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CATHOLIC RELIEF SERVICES
EURASIA REGION
MENA

THIRD SEMI-ANNUAL REPORT

ON

LIFE CYCLE/HEALTH EDUCATION PROGRAM
CRS/JWB 4D-004

GRANT NO. AID/NEB-0159-G-SS-3065-00

FEBRUARY 1, 1986 - JULY 31, 1986

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2. Report on th Use of Rehydration Treatment in the West Bank.
3. Gaza course outline.
4. Gaza course trainees.
5. Gaza curriculum changes.
6. "Genetics Birth Defects" course outline.
7. Arab College - "Working paper"
8. Complete Beneficiary information Feb. 1, - July 31, 1986
9. Evaluation Data Tables.

THIRD SEMI-ANNUAL REPORT

Life Cycle/Health Education Project
Jerusalem & West Bank

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

February 1, 1986 - July 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 extensions 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 was one staff change this report period. The secretary resigned Feb. 28, 1986 leaving that position empty. 20 of 24 positions remain (see chart A). Attempts are currently underway to fill the secretarial position. All positions are filled by Palestinians with the exception of the Project Manager.

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

JOB DESCRIPTION	POSITIONS AVAILABLE	POSITIONS FILLED
Project Manager	1	1
Community Relations Person	2	1
Accountant 1/2 time	1	1
Instructors	6	6
Field Supervisors	6	6
Translator/Clerk 1/2 time	1	1
Secretary	1	0
Computer Operator	1	1
Drivers	4	3
Nurse Educator	1	0
TOTAL	24	20

III. PROGRAM ACTIVITIES FEBRUARY 1, 1986- JULY 31, 1986

1. Ongoing cooperation with St. John's Ophthalmic hospital

Catholic Relief Services held a series of inservices for village teachers in four districts in the West Bank from October 28, 1985 to January 31, 1986. St. John's hospital participated in these inservices with a course entitled "How to Save an Eye". Following this joint intervention St. John's asked for and received permission to work more closely with CRS in order to take advantage of the large network of villages participating in the H.E. program. All of the CRS Supervisors and Instructors were given further training during the period following the course in April 1986.

The CRS staff was then given St. John's outreach schedule for its mobile eye clinic to distribute to the villages. The villages responded almost immediately. The village teacher from Qabatiya scheduled a visit on April 16, 1986 in which over 300 people showed up. This was too many to see in one day so the St. John's mobile eye clinic returned twice to that village to examine, treat, and refer everyone who came. The village of Idna responded shortly afterwards. CRS is now working in close coordination with St. John's hospital for the benefit of the people of the West Bank.

2. Kris Loken visit (March 14, 1986)

Kris Loken, the USAID health officer for the Near East visited the CRS/Near East program in March 1986. Some of the topics on her agenda with the Life Cycle program were;

- The upcoming mid-term evaluation of the Life Cycle project.
- The current status of institutionalization of the Life Cycle project.
- Possible CRS input and cooperation with a health project in the Hebron area.
- The upcoming ORT conference in Egypt.
- Status of the Gaza intervention.

Although the Life Cycle program was not the main purpose of her visit, it was time well spent.

3. USAID sponsored conference on Oral Rehydration Therapy Cairo, Egypt (April 2-4, 1986)

USAID sponsored a conference on Oral Rehydration Therapy in Cairo, Egypt on April 2-4, 1986. CRS/Near East was notified about this conference through the USAID representative in the US Consulate. After consultations with the AID health officer and the AID representative in Jerusalem, CRS decided to send 13 members of its staff to the conference. This included six Instructors, six Supervisors, and one Community Relations person. These people were felt to be the most influential people working with ORT in the West Bank at the paraprofessional level.



Eight members of the CRS staff at the ORT conference in Cairo, April 1986. Standing with them is a doctor from NECC - Gaza (second from the left) and a representative from CRS - Jordan (third from right).

The main objectives of the trip to Cairo were achieved. The persons from the staff were able to see health conditions in another country which were very different from the West Bank. They were able to meet persons from all over Africa and the Middle East. They met with Dr. Hirschorn (an expert in Oral Rehydration Therapy) and showed him some studies concerning ORT which were prepared in advance (see attachment 2). He was able to give some valuable feedback. The conference in fact did have some information that was valuable to the CRS program even though much of it was not applicable. For two members of the staff it was their first time out of the West Bank or Jordan.

4. Life Cycle training course; Ramallah graduation
(April 24, 1986)

The second consecutive training course in the Ramallah area ended during this report period on April 24, 1986. The course, which began on October 25, 1985 graduated twenty six of twenty eight girls in attendance.

