

**EVALUATION**

Teacher will ask trainees to demonstrate First Aid on burns, wounds, and poisoning.

**REINFORCEMENT**

Teacher will ask the trainees to role play a First Aid situation including; burns, wounds, and poisoning.

**MATERIAL NEEDED**

Jug, plastic container, water, gauze, rubber band, blankets, ice, salt, sodium bicarbonate, cup and spoon, visual aids.

**CATHOLIC RELIEF SERVICES-USCC  
LIFE CYCLE/HEALTH EDUCATION PROGRAM**

**SECOND DAY**

**A I M**

The village teachers will be able to apply proper First Aid techniques in case of bites, chocking, and shock.

**OBJECTIVES**

- A. Review the first day.
- B. Teach how to apply First Aid for bites and stings.
- C. Teach how to apply First Aid for foreign bodies in the throat.
- D. Teach how to apply First Aid in the case of shock.

**PROCEDURE**

- A. Teacher will review the previow day by asking questions.
- B.
  - 1. Teacher will discuss the most common types of animals and insects that bite or sting.
  - 2. Teacher will ask the trainees to apply First Aid to simulated bites and sting cases.
  - 3. Teacher will introduce the new procedures of applying First Aid to the bite and sting:-
    - a. Make a horizontal incision on the site of a snake bite.
    - b. Do not put ice on the site of the snake bite because this will delay the arrival of the white blood cells.
    - c. Do not make an incision afther half an hour has elapsed.
  - 4. Teacher will demonstrate First Aid procedures for bites and stings.
- C.
  - 1. Teacher will discuss Chocking and its complications.
  - 2. Teacher will ask the trainees to apply First Aid in chocking situations.
  - 3. Teacher will demonstrate how to remove a foreign body from the throat. This could be done in many ways:-  
Laying position, sitting position, standing position, and a special position for young children.

**SECOND DAY (contd.)**

- D. 1. Teacher will discuss the causes, signs, symptoms, and complications of the state of shock.
2. Teacher will ask the trainees to demonstrate first Aid for the state of shock.
3. Teacher will introduce the new procedures of First Aid for the state of shock.
- If the head is injured, a pillow should be put under the neck and shoulders.
- If there is an insect bite in the leg, pillows should be put under the buttocks rather than putting them under the feet.

**EVALUATION**

Teacher will ask the trainees to demonstrate First Aid for asphyxiation by using all positions.

**REINFORCEMENT**

Teacher will ask the trainees to role play the following cases (asphyxiation, bites, state of shock).

**MATERIAL NEEDED**

Container, jug, water, soap, gauze, rubber bands, bandages, ice, blanket, cup of water, and visual aids.

CATHOLIC RELIEF SERVICES-USCC  
LIFE CYCLE/HEALTH EDUCATION PROGRAM

THIRD DAY

A I M

The village teachers will be able to apply artificial respiration and proper First Aid techniques in case of electric shock.

OBJECTIVES

- A. Review previous lesson.
- B. Teach how to apply artificial respiration.
- C. Teach how to apply First Aid for electrical shock.

PROCEDURE

- A. Teacher will review the previous lesson.
- B.
  - 1. Teacher will discuss causes, complications, and prevention of cessation of breathing.
  - 2. Teacher will ask trainees to apply First Aid for cessation of breathing.
  - 3. Teacher will introduce and demonstrate the steps of applying artificial respiration:-
    - a. Move the victim slightly and ask him if he is conscious or not.
    - b. Ask for medical help.
    - c. Check breathing of the victim by looking, listening, and feeling.
    - d. Tilt his head backwards until the chin is higher than the nose. Close his nose, open his mouth, and then look, listen, and feel.
    - e. Remove any foreign object from the mouth, then look, listen, and feel.
    - f. Blow four strong breaths in the victim's mouth then look, listen, and feel. Then count to four.
    - g. Blow again look, hear, and feel then count to four.
    - h. Continue doing this until breathing is restored or medical help is obtained.
    - i. If the victim begins to breath, put him on his side and watch him.

**THIRD DAY (contd.)**

**Note:** As for children, same procedures are usually done with special care;

- Do not tilt the head too much.
- Do not blow in the mouth and nose of the child as strong as in adults. As for newborn babies blow as if you are putting out a candle.

- C. 1. Teacher will discuss causes, complications, and prevention of electrical shock.
2. Teacher will ask trainees to apply First Aid for electrical shock.
3. Teacher will correct mistakes and demonstrate the correct way of applying First Aid for electrical shock. The procedure is as follows:  
Disconnect current, stand on insulating material, remove casualty from contact with the current, apply artificial respiration, treat burns, transport to medical help.

**EVALUATION**

Teacher will ask the trainees to demonstrate First Aid for artificial respiration, and electrical shock.

**REINFORCEMENT**

Teacher will ask the trainees to role play situation of requiring artificial respiration and electrical shock.

**MATERIAL NEEDED**

Blankets, electrical wire, a piece of wood, newspapers, rubber gloves, visual aids.

**CATHOLIC RELIEF SERVICES-USCC  
LIFE CYCLE/HEALTH EDUCATION PROGRAM**

**FOURTH DAY**

**A I M**

Village teacher will be able to apply proper First Aid techniques in cases of fractures, sprains, and bruises.

**OBJECTIVES**

- A. Review previous lesson.
- B. Teach how to apply first aid for fractures.
- C. Teach how to apply first aid for sprains and bruises.

**Procedure**

- A. Teacher will review the previous lesson.
- B.
  - 1. Teacher will introduce causes, types, and general signs of fractures. Teachers will also discuss signs of fractures in each part of the body and how to apply first aid to them.
  - 2. Teacher will ask the trainees to demonstrate First Aid for fractures of each part of the body.
  - 3. Teacher will introduce procedures for applying First Aid to fractures in these areas:
    - Transport a victim with a fracture in the spinal columns.
    - Dislocated elbow.
    - Dislocated ankle.
  - 4. Teacher will demonstrate procedures of First Aid.
- C.
  - 1. Teacher will discuss causes, signs, symptoms, and prevention of sprains and bruises.
  - 2. Teacher will ask the trainees to apply First Aid for sprains and bruises.
  - 3. Teacher will correct mistakes by demonstrating the correct procedures of First Aid for sprains and bruises.

**FOURTH DAY (contd.)**

**EVALUATION**

- A. Teacher will ask trainees to demonstrate First Aid procedures for all kinds of fractures.
- B. Teacher will ask trainees to demonstrate First Aid procedures for all kinds of sprains and bruises.

**REINFORCEMENT**

Teacher will ask trainees to role play incidents involving fractures, sprains and bruises.

**MATERIAL NEEDED**

Splint all signes, large wooden board, blankets, gauze, rubber bands, triangular bandages, and visual aids.

**ATTACHMENT "3"**

**LESSON PLANS  
PREPARED BY CRS INSTRUCTORS  
FOR  
MATERIALS WORKSHOP**

HEALTH EDUCATION PROGRAM

=====

FIRST DAY - THE DOLL

A I M : To develop an understanding of sewing a Doll so as the teachers could make their own.

OBJECTIVES: 1. Introduction of the Inservice.  
2. To teach the procedures of making a Doll.

PROCEDURES: (1) The teacher welcomes the students and explains the schedule of the Eight Day Inservice.

- A. Day # 1 = Sewing the Doll's body.
- B. Day # 2 = Sewing the Doll's body, head & face.
- C. Day # 3 = Sewing the Doll's dress.
- D. Day # 4 = Practice on the Microscope.
- E. Day # 5 = Practice on the Microscope.
- F. Day # 6 = Practice on the Electromagnetic Visual Aids.
- G. Day # 7 = Practice on the Slide Projector/Overhead.
- H. Day # 8 = General review & distribution of certificates.

(2) A. The teacher explains the procedure of Doll making. Distribution of sheet (How to Make a Doll).  
B. Division of students in three groups.  
C. Distribution of materials to students:-

- 1. The Doll's body
- 2. Thread
- 3. Needle
- 4. Scissors
- 5. Pins.

Materials Needed: Doll's body, needles, thread, scissors, pins, sheet of "Procedure of Making a Doll".

D. The teacher aids the students during their sewing.

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM

=====

SECOND DAY - THE DOLL

A I M : The students will fill the Dolls with sponge and knit the face and hair.

OBJECTIVES: - To teach the students how to fill the Doll with sponge and how to knit the face and hair.

PROCEDURES: (1) Distribution of the materials needed to the students.

- Materials Needed:
- a. Thread
  - b. Sponge
  - c. Blanket
  - d. Wool for hair.

(2) The teacher aids the students during their work.

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM  
=====

THIRD DAY - THE DOLL

A I M : The students will make a Doll's dress.

OBJECTIVES: To teach the students how to sew the Doll's dress.

PROCEDURES: (1) Distribution of materials to students (the Doll's dress).  
(2) The teacher aids the students during their work.

HEALTH EDUCATION PROGRAM

D O L L   M A K I N G   K I T  
=====

<u>I</u> <u>T</u> <u>E</u> <u>M</u>		<u>QUANTITY</u>
1.	Material (different colours)	19
2.	Doll's Face	2
3.	Wool (light brown + creme colour)	1 kg.
4.	Pattern of Doll's Body	2
5.	Cig.boxes filled with stones and covered with coloured papers (toys for Kids).	11 boxes
6.	Cig.boxes filled with stones not covered with coloured papers (toys for Kids).	30 "
7.	Kits for "Denver Test"	2 kits
8.	<u>First</u> Kit has:	
	(a) Small Ball	1
	(b) Yarn	1
	(c) Rattle	1
	(d) Cubes	8
	(e) Bell	1
	(f) Sun - Maid Raisins	1
	(g) Pencil	1
9.	<u>Second</u> Kit has:	
	(a) Rattle	1
	(b) Bell	1
	(c) Cubes	2
	(d) Yarn	1
	(e) Red Pen	1
	(f) Sun - Maid Raisins	1
	(g) Ball	1
10.	<u>D.M.C.</u> Thread = 19 Skeins:-	
	4 Green            )	
	3 Brown           )	
	2 Yellow           )	
	1 Orange           )	
	2 Maroon           )	
	1 Navy Blue        )	
	2 Red               )	
	1 White             )	
	1 Grey              )	
	2 Pink              )	
		19 Skeins
11.	Bandages	3
12.	Elastic Band	1 roll
13.	Pamphlet (how to make a Doll)	1

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CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM

=====

FOURTH DAY - ELECTROMAGNETIC VISUAL AIDS

A I M : The students will use the Electromagnetic Charts well.

OBJECTIVES: To teach the students how to use the Electromagnetic Charts.

- PROCEDURES:
- (1) The teacher explains the importance of the Electromagnetic visual aids:-
    - A. It simplifies the teaching the lesson.
    - B. Information would be comprehended by the students.
    - C. Helps the students to memorize the information in simple form.
  - (2) The teacher uses the equipments infront of the students.
  - (3) The teacher asks the students to use the equipment working in a group at first and then to use the equipment working alone.

Materials Needed: Magnetic Board  
(Laminate on different subjects).

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM

=====

FIFTH DAY - PROJECTOR

A I M : The students will use the Projector in a correct way.

OBJECTIVES: 1. To teach the students the importance of the Projector.  
2. To teach the students how to use the Projector.

PROCEDURES: (1) The teacher explains the importance of the Projector:-  
A. It clarifies the information in a better way.  
B. It simplified the teaching process.  
C. It helps the students to learn.  
(2) The teacher will use the Projector in front of the students.

Materials Needed: Slide Projector  
Overhead  
Slides  
Visual Aids.

## CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM  
=====SIXTH DAY & SEVENTH DAY - MICROSCOPE

A I M : The students will use the Microscope in a correct way.

OBJECTIVES: 1. To teach the parts and functions of the Microscope.  
2. To teach how to use the Microscope.  
3. To teach how to prepare slides for the Microscope.

PROCEDURES: A. (1) The teacher will explain and discuss the importance of the Microscope.

- Magnification of micro organisms which can't be seen in naked eye.

(2) The teacher will name the different parts of the Microscope:-

a. Eye piece	f. Color filter
b. Focusing knob	g. Stage clips
c. Arm	h. Stage
d. Nose piece	i. Illuminator
e. Objectives	j. Reflecting mirror.

(3) The teacher explains the functions of the parts of the Microscope:-

Eye piece	=	Look down to see.
Focusing knob	=	Can be moved to clarify pictures.
Arm	=	To help in carrying the microscope.
Nose piece	=	To move the lenses.

B. The teacher will explain how to use the Microscope:-

1. Clean lenses with special paper.
2. Turn light on.
3. Wash slides.
4. Cover it with plastic cover.
5. Focusing the Microscope.

C. The teacher will demonstrate how to use the Microscope.

D. The teacher asks students to prepare slides and look down at the Microscope.

CATHOLIC RELIEF SERVICES-USCC/JWB

HEALTH EDUCATION PROGRAM

=====

EIGHT DAY

1. Revision of the whole Inservice
2. Small party.
3. Distribution of Certificates.

**ATTACHMENT "4"**

**POSTERS DISTRIBUTED TO VILLAGE TEACHERS**



**ATTACHMENT "5"**

**STAFF ENGLISH COURSE REPORT**

NUMBER OF STUDENTS IN ENGLISH CLASSES - CRS/JWB  
NOVEMBER 1985 - JANUARY 1986

	Nov	Dec	Jan	TOTAL CLASSES PER STUDENT
Ibtisam	6	2	4	12
Bassimeh	-	-	3	3
Tamam	1	-	3	4
Subhieh	2	-	3	5
Mariam	4	3	5	12
Mufida	4	3	4	11
Fatmeh	5	3	3	11
Rufaida	3	3	4	10
Iman	4	1	1	6
Jamal	-	1	3	4
Issam	1	1	1	3
Akef	4	dropped		4
Nader	3	dropped		3
TOTAL STUDENTS PER MONTH	37	17	34	= 88

## ENGLISH CLASSES FOR HEALTH EDUCATION STAFF

REPORT FOR THE MONTHS OF OCTOBER, NOVEMBER, DECEMBER, 1985 AND  
JANUARY 1986

The interviews to evaluate the level of English proficiency were held in October, and classes began November 1st.

There are 10 regular students from Health Education, and an 11th not from Health Ed.

Mariam, Mufida, Fatmeh, Rufaida, Ibtisam (Im-Khaldoun) are the most regular.

Subhieh, Tamam, and Bassimeh are regular when they are at the office, which is sporadic.

Iman is willing, but I have a hard time fitting her in since she is so far ahead of everyone else.

Jamal has been added because he is very interested. He has had several classes and needs to get a regular time slot.

Akef took 5 classes and decided not to continue.

Nader took 3 classes and decided not to continue.

Abed went through the preliminary interview, but decided not to take the class.

Mariam	12
Mufida	11
Fatmeh	11
Rufaida	10
Ibtisam	12
Subhieh	5
Tamam	4
Bassimeh	3
Iman	6
Jamal	4
Nader	3
Akef	4
Abed	-
(Issam)	3

-----  
88  
=====

Lately I have found that teaching one-on-one is very effective, at least for certain people. Mariam and Rufaida are progressing much faster that way. I am very pleased with the commitment and concentration of all the students. They are very consistent about doing their homework and their eagerness makes it a pleasure to teach them.

Judy Reichman .

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**ATTACHMENT "6"**

**BROCHURE OF BETHLEHEM  
SPONSORED NURSING CONFERENCE**

PROGRAM FACULTY

Dr. Andrine Karakashian  
French Univeristy / Beirut  
UNRWA Maternal Child Care  
Field Preventive Officer  
Private Practice  
Research and Lecturing

\*\*\*\*\*

Dr. Rashid Yousef Jarallah  
Royal College of Obstetricians & Gynaecologists  
Obstetrics and Gynaecolgy at Makassed Hospital.

\*\*\*\*\*

Sister Theophane Wurzer, F.S.E.  
Maternal Child Care M.S.

\*\*\*\*\*

Refka Mutaseb  
A.N.O.  
UNRWA / Hebron

\*\*\*\*\*

Mrs. Linda Bandak Matar  
UNRWA / Bethlehem

\*\*\*\*\*

Samia Houry  
NECC / Jerusalem

\*\*\*\*\*

Anna Housepian  
Nursing Education  
Makassed Hospital

\*\*\*\*\*



FOURTH ANNUAL CLINCIAL CONFERENCE

IN NURSING

IDENTIFICATION AND MANAGEMENT OF  
HIGH RISK PREGNANCY

BETHLEHEM UNIVERSITY

SCIENŒ LECTURE HALL

December 4, 1985

8:30 AM. TO 4:00 PM.



FOURTH ANNUAL CLINICAL CONFERENCE  
IN NURSING

This program has been approved for contact hours Continuing Education Credit by the Virginia Nurses Association.

Registration fee - 2 JD or equivalent in IS which will cover the luncheon and the handouts.

- 8 :15 - 8:30 - Registration -
- 8 :30 - 9:00 - Introduction -  
Sister Caroline Agravante
- 9 :00 - 10:15 - "Identification of High Risk Pregnancy"  
Dr. Andrine Karakaskian
- 10:15 - 10:30 - Break -
- 10:30 - 11:30 - "Management of High Risk Pregnancy" -  
Dr. Rashid Yousef Jarallah
- 11:30 - 12:30 - "Touch and the infant" -  
Sister Theophane Wurzer
- 12:30 - 1:30 - Lunch - Hotel Management -  
Bethlehem University
- 1:45 - 3:00 - Individual Conferences -  
Room 154 Breast Feeding  
Room 101 Nutrition in Pregnancy  
Room 102 Preparation for Childbearing  
Room 104 Home Deliveries
- 3:00 - 3:30 - Sharing with the entire group
- 3:30 - 4:00 - Evaluation -
- Post test - for those getting  
credit for this  
conference.

**ATTACHMENT "7"**

**LIFE CYCLE/HEALTH EDUCATION PROGRAM BENEFICIARIES**

- a. Classes
- b. Mother's Attendance
- c. Children Weighed
- d. Children Under Weight
- e. Referrals

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION  
AUGUST 1, 1985 - JANUARY 31, 1986

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT.	NO. OF CHILDREN REFERRED
JERUSALEM AREA						
1 SPAFFORD CHILDREN'S CENTER/JERUSALEM	2	44	94	44	-	
2 GREEK CATHOLIC INFANT WELFARE/JERUSALEM		C L O S E D				
3 EL-AMAL CHARITABLE SOCIETY/ABU-DIS	2	30	47	30	-	
4 ARAB EL-DAHOUK & KUPSHAN/ABU-DIS		C L O S E D				
5 ABBAT JABF SUB-CENTER		C L O S E D				
6 SUBA CHARITABLE SOCIETY/BETHANY	1	25	35	25	3	
7 AL-JAHALEEN SUB-CENTER/BETHANY	2	37	49	37	5	
8 BETHANY HOUSING PROJECT	1	21	30	21	2	
9 SILWAN CHARITABLE SOCIETY	1	15	24	15	-	
10 SHU'FAT CAMP CHARITABLE SOCIETY	2	43	86	43	-	
10 SUB-TOTAL	11	215	365	215	10	

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT.	NO. OF CHILDREN REFERRED
RAMALLAH AREA						
1 EL-BIREH RED CRESCENT SOCIETY	2	50	96	50	-	
2 FRIENDS OF THE COMMUNITY/EL-BIREH	1	13	25	13	-	
3 NE'LIN SUB-CENTER		STILL DID NOT BEGIN CLASSES AFTER JAN. 31ST.				
4 KARAWAT BANI-ZEID CHARITABLE SOCIETY	2	36	60	36	-	
5 DEIR-GHASSANFH SUB-CENTER		C L O S E D				
6 AROURA CHARITABLE SOCIETY	2	36	68	36	-	
7 EIN YABROUD CHARITABLE SOCIETY	2	42	69	42	-	1
8 BURQA CHARITABLE SOCIETY	1	27	59	27	-	1
9 BEITILLU CHARITABLE SOCIETY	1	23	50	23	-	
10 JIFNA CHARITABLE SOCIETY	1	16	25	16	-	
11 SILWAD CHARITABLE SOCIETY	1	25	52	25	-	
12 KUFUR-NI'MEH CHARITABLE SOCIETY	2	44	105	44	-	
13 TURMUS-IAYYA CHARITABLE SOCIETY	1	25	47	25	1	
14 SINGEL CHARITABLE SOCIETY	1	25	57	25	-	
15 BUDRUS CHARITABLE SOCIETY	1	25	48	25	-	
15 SUB-TOTAL	18	387	761	387	1	2

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION  
AUGUST 1, 1985 - JANUARY 31, 1986

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT	NO. OF CHILDREN REFERRED
BETHLEHEM AREA						
1 BETT-JALA LADIES SOCIETY	2	40	44	40	-	
2 WAD-RAHHAL SUB-CENTER	WILL	OPEN	A CLASS	THERE		
3 JORET AL-SHAM'A SUB-CENTER	1	10	21	10	-	
4 NAHALIN SUB-CENTER	2	44	99	44	2	
5 ARAB WOMEN'S UNION/BEIT SAHOUR	C L O S E D					
6 ISLAMIC CHARITABLE SOCIETY/BETHLEHEM	WILL	OPEN	A CLASS	THERE		
7 HUSSAN CHARITABLE SOCIETY	1	25	50	25	-	
8 WAD-FOUKKIN CHARITABLE SOCIETY	1	24	55	24	1	
9 BATTIR CHARITABLE SOCIETY	1	24	47	24	-	
10 EL-KHADER CHARITABLE SOCIETY	1	25	54	25	-	
10 SUB-TOTAL	9	192	370	192	3	

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT	NO. OF CHILDREN REFERRED
JERICHO AREA						
1 JERICHO LADIES CHARITABLE SOCIETY	3	78	61	<del>78</del> 61	-	
2 EL-UJA SUB-CENTER	1	12	26	12	2	
3 AL-HILAL CLUB	1	24	45	24	-	
3 SUB-TOTAL	5	114	132	<del>97</del> 114	2	

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION  
AUGUST 1, 1985 - JANUARY 31, 1986

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT	NO. OF CHILDREN REFERRED
HEBRON AREA						
1 HEBRON LADIES CHARITABLE SOCIETY	2	30	67	23	7	
2 HEBRON RED CRESCENT CHARITABLE SOCIETY	2	37	83	37	9	
3 AL-MAJD SUB-CENTER	3	37	68	29	3	
4 HARET EL-SHEIKH SUB-CENTER	1	21	40	21	-	
5 HALHUL LADIES CHARITABLE SOCIETY	2	28	48	24	-	
6 BANI NA'IM CHARITABLE SOCIETY	3	63	118	58	5	
7 DOURA CHARITABLE SOCIETY	3	50	90	42	1	
8 DAHRIYEH CHARITABLE SOCIETY	2	29	43	24	2	2
9 BEIT-ULA CHARITABLE SOCIETY	2	45	95	43	5	1
10 NUBA CHARITABLE SOCIETY	1	18	42	18	1	
11 YATTA CHARITABLE SOCIETY		NO	CLASSES	CLOSED		
12 SAMOU' CHARITABLE SOCIETY	1	18	37	18	1	1
13 RAFAT SUB-CENTER	2	38	76	38	8	
14 SI'IR CHARITABLE SOCIETY	4	65	142	58	4	
15 RAS EL-'AROUH SUB-CENTER	2	31	71	24	2	
16 BEIT-KAHEL CHARITABLE SOCIETY	4	71	115	64	7	
17 TARQOUMIA CHARITABLE SOCIETY	2	26	50	25	1	1
18 IDNA CHARITABLE SOCIETY	2	39	70	38	1	1
19 KHARAS CHARITABLE SOCIETY	2	48	91	41	2	2
20 SURIF CHARITABLE SOCIETY	2	35	71	31	1	
21 SHUYUKH CHARITABLE SOCIETY	4	85	166	72	3	
22 BEIT 'AWWA CHARITABLE SOCIETY	1	15	23	13	1	
23 SHUYUKH EL-'ARROUB CHARITABLE SOCIETY		NO	CLASSES	NOW		
24 RIHHIYEH CHARITABLE SOCIETY	2	40	97	34	11	1
25 TAFFOUH CHARITABLE SOCIETY	2	32	58	25	1	
25 SUB-TOTAL	51	901	1761	800	76	9

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION  
AUGUST 1, 1985 - JANUARY 31, 1986

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT	NO. OF CHILDREN REFERRED
N A B L U S    A R E A						
1 TILL CHARITABLE SOCIETY	2	50	94	43	-	
2 ASSIRA EL-QIBLIYEH CHARITABLE SOCIETY	1	25	38	18	1	
3 BEITA CHARITABLE SOCIETY	5	127	237	113	5	
4 BOURIN CHARITABLE SOCIETY	2	37	42	32	-	
5 NABLUS COMMUNITY CENTER	1	25	43	25	-	
6 ASSIRA EL-SHAMALIYEH CHARITABLE SOCIETY	3	60	90	58	-	
7 HUWHARA CHARITABLE SOCIETY	2	50	98	50	3	
8 OSSARIN CHARITABLE SOCIETY	1	12	14	10	3	
9 ARAB WOMEN'S UNION/NABLUS	C L O S E D					
10 SABASTIA CHARITABLE SOCIETY	1	20	32	20	3	
11 URIEF CHARITABLE SOCIETY	3	67	111	53	-	
12 EINABOUS CHARITABLE SOCIETY	1	20	39	20	-	
13 KUSRA CHARITABLE SOCIETY	2	45	106	45	-	
14 BEIT-WAZAN CHARITABLE SOCIETY	1	25	43	25	-	
15 KARYOUT CHARITABLE SOCIETY	1	19	73	19	-	
15 SUB-TOTAL	26	582	1060	531	15	

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT	NO. OF CHILDREN REFERRED
T U L K A R E M    A R E A						
1 SALFIT CHARITABLE SOCIETY	3	75	107	69	1	
2 FARKHA SUB-CENTER	-	-	-	-	-	
3 SKAKA SUB-CENTER	1	20	37	20	-	
4 AL-MURABITAT CHARITABLE SOCIETY/QALQILIA	2	50	94	50	2	
5 DAR AL-YATIM CHARITABLE SOCIETY/TULKAREM	2	52	85	52	-	
6 BAL'A CHARITABLE SOCIETY	1	25	52	25	2	
7 ANABTA CHARITABLE SOCIETY	1	25	45	25	1	
8 ATEEL CHARITABLE SOCIETY	2	50	118	50	2	
9 ILLAR CHARITABLE SOCIETY	2	47	84	47	1	
10 AZZOUN CHARITABLE SOCIETY	1	25	31	25	3	
11 TULKAREM RED CRESCENT SOCIETY	2	52	79	50	2	
12 SHWEIKEH CHARITABLE SOCIETY	2	35	35	32	-	
13 JAYYOUS CHARITABLE SOCIETY	1	25	32	25	-	
14 HABLA CHARITABLE SOCIETY	1	25	36	25	-	
15 SEIDA CHARITABLE SOCIETY	1	25	40	25	-	1
16 BAQA EL-SHARQIYEH CHARITABLE SOCIETY	1	25	32	25	-	
16 SUB-TOTAL	23	556	907	545	14	1

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION  
AUGUST 1, 1985 - JANUARY 31, 1986

Attachment 7

CENTER	NO. OF CLASSES	NO. OF MOTHERS	NO. OF CHILDREN TOTAL	NO. OF CHILDREN WEIGHED	NO. OF CHILDREN UNDER WT	NO. OF CHILDREN REFERRED
JENIN AREA						
1 TURAS CHARITABLE SOCIETY	4	100	152	100	2	
2 AQQABA SUB-CENTER	3	78	118	78	1	
3 ZAPABDEH CHARITABLE SOCIETY	2	41	66	41	-	
4 MISSILIEH SUB-CENTER	2	30	47	30	1	
5 RABA SUB-CENTER	1	25	32	25	2	
6 JALOAMUS SUB-CENTER	-	-	-	-	-	
7 QABATIAH CHARITABLE SOCIETY	2	50	76	50	-	
8 EL-HARA EL-GHARBIH SUB-CENTER	2	50	107	50	1	
9 YA'BAD CHARITABLE SOCIETY	2	50	66	50	-	
10 TOURA SUB-CENTER	-	-	-	-	-	
11 ARRABA CHARITABLE SOCIETY	2	47	73	47	1	
12 BURQIN CHRITABLE SOCIETY	1	22	31	22	2	
13 KUFUR-QUD SUB-CENTER	-	-	-	-	-	
14 EL-HASIMIEH SUB-CENTER	2	30	25	25 <sup>+</sup> <del>30</del>	3	
15 WAD-BURQIN SUB-CENTER	-	-	-	-	-	
16 YAMOUN CHARITABLE SOCIETY	2	50	84	50	5	
17 SILAT EL HARTHIEH CHARITABLE SOCIETY	3	75	143	75	2	
18 ASDIKA' EL-MARID CHARITABLE SOCIETY	2	31	46	31	2	
19 JABA' CHARITABLE SOCIETY	3	72	82	70	1	
20 FAKKOU'A CHARITABLE SOCIETY	1	25	19	19	1	1
21 SANOUR CHARITABLE SOCIETY	1	20	35	20	-	
22 JENIN CHARITABLE SOCIETY	2	36	62	34	-	
23 JALAMEH SUB-CENTER	3	60	90	59	-	
24 KUFUR -DAN CHARITABLE SOCIETY	2	46	92	46	2	
25 JENIN RED CRESCENT CHARITABLE SOCIETY	2	50	79	50	2	
26 ANZA CHARITABLE SOCIETY	1	25	30	25	2	
27 DEIR ABU-DEIF CHARITABLE SOCIETY	2	46	96	46	-	
28 AL-'ARAKA CHARITABLE SOCIETY	1	20	45	20	3	
29 ANIN CHARITABLE SOCIETY	1	25	34	20	-	
30 KFEIRET CHRITABLE SOCIETY	-	-	-	-	-	
31 BARTA'A CHARITABLE SOCIETY	3	61	126	61	7	
32 AJJEH CHRITABLE SOCIETY	-	-	-	-	-	
33 AL-TAYBEH CHARITABLE SOCIETY	1	10	10	10	2	
34 T'INNEK CHARITABLE SOCIETY	1	10	12	8	-	
35 SILET EL-DAHER CHARITABLE SOCIETY	3	60	84	58	2	
36 AL-FUNDUKAMMIEH CHARITABLE SOCIETY	2	35	47	35	-	
37 DEIR-GHAZALEH CHARITABLE SOCIETY	1	17	15	15	1	
38 EL-MUGHAYER CHRITABLE SOCIETY	3	75	114	70	2	
39 AL-RAMAH CHARITABLE SOCIETY			C L O S E D			
40 SIRIS CHARITABLE SOCIETY			C L O S E D			
41 HAYYELMARAH CHARITABLE SOCIETY	1	20	25	17	-	
42 MAYTHALOUN CHARITABLE SOCIETY	1	25	54	24	-	
42 SUB-TOTAL	65	1417	2217	<del>1386</del> 1381	47	1
136 TOTAL	208	4364	7573	<del>4170</del> 4148	168	12

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**ATTACHMENT "8"**

**WEIGHT SURVEILLANCE DATA TABLES**

## CUMULATIVE SUMMARY WEIGHT SURVEILLANCE

Weight in % of Harvard Standard									TOTAL	%
	HEBRON AREA	BETHLEHEM AREA	JERUSALEM AREA	RAMALLAH AREA	JERICHO AREA	NABLUS AREA	TULKARIN AREA	JENIN AREA		
90/100 remain 90/100	167	50	74	89	26	196	243	694	1539	47.6
90/100 decrease 80/90	20	2	5	2	4	3	14	47	97	3
90/100 decrease 75/80	1				2		12	9	24	.74
90/100 decrease 70/75		1						2	3	.09
90/100 decrease 65/70							1		1	.03
80/90 increase 90/100	83	19	19	40	21	65	140	335	722	22
80/90 remain 80/90	51	3	16	20	6	56	47	135	334	10
80/90 decrease 75/80	6		2			1	1	4	14	.43
80/90 decrease 70/75							1	1	2	.06
75/80 increase 90/100	14	8	6	3	11	8	21	33	104	3.2
75/80 increase 80/90	28	2	8	5	6	21	21	60	150	4.6
75/80 remain 75/80	3	1	1		1	2	4	36	48	1.4
75/80 decrease 70/75	5							1	3	.27
75/80 decrease 65/70										
75/80 decrease 60/65										
70/75 increase 90/100	1					2	4	14	21	.64
70/75 increase 80/90	4		4			3	5	48	64	1.8
70/75 increase 75/80	5		1	1		2	1	17	27	.83
70/75 remain 70/75	1							5	6	.18
70/75 decrease 65/70								1	1	.03
70/75 decrease 60/65										
65/70 increase 90/100	2	1	2		1		1	4	11	.34
65/70 increase 80/90	4	2	1	1	1		2	7	18	.55
65/70 increase 75/80	1	1	1			2	1	12	18	.55
65/70 increase 70/75						1		2	3	.09
65/70 decrease 60/65								2	2	.06
65/70 decrease below 60								1	1	.03
60/65 increase 90/100							1		1	.03
60/65 increase 80/90	1								1	.03
60/65 increase 75/80	1								1	.03
60/65 increase 70/75							1		1	.03
60/65 increase 65/70						1		1	2	.06
60/65 remain 60/65	1							1	2	.06
60 and below increase to 80/90	3								3	.09
60 and below increase to 75/80										
60 and below increase to 70/75										
60 and below increase to 65/70										
60 and below increase to 60/65										
<b>TOTAL</b>	<b>403</b>	<b>90</b>	<b>140</b>	<b>161</b>	<b>79</b>	<b>363</b>	<b>522</b>	<b>1474</b>	<b>3232</b>	<b>100</b>
Dropped out of Program	18	2	3	26	2		3	10	93	2.8
Deaths	2					1	4	4	11	.34

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HEBON AREA

SUMMARY OF WEIGHT SURVEILLANCE

Weight in % of Harvard Standard	SOCIETY																				TOTAL						
	Hebron Ladies Char. Soc.	Hebron Red Crescent	Al-Majid Sub-Center	Walhal Ladies Char.Soc.	Pani Me'ia Char-Society	Dura Char. Society	Bahriyah Char. Soc.	Brit-Ula Char. Society	Maba Char. Society	Sana' Char. Society	Sir' Char. Society	Ras El-'Aroud Sub-Center	Brit-Kahal Char. Society	Tarqouia Char. Society	Jana Char. Society	Kharas Char. Society	Sarif Char. Society	Shayakh Char. Society	Beit 'Ama Char. Soc.	Shayakh El-'Arroob		Rihniyah Char. Society	Taffah Char. Society	Yatta Char. Society	Rafat Sub-Center	Maret El-Sheikh	TOTAL
90/100 remain 90/100	7	3	9	7	10	14	4	13	9	9	6	5	6	6	5	12	7	15	10								
90/100 decrease 90/90	1	2	1			1	1		1	2	1	1	1	2	1		1			1		1					167
90/100 decrease 75/90																					1						20
90/100 decrease 70/75																					1						1
90/100 decrease 65/70																											
80/90 increase 90/100	6	3	2	7	4	7	5	4	2	1	6	6	6	3	4	4	6	2	2								
80/90 remain 80/90	1	6	3	2	2		3	2	1	2	1	2	2	2	1	3	1		4		8	3					83
80/90 increase 75/80	1	1					2								1					4		5					32
80/90 decrease 70/75															1						1						6
75/80 increase 90/100		1	1	1	2			1				1		1	2				1		2	1					14
75/80 increase 80/90	2	1	2	1	1	1	1		2	1	1	1	3	1	5	1			1		2	1					28
75/80 remain 75/80	1						1														1						3
75/80 decrease 70/75		2				2															1						3
75/80 decrease 65/70																					1						5
75/80 increase 60/65																											
70/75 increase 90/100								1																			1
70/75 increase 80/90	1				1																						4
70/75 increase 75/80		1			1							1										2					4
70/75 remain 70/75					1						1										1	1					5
70/75 decrease 65/70																1											1
70/75 decrease 60/65																											
65/70 increase 90/100							1	1			1					1											2
65/70 increase 80/90							1	1			1					1											4
65/70 increase 70/75																						1					1
65/70 decrease 60/65																											
65/70 decrease below 60																											
60/65 increase 90/100																											
60/65 increase 80/90																											
60/65 increase 75/80																1											1
60/65 increase 70/75															1												1
60/65 increase 65/70																											
60/65 remain 60/65																											
60 and below increase to 80/90																											1
60 and below increase to 75/80																						1	1				3
60 and below increase to 70/75																											
60 and below increase to 65/70																											
60 and below increase to 60/65																											
TOTAL	22	20	18	18	21	24	20	21	16	15	16	18	18	15	20	24	15	17	19		21	25				403	
Dropped out of Program			1		3			1	3	4		1		3				2			1						18
Deaths												1									1						2

SUMMARY OF WEIGHT SURVEILLANCE

Weight in % of Harvard Standard							TOTAL
	Beit-Jala Ladies Soc.	Mad Rabhal Sub-Center	Jeret Al-Sham'a Sub-Cent	Mahalin Sub-Center	Arab Women's Union	Islamic Char. Society	
90/100 remain 85/100	21		6	23			50
90/100 decrease 85/90				2			2
90/100 increase 75/90							
90/100 increase 70/75				1			1
90/100 increase 65/70							
80/90 increase 75/100	7		3	9			19
80/90 remain 80/90	1		2				3
80/90 increase 75/90							
80/90 increase 70/75							
75/90 increase 80/100	5			3			8
75/90 increase 80/90	1		1				2
75/90 remain 75/90	1						1
75/90 increase 70/75							
75/90 increase 65/70							
75/90 increase 60/65							
70/75 increase 80/100							
70/75 increase 80/90							
70/75 increase 75/90							
70/75 remain 70/75							
70/75 increase 65/70							
70/75 increase 60/65							
65/70 increase 80/100	1						1
65/70 increase 80/90	2						2
65/70 increase 75/90			1				1
65/70 increase 70/75							
65/70 increase 60/65							
65/70 increase below 60							
60/65 increase 80/100							
60/65 increase 80/90							
60/65 increase 75/90							
60/65 increase 70/75							
60/65 increase 65/70							
60/65 remain 60/65							
60 and below increase to 80/90							
60 and below increase to 75/90							
60 and below increase to 70/75							
60 and below increase to 65/70							
60 and below increase to 60/65							
<b>TOTAL</b>	<b>39</b>	<b>10</b>	<b>41</b>				<b>90</b>
Dropped out of Program	1		1				2
Deaths			1				1

## JERICHO AREA

## SUMMARY OF HEIGHT SURVEILLANCE

Height in 5 of Harvard Standard	Jericho Ladies Society	El-Uja Sub-Center	Hitai Club	TOTAL
90/100 remain 90/100	21		5	26
90/100 decrease 80/90			4	4
90/100 decrease 75/90			2	2
90/100 decrease 70/75				
90/100 decrease 65/70				
80/90 increase 90/100	9		12	21
80/90 remain 80/90	5		1	6
80/90 decrease 75/80				
80/90 decrease 70/75				
75/80 increase 90/100	1		10	11
75/80 increase 80/90	6			6
75/80 remain 75/80			1	1
75/80 decrease 70/75				
75/80 decrease 65/70				
75/80 decrease 60/65				
70/75 increase 90/100				
70/75 increase 80/90				
70/75 increase 75/80				
70/75 remain 70/75				
70/75 decrease 65/70				
70/75 decrease 60/65				
65/70 increase 90/100	1			1
65/70 increase 80/90	1			1
65/70 increase 75/80				
65/70 increase 70/75				
65/70 decrease 60/65				
65/70 decrease below 60				
60/65 increase 90/100				
60/65 increase 80/90				
60/65 increase 75/80				
60/65 increase 70/75				
60/65 increase 65/70				
60/65 remain 60/65				
60 and below increase to 80/90				
60 and below increase to 75/80				
60 and below increase to 70/75				
60 and below increase to 65/70				
60 and below increase to 60/65				
<b>TOTAL</b>	<b>48</b>		<b>35</b>	<b>79</b>
Dropped out of Program Deaths				

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Weight in S  
of  
Approved Standard

Weight in S of Approved Standard	17	18	30	10	21	4	19	14	32	10	15	31	8	6	31	16	17	23	22	12	29	16	15	17	9	8	32	19	15	31	12	29	13	14	20	7	18	22	12	12	147A		
90/100 remain 90/100	1	6	2	1	1	1	1	2	1	4	5	5	5	19	5	5	18	18	9	2	10	14	16	8	3	3	8	6	16	11	6	6	2	8	14	3	8	8	694				
90/100 decrease 90/70																																											
90/100 decrease 75/90																																											
90/100 decrease 65/75																																											
90/70 increase 90/125	22	14	9	9	9	17	2	15	4	6	9	3	5	19	6	18	18	9	2	4	10	14	16	8	3	3	8	6	16	11	6	6	2	8	14	3	8	8	335				
90/70 remain 30/40	3	6		4	3	2	1			1	5		5	20	9	13	2								4	4		14	1		3	9	7										
90/70 decrease 75/20																																											
75/90 increase 70/75	2				2	2	1																																				
75/90 increase 70/100	4	2			5										4	4				2	7	2	5	5			2	1															
75/90 remain 75/90																																											
75/90 decrease 70/75																																											
75/90 decrease 55/75																																											
75/90 decrease 50/75																																											
70/75 increase 30/20		4			4			6		2	2				3		8	4		2		2	2	2	2	4		3	8		2												
70/75 remain 70/75																	4	1										2	3														
70/75 decrease 55/75																																											
70/75 decrease 50/75				1																																							
65/70 increase 30/40																																											
65/70 increase 70/75																																											
65/70 decrease 60/55																																											
65/70 decrease below 50																																											
60/55 increase 90/100																																											
60/55 increase 80/70																																											
60/55 increase 75/50																																											
60/55 increase 70/75																																											
60/55 increase 55/70																																											
60/55 remain 50/45																																											
50 and below increase to 90/100																																											
50 and below increase to 70/75																																											
50 and below increase to 55/70																																											
50 and below increase to 65/55																																											
TOTAL	49	50	41	27	44	25	24	44	40	23	45	39	19	45	50	47	43	50	50	23	50	39	50	48	21	13	46	49	50	48	22	44	22	20	25	19	50	50	25	147A			
Shipped out of Program																																											
Books											1	3			3																												

Best Available Document

Weight in %  
of  
Harvard Standard

	Salfit Char. Society	Farkha Sub-Center	Skaka Sub-Center	Al-Murabitat Char. Soc.	Dar El-Yatin Char. Soc.	Bal'a Char. Society	'Anabta Char. Society	'Ateel Char. Society	'Illar Char. Society	'Azzeun Char. Society	Tulkaren Red Crescent	Shweikh Char. Soc.	Jayyous Char. Society	TOTAL
90/100 remain 90/100	35	11	12	33	7	20	22	22	10	29	18	16	8	243
90/100 increase 90/90			1			6	3	1				1	2	14
90/100 increase 75/90													12	12
90/100 increase 70/75														
90/100 increase 65/70														
90/90 increase 90/100	5	6	4	11	52	9	8	14	8	13	3	4	3	140
90/90 remain 90/90	8	2	6		3	10	11	1	2	3		1		47
90/90 increase 75/90								1						1
90/90 increase 70/75				1										1
75/90 increase 90/100		2			8	5	1	4			1			21
75/90 increase 80/90	2	3			1		4	4	3	4				21
75/90 remain 75/90		1		3										4
75/90 increase 70/75								1						1
75/90 increase 65/70														
75/90 increase 60/65														
70/75 increase 90/100				2							1	1		4
70/75 increase 90/90		1			1			2				1		5
70/75 increase 75/90									1					1
70/75 remain 70/75														
70/75 increase 65/70														
70/75 increase 60/65														
65/70 increase 90/100														
65/70 increase 80/90											1			1
65/70 increase 75/90			1	1	1									2
65/70 increase 70/75														1
65/70 increase 60/65														
65/70 increase below 60														
60/65 increase 90/100														
60/65 increase 80/90											1			1
60/65 increase 75/90														
60/65 increase 70/75					1									1
60/65 increase 65/70														
60/65 remain 60/65														
60 and below increase to 90/90														
60 and below increase to 75/90														
60 and below increase to 70/75														
60 and below increase to 65/70														
60 and below increase to 60/65														
<b>TOTAL</b>	<b>50</b>	<b>26</b>	<b>24</b>	<b>51</b>	<b>74</b>	<b>50</b>	<b>49</b>	<b>50</b>	<b>24</b>	<b>49</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>522</b>
Report out of Program							1		1			1		3
Beaths	1		1	1							1			4

## NABLUS AREA

## SUMMARY OF WEIGHT SURVEILLANCE

Weight in % of Harvard Standard	Till Char. Society	Assira El-Qibliyah	Beita Char. Society	Bourin Char. Society	Nablus Community Center	Assira El-Shamaliyah	Huwara Char. Society	Ossarin Char. Society	Einabous Char. Society	Sabastia Char. Society	Kussra Char. Society	TOTAL
	90/100 remain 90/100	40	19	12	24	11	9	35	7	21	9	9
90/100 decrease 90/90			1				1			1		3
90/100 increase 75/90												
90/100 decrease 70/75												
90/100 decrease 65/70												
90/90 increase 90/100	5		18			9	7	5	10	1	10	65
90/90 remain 90/90	3	5	8	1	4		5	7	15	8	1	57
90/90 decrease 75/90					1							1
90/90 decrease 70/75												
75/90 increase 90/100			3			3	1			1		8
75/90 increase 90/90		1	3			1	1	4	2	5	3	20
75/90 remain 75/90								1			1	2
75/90 decrease 70/75												
75/90 decrease 65/70												
75/90 decrease 60/65												
70/75 increase 90/100						2						2
70/75 increase 90/90			1						1		1	3
70/75 increase 85/90	1				1							2
70/75 remain 70/75												
70/75 decrease 65/70												
70/75 decrease 60/65												
65/70 increase 90/100												
65/70 increase 90/90												
65/70 increase 75/90			1		1							2
65/70 increase 70/75					1							1
65/70 decrease 60/65												
65/70 decrease below 60/65												
60/65 increase 90/100												
60/65 increase 90/90												
60/65 increase 75/90												
60/65 increase 70/75												
60/65 increase 65/70									1			1
60/65 remain 60/65												
60 and below increase by 90/90												
60 and below increase by 75/90												
60 and below increase by 70/75												
60 and below increase by 65/70												
60 and below increase by 60/65												
<b>TOTAL</b>	49	25	47	25	19	24	50	24	50	25	25	363
Dropped out of Program												
Deaths			1									1

SUMMARY OF WEIGHT SURVEILLANCE

Weight in % of Harvard Standard	Spafford Children's	Greek Catholic Infant	E-Azal Char. Society	Arab El-Dakout & Kursban	Aqbat Jaber Sub-Center	Suba Char. Society	Al-Jahaleen Sub-Center	Bethany Housing Project	Silwan Char. Society	Shu'fat Camp Char. Soc.	TOTAL
	90/100 remain 90/100	7		19			8	5	1	4	30
90/100 decrease 90/90	3						2				5
90/100 increase 75/90											
90/100 decrease 70/75											
90/100 increase 65/70											
80/90 increase 90/100	5	D	1	D	D		3		1	9	19
80/90 remain 80/90	6	E	3	E	E	3	1	3			16
80/90 increase 75/90		S		S	S	1	1				2
80/90 decrease 70/75		O		O	O						
75/90 increase 90/100	3	L		L	L					3	6
75/90 increase 80/90	5	C		C	C	1	1		1	1	8
75/90 remain 75/90								1			1
75/90 increase 70/75											
75/90 increase 65/70											
75/90 increase 60/65											
70/75 increase 90/100											
70/75 increase 80/90	4										4
70/75 increase 75/90	1										1
70/75 remain 70/75											
70/75 increase 65/70											
70/75 increase 60/65											
65/70 increase 90/100	2										2
65/70 increase 80/90	1										1
65/70 increase 75/90	1										1
65/70 increase 70/75											
65/70 decrease 60/65											
65/70 increase below 60											
60/65 increase 90/100											
60/65 increase 80/90											
60/65 increase 75/90											
60/65 increase 70/75											
60/65 increase 65/70											
60/65 remain 60/65											
60 and below increase to 80/90											
60 and below increase to 75/90											
60 and below increase to 70/75											
60 and below increase to 65/70											
60 and below increase to 60/65											
<b>TOTAL</b>	<b>38</b>	<b>23</b>			<b>13</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>43</b>	<b>140</b>	
Dropped out of Program	10	2				5	15				32
Deaths						2					2

KIBALLAN AREA

## SUMMARY OF WEIGHT SURVEILLANCE

Weight in % of Harvard Standard	El-Bireh Red Crescent	Friends of the Community	Me'lin Sub-Center	Karawat Bani-Zeid Soc.	Deir-Ghassaneh Sub-Cent.	'Aroua Char. Society	Ein Yabroud Char. Soc.	Burqa Char. Society	TOTAL
	90/100 remain 90/100	20	12				15	25	17
90/100 increase 90/90		1						1	2
90/100 decrease 75/30									
90/100 decrease 70/75									
90/100 decrease 65/70									
90/90 increase 90/100	5	25				2	6	2	40
90/90 remain 80/90	7	6				1	4	2	20
90/90 decrease 75/30									
90/90 decrease 70/75									
90/90 decrease 65/70									
75/90 increase 90/100							1	2	3
75/90 increase 90/90	2						1	2	5
75/90 remain 75/90									
75/90 decrease 70/75									
75/90 increase 65/70									
75/90 decrease 60/65									
70/75 increase 90/100									
70/75 increase 80/90									
70/75 increase 75/30								1	1
70/75 remain 70/75									
70/75 decrease 65/70									
70/75 decrease 60/65									
65/70 increase 90/100									
65/70 increase 80/90							1		1
65/70 increase 75/30									
65/70 increase 70/75									
65/70 decrease 60/65									
65/70 decrease below 60									
60/65 increase 90/100									
60/65 increase 80/90									
60/65 increase 75/30									
60/65 increase 70/75									
60/65 increase 65/70									
60/65 remain 60/65									
60 and below increase to 80/90									
60 and below increase to 75/30									
60 and below increase to 70/75									
60 and below increase to 65/70									
60 and below increase to 60/65									
<b>TOTAL</b>	<b>34</b>	<b>44</b>				<b>18</b>	<b>38</b>	<b>27</b>	<b>161</b>
Dropped out of Program	9	7				7	3		26
Deaths									

**ATTACHMENT "9"**

**EVALUATION DATA TABLES**

- a. Total Villages All Mothers Surveyed
- b. All Village Mothers Who Have Not Participated In H.E.
- c. All Mothers Who Participated In H.E.
- d. Mothers From Jerusalem District Without H.E.
- e. Mothers From Jerusalem District With H.E.
- f. Mothers From Nablus District Without H.E.
- g. Mothers From Tulkarem District Without H.E.
- h. Mothers In Tulkarem District With H.E.
- i. Mothers In Jenin District With H.E.

Evaluation data table for the entire  
population of village mothers surveyed  
in the West Bank.

Attachment 9a

1/03/86

HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

PAGE: 1  
HERPT001.01

NUMBER OF RESPONDENTS: 528

CLASSES COMPLETED - NUTRITION: 223  
FIRST AID: 214

CHILD DEVELOPMENT: 211  
HYGIENE : 206

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	5577.7	CHILD DEATHS (1-4 YEARS)	51.1
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	611.7	PREGNANCIES WITH PRENATAL CARE	2829.5
LIVE BIRTHS	4837.1	CHILDREN BORN AT HOME	2628.8
NEONATAL DEATHS (0-28 DAYS)	132.6	CHILDREN BORN IN THE HOSPITAL	2331.4
INFANT DEATHS (29 DAYS-11 MONTHS)	172.3		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
	NUMBER	%	NUMBER	%
SEX OF CHILD				
	MALE: 285	%: 54.0	MALE: 227	%: 43.0
	FEMALE: 231	%: 43.8	FEMALE: 221	%: 41.9
	NO REPLY: 12	%: 2.3	NO REPLY: 80	%: 15.2
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 7.6		AVERAGE: 9.8	
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 9.2		AVERAGE: 11.9	
DID CHILD EVER USE A BOTTLE				
	YES: 208	%: 39.4	YES: 212	%: 40.2
	NO: 291	%: 55.1	NO: 228	%: 43.2
	NO REPLY: 29	%: 5.5	NO REPLY: 88	%: 16.7
MONTHS MOTHER GAVE A BOTTLE	AVERAGE: 13.5		AVERAGE: 17.3	
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 156	%: 25.6	NUMBER: 166	%: 27.4
TEA	NUMBER: 11	%: 1.8	NUMBER: 9	%: 1.5
WATER + RICE	NUMBER: 10	%: 1.6	NUMBER: 13	%: 2.1
CERELAC	NUMBER: 33	%: 5.4	NUMBER: 15	%: 2.5
JUICE	NUMBER: 9	%: 1.5	NUMBER: 10	%: 1.7
OTHERS	NUMBER: 81	%: 13.3	NUMBER: 92	%: 15.2
NOTHING	NUMBER: 309	%: 50.7	NUMBER: 301	%: 49.7
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 160	%: 15.6	NUMBER: 117	%: 12.6
CUSTARD	NUMBER: 35	%: 3.4	NUMBER: 22	%: 2.4
RICE + MILK	NUMBER: 10	%: 1.0	NUMBER: 9	%: 1.0
STARCH + MILK (MUHALLABIEH)	NUMBER: 51	%: 5.0	NUMBER: 45	%: 4.8
GROUND RICE	NUMBER: 55	%: 5.4	NUMBER: 72	%: 7.7
YOUGHURT	NUMBER: 32	%: 3.1	NUMBER: 37	%: 4.0
EGGS	NUMBER: 79	%: 7.7	NUMBER: 57	%: 6.1
ORANGE JUICE	NUMBER: 34	%: 3.3	NUMBER: 22	%: 2.4
BANANA	NUMBER: 36	%: 3.5	NUMBER: 34	%: 3.6
TOMATO JUICE	NUMBER: 6	%: 0.6	NUMBER: 7	%: 0.8
APPLES	NUMBER: 10	%: 1.0	NUMBER: 6	%: 0.6
BOILED CARROTS	NUMBER: 2	%: 0.2	NUMBER: 2	%: 0.2
SOUP	NUMBER: 59	%: 5.7	NUMBER: 53	%: 5.7
BISCUITS/QARSHALLEH	NUMBER: 23	%: 2.2	NUMBER: 19	%: 2.0
POTATO	NUMBER: 64	%: 6.2	NUMBER: 68	%: 7.3
CHICKEN LIVER	NUMBER: 2	%: 0.2	NUMBER: 0	%: 0.0
FAMILY FOOD	NUMBER: 123	%: 12.0	NUMBER: 165	%: 17.7
OTHERS	NUMBER: 161	%: 15.7	NUMBER: 114	%: 12.2
NO ANSWER	NUMBER: 85	%: 8.3	NUMBER: 83	%: 8.9

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER: 34	%: 6.3
FALL FROM ROOF OR HIGH PLACE	NUMBER: 4	%: 0.7
BRUISES	NUMBER: 0	%: 0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER: 0	%: 0.0
ANY PROBLEM DURING DELIVERY	NUMBER: 0	%: 0.0
WOUND IN ANY PART OF BODY	NUMBER: 56	%: 10.4
FAINING	NUMBER: 1	%: 0.2
FRACTURE	NUMBER: 8	%: 1.5
DRINKING KEROSENE	NUMBER: 0	%: 0.0
DID NOT HAVE ANY ACCIDENT	NUMBER: 0	%: 0.0
OTHERS	NUMBER: 4	%: 0.7
NO ANSWER	NUMBER: 433	%: 80.2

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER: 4	%: 0.7
SPECIAL OINTMENT	NUMBER: 10	%: 1.9
DISINFECTED WOUND OR BURN	NUMBER: 34	%: 6.4
WENT TO THE SHEIKH	NUMBER: 0	%: 0.0
WENT TO THE DOCTOR	NUMBER: 15	%: 2.8
MEDICAL HELP	NUMBER: 11	%: 2.1
WENT TO THE HOSPITAL	NUMBER: 6	%: 1.1
TRADITIONAL BONE SETTLER	NUMBER: 2	%: 0.4
GAVE OLIVE OIL TO THE CHILD	NUMBER: 0	%: 0.0
CHILD DID NOT GET FIRST AID	NUMBER: 0	%: 0.0
OTHERS	NUMBER: 16	%: 3.0
NO ANSWER	NUMBER: 436	%: 81.6

DID CHILD EVER HAVE DIARRHEA YES: 376 %: 71.2 NO: 135 %: 25.6 NO REPLY: 17 %: 3.2  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 4.5 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER: 98	%: 14.5
TEETHING	NUMBER: 143	%: 21.2
CONTAMINATION/UNCLEANLINESS	NUMBER: 185	%: 27.4
INTESTINAL INFECTIONS	NUMBER: 8	%: 1.2
IMPROPER OR EXCESS FOOD	NUMBER: 35	%: 5.2
CHANGE OF MILK	NUMBER: 27	%: 4.0
MALNUTRITION	NUMBER: 5	%: 0.7

NEGLIGENCE	NUMBER: 12	%: 1.8
MOTHER UPSET OR IN BAD MOOD	NUMBER: 0	%: 0.0
SUN STROKE	NUMBER: 5	%: 0.7
FROM GOD	NUMBER: 1	%: 0.1
DOESN'T KNOW	NUMBER: 21	%: 3.1
OTHERS	NUMBER: 47	%: 7.0
NO ANSWER	NUMBER: 89	%: 13.2

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER: 99	%: 14.4
WATER AFTER BOILING RICE	NUMBER: 96	%: 14.0
STOP GIVING MILK	NUMBER: 17	%: 2.5
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER: 40	%: 5.8
LEMON-STARCH-LEMON SALT+TEA	NUMBER: 4	%: 0.6
STARCH WITH TEA	NUMBER: 3	%: 0.4
TRADITIONAL PRESCRIPTIONS	NUMBER: 0	%: 0.0
JA'DEH	NUMBER: 5	%: 0.7
MARAMEYYEH	NUMBER: 23	%: 3.4
BITTER DRINK	NUMBER: 1	%: 0.1
WATER WITH BARLEY	NUMBER: 11	%: 1.6
BOILED MINT	NUMBER: 3	%: 0.4
GAWAVA LEAVES	NUMBER: 0	%: 0.0
COFFEE+LEMON	NUMBER: 2	%: 0.3
GROUND HUMMOS+BANANA	NUMBER: 0	%: 0.0

YOGHURT + RICE	NUMBER: 7	%: 1.0
YOGHURT	NUMBER: 18	%: 2.6
LIQUIDS	NUMBER: 4	%: 0.6
RICE+POTATO+LIQUIDS	NUMBER: 11	%: 1.6
TAKE TO THE DOCTOR	NUMBER: 91	%: 13.3
GIVE MEDICINES	NUMBER: 12	%: 1.7
MASHED APPLES	NUMBER: 1	%: 0.1
OTHERS	NUMBER: 61	%: 8.9
NO ANSWER	NUMBER: 177	%: 25.8

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 300 %: 56.8 NO: 190 %: 36.0 NO REPLY: 38 %: 7.2  
DID MOTHER GIVE SPECIAL DRINK YES: 314 %: 59.5 NO: 137 %: 25.9 NO REPLY: 77 %: 14.6

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER: 109	%: 18.8
TEA	NUMBER: 27	%: 4.6
LEMON OR ORANGE JUICE	NUMBER: 25	%: 4.3
STARCH WITH WATER	NUMBER: 7	%: 1.2

YOGHURT	NUMBER: 12	%: 2.1
OTHERS	NUMBER: 185	%: 31.8
NO ANSWER	NUMBER: 216	%: 37.2

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:	YES	%	NO	%	NO REPLY	%
<b>AMENITIES:</b>						
ELECTRICITY	469	88.8	59	11.2	0	0.0
RADIO	472	89.4	56	10.6	0	0.0
TELEVISION	454	86.0	73	13.8	1	0.2
REFRIGERATOR	353	66.9	174	33.0	1	0.2
KEROSENE BURNER	476	90.2	51	9.7	1	0.2
BUTANE GAS	514	97.3	13	2.5	1	0.2
<b>WATER SUPPLY:</b>						
PIPED IN	296	56.1	232	43.9	0	0.0
OUTDOOR FAUCET	143	27.1	385	72.9	0	0.0
CISTERN - OUTDOOR	184	34.8	344	65.2	0	0.0
CISTERN - PIPED IN	46	8.7	482	91.3	0	0.0
OTHER	46	8.7	482	91.3	0	0.0
<b>WASTE WATER (KITCHEN/BATH-NO TOILET):</b>						
EMPTIES INTO CESSPIT	438	83.0	88	16.7	2	0.4
EMPTIES INTO YARD	85	16.1	435	82.4	8	1.5
SEWAGE DISPOSAL - CESSPIT	427	80.9	99	18.8	2	0.4
SEWAGE DISPOSAL - YARD	37	7.0	483	91.5	8	1.5
<b>TOILET:</b>						
INDOOR - WATER SEAL	378	71.6	149	28.2	1	0.2
INDOOR - TURKISH	128	24.2	400	75.8	0	0.0
OPEN PIT LATRINE	32	6.1	495	93.8	1	0.2
NONE - OPEN FIELD	12	2.3	514	97.3	2	0.4
<b>GARBAGE:</b>						
PUT IN CANS	307	58.1	221	41.9	0	0.0
DUMPED CLOSE TO HOUSE	253	47.9	275	52.1	0	0.0
PUT IN VILLAGE DUMP	22	4.2	506	95.8	0	0.0
THROWN INTO HILLS	208	39.4	319	60.4	1	0.2
<b>LIVESTOCK:</b>						
NONE	146	27.7	147	27.8	235	44.5
NEAT - PROPERLY KEPT IN PENS	118	22.3	185	35.0	225	42.6
PENNED BUT STILL A PROBLEM	13	2.5	275	52.1	240	45.5
WANDERING - SERIOUS PROBLEM	1	0.2	287	54.4	240	45.5
<b>WHAT MOTHER THINKS CAUSES DISEASE:</b>						
FLIES	NUMBER: 86	%: 8.8	NEGLECTANCE	NUMBER: 94	%: 9.7	
GERMS	NUMBER: 109	%: 11.2	ANIMALS NEAR HOUSE OR FARM	NUMBER: 1	%: 0.1	
AIR/SUN/WEATHER/COMMON COLD	NUMBER: 89	%: 9.1	EARTH	NUMBER: 0	%: 0.0	
FOOD OR DRINK CONTAMINATION	NUMBER: 31	%: 3.2	LACK OF VACCINATION	NUMBER: 8	%: 0.8	
NOT COOKING FOOD PROPERLY	NUMBER: 6	%: 0.6	ENVIRONMENT AND/OR HEREDITY	NUMBER: 27	%: 2.8	
MALNUTRITION	NUMBER: 63	%: 6.5	PSYCHOLOGICAL STATE OF CHILD	NUMBER: 1	%: 0.1	
LACK OF CLEANLINESS	NUMBER: 316	%: 32.4	FROM GOD	NUMBER: 27	%: 2.8	
GARBAGE IN FRONT OF HOUSE	NUMBER: 3	%: 0.3	NO ANSWER	NUMBER: 9	%: 0.9	
BAD SMELL	NUMBER: 0	%: 0.0	DOESN'T KNOW	NUMBER: 15	%: 1.5	
WATER	NUMBER: 12	%: 1.2	OTHERS	NUMBER: 56	%: 5.7	
INFECTION	NUMBER: 21	%: 2.2				

Evaluation data table for the entire population of village mothers who have not participated in Health Education course.

01/02/86

HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

NUMBER OF RESPONDENTS: 296

CLASSES COMPLETED - NUTRITION: 0 CHILD DEVELOPMENT: 0  
FIRST AID: 0 HYGIENE : 0

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	5162.2	CHILD DEATHS (1-4 YEARS)	40.5
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	635.1	PREGNANCIES WITH PRENATAL CARE	3226.4
LIVE BIRTHS	4398.6	CHILDREN BORN AT HOME	2253.4
NEONATAL DEATHS (0-28 DAYS)	111.5	CHILDREN BORN IN THE HOSPITAL	2202.7
INFANT DEATHS (29 DAYS-11 MONTHS)	138.5		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD	SECOND YOUNGEST CHILD
SEX OF CHILD	MALE: 154 %: 52.0 FEMALE: 135 %: 45.6 NO REPLY: 7 %: 2.4	MALE: 119 %: 40.2 FEMALE: 130 %: 43.9 NO REPLY: 47 %: 15.9
MONTHS BREASTFED BEFORE OTHER FOOD AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 6.1	AVERAGE: 7.9
DID CHILD EVER USE A BOTTLE	AVERAGE: 7.4	AVERAGE: 9.9
MONTHS MOTHER GAVE A BOTTLE	YES: 158 %: 53.4 NO: 115 %: 38.9 NO REPLY: 23 %: 7.8 AVERAGE: 12.9	YES: 147 %: 49.7 NO: 90 %: 30.4 NO REPLY: 59 %: 19.9 AVERAGE: 16.5
MOTHER USUALLY PUT IN THE BOTTLE:		
MILK	NUMBER: 116 %: 32.6	NUMBER: 109 %: 31.8
TEA	NUMBER: 11 %: 3.1	NUMBER: 9 %: 2.6
WATER + RICE	NUMBER: 9 %: 2.5	NUMBER: 8 %: 2.3
CERELAC	NUMBER: 20 %: 5.6	NUMBER: 9 %: 2.6
JUICE	NUMBER: 4 %: 1.1	NUMBER: 4 %: 1.2
OTHERS	NUMBER: 64 %: 18.0	NUMBER: 66 %: 19.2
NOTHING	NUMBER: 132 %: 37.1	NUMBER: 138 %: 40.2
FIRST FOODS THE MOTHER GAVE:		
CERELAC	NUMBER: 106 %: 18.0	NUMBER: 86 %: 15.7
CUSTARD	NUMBER: 28 %: 4.8	NUMBER: 19 %: 3.5
RICE + MILK	NUMBER: 5 %: 0.9	NUMBER: 5 %: 0.9
STARCH + MILK (MUHALLABIEH)	NUMBER: 21 %: 3.6	NUMBER: 17 %: 3.1
GROUND RICE	NUMBER: 38 %: 6.5	NUMBER: 30 %: 5.5
YOUGHURT	NUMBER: 16 %: 2.7	NUMBER: 17 %: 3.1
EGGS	NUMBER: 25 %: 4.3	NUMBER: 32 %: 5.9
ORANGE JUICE	NUMBER: 8 %: 1.4	NUMBER: 10 %: 1.8
BANANA	NUMBER: 32 %: 5.4	NUMBER: 30 %: 5.5
TOMATO JUICE	NUMBER: 2 %: 0.3	NUMBER: 3 %: 0.5
APPLES	NUMBER: 10 %: 1.7	NUMBER: 6 %: 1.1
BOILED CARROTS	NUMBER: 2 %: 0.3	NUMBER: 2 %: 0.4
SOUP	NUMBER: 35 %: 6.0	NUMBER: 29 %: 5.3
BISCUITS/DARSHALLEH	NUMBER: 20 %: 3.4	NUMBER: 17 %: 3.1
POTATO	NUMBER: 36 %: 6.1	NUMBER: 40 %: 7.3
CHICKEN LIVER	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0
FAMILY FOOD	NUMBER: 96 %: 16.3	NUMBER: 109 %: 19.9
OTHERS	NUMBER: 66 %: 11.2	NUMBER: 56 %: 10.2
NO ANSWER	NUMBER: 42 %: 7.1	NUMBER: 39 %: 7.1

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	8	%:	2.7
FALL FROM ROOF OR HIGH PLACE	NUMBER:	4	%:	1.3
BRUISES	NUMBER:	0	%:	0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER:	0	%:	0.0
ANY PROBLEM DURING DELIVERY	NUMBER:	0	%:	0.0
WOUND IN ANY PART OF BODY	NUMBER:	1	%:	0.3
FAINING	NUMBER:	1	%:	0.3
FRACTURE	NUMBER:	1	%:	0.3
DRINKING KEROSENE	NUMBER:	0	%:	0.0
DID NOT HAVE ANY ACCIDENT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	0	%:	0.0
NO ANSWER	NUMBER:	282	%:	94.9

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	3	%:	1.0
SPECIAL OINTMENT	NUMBER:	0	%:	0.0
DISINFECTED WOUND OR BURN	NUMBER:	0	%:	0.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	2	%:	0.7
MEDICAL HELP	NUMBER:	3	%:	1.0
WENT TO THE HOSPITAL	NUMBER:	3	%:	1.0
TRADITIONAL BONE SETTLER	NUMBER:	1	%:	0.3
GAVE OLIVE OIL TO THE CHILD	NUMBER:	0	%:	0.0
CHILD DID NOT GET FIRST AID	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	3	%:	1.0
NO ANSWER	NUMBER:	282	%:	94.9

DID CHILD EVER HAVE DIARRHEA YES: 234 %: 79.1 NO: 46 %: 15.5 NO REPLY: 16 %: 5.4  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 4.7 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	76	%:	21.4
TEETHING	NUMBER:	103	%:	29.0
CONTAMINATION/UNCLEANLINESS	NUMBER:	44	%:	12.4
INTESTINAL INFECTIONS	NUMBER:	6	%:	1.7
IMPROPER OR EXCESS FOOD	NUMBER:	13	%:	3.7
CHANGE OF MILK	NUMBER:	5	%:	1.4
MALNUTRITION	NUMBER:	0	%:	0.0

NEGLIGENCE	NUMBER:	3	%:	0.8
MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
SUN STROKE	NUMBER:	4	%:	1.1
FROM GOD	NUMBER:	1	%:	0.3
DOESN'T KNOW	NUMBER:	20	%:	5.6
OTHERS	NUMBER:	27	%:	7.6
NO ANSWER	NUMBER:	53	%:	14.9

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	6	%:	1.6
WATER AFTER BOILING RICE	NUMBER:	79	%:	20.7
STOP GIVING MILK	NUMBER:	15	%:	3.9
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	28	%:	7.3
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	4	%:	1.0
STARCH WITH TEA	NUMBER:	1	%:	0.3
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	5	%:	1.3
MARAMEYYEH	NUMBER:	19	%:	5.0
BITTER DRINK	NUMBER:	1	%:	0.3
WATER WITH BARLEY	NUMBER:	6	%:	2.1
BOILED MINT	NUMBER:	2	%:	0.5
GAWAVA LEAVES	NUMBER:	0	%:	0.0
COFFEE+LEMON	NUMBER:	2	%:	0.5
GROUND HUMMOS+BANANA	NUMBER:	0	%:	0.0

YOUGHURT + RICE	NUMBER:	5	%:	1.3
YOUGHURT	NUMBER:	11	%:	2.9
LIQUIDS	NUMBER:	1	%:	0.3
RICE+POTATO+LIQUIDS	NUMBER:	10	%:	2.6
TAKE TO THE DOCTOR	NUMBER:	43	%:	11.3
GIVE MEDICINES	NUMBER:	8	%:	2.1
MASHED APPLES	NUMBER:	1	%:	0.3
OTHERS	NUMBER:	44	%:	11.5
NO ANSWER	NUMBER:	88	%:	23.1

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 202 %: 68.2 NO: 58 %: 19.6 NO REPLY: 36 %: 12.2  
DID MOTHER GIVE SPECIAL DRINK YES: 173 %: 58.4 NO: 48 %: 16.2 NO REPLY: 75 %: 25.3

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	13	%:	4.1
TEA	NUMBER:	24	%:	7.5
LEMON OR ORANGE JUICE	NUMBER:	1	%:	0.3
STARCH WITH WATER	NUMBER:	5	%:	1.6

YOUGHURT	NUMBER:	8	%:	2.5
OTHERS	NUMBER:	143	%:	45.0
NO ANSWER	NUMBER:	124	%:	39.0

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

	YES	%	NO	%	NO REPLY	%			
DO RESPONDENTS HAVE:									
AMENITIES:									
ELECTRICITY	263	88.9	33	11.1	0	0.0			
RADIO	255	86.1	41	13.9	0	0.0			
TELEVISION	253	85.5	42	14.2	1	0.3			
REFRIGERATOR	221	74.7	75	25.3	0	0.0			
KEROSENE BURNER	265	89.5	31	10.5	0	0.0			
BUTANE GAS	287	97.0	9	3.0	0	0.0			
WATER SUPPLY:									
PIPED IN	155	52.4	141	47.6	0	0.0			
OUTDOOR FAUCET	64	21.6	232	78.4	0	0.0			
CISTERN - OUTDOOR	74	25.0	222	75.0	0	0.0			
CISTERN - PIPED IN	39	13.2	257	86.8	0	0.0			
OTHER	25	8.4	271	91.6	0	0.0			
WASTE WATER (KITCHEN/BATH-NO TOILET):									
EMPTIES INTO CESSPIT	251	84.8	44	14.9	1	0.3			
EMPTIES INTO YARD	40	13.5	249	84.1	7	2.4			
SEWAGE DISPOSAL - CESSPIT	221	74.7	74	25.0	1	0.3			
SEWAGE DISPOSAL - YARD	24	8.1	265	89.5	7	2.4			
TOILET:									
INDOOR - WATER SEAL	182	61.5	114	38.5	0	0.0			
INDOOR - TURKISH	91	30.7	205	69.3	0	0.0			
OPEN PIT LATRINE	26	8.8	270	91.2	0	0.0			
NONE - OPEN FIELD	9	3.0	286	96.6	1	0.3			
GARBAGE:									
PUT IN CANS	133	44.9	163	55.1	0	0.0			
DUMPED CLOSE TO HOUSE	114	38.5	182	61.5	0	0.0			
PUT IN VILLAGE DUMP	17	5.7	279	94.3	0	0.0			
THROWN INTO HILLS	138	46.6	158	53.4	0	0.0			
LIVESTOCK:									
NONE	108	36.5	66	22.3	122	41.2			
NEAT - PROPERLY KEPT IN PENS	43	14.5	141	47.6	112	37.8			
PENNED BUT STILL A PROBLEM	3	1.0	166	56.1	127	42.9			
WANDERING - SERIOUS PROBLEM	1	0.3	168	56.8	127	42.9			
WHAT MOTHER THINKS CAUSES DISEASE:									
FLIES	NUMBER:	3	%:	0.7	NEGLIGENCE	NUMBER:	70	%:	16.1
GERMS	NUMBER:	15	%:	3.4	ANIMALS NEAR HOUSE OR FARM	NUMBER:	1	%:	0.2
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	77	%:	17.7	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	5	%:	1.1	LACK OF VACCINATION	NUMBER:	1	%:	0.2
NOT COOKING FOOD PROPERLY	NUMBER:	1	%:	0.2	ENVIRONMENT AND/OR HEREDITY	NUMBER:	2	%:	0.5
MALNUTRITION	NUMBER:	23	%:	5.3	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	154	%:	35.4	FROM GOD	NUMBER:	25	%:	5.7
GARBAGE IN FRONT OF HOUSE	NUMBER:	1	%:	0.2	NO ANSWER	NUMBER:	7	%:	1.6
BAD SMELL	NUMBER:	0	%:	0.0	DOESN'T KNOW	NUMBER:	15	%:	3.4
WATER	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	25	%:	5.7
INFECTION	NUMBER:	10	%:	2.3					

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Evaluation data table for the entire population of village mothers who participated in Health Education course.

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HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

NUMBER OF RESPONDENTS: 232

CLASSES COMPLETED - NUTRITION: 223  
FIRST AID: 214

CHILD DEVELOPMENT: 211  
HYGIENE : 206

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	6107.8	CHILD DEATHS (1-4 YEARS)	64.7
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	581.9	PREGNANCIES WITH PRENATAL CARE	2323.3
LIVE BIRTHS	5396.6	CHILDREN BORN AT HOME	3107.8
NEONATAL DEATHS (0-28 DAYS)	159.5	CHILDREN BORN IN THE HOSPITAL	2495.7
INFANT DEATHS (29 DAYS-11 MONTHS)	215.5		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
	NUMBER	%	NUMBER	%
SEX OF CHILD				
	MALE: 131	56.5	MALE: 108	46.6
	FEMALE: 96	41.4	FEMALE: 91	39.2
	NO REPLY: 5	2.2	NO REPLY: 33	14.2
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 9.6		AVERAGE: 12.1	
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 11.4		AVERAGE: 14.6	
DID CHILD EVER USE A BOTTLE				
	YES: 50	21.6	YES: 65	28.0
	NO: 176	75.9	NO: 138	59.5
	NO REPLY: 6	2.6	NO REPLY: 29	12.5
MONTHS MOTHER GAVE A BOTTLE	AVERAGE: 15.1		AVERAGE: 19.1	
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 40	15.8	NUMBER: 57	21.7
TEA	NUMBER: 0	0.0	NUMBER: 0	0.0
WATER + RICE	NUMBER: 1	0.4	NUMBER: 5	1.9
CERELAC	NUMBER: 13	5.1	NUMBER: 6	2.3
JUICE	NUMBER: 5	2.0	NUMBER: 6	2.3
OTHERS	NUMBER: 17	6.7	NUMBER: 26	9.9
NOTHING	NUMBER: 177	70.0	NUMBER: 163	62.0
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 54	12.3	NUMBER: 31	8.1
CUSTARD	NUMBER: 7	1.6	NUMBER: 3	0.8
RICE + MILK	NUMBER: 5	1.1	NUMBER: 4	1.0
STARCH + MILK (MUHALLABIEH)	NUMBER: 30	6.8	NUMBER: 28	7.3
GROUND RICE	NUMBER: 17	3.9	NUMBER: 42	10.9
YOGHURT	NUMBER: 16	3.6	NUMBER: 20	5.2
EGGS	NUMBER: 54	12.3	NUMBER: 25	6.5
ORANGE JUICE	NUMBER: 26	5.9	NUMBER: 12	3.1
BANANA	NUMBER: 4	0.9	NUMBER: 4	1.0
TOMATO JUICE	NUMBER: 4	0.9	NUMBER: 4	1.0
APPLES	NUMBER: 0	0.0	NUMBER: 0	0.0
BOILED CARROTS	NUMBER: 0	0.0	NUMBER: 0	0.0
SOUP	NUMBER: 24	5.5	NUMBER: 24	6.2
BISCUITS/GARSHALLEH	NUMBER: 3	0.7	NUMBER: 2	0.5
POTATO	NUMBER: 28	6.4	NUMBER: 28	7.3
CHICKEN LIVER	NUMBER: 2	0.5	NUMBER: 0	0.0
FAMILY FOOD	NUMBER: 27	6.2	NUMBER: 56	14.5
OTHERS	NUMBER: 95	21.6	NUMBER: 58	15.1
NO ANSWER	NUMBER: 43	9.8	NUMBER: 44	11.4

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER: 26	%: 10.7
FALL FROM ROOF OR HIGH PLACE	NUMBER: 0	%: 0.0
BRUISES	NUMBER: 0	%: 0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER: 0	%: 0.0
ANY PROBLEM DURING DELIVERY	NUMBER: 0	%: 0.0
WOUND IN ANY PART OF BODY	NUMBER: 55	%: 22.6
FAINTING	NUMBER: 0	%: 0.0
FRACTURE	NUMBER: 7	%: 2.9
DRINKING KEROSENE	NUMBER: 0	%: 0.0
DID NOT HAVE ANY ACCIDENT	NUMBER: 0	%: 0.0
OTHERS	NUMBER: 4	%: 1.6
NO ANSWER	NUMBER: 151	%: 62.1

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER: 1	%: 0.4
SPECIAL OINTMENT	NUMBER: 10	%: 4.2
DISINFECTED WOUND OR BURN	NUMBER: 34	%: 14.3
WENT TO THE SHEIKH	NUMBER: 0	%: 0.0
WENT TO THE DOCTOR	NUMBER: 13	%: 5.5
MEDICAL HELP	NUMBER: 8	%: 3.4
WENT TO THE HOSPITAL	NUMBER: 3	%: 1.3
TRADITIONAL BONE SETTLER	NUMBER: 1	%: 0.4
GAVE OLIVE OIL TO THE CHILD	NUMBER: 0	%: 0.0
CHILD DID NOT GET FIRST AID	NUMBER: 0	%: 0.0
OTHERS	NUMBER: 13	%: 5.5
NO ANSWER	NUMBER: 154	%: 65.0

DID CHILD EVER HAVE DIARRHEA YES: 142 %: 61.2 NO: 89 %: 38.4 NO REPLY: 1 %: 0.4  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 4.2 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER: 22	%: 6.9	NEGLIGENCE	NUMBER: 9	%: 2.8
TEETHING	NUMBER: 40	%: 12.5	MOTHER UPSET OR IN BAD MOOD	NUMBER: 0	%: 0.0
CONTAMINATION/UNCLEANLINESS	NUMBER: 141	%: 43.9	SUN STROKE	NUMBER: 1	%: 0.3
INTESTINAL INFECTIONS	NUMBER: 2	%: 0.6	FROM GOD	NUMBER: 0	%: 0.0
IMPROPER OR EXCESS FOOD	NUMBER: 22	%: 6.9	DOESN'T KNOW	NUMBER: 1	%: 0.3
CHANGE OF MILK	NUMBER: 22	%: 6.9	OTHERS	NUMBER: 20	%: 6.2
MALNUTRITION	NUMBER: 5	%: 1.6	NO ANSWER	NUMBER: 36	%: 11.2

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER: 93	%: 30.5	YOGHURT + RICE	NUMBER: 2	%: 0.7
WATER AFTER BOILING RICE	NUMBER: 17	%: 5.6	YOGHURT	NUMBER: 7	%: 2.3
STOP GIVING MILK	NUMBER: 2	%: 0.7	LIQUIDS	NUMBER: 3	%: 1.0
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER: 12	%: 3.9	RICE+POTATO+LIQUIDS	NUMBER: 1	%: 0.3
LEMON-STARCH-LEMON SALT+TEA	NUMBER: 0	%: 0.0	TAKE TO THE DOCTOR	NUMBER: 49	%: 15.7
STARCH WITH TEA	NUMBER: 2	%: 0.7	GIVE MEDICINES	NUMBER: 4	%: 1.3
TRADITIONAL PRESCRIPTIONS	NUMBER: 0	%: 0.0	MASHED APPLES	NUMBER: 0	%: 0.0
JA'DEH	NUMBER: 0	%: 0.0	OTHERS	NUMBER: 17	%: 5.6
MARAMEYYEH	NUMBER: 4	%: 1.3	NO ANSWER	NUMBER: 89	%: 29.2
BITTER DRINK	NUMBER: 0	%: 0.0			
WATER WITH BARLEY	NUMBER: 3	%: 1.0			
BOILED MINT	NUMBER: 1	%: 0.3			
GAWAVA LEAVES	NUMBER: 0	%: 0.0			
COFFEE+LEMON	NUMBER: 0	%: 0.0			
GROUND HUMMOS+BANANA	NUMBER: 0	%: 0.0			

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 98 %: 42.2 NO: 132 %: 56.9 NO REPLY: 2 %: 0.9  
DID MOTHER GIVE SPECIAL DRINK YES: 141 %: 60.8 NO: 89 %: 38.4 NO REPLY: 2 %: 0.9

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER: 96	%: 36.5	YOGHURT	NUMBER: 4	%: 1.5
TEA	NUMBER: 3	%: 1.1	OTHERS	NUMBER: 42	%: 16.0
LEMON OR ORANGE JUICE	NUMBER: 24	%: 9.1	NO ANSWER	NUMBER: 92	%: 35.0
STARCH WITH WATER	NUMBER: 2	%: 0.8			

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:	YES	%	NO	%	NO REPLY	%
<b>AMENITIES:</b>						
ELECTRICITY	206	88.8	26	11.2	0	0.0
RADIO	217	93.5	15	6.5	0	0.0
TELEVISION	201	86.6	31	13.4	0	0.0
REFRIGERATOR	132	56.9	99	42.7	1	0.4
KEROSENE BURNER	211	90.9	20	8.6	1	0.4
BUTANE GAS	227	97.8	4	1.7	1	0.4
<b>WATER SUPPLY:</b>						
PIPED IN	141	60.8	91	39.2	0	0.0
OUTDOOR FAUCET	79	34.1	153	65.9	0	0.0
CISTERN - OUTDOOR	110	47.4	122	52.6	0	0.0
CISTERN - PIPED IN	7	3.0	225	97.0	0	0.0
OTHER	21	9.1	211	90.9	0	0.0
<b>WASTE WATER (KITCHEN/BATH-NO TOILET):</b>						
EMPTIES INTO CESSPIT	187	80.6	44	19.0	1	0.4
EMPTIES INTO YARD	45	19.4	186	80.2	1	0.4
SEWAGE DISPOSAL - CESSPIT	206	88.8	25	10.8	1	0.4
SEWAGE DISPOSAL - YARD	13	5.6	218	94.0	1	0.4
<b>TOILET:</b>						
INDOOR - WATER SEAL	196	84.5	35	15.1	1	0.4
INDOOR - TURKISH	37	15.9	195	84.1	0	0.0
OPEN PIT LATRINE	6	2.6	225	97.0	1	0.4
NONE - OPEN FIELD	3	1.3	228	98.3	1	0.4
<b>GARBAGE:</b>						
PUT IN CANS	174	75.0	58	25.0	0	0.0
DUMPED CLOSE TO HOUSE	139	59.9	93	40.1	0	0.0
PUT IN VILLAGE DUMP	5	2.2	227	97.8	0	0.0
THROWN INTO HILLS	70	30.2	161	69.4	1	0.4
<b>LIVESTOCK:</b>						
NONE	38	16.4	81	34.9	113	48.7
NEAT - PROPERLY KEPT IN PENS	75	32.3	44	19.0	113	48.7
PENNED BUT STILL A PROBLEM	10	4.3	109	47.0	113	48.7
WANDERING - SERIOUS PROBLEM	0	0.0	119	51.3	113	48.7

## WHAT MOTHER THINKS CAUSES DISEASE:

FLIES	NUMBER:	83	%:	15.4	NEGLECTANCE	NUMBER:	24	%:	4.5
GERMS	NUMBER:	94	%:	17.4	ANIMALS NEAR HOUSE OR FARM	NUMBER:	0	%:	0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	12	%:	2.2	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	26	%:	4.8	LACK OF VACCINATION	NUMBER:	7	%:	1.5
NOT COOKING FOOD PROPERLY	NUMBER:	5	%:	0.9	ENVIRONMENT AND/OR HEREDITY	NUMBER:	25	%:	4.6
MALNUTRITION	NUMBER:	40	%:	7.4	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	1	%:	0.2
LACK OF CLEANLINESS	NUMBER:	162	%:	30.1	FROM GOD	NUMBER:	2	%:	0.4
GARBAGE IN FRONT OF HOUSE	NUMBER:	2	%:	0.4	NO ANSWER	NUMBER:	2	%:	0.4
BAD SMELL	NUMBER:	0	%:	0.0	DOESN'T KNOW	NUMBER:	0	%:	0.0
WATER	NUMBER:	12	%:	2.2	OTHERS	NUMBER:	31	%:	5.8
INFECTION	NUMBER:	11	%:	2.0					

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Village mothers from the Jerusalem District  
who have not participated in Health Education  
courses.

Attachment 9d

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HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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NUMBER OF RESPONDENTS: 162

CLASSES COMPLETED - NUTRITION: 0 CHILD DEVELOPMENT: 0  
FIRST AID: 0 HYGIENE : 0

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	4814.8	CHILD DEATHS (1-4 YEARS)	24.7
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	574.1	PREGNANCIES WITH PRENATAL CARE	4006.2
LIVE BIRTHS	4080.2	CHILDREN BORN AT HOME	2327.2
NEONATAL DEATHS (0-28 DAYS)	104.9	CHILDREN BORN IN THE HOSPITAL	1833.3
INFANT DEATHS (29 DAYS-11 MONTHS)	154.3		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
	NUMBER	%	NUMBER	%
SEX OF CHILD				
	MALE:	82 %: 50.6	MALE:	59 %: 36.4
	FEMALE:	75 %: 46.3	FEMALE:	74 %: 45.7
	NO REPLY:	5 %: 3.1	NO REPLY:	29 %: 17.9
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE:	4.9	AVERAGE:	6.0
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE:	7.0	AVERAGE:	9.1
DID CHILD EVER USE A BOTTLE	YES:	94 %: 58.0	YES:	88 %: 54.3
	NO:	50 %: 30.9	NO:	34 %: 21.0
	NO REPLY:	18 %: 11.1	NO REPLY:	40 %: 24.7
MONTHS MOTHER GAVE A BOTTLE	AVERAGE:	13.7	AVERAGE:	18.9
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER:	57 %: 27.9	NUMBER:	54 %: 27.0
TEA	NUMBER:	9 %: 4.4	NUMBER:	8 %: 4.0
WATER + RICE	NUMBER:	9 %: 4.4	NUMBER:	8 %: 4.0
CERELAC	NUMBER:	10 %: 4.9	NUMBER:	4 %: 2.0
JUICE	NUMBER:	4 %: 2.0	NUMBER:	3 %: 1.5
OTHERS	NUMBER:	52 %: 25.5	NUMBER:	55 %: 27.5
NOTHING	NUMBER:	63 %: 30.9	NUMBER:	68 %: 34.0
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER:	74 %: 22.4	NUMBER:	51 %: 17.7
CUSTARD	NUMBER:	25 %: 7.6	NUMBER:	16 %: 5.6
RICE + MILK	NUMBER:	2 %: 0.6	NUMBER:	2 %: 0.7
STARCH + MILK (MUHALLABIEH)	NUMBER:	6 %: 1.8	NUMBER:	5 %: 1.7
GROUND RICE	NUMBER:	24 %: 7.3	NUMBER:	18 %: 6.3
YOUGHURT	NUMBER:	3 %: 0.9	NUMBER:	3 %: 1.0
EGGS	NUMBER:	14 %: 4.2	NUMBER:	13 %: 4.5
ORANGE JUICE	NUMBER:	6 %: 1.8	NUMBER:	8 %: 2.8
BANANA	NUMBER:	29 %: 8.8	NUMBER:	28 %: 9.7
TOMATO JUICE	NUMBER:	2 %: 0.6	NUMBER:	2 %: 0.7
APPLES	NUMBER:	9 %: 2.7	NUMBER:	5 %: 1.7
BOILED CARROTS	NUMBER:	2 %: 0.6	NUMBER:	2 %: 0.7
SOUP	NUMBER:	27 %: 8.2	NUMBER:	22 %: 7.6
BISCUITS/QARSHALLEH	NUMBER:	7 %: 2.1	NUMBER:	5 %: 1.7
POTATO	NUMBER:	11 %: 3.3	NUMBER:	13 %: 4.5
CHICKEN LIVER	NUMBER:	0 %: 0.0	NUMBER:	0 %: 0.0
FAMILY FOOD	NUMBER:	29 %: 8.8	NUMBER:	32 %: 11.1
OTHERS	NUMBER:	44 %: 13.3	NUMBER:	38 %: 13.2
NO ANSWER	NUMBER:	16 %: 4.8	NUMBER:	25 %: 8.7

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	2	%:	1.2
FALL FROM ROOF OR HIGH PLACE	NUMBER:	3	%:	1.9
BRUISES	NUMBER:	0	%:	0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER:	0	%:	0.0
ANY PROBLEM DURING DELIVERY	NUMBER:	0	%:	0.0
WOUND IN ANY PART OF BODY	NUMBER:	0	%:	0.0
FAINING	NUMBER:	0	%:	0.0
FRACTURE	NUMBER:	0	%:	0.0
DRINKING KEROSENE	NUMBER:	0	%:	0.0
DID NOT HAVE ANY ACCIDENT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	0	%:	0.0
NO ANSWER	NUMBER:	157	%:	96.9

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	2	%:	1.2
SPECIAL OINTMENT	NUMBER:	0	%:	0.0
DISINFECTED WOUND OR BURN	NUMBER:	0	%:	0.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	1	%:	0.6
MEDICAL HELP	NUMBER:	1	%:	0.6
WENT TO THE HOSPITAL	NUMBER:	1	%:	0.6
TRADITIONAL BONE SETTLER	NUMBER:	0	%:	0.0
GAVE OLIVE OIL TO THE CHILD	NUMBER:	0	%:	0.0
CHILD DID NOT GET FIRST AID	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	1	%:	0.6
NO ANSWER	NUMBER:	157	%:	96.3

DID CHILD EVER HAVE DIARRHEA YES: 126 %: 77.8 NO: 28 %: 17.3 NO REPLY: 8 %: 4.9  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 3.3 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	42	%:	23.1
TEETHING	NUMBER:	38	%:	20.9
CONTAMINATION/UNCLEANLINESS	NUMBER:	33	%:	18.1
INTESTINAL INFECTIONS	NUMBER:	0	%:	0.0
IMPROPER OR EXCESS FOOD	NUMBER:	4	%:	2.2
CHANGE OF MILK	NUMBER:	2	%:	1.1
MALNUTRITION	NUMBER:	0	%:	0.0

NEGLIGENCE	NUMBER:	2	%:	1.1
MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
SUN STROKE	NUMBER:	2	%:	1.1
FROM GOD	NUMBER:	1	%:	0.5
DOESN'T KNOW	NUMBER:	15	%:	8.2
OTHERS	NUMBER:	13	%:	7.1
NO ANSWER	NUMBER:	30	%:	16.5

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	3	%:	1.4
WATER AFTER BOILING RICE	NUMBER:	41	%:	19.0
STOP GIVING MILK	NUMBER:	13	%:	6.0
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	14	%:	6.5
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	3	%:	1.4
STARCH WITH TEA	NUMBER:	0	%:	0.0
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	5	%:	2.3
MARAMEYYEH	NUMBER:	16	%:	7.4
BITTER DRINK	NUMBER:	0	%:	0.0
WATER WITH BARLEY	NUMBER:	6	%:	2.8
BOILED MINT	NUMBER:	1	%:	0.5
GAWAVA LEAVES	NUMBER:	0	%:	0.0
COFFEE+LEMON	NUMBER:	1	%:	0.5
GROUND HUMMOS+BANANA	NUMBER:	0	%:	0.0

YOUGHURT + RICE	NUMBER:	1	%:	0.5
YOUGHURT	NUMBER:	3	%:	1.4
LIQUIDS	NUMBER:	1	%:	0.5
RICE+POTATO+LIQUIDS	NUMBER:	2	%:	0.9
TAKE TO THE DOCTOR	NUMBER:	30	%:	13.9
GIVE MEDICINES	NUMBER:	6	%:	2.8
MASHED APPLES	NUMBER:	1	%:	0.5
OTHERS	NUMBER:	26	%:	12.0
NO ANSWER	NUMBER:	43	%:	19.9

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 109 %: 67.3 NO: 32 %: 19.6 NO REPLY: 21 %: 13.0  
DID MOTHER GIVE SPECIAL DRINK YES: 108 %: 66.7 NO: 20 %: 12.3 NO REPLY: 34 %: 21.0

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	6	%:	4.6
TEA	NUMBER:	9	%:	5.2
LEMON OR ORANGE JUICE	NUMBER:	1	%:	0.6
STARCH WITH WATER	NUMBER:	0	%:	0.0

YOUGHURT	NUMBER:	3	%:	1.7
OTHERS	NUMBER:	97	%:	56.1
NO ANSWER	NUMBER:	55	%:	31.8

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:	YES	%	NO	%	NO REPLY	%
<b>AMENITIES:</b>						
ELECTRICITY	144	88.9	18	11.1	0	0.0
RADIO	131	80.9	31	19.1	0	0.0
TELEVISION	136	84.0	26	16.0	0	0.0
REFRIGERATOR	119	73.5	43	26.5	0	0.0
KEROSENE BURNER	132	81.5	30	18.5	0	0.0
BUTANE GAS	155	95.7	7	4.3	0	0.0
<b>WATER SUPPLY:</b>						
PIPED IN	114	70.4	48	29.6	0	0.0
OUTDOOR FAUCET	36	22.2	126	77.8	0	0.0
CISTERN - OUTDOOR	16	9.9	146	90.1	0	0.0
CISTERN - PIPED IN	3	1.9	159	98.1	0	0.0
OTHER	14	8.6	148	91.4	0	0.0
<b>WASTE WATER (KITCHEN/BATH-NO TOILET):</b>						
EMPTIES INTO CESSPIT	128	79.0	34	21.0	0	0.0
EMPTIES INTO YARD	33	20.4	129	79.6	0	0.0
SEWAGE DISPOSAL - CESSPIT	94	58.0	68	42.0	0	0.0
SEWAGE DISPOSAL - YARD	20	12.3	142	87.7	0	0.0
<b>TOILET:</b>						
INDOOR - WATER SEAL	93	57.4	69	42.6	0	0.0
INDOOR - TURKISH	46	28.4	116	71.6	0	0.0
OPEN PIT LATRINE	26	16.0	136	84.0	0	0.0
NONE - OPEN FIELD	5	3.1	156	96.3	1	0.6
<b>GARBAGE:</b>						
PUT IN CANS	19	11.7	143	88.3	0	0.0
DUMPED CLOSE TO HOUSE	99	61.1	63	38.9	0	0.0
PUT IN VILLAGE DUMP	13	8.0	149	92.0	0	0.0
THROWN INTO HILLS	38	23.5	124	76.5	0	0.0
<b>LIVESTOCK:</b>						
NONE	68	42.0	17	10.5	77	47.5
NEAT - PROPERLY KEPT IN PENS	34	21.0	39	24.1	89	54.9
PENNED BUT STILL A PROBLEM	2	1.2	58	35.8	102	63.0
WANDERING - SERIOUS PROBLEM	0	0.0	60	37.0	102	63.0

## WHAT MOTHER THINKS CAUSES DISEASE:

FLIES	NUMBER:	1	%:	0.5	NEGLECTANCE	NUMBER:	32	%:	16.0
GERMS	NUMBER:	14	%:	7.0	ANIMALS NEAR HOUSE OR FARM	NUMBER:	0	%:	0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	14	%:	7.0	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	2	%:	1.0	LACK OF VACCINATION	NUMBER:	0	%:	0.0
NOT COOKING FOOD PROPERLY	NUMBER:	0	%:	0.0	ENVIRONMENT AND/OR HEREDITY	NUMBER:	1	%:	0.5
MALNUTRITION	NUMBER:	3	%:	1.5	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	84	%:	42.0	FROM GOD	NUMBER:	15	%:	7.5
GARBAGE IN FRONT OF HOUSE	NUMBER:	1	%:	0.5	NO ANSWER	NUMBER:	2	%:	1.0
BAD SMELL	NUMBER:	0	%:	0.0	DOESN'T KNOW	NUMBER:	13	%:	6.5
WATER	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	9	%:	4.5
INFECTION	NUMBER:	9	%:	4.5					

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Village mothers in the Jerusalem District  
who participated in Health Education courses.

Attachment 9e

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HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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NUMBER OF RESPONDENTS: 21

CLASSES COMPLETED - NUTRITION: 16 CHILD DEVELOPMENT: 5  
FIRST AID: 7 HYGIENE : 1

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	5142.9	CHILD DEATHS (1-4 YEARS)	47.6
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	619.0	PREGNANCIES WITH PRENATAL CARE	3571.4
LIVE BIRTHS	4391.0	CHILDREN BORN AT HOME	3000.0
NEONATAL DEATHS (0-28 DAYS)	47.6	CHILDREN BORN IN THE HOSPITAL	1714.3
INFANT DEATHS (29 DAYS-11 MONTHS)	428.6		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
	NUMBER	%	NUMBER	%
SEX OF CHILD				
	MALE: 11	52.4	MALE: 9	42.9
	FEMALE: 10	47.6	FEMALE: 7	33.3
	NO REPLY: 0	0.0	NO REPLY: 5	23.8
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 9.6		AVERAGE: 8.6	
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 12.3		AVERAGE: 11.8	
DID CHILD EVER USE A BOTTLE				
	YES: 12	57.1	YES: 10	47.6
	NO: 8	38.1	NO: 5	23.8
	NO REPLY: 1	4.8	NO REPLY: 6	28.6
MONTHS MOTHER GAVE A BOTTLE	AVERAGE: 11.5		AVERAGE: 14.5	
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 2	7.7	NUMBER: 3	12.5
TEA	NUMBER: 0	0.0	NUMBER: 0	0.0
WATER + RICE	NUMBER: 1	3.8	NUMBER: 2	8.3
CERELAC	NUMBER: 4	15.4	NUMBER: 1	4.2
JUICE	NUMBER: 1	3.8	NUMBER: 1	4.2
OTHERS	NUMBER: 8	30.8	NUMBER: 4	16.7
NOTHING	NUMBER: 10	38.5	NUMBER: 13	54.2
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 9	19.6	NUMBER: 4	14.3
CUSTARD	NUMBER: 6	13.0	NUMBER: 3	10.7
RICE + MILK	NUMBER: 1	2.2	NUMBER: 1	3.6
STARCH + MILK (MUHALLABIEH)	NUMBER: 4	8.7	NUMBER: 2	7.1
GROUND RICE	NUMBER: 0	0.0	NUMBER: 0	0.0
YOUGHURT	NUMBER: 3	6.5	NUMBER: 1	3.6
EGGS	NUMBER: 3	6.5	NUMBER: 1	3.6
ORANGE JUICE	NUMBER: 0	0.0	NUMBER: 0	0.0
BANANA	NUMBER: 3	6.5	NUMBER: 1	3.6
TOMATO JUICE	NUMBER: 0	0.0	NUMBER: 0	0.0
APPLES	NUMBER: 0	0.0	NUMBER: 0	0.0
BOILED CARROTS	NUMBER: 0	0.0	NUMBER: 0	0.0
SOUP	NUMBER: 5	10.9	NUMBER: 3	10.7
BISCUITS/GARSHALLEH	NUMBER: 2	4.3	NUMBER: 1	3.6
POTATO	NUMBER: 0	0.0	NUMBER: 0	0.0
CHICKEN LIVER	NUMBER: 1	2.2	NUMBER: 0	0.0
FAMILY FOOD	NUMBER: 6	13.0	NUMBER: 2	7.1
OTHER	NUMBER: 2	4.3	NUMBER: 2	7.1
NO ANSWER	NUMBER: 1	2.2	NUMBER: 7	25.0

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

		YES	%	NO	%	NO REPLY	%		
DO RESPONDENTS HAVE:									
AMENITIES:									
	ELECTRICITY	21	100.0	0	0.0	0	0.0		
	RADIO	19	90.5	2	9.5	0	0.0		
	TELEVISION	20	95.2	1	4.8	0	0.0		
	REFRIGERATOR	20	95.2	1	4.8	0	0.0		
	KEROSENE BURNER	18	85.7	3	14.3	0	0.0		
	BUTANE GAS	21	100.0	0	0.0	0	0.0		
WATER SUPPLY:									
	PIPED IN	19	90.5	2	9.5	0	0.0		
	OUTDOOR FAUCET	6	28.6	15	71.4	0	0.0		
	CISTERN - OUTDOOR	3	14.3	18	85.7	0	0.0		
	CISTERN - PIPED IN	0	0.0	21	100.0	0	0.0		
	OTHER	0	0.0	21	100.0	0	0.0		
WASTE WATER (KITCHEN/BATH-NO TOILET):									
	EMPTIES INTO CESSPIT	19	90.5	2	9.5	0	0.0		
	EMPTIES INTO YARD	3	14.3	18	85.7	0	0.0		
	SEWAGE DISPOSAL - CESSPIT	12	57.1	9	42.9	0	0.0		
	SEWAGE DISPOSAL - YARD	1	4.8	20	95.2	0	0.0		
TOILET:									
	INDOOR - WATER SEAL	6	28.6	15	71.4	0	0.0		
	INDOOR - TURKISH	17	81.0	4	19.0	0	0.0		
	OPEN PIT LATRINE	4	19.0	17	81.0	0	0.0		
	NONE - OPEN FIELD	0	0.0	21	100.0	0	0.0		
GARBAGE:									
	PUT IN CANS	19	90.5	2	9.5	0	0.0		
	DUMPED CLOSE TO HOUSE	2	9.5	19	90.5	0	0.0		
	PUT IN VILLAGE DUMP	0	0.0	21	100.0	0	0.0		
	THROWN INTO HILLS	6	28.6	15	71.4	0	0.0		
LIVESTOCK:									
	NONE	11	52.4	2	9.5	8	38.1		
	NEAT - PROPERLY KEPT IN PENS	2	9.5	11	52.4	8	38.1		
	PENNE) BUT STILL A PROBLEM	0	0.0	13	61.9	8	38.1		
	WANDERING - SERIOUS PROBLEM	0	0.0	13	61.9	8	38.1		
WHAT MOTHER THINKS CAUSES DISEASE:									
FLIES	NUMBER:	0	%:	0.0	NEGLIGENCE	NUMBER:	6	%:	18.2
GERMS	NUMBER:	3	%:	9.1	ANIMALS NEAR HOUSE OR FARM	NUMBER:	0	%:	0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	1	%:	3.0	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	2	%:	6.1	LACK OF VACCINATION	NUMBER:	1	%:	3.0
NOT COOKING FOOD PROPERLY	NUMBER:	0	%:	0.0	ENVIRONMENT AND/OR HEREDITY	NUMBER:	0	%:	0.0
MALNUTRITION	NUMBER:	1	%:	3.0	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	15	%:	45.5	FROM GOD	NUMBER:	1	%:	3.0
GARBAGE IN FRONT OF HOUSE	NUMBER:	0	%:	0.0	NO ANSWER	NUMBER:	0	%:	0.0
BAD SMELL	NUMBER:	0	%:	0.0	DOESN'T KNOW	NUMBER:	0	%:	0.0
WATER	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	3	%:	9.1
INFECTION	NUMBER:	0	%:	0.0					

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Village mothers from Nablus District who have not participated in Health Education courses.

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HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

NUMBER OF RESPONDENTS: 89      CLASSES COMPLETED - NUTRITION: 0      CHILD DEVELOPMENT: 0  
FIRST AID: 0      HYGIENE : 0

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	5988.8	CHILD DEATHS (1-4 YEARS)	67.4
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	809.0	PREGNANCIES WITH PRENATAL CARE	2505.6
LIVE BIRTHS	5101.1	CHILDREN BORN AT HOME	1730.3
NEONATAL DEATHS (0-28 DAYS)	134.8	CHILDREN BORN IN THE HOSPITAL	3382.0
INFANT DEATHS (29 DAYS-11 MONTHS)	146.1		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
SEX OF CHILD	MALE: 47 %: 52.8	FEMALE: 40 %: 44.9	MALE: 40 %: 44.9	FEMALE: 36 %: 40.4
	NO REPLY: 2 %: 2.2	AVERAGE: 8.2	NO REPLY: 13 %: 14.6	AVERAGE: 10.4
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 8.2	AVERAGE: 10.4		
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 8.2	AVERAGE: 10.4		
DID CHILD EVER USE A BOTTLE	YES: 42 %: 47.2	NO: 42 %: 47.2	YES: 39 %: 43.8	NO: 36 %: 40.4
	NO REPLY: 5 %: 5.6	AVERAGE: 12.8	NO REPLY: 14 %: 15.7	AVERAGE: 12.8
MONTHS MOTHER GAVE A BOTTLE				
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 37 %: 39.4	NUMBER: 35 %: 40.7		
TEA	NUMBER: 1 %: 1.1	NUMBER: 0 %: 0.0		
WATER + RICE	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0		
CERELAC	NUMBER: 3 %: 3.2	NUMBER: 0 %: 0.0		
JUICE	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0		
OTHERS	NUMBER: 7 %: 7.4	NUMBER: 6 %: 7.0		
NOTHING	NUMBER: 46 %: 48.9	NUMBER: 45 %: 52.3		
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 27 %: 15.2	NUMBER: 27 %: 15.3		
CUSTARD	NUMBER: 3 %: 1.7	NUMBER: 3 %: 1.7		
RICE + MILK	NUMBER: 2 %: 1.1	NUMBER: 2 %: 1.1		
STARCH + MILK (MUHALLABIEH)	NUMBER: 12 %: 6.7	NUMBER: 10 %: 5.7		
GROUND RICE	NUMBER: 6 %: 3.4	NUMBER: 6 %: 3.4		
YOGHURT	NUMBER: 11 %: 6.2	NUMBER: 9 %: 5.1		
EGGS	NUMBER: 8 %: 4.5	NUMBER: 13 %: 7.4		
ORANGE JUICE	NUMBER: 1 %: 0.6	NUMBER: 2 %: 1.1		
BANANA	NUMBER: 2 %: 1.1	NUMBER: 0 %: 0.0		
TOMATO JUICE	NUMBER: 0 %: 0.0	NUMBER: 1 %: 0.6		
APPLES	NUMBER: 1 %: 0.6	NUMBER: 1 %: 0.6		
BOILED CARROTS	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0		
SOUP	NUMBER: 4 %: 2.2	NUMBER: 2 %: 1.1		
BISCUITS/QARSHALLEH	NUMBER: 10 %: 5.6	NUMBER: 10 %: 5.7		
POTATO	NUMBER: 17 %: 9.6	NUMBER: 22 %: 12.5		
CHICKEN LIVER	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0		
FAMILY FOOD	NUMBER: 49 %: 27.5	NUMBER: 51 %: 29.0		
OTHERS	NUMBER: 10 %: 5.6	NUMBER: 8 %: 4.5		
NO ANSWER	NUMBER: 15 %: 8.4	NUMBER: 9 %: 5.1		

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	1	%:	1.1
FALL FROM ROOF OR HIGH PLACE	NUMBER:	1	%:	1.1
BRUISES	NUMBER:	0	%:	0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER:	0	%:	0.0
ANY PROBLEM DURING DELIVERY	NUMBER:	0	%:	0.0
WOUND IN ANY PART OF BODY	NUMBER:	0	%:	0.0
FAINING	NUMBER:	0	%:	0.0
FRACTURE	NUMBER:	1	%:	1.1
DRINKING KEROSENE	NUMBER:	0	%:	0.0
DID NOT HAVE ANY ACCIDENT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	0	%:	0.0
NO ANSWER	NUMBER:	86	%:	96.6

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	0	%:	0.0
SPECIAL OINTMENT	NUMBER:	0	%:	0.0
DISINFECTED WOUND OR BURN	NUMBER:	0	%:	0.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	1	%:	1.1
MEDICAL HELP	NUMBER:	0	%:	0.0
WENT TO THE HOSPITAL	NUMBER:	1	%:	1.1
TRADITIONAL BONE SETTLER	NUMBER:	1	%:	1.1
GAVE OLIVE OIL TO THE CHILD	NUMBER:	0	%:	0.0
CHILD DID NOT GET FIRST AID	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	0	%:	0.0
NO ANSWER	NUMBER:	86	%:	96.6

DID CHILD EVER HAVE DIARRHEA YES: 70 %: 78.7 NO: 13 %: 14.6 NO REPLY: 6 %: 6.7  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 7.2 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	34	%:	31.8
TEETHING	NUMBER:	39	%:	36.4
CONTAMINATION/UNCLEANLINESS	NUMBER:	3	%:	2.8
INTESTINAL INFECTIONS	NUMBER:	4	%:	3.7
IMPROPER OR EXCESS FOOD	NUMBER:	3	%:	2.8
CHANGE OF MILK	NUMBER:	2	%:	1.9
MALNUTRITION	NUMBER:	0	%:	0.0

NEGLIGENCE	NUMBER:	0	%:	0.0
MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
SUN STROKE	NUMBER:	2	%:	1.9
FROM GOD	NUMBER:	0	%:	0.0
DOESN'T KNOW	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	2	%:	1.9
NO ANSWER	NUMBER:	18	%:	16.8

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	3	%:	2.8
WATER AFTER BOILING RICE	NUMBER:	27	%:	24.8
STOP GIVING MILK	NUMBER:	1	%:	0.9
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	12	%:	11.0
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	1	%:	0.9
STARCH WITH TEA	NUMBER:	1	%:	0.9
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	0	%:	0.0
MARAMEYYEH	NUMBER:	2	%:	1.8
BITTER DRINK	NUMBER:	1	%:	0.9
WATER WITH BARLEY	NUMBER:	0	%:	0.0
BOILED MINT	NUMBER:	0	%:	0.0
SAWAVA LEAVES	NUMBER:	0	%:	0.0
COFFEE+LEMON	NUMBER:	1	%:	0.9
GROUND HUMMOS+BANANA	NUMBER:	0	%:	0.0

YOGHURT + RICE	NUMBER:	3	%:	2.8
YOGHURT	NUMBER:	3	%:	2.8
LIQUIDS	NUMBER:	0	%:	0.0
RICE+POTATO+LIQUIDS	NUMBER:	7	%:	6.4
TAKE TO THE DOCTOR	NUMBER:	0	%:	0.0
GIVE MEDICINES	NUMBER:	0	%:	0.0
MASHED APPLES	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	12	%:	11.0
NO ANSWER	NUMBER:	35	%:	32.1

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 63 %: 70.8 NO: 15 %: 16.9 NO REPLY: 11 %: 12.4  
DID MOTHER GIVE SPECIAL DRINK YES: 43 %: 49.3 NO: 11 %: 12.4 NO REPLY: 35 %: 39.3

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	4	%:	4.1
TEA	NUMBER:	13	%:	13.3
LEMON OR ORANGE JUICE	NUMBER:	0	%:	0.0
STARCH WITH WATER	NUMBER:	5	%:	5.1

YOGHURT	NUMBER:	1	%:	1.0
OTHERS	NUMBER:	29	%:	29.6
NO ANSWER	NUMBER:	46	%:	46.9

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

	YES	%	NO	%	NO REPLY	%			
DO RESPONDENTS HAVE:									
AMENITIES:									
ELECTRICITY	74	83.1	15	16.9	0	0.0			
RADIO	80	89.9	9	10.1	0	0.0			
TELEVISION	72	80.9	16	18.0	1	1.1			
REFRIGERATOR	60	67.4	29	32.6	0	0.0			
KEROSENE BURNER	88	98.9	1	1.1	0	0.0			
BUTANE GAS	87	97.6	2	2.2	0	0.0			
WATER SUPPLY:									
PIPED IN	9	10.1	80	89.9	0	0.0			
OUTDOOR FAUCET	18	20.2	71	79.8	0	0.0			
CISTERN - OUTDOOR	41	46.1	48	53.9	0	0.0			
CISTERN - PIPED IN	33	37.1	56	62.9	0	0.0			
OTHER	11	12.4	78	87.6	0	0.0			
WASTE WATER (KITCHEN/BATH-NO TOILET):									
EMPTIES INTO CESSPIT	86	96.6	2	2.2	1	1.1			
EMPTIES INTO YARD	1	1.1	81	91.0	7	7.9			
SEWAGE DISPOSAL - CESSPIT	84	94.4	4	4.5	1	1.1			
SEWAGE DISPOSAL - YARD	1	1.1	81	91.0	7	7.9			
TOILET:									
INDOOR - WATER SEAL	44	49.4	45	50.6	0	0.0			
INDOOR - TURKISH	45	50.6	44	49.4	0	0.0			
OPEN PIT LATRINE	0	0.0	89	100.0	0	0.0			
NONE - OPEN FIELD	4	4.5	85	95.5	0	0.0			
GARBAGE:									
PUT IN CANS	84	94.4	5	5.6	0	0.0			
DUMPED CLOSE TO HOUSE	0	0.0	89	100.0	0	0.0			
PUT IN VILLAGE DUMP	1	1.1	88	98.9	0	0.0			
THROWN INTO HILLS	88	98.9	1	1.1	0	0.0			
LIVESTOCK:									
NONE	24	27.0	43	48.3	22	24.7			
NEAT - PROPERLY KEPT IN PENS	1	1.1	86	96.6	2	2.2			
PENNED BUT STILL A PROBLEM	0	0.0	87	97.9	2	2.2			
WANDERING - SERIOUS PROBLEM	0	0.0	87	97.8	2	2.2			
WHAT MOTHER THINKS CAUSES DISEASE:									
FLIES	NUMBER:	0	%:	0.0	NEGLIGENCE	NUMBER:	21	%:	13.0
GERMS	NUMBER:	0	%:	0.0	ANIMALS NEAR HOUSE OR FARM	NUMBER:	0	%:	0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	50	%:	31.1	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	1	%:	0.6	LACK OF VACCINATION	NUMBER:	0	%:	0.0
NOT COOKING FOOD PROPERLY	NUMBER:	0	%:	0.0	ENVIRONMENT AND/OR HEREDITY	NUMBER:	0	%:	0.0
MALNUTRITION	NUMBER:	19	%:	11.8	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	56	%:	34.8	FROM GOD	NUMBER:	0	%:	0.0
GARBAGE IN FRONT OF HOUSE	NUMBER:	0	%:	0.0	NO ANSWER	NUMBER:	4	%:	2.5
BAD SMELL	NUMBER:	0	%:	0.0	DOESN'T KNOW	NUMBER:	0	%:	0.0
WATER	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	9	%:	5.6
INFECTION	NUMBER:	1	%:	0.6					

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Village mothers from the Tulkarem District  
 who have not participated in Health Education  
 courses.

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HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

NUMBER OF RESPONDENTS: 45

CLASSES COMPLETED - NUTRITION: 0 CHILD DEVELOPMENT: 0  
 FIRST AID: 0 HYGIENE : 0

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	4777.8	CHILD DEATHS (1-4 YEARS)	44.4
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	511.1	PREGNANCIES WITH PRENATAL CARE	1844.4
LIVE BIRTHS	4155.6	CHILDREN BORN AT HOME	3022.2
NEONATAL DEATHS (0-28 DAYS)	88.9	CHILDREN BORN IN THE HOSPITAL	1200.0
INFANT DEATHS (29 DAYS-11 MONTHS)	66.7		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
	NUMBER	%	NUMBER	%
SEX OF CHILD				
	MALE: 25	55.6	MALE: 20	44.4
	FEMALE: 20	44.4	FEMALE: 20	44.4
	NO REPLY: 0	0.0	NO REPLY: 5	11.1
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 6.2		AVERAGE: 9.9	
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 7.4		AVERAGE: 11.3	
DID CHILD EVER USE A BOTTLE				
	YES: 22	48.9	YES: 20	44.4
	NO: 23	51.1	NO: 20	44.4
	NO REPLY: 0	0.0	NO REPLY: 5	11.1
MONTHS MOTHER GAVE A BOTTLE	AVERAGE: 9.9		AVERAGE: 13.1	
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 22	37.9	NUMBER: 20	35.1
TEA	NUMBER: 1	1.7	NUMBER: 1	1.8
WATER + RICE	NUMBER: 0	0.0	NUMBER: 0	0.0
CERELAC	NUMBER: 7	12.1	NUMBER: 5	8.8
JUICE	NUMBER: 0	0.0	NUMBER: 1	1.8
OTHERS	NUMBER: 5	8.6	NUMBER: 5	8.8
NOTHING	NUMBER: 23	39.7	NUMBER: 25	43.9
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 5	6.3	NUMBER: 8	9.6
CUSTARD	NUMBER: 0	0.0	NUMBER: 0	0.0
RICE + MILK	NUMBER: 1	1.3	NUMBER: 1	1.2
STARCH + MILK (MUHALLABIEH)	NUMBER: 3	3.8	NUMBER: 2	2.4
GROUND RICE	NUMBER: 8	10.0	NUMBER: 6	7.2
YOUGHURT	NUMBER: 2	2.5	NUMBER: 5	6.0
EGGS	NUMBER: 3	3.8	NUMBER: 6	7.2
ORANGE JUICE	NUMBER: 1	1.3	NUMBER: 0	0.0
BANANA	NUMBER: 1	1.3	NUMBER: 2	2.4
TOMATO JUICE	NUMBER: 0	0.0	NUMBER: 0	0.0
APPLES	NUMBER: 0	0.0	NUMBER: 0	0.0
BOILED CARROTS	NUMBER: 0	0.0	NUMBER: 0	0.0
SOUP	NUMBER: 4	5.0	NUMBER: 5	6.0
BISCUITS/QARSHALLEH	NUMBER: 3	3.8	NUMBER: 2	2.4
POTATO	NUMBER: 8	10.0	NUMBER: 5	6.0
CHICKEN LIVER	NUMBER: 0	0.0	NUMBER: 0	0.0
FAMILY FOOD	NUMBER: 18	22.5	NUMBER: 26	31.3
OTHERS	NUMBER: 12	15.0	NUMBER: 10	12.0
NO ANSWER	NUMBER: 11	13.8	NUMBER: 5	6.0

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	5	%:	10.9
FALL FROM ROOF OR HIGH PLACE	NUMBER:	0	%:	0.0
BRUISES	NUMBER:	0	%:	0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER:	0	%:	0.0
ANY PROBLEM DURING DELIVERY	NUMBER:	0	%:	0.0
WOUND IN ANY PART OF BODY	NUMBER:	1	%:	2.2
FAINING	NUMBER:	1	%:	2.2
FRACTURE	NUMBER:	0	%:	0.0
DRINKING KEROSENE	NUMBER:	0	%:	0.0
DID NOT HAVE ANY ACCIDENT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	0	%:	0.0
NO ANSWER	NUMBER:	39	%:	84.8

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	1	%:	2.2
SPECIAL OINTMENT	NUMBER:	0	%:	0.0
DISINFECTED WOUND OR BURN	NUMBER:	0	%:	0.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	0	%:	0.0
MEDICAL HELP	NUMBER:	2	%:	4.4
WENT TO THE HOSPITAL	NUMBER:	1	%:	2.2
TRADITIONAL BONE SETTLER	NUMBER:	0	%:	0.0
GAVE OLIVE OIL TO THE CHILD	NUMBER:	0	%:	0.0
CHILD DID NOT GET FIRST AID	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	2	%:	4.4
NO ANSWER	NUMBER:	39	%:	86.7

DID CHILD EVER HAVE DIARRHEA YES: 38 %: 84.4 NO: 5 %: 11.1 NO REPLY: 2 %: 4.4  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 4.3 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	0	%:	0.0
TEETHING	NUMBER:	26	%:	39.4
CONTAMINATION/UNCLEANLINESS	NUMBER:	8	%:	12.1
INTESTINAL INFECTIONS	NUMBER:	2	%:	3.0
IMPROPER OR EXCESS FOOD	NUMBER:	6	%:	9.1
CHANGE OF MILK	NUMBER:	1	%:	1.5
MALNUTRITION	NUMBER:	0	%:	0.0

NEGLIGENCE	NUMBER:	1	%:	1.5
MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
SUN STROKE	NUMBER:	0	%:	0.0
FROM GOD	NUMBER:	0	%:	0.0
DOESN'T KNOW	NUMBER:	5	%:	7.6
OTHERS	NUMBER:	12	%:	18.2
NO ANSWER	NUMBER:	5	%:	7.6

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	0	%:	0.0
WATER AFTER BOILING RICE	NUMBER:	11	%:	19.6
STOP GIVING MILK	NUMBER:	1	%:	1.8
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	2	%:	3.6
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	0	%:	0.0
STARCH WITH TEA	NUMBER:	0	%:	0.0
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	0	%:	0.0
MARAMEYYEH	NUMBER:	1	%:	1.8
BITTER DRINK	NUMBER:	0	%:	0.0
WATER WITH BARLEY	NUMBER:	2	%:	3.6
BOILED MINT	NUMBER:	1	%:	1.8
GAWAYA LEAVES	NUMBER:	0	%:	0.0
COFFEE+LEMON	NUMBER:	0	%:	0.0
GROUND HUMMOS+BANANA	NUMBER:	0	%:	0.0

YOGHURT + RICE	NUMBER:	1	%:	1.8
YOGHURT	NUMBER:	5	%:	8.9
LIQUIDS	NUMBER:	0	%:	0.0
RICE+POTATO+LIQUIDS	NUMBER:	1	%:	1.8
TAKE TO THE DOCTOR	NUMBER:	13	%:	23.2
GIVE MEDICINES	NUMBER:	2	%:	3.6
MASHED APPLES	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	6	%:	10.7
NO ANSWER	NUMBER:	10	%:	17.9

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 30 %: 66.7 NO: 11 %: 24.4 NO REPLY: 4 %: 8.9  
DID MOTHER GIVE SPECIAL DRINK YES: 22 %: 48.9 NO: 17 %: 37.8 NO REPLY: 6 %: 13.3

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	1	%:	2.1
TEA	NUMBER:	2	%:	4.3
LEMON OR ORANGE JUICE	NUMBER:	0	%:	0.0
STARCH WITH WATER	NUMBER:	0	%:	0.0

YOGHURT	NUMBER:	4	%:	8.5
OTHERS	NUMBER:	17	%:	36.2
NO ANSWER	NUMBER:	23	%:	48.9

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:	YES	%	NO	%	NO REPLY	%			
<b>AMENITIES:</b>									
ELECTRICITY	45	100.0	0	0.0	0	0.0			
RADIO	44	97.8	1	2.2	0	0.0			
TELEVISION	45	100.0	0	0.0	0	0.0			
REFRIGERATOR	42	93.3	3	6.7	0	0.0			
KEROSENE BURNER	45	100.0	0	0.0	0	0.0			
BUTANE GAS	45	100.0	0	0.0	0	0.0			
<b>WATER SUPPLY:</b>									
PIPED IN	32	71.1	13	28.9	0	0.0			
OUTDOOR FAUCET	10	22.2	35	77.8	0	0.0			
CISTERN - OUTDOOR	17	37.8	28	62.2	0	0.0			
CISTERN - PIPED IN	3	6.7	42	93.3	0	0.0			
OTHER	0	0.0	45	100.0	0	0.0			
<b>WASTE WATER (KITCHEN/BATH-NO TOILET):</b>									
EMPTIES INTO CESSPIT	37	82.2	8	17.8	0	0.0			
EMPTIES INTO YARD	6	13.3	39	86.7	0	0.0			
SEWAGE DISPOSAL - CESSPIT	43	95.6	2	4.4	0	0.0			
SEWAGE DISPOSAL - YARD	3	6.7	42	93.3	0	0.0			
<b>TOILET:</b>									
INDOOR - WATER SEAL	45	100.0	0	0.0	0	0.0			
INDOOR - TURKISH	0	0.0	45	100.0	0	0.0			
OPEN PIT LATRINE	0	0.0	45	100.0	0	0.0			
NONE - OPEN FIELD	0	0.0	45	100.0	0	0.0			
<b>GARBAGE:</b>									
PUT IN CANS	30	66.7	15	33.3	0	0.0			
DUMPED CLOSE TO HOUSE	15	33.3	30	66.7	0	0.0			
PUT IN VILLAGE DUMP	3	6.7	42	93.3	0	0.0			
THROWN INTO HILLS	12	26.7	33	73.3	0	0.0			
<b>LIVESTOCK:</b>									
NONE	16	35.6	6	13.3	23	51.1			
NEAT - PROPERLY KEPT IN PENS	8	17.8	16	35.6	21	46.7			
PENED BUT STILL A PROBLEM	1	2.2	21	46.7	23	51.1			
WANDERING - SERIOUS PROBLEM	1	2.2	21	46.7	23	51.1			
<b>WHAT MOTHER THINKS CAUSES DISEASE:</b>									
FLIES	NUMBER:	2	%:	2.7	NEGLIGENCE	NUMBER:	17	%:	23.0
GERMS	NUMBER:	1	%:	1.4	ANIMALS NEAR HOUSE OR FARM	NUMBER:	1	%:	1.4
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	13	%:	17.6	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	2	%:	2.7	LACK OF VACCINATION	NUMBER:	1	%:	1.4
NOT COOKING FOOD PROPERLY	NUMBER:	1	%:	1.4	ENVIRONMENT AND/OR HEREDITY	NUMBER:	1	%:	1.4
MALNUTRITION	NUMBER:	1	%:	1.4	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	14	%:	18.9	FROM GOD	NUMBER:	10	%:	13.5
GARBAGE IN FRONT OF HOUSE	NUMBER:	0	%:	0.0	NO ANSWER	NUMBER:	1	%:	1.4
BAD SMELL	NUMBER:	0	%:	0.0	DOESN'T KNOW	NUMBER:	2	%:	2.7
WATER	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	7	%:	9.5
INFECTION	NUMBER:	0	%:	0.0					

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	1	%:	6.3
FALL FROM ROOF OR HIGH PLACE	NUMBER:	0	%:	0.0
BRUISES	NUMBER:	0	%:	0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER:	0	%:	0.0
ANY PROBLEM DURING DELIVERY	NUMBER:	0	%:	0.0
WOUND IN ANY PART OF BODY	NUMBER:	0	%:	0.0
FAINTING	NUMBER:	0	%:	0.0
FRACTURE	NUMBER:	0	%:	0.0
DRINKING KEROSENE	NUMBER:	0	%:	0.0
DID NOT HAVE ANY ACCIDENT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	0	%:	0.0
NO ANSWER	NUMBER:	15	%:	93.8

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	0	%:	0.0
SPECIAL OINTMENT	NUMBER:	0	%:	0.0
DISINFECTED WOUND OR BURN	NUMBER:	0	%:	0.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	0	%:	0.0
MEDICAL HELP	NUMBER:	1	%:	6.3
WENT TO THE HOSPITAL	NUMBER:	0	%:	0.0
TRADITIONAL BONE SETTLER	NUMBER:	0	%:	0.0
GAVE OLIVE OIL TO THE CHILD	NUMBER:	0	%:	0.0
CHILD DID NOT GET FIRST AID	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	0	%:	0.0
NO ANSWER	NUMBER:	15	%:	93.8

DID CHILD EVER HAVE DIARRHEA YES: 14 %: 87.5 NO: 2 %: 12.5 NO REPLY: 0 %: 0.0  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 5.4 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	0	%:	0.0
TEETHING	NUMBER:	6	%:	21.4
CONTAMINATION/UNCLEANLINESS	NUMBER:	15	%:	53.6
INTESTINAL INFECTIONS	NUMBER:	0	%:	0.0
IMPROPER OR EXCESS FOOD	NUMBER:	2	%:	7.1
CHANGE OF MILK	NUMBER:	0	%:	0.0
MALNUTRITION	NUMBER:	1	%:	3.6

NEGLIGENCE	NUMBER:	1	%:	3.6
MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
SUN STROKE	NUMBER:	0	%:	0.0
FROM GOD	NUMBER:	0	%:	0.0
DOESN'T KNOW	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	2	%:	7.1
NO ANSWER	NUMBER:	1	%:	3.6

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	14	%:	63.6
WATER AFTER BOILING RICE	NUMBER:	2	%:	9.1
STOP GIVING MILK	NUMBER:	0	%:	0.0
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	0	%:	0.0
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	0	%:	0.0
STARCH WITH TEA	NUMBER:	0	%:	0.0
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	0	%:	0.0
MARAMEYYEH	NUMBER:	0	%:	0.0
BITTER DRINK	NUMBER:	0	%:	0.0
WATER WITH BARLEY	NUMBER:	0	%:	0.0
BOILED MINT	NUMBER:	0	%:	0.0
GAWAVA LEAVES	NUMBER:	0	%:	0.0
COFFEE+LEMON	NUMBER:	0	%:	0.0
GROUND HUMMOS+BANANA	NUMBER:	0	%:	0.0

YOUGHURT + RICE	NUMBER:	0	%:	0.0
YOUGHURT	NUMBER:	0	%:	0.0
LIQUIDS	NUMBER:	0	%:	0.0
RICE+POTATO+LIQUIDS	NUMBER:	0	%:	0.0
TAKE TO THE DOCTOR	NUMBER:	2	%:	9.1
GIVE MEDICINES	NUMBER:	0	%:	0.0
MASHED APPLES	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	2	%:	9.1
NO ANSWER	NUMBER:	2	%:	9.1

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 10 %: 62.5 NO: 5 %: 31.3 NO REPLY: 1 %: 6.3  
DID MOTHER GIVE SPECIAL DRINK YES: 14 %: 87.5 NO: 1 %: 6.3 NO REPLY: 1 %: 6.3

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	14	%:	73.7
TEA	NUMBER:	0	%:	0.0
LEMON OR ORANGE JUICE	NUMBER:	1	%:	5.3
STARCH WITH WATER	NUMBER:	1	%:	5.3

YOUGHURT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	1	%:	5.3
NO ANSWER	NUMBER:	2	%:	10.5

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

		YES	%	NO	%	NO REPLY	%		
DO RESPONDENTS HAVE:									
AMENITIES:									
	ELECTRICITY	14	87.5	2	12.5	0	0.0		
	RADIO	15	93.8	1	6.3	0	0.0		
	TELEVISION	14	87.5	2	12.5	0	0.0		
	REFRIGERATOR	13	81.3	3	17.8	0	0.0		
	KEROSENE BURNER	11	68.8	5	31.3	0	0.0		
	BUTANE GAS	16	100.0	0	0.0	0	0.0		
WATER SUPPLY:									
	PIPED IN	7	43.8	9	56.3	0	0.0		
	OUTDOOR FAUCET	0	0.0	16	100.0	0	0.0		
	CISTERN - OUTDOOR	16	100.0	0	0.0	0	0.0		
	CISTERN - PIPED IN	0	0.0	16	100.0	0	0.0		
	OTHER	0	0.0	16	100.0	0	0.0		
WASTE WATER (KITCHEN/BATH-NO TOILET):									
	EMPTIES INTO CESSPIT	16	100.0	0	0.0	0	0.0		
	EMPTIES INTO YARD	0	0.0	16	100.0	0	0.0		
	SEWAGE DISPOSAL - CESSPIT	13	81.3	3	18.8	0	0.0		
	SEWAGE DISPOSAL - YARD	0	0.0	16	100.0	0	0.0		
TOILET:									
	INDOOR - WATER SEAL	16	100.0	0	0.0	0	0.0		
	INDOOR - TURKISH	0	0.0	16	100.0	0	0.0		
	OPEN PIT LATRINE	0	0.0	16	100.0	0	0.0		
	NONE - OPEN FIELD	1	6.3	15	93.8	0	0.0		
GARBAGE:									
	PUT IN CANS	7	43.8	9	56.3	0	0.0		
	DUMPED CLOSE TO HOUSE	0	0.0	16	100.0	0	0.0		
	PUT IN VILLAGE DUMP	0	0.0	16	100.0	0	0.0		
	THROWN INTO HILLS	16	100.0	0	0.0	0	0.0		
LIVESTOCK:									
	NONE	0	0.0	2	12.5	14	87.5		
	NEAT - PROPERLY KEPT IN PENS	2	12.5	0	0.0	14	87.5		
	FENNEED BUT STILL A PROBLEM	0	0.0	2	12.5	14	87.5		
	WANDERING - SERIOUS PROBLEM	0	0.0	2	12.5	14	87.5		
WHAT MOTHER THINKS CAUSES DISEASE:									
FLIES	NUMBER:	0	%:	0.0	NEGLECTANCE	NUMBER:	3	%:	8.6
GERMS	NUMBER:	4	%:	11.4	ANIMALS NEAR HOUSE OR FARM	NUMBER:	0	%:	0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	0	%:	0.0	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	0	%:	0.0	LACK OF VACCINATION	NUMBER:	0	%:	0.0
NOT COOKING FOOD PROPERLY	NUMBER:	0	%:	0.0	ENVIRONMENT AND/OR HEREDITY	NUMBER:	1	%:	2.9
MALNUTRITION	NUMBER:	11	%:	31.4	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	15	%:	42.9	FROM GOD	NUMBER:	0	%:	0.0
GARBAGE IN FRONT OF HOUSE	NUMBER:	1	%:	2.9	NO ANSWER	NUMBER:	0	%:	0.0
BAD SMELL	NUMBER:	0	%:	0.0	DOESN'T KNOW	NUMBER:	0	%:	0.0
WATER	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	0	%:	0.0
INFECTION	NUMBER:	0	%:	0.0					

Village mothers in the Jenin District who participated in one or more Health Education class.

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HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

NUMBER OF RESPONDENTS: 195

CLASSES COMPLETED - NUTRITION: 191  
FIRST AID: 191

CHILD DEVELOPMENT: 190  
HYGIENE : 189

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	6164.1	CHILD DEATHS (1-4 YEARS)	71.8
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	574.4	PREGNANCIES WITH PRENATAL CARE	2246.2
LIVE BIRTHS	5461.5	CHILDREN BORN AT HOME	2902.6
NEONATAL DEATHS (0-28 DAYS)	184.6	CHILDREN BORN IN THE HOSPITAL	2748.7
INFANT DEATHS (29 DAYS-11 MONTHS)	210.3		

B. CHILD-CARE PRACTICES (YOUNGEST/2ND YOUNGEST CHILD)

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
SEX OF CHILD	MALE: 110 %: 56.4	FEMALE: 80 %: 41.0	NO REPLY: 5 %: 2.6	AVERAGE: 9.4
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 9.4	AVERAGE: 11.3	YES: 34 %: 17.4	NO: 156 %: 80.0
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 11.3	AVERAGE: 14.7	NO REPLY: 5 %: 2.6	AVERAGE: 16.4
DID CHILD EVER USE A BOTTLE	YES: 34 %: 17.4	NO: 156 %: 80.0	NO REPLY: 5 %: 2.6	AVERAGE: 16.4
MONTHS MOTHER GAVE A BOTTLE	AVERAGE: 16.4	NUMBER: 35 %: 16.9	NUMBER: 53 %: 24.0	NUMBER: 0 %: 0.0
MOTHER USUALLY PUT IN THE BOTTLE:	NUMBER: 35 %: 16.9	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0	NUMBER: 1 %: 0.5
MILK	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0	NUMBER: 4 %: 1.8	NUMBER: 5 %: 2.3
TEA	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0	NUMBER: 21 %: 9.5	NUMBER: 21 %: 9.5
WATER + RICE	NUMBER: 6 %: 2.9	NUMBER: 2 %: 1.0	NUMBER: 21 %: 9.5	NUMBER: 137 %: 62.0
CERELAC	NUMBER: 2 %: 1.0	NUMBER: 9 %: 4.3	NUMBER: 137 %: 62.0	NUMBER: 20 %: 6.3
JUICE	NUMBER: 9 %: 4.3	NUMBER: 155 %: 74.9	NUMBER: 20 %: 6.3	NUMBER: 0 %: 0.0
OTHERS	NUMBER: 155 %: 74.9	NUMBER: 39 %: 10.9	NUMBER: 0 %: 0.0	NUMBER: 3 %: 0.9
NOTHING	NUMBER: 39 %: 10.9	NUMBER: 0 %: 0.0	NUMBER: 3 %: 0.9	NUMBER: 21 %: 6.6
FIRST FOODS THE MOTHER GAVE:	NUMBER: 0 %: 0.0	NUMBER: 3 %: 0.8	NUMBER: 23 %: 6.4	NUMBER: 40 %: 12.5
CERELAC	NUMBER: 3 %: 0.8	NUMBER: 23 %: 6.4	NUMBER: 15 %: 4.2	NUMBER: 18 %: 5.6
CUSTARD	NUMBER: 23 %: 6.4	NUMBER: 15 %: 4.2	NUMBER: 11 %: 3.1	NUMBER: 24 %: 7.5
RICE + MILK	NUMBER: 15 %: 4.2	NUMBER: 11 %: 3.1	NUMBER: 50 %: 14.0	NUMBER: 10 %: 3.1
STARCH + MILK (MUHALLABIEH)	NUMBER: 11 %: 3.1	NUMBER: 50 %: 14.0	NUMBER: 23 %: 6.4	NUMBER: 3 %: 0.9
GROUND RICE	NUMBER: 50 %: 14.0	NUMBER: 23 %: 6.4	NUMBER: 1 %: 0.3	NUMBER: 4 %: 1.3
YOUGHURT	NUMBER: 23 %: 6.4	NUMBER: 1 %: 0.3	NUMBER: 3 %: 0.9	NUMBER: 0 %: 0.0
EGGS	NUMBER: 1 %: 0.3	NUMBER: 3 %: 0.9	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0
ORANGE JUICE	NUMBER: 3 %: 0.9	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0	NUMBER: 11 %: 3.4
BANANA	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0	NUMBER: 1 %: 0.3
TOMATO JUICE	NUMBER: 0 %: 0.0	NUMBER: 13 %: 3.6	NUMBER: 11 %: 3.4	NUMBER: 27 %: 8.5
APPLES	NUMBER: 13 %: 3.6	NUMBER: 1 %: 0.3	NUMBER: 0 %: 0.0	NUMBER: 0 %: 0.0
BOILED CARROTS	NUMBER: 1 %: 0.3	NUMBER: 28 %: 7.8	NUMBER: 0 %: 0.0	NUMBER: 50 %: 15.7
SOUP	NUMBER: 28 %: 7.8	NUMBER: 1 %: 0.3	NUMBER: 51 %: 16.0	NUMBER: 36 %: 11.3
BISCUITS/DARSHALLEH	NUMBER: 1 %: 0.3	NUMBER: 1 %: 0.3	NUMBER: 41 %: 11.5	
POTATO	NUMBER: 1 %: 0.3	NUMBER: 19 %: 5.3		
CHICKEN LIVER	NUMBER: 19 %: 5.3	NUMBER: 26 %: 24.1		
FAMILY FOOD	NUMBER: 26 %: 24.1	NUMBER: 41 %: 11.5		
OTHERS	NUMBER: 41 %: 11.5			
NO ANSWER				

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

## ITEM

## CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	25	%:	12.1
FALL FROM ROOF OR HIGH PLACE	NUMBER:	0	%:	0.0
BRUISES	NUMBER:	0	%:	0.0
DEEP BURPING DUE TO ACCIDENT	NUMBER:	0	%:	0.0
ANY PROBLEM DURING DELIVERY	NUMBER:	0	%:	0.0
WOUND IN ANY PART OF BODY	NUMBER:	55	%:	26.7
FAINTING	NUMBER:	0	%:	0.0
FRACTURE	NUMBER:	7	%:	3.4
DRINKING KEROSENE	NUMBER:	0	%:	0.0
DID NOT HAVE ANY ACCIDENT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	4	%:	1.9
NO ANSWER	NUMBER:	115	%:	55.8

## HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	1	%:	0.5
SPECIAL OINTMENT	NUMBER:	10	%:	5.0
DISINFECTED WOUND OR BURN	NUMBER:	34	%:	17.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	13	%:	6.5
MEDICAL HELP	NUMBER:	7	%:	3.5
WENT TO THE HOSPITAL	NUMBER:	3	%:	1.5
TRADITIONAL BONE SETTLER	NUMBER:	1	%:	0.5
GAVE OLIVE OIL TO THE CHILD	NUMBER:	0	%:	0.0
CHILD DID NOT GET FIRST AID	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	13	%:	6.5
NO ANSWER	NUMBER:	118	%:	59.0

DID CHILD EVER HAVE DIARRHEA YES: 112 %: 57.4 NO: 82 %: 42.1 NO REPLY: 1 %: 0.5  
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 4.1 DAYS

## WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	18	%:	6.9	NEGLIGENCE	NUMBER:	8	%:	3.1
TEETHING	NUMBER:	26	%:	9.9	MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
CONTAMINATION/UNCLEANLINESS	NUMBER:	116	%:	44.3	SUN STROKE	NUMBER:	1	%:	0.4
INTESTINAL INFECTIONS	NUMBER:	2	%:	0.8	FROM GOD	NUMBER:	0	%:	0.0
IMPROPER OR EXCESS FOOD	NUMBER:	20	%:	7.6	DUESN'T KNOW	NUMBER:	1	%:	0.4
CHANGE OF MILK	NUMBER:	19	%:	7.3	OTHERS	NUMBER:	16	%:	6.1
MALNUTRITION	NUMBER:	4	%:	1.5	NO ANSWER	NUMBER:	31	%:	11.8

## HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	77	%:	30.0	YOUGHURT + RICE	NUMBER:	1	%:	0.4
WATER AFTER BOILING RICE	NUMBER:	12	%:	4.7	YOUGHURT	NUMBER:	6	%:	2.3
STOP GIVING MILK	NUMBER:	1	%:	0.4	LIQUIDS	NUMBER:	3	%:	1.2
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	10	%:	3.9	RICE+POTATO+LIQUIDS	NUMBER:	1	%:	0.4
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	0	%:	0.0	TAKE TO THE DOCTOR	NUMBER:	39	%:	15.2
STARCH WITH TEA	NUMBER:	2	%:	0.8	GIVE MEDICINES	NUMBER:	3	%:	1.2
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0	MASHED APPLES	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	13	%:	5.1
MARAMEYYEH	NUMBER:	4	%:	1.6	NO ANSWER	NUMBER:	81	%:	31.5
BITTER DRINK	NUMBER:	0	%:	0.0					
WATER WITH BARLEY	NUMBER:	3	%:	1.2					
BOILED MINT	NUMBER:	1	%:	0.4					
GAWAVA LEAVES	NUMBER:	0	%:	0.0					
COFFEE+LEMON	NUMBER:	0	%:	0.0					
GROUND HUMMOS+BANANA	NUMBER:	0	%:	0.0					

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 73 %: 37.4 NO: 122 %: 62.6 NO REPLY: 0 %: 0.0  
DID MOTHER GIVE SPECIAL DRINK YES: 113 %: 57.9 NO: 82 %: 42.1 NO REPLY: 0 %: 0.0

## WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	81	%:	36.7	YOUGHURT	NUMBER:	2	%:	0.9
TEA	NUMBER:	2	%:	0.9	OTHERS	NUMBER:	31	%:	14.0
LEMON OR ORANGE JUICE	NUMBER:	22	%:	10.0	NO ANSWER	NUMBER:	83	%:	37.6
STARCH WITH WATER	NUMBER:	0	%:	0.0					

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## HEALTH EDUCATION PROGRAM EVALUATION - LIFE-CYCLE ANALYSIS

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## D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:	YES	%	NO	%	NO REPLY	%
<b>AMENITIES:</b>						
ELECTRICITY	171	87.7	24	12.3	0	0.0
RADIO	183	93.8	12	6.2	0	0.0
TELEVISION	167	85.6	28	14.4	0	0.0
REFRIGERATOR	99	50.8	95	48.7	1	0.5
KEROSENE BURNER	182	93.3	12	6.2	1	0.5
BUTANE GAS	190	97.4	4	2.1	1	0.5
<b>WATER SUPPLY:</b>						
PIPED IN	115	59.0	80	41.0	0	0.0
OUTDOOR FAUCET	73	37.4	122	62.6	0	0.0
CISTERN - OUTDOOR	91	46.7	104	53.3	0	0.0
CISTERN - PIPED IN	7	3.6	188	96.4	0	0.0
OTHER	21	10.8	174	89.2	0	0.0
<b>WASTE WATER (KITCHEN/BATH-NO TOILET):</b>						
EMPTIES INTO CESSPIT	152	77.9	42	21.5	1	0.5
EMPTIES INTO YARD	42	21.5	152	77.9	1	0.5
SEWAGE DISPOSAL - CESSPIT	181	92.8	13	6.7	1	0.5
SEWAGE DISPOSAL - YARD	12	6.2	182	93.3	1	0.5
<b>TOILET:</b>						
INDOOR - WATER SEAL	174	89.2	20	10.3	1	0.5
INDOOR - TURKISH	20	10.3	175	89.7	0	0.0
OPEN PIT LATRINE	2	1.0	192	99.5	1	0.5
NONE - OPEN FIELD	2	1.0	192	98.5	1	0.5
<b>GARBAGE:</b>						
PUT IN CANS	148	75.9	47	24.1	0	0.0
DUMPED CLOSE TO HOUSE	137	70.3	58	29.7	0	0.0
PUT IN VILLAGE DUMP	5	2.6	190	97.4	0	0.0
THROWN INTO HILLS	48	24.6	146	74.9	1	0.5
<b>LIVESTOCK:</b>						
NONE	27	13.8	77	39.5	91	46.7
NEAT - PROPERLY KEPT IN PENS	71	36.4	33	16.9	91	46.7
PENNED BUT STILL A PROBLEM	10	5.1	94	48.2	91	46.7
WANDERING - SERIOUS PROBLEM	0	0.0	104	53.3	91	46.7

## WHAT MOTHER THINKS CAUSES DISEASE:

FLIES	NUMBER: 83	%: 17.6	NEGLIGENCE	NUMBER: 15	%: 3.2
GERMS	NUMBER: 87	%: 18.5	ANIMALS NEAR HOUSE OR FARM	NUMBER: 0	%: 0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER: 11	%: 2.3	EARTH	NUMBER: 0	%: 0.0
FOOD OR DRINK CONTAMINATION	NUMBER: 24	%: 5.1	LACK OF VACCINATION	NUMBER: 6	%: 1.3
NOT COOKING FOOD PROPERLY	NUMBER: 5	%: 1.1	ENVIRONMENT AND/OR HEREDITY	NUMBER: 24	%: 5.1
MALNUTRITION	NUMBER: 28	%: 5.9	PSYCHOLOGICAL STATE OF CHILD	NUMBER: 1	%: 0.2
LACK OF CLEANLINESS	NUMBER: 132	%: 28.0	FROM GOD	NUMBER: 1	%: 0.2
GARBAGE IN FRONT OF HOUSE	NUMBER: 1	%: 0.2	NO ANSWER	NUMBER: 2	%: 0.4
BAD SMELL	NUMBER: 0	%: 0.0	DOESN'T KNOW	NUMBER: 0	%: 0.0
WATER	NUMBER: 12	%: 2.5	OTHERS	NUMBER: 28	%: 5.9
INFECTION	NUMBER: 11	%: 2.3			