Seven of the girls were from the Hebron area, six from Bethlehem, one from Nablus, one Supervisor from the CRS staff, and the remaining thirteen from the Ramallah area. CRS trainers did not give out certificates to any of the girls until they were observed teaching in their villages. Although this method offered a better indication of the abilities of the girls, it proved to be very cumbersome and difficult to administer. Much time and energy was devoted by the CRS staff following the course in order to implement this new strategy. Now the Instructors are looking for new and easier methods to do the same thing. This completed the third training course for total of 69 girls since the beginning of the Life Cycle grant. (see chart B)

CHART B: Life Cycle training courses and trainees

COURSE	DATES	TRAINEES
Nablus	Mar. 1985-July 1985	25
Ramallah (1st)	Mar. 1985-July 1985	18
Ramallah (2nd)	Oct. 1985-Apr. 1986	26
Gaza (on going)	July 1986-Dec. 1986	27
Total		96

5. Gaza training course (July 1, 1986-Dec. 21, 1986)

After a year of negotiations with different institutions in Gaza, the first CRS training course began on July 1, 1986 at the Near East Council of Churches (NECC). (see chart B) At first, the NECC and other interested local institutions wanted to train professional staff (e.g. doctors and nurses) this began seemed unrealistic. Finally the NECC agreed to hold a course for graduates of their home economics program similar to the CRS West Bank program. Fifteen of these girls were interviewed by the CRS Instructors and found to be acceptable for a training course. See attachment 3 for the course outline.

The course began on July 1, 1986 with no assurance that any of the girls would even show up. CRS was hoping for at least 10 girls in order to provide one course as a model for a possible follow-up course later. 27 girls showed up. (See attachment 4 for list of trainees) Mr. Dabagh, the head of the NECC in Gaza, had spread the word and apparently many girls who simply heard about the course by word of mouth came to see if they could join. The rest of the girls were screened by the CRS staff after the course began and only one was found to be unsuitable. The rest continue to attend faithfully and have proven to be a very bright, motivated group. This has been an unexpected surprise for the program.



The first Gaza course began June 30, 1986 and the NECC building in Gaza city.



G A Z A



It should be noted that in Gaza there are no food commodities linked to the program nor are there jobs guaranteed for the trainees. Only three of the trainees are employed by the NECC and have guaranteed jobs after the course. There is nothing that can stop the trainees from dropping out of the course at any time. Given these facts, it can be assumed that the girls are motivated by their own desire to learn and improve themselves. The question has always been asked of the courses in the West Bank that if commodities were to be dropped, what would happen to the program? The Gaza course provides insight into this question. It seems that there are many intelligent, unemployed girls who would welcome a chance to improve themselves even if it doesn't guarantee a job. It is also a credit to the Life Cycle formula and course instruction.

The CRS staff worked closely with the doctors from the four NECC clinics in Gaza in order to identify needed changes in the curriculum in order to make it more effective in Gaza. The doctors suggested several changes. The CRS staff then worked together with the doctors to write and re-write all of the necessary changes to the curriculum. This was completed in English by mid-July and will be translated into Arabic, printed, and inserted into the book by early September, before it is needed in the course. (See attachment 5 for the text)

6. Bethlehem training course (Aug. 4, 1986-Jan. 21, 1987)

Much work and preparation has been done in order to start a course in Bethlehem (Caritas Hospital). This course serves mainly the Hebron area. Twenty three girls have been selected from the Hebron area to attend the course. Seventeen of them are being trained as replacements for village teachers who are leaving their jobs in the villages. Six of them are from new villages. CRS requested from the GOI a training course long ago in the Hebron area and only recently received permission to begin there. Since the CRS instructors from the southern region are already teaching in Gaza, the Instructors from the North were needed to conduct the Hebron course. For this reason and because Bethlehem University is interested in taking over the teaching component of the program CRS decided to hold the course in Bethlehem and not Hebron. This training course will be discussed more in the next semi-annual report.

**7. CRS Staff inservice on "Genetics and Birth Defects"
(April 29 -May 27, 1986)**

An inservice on Genetics, Birth defects, and Handicaps was given to the CRS staff two days a week for eight weeks from April 29 to June 27, 1986. The inservice was offered to 14 members of the Life Cycle staff including the Community Relations person and the Project Manager. Three other members of the CRS local staff attended as well bringing the total to 17 persons. The inservice was held in the CRS office and was conducted by Sr. Barbara Cline F.S.E. (PhD). The course was in response to an increased awareness by the Life-Cycle field staff of problems concerning the handicapped encountered in their work. With the advent of the Village Inreach Program (VIP) the need for training became even more apparent for the Life Cycle staff who many times act as liasions for the V.I.P. staff. Sr. Barbara conducted the inservice. She was uniquely qualified to conduct the course due to her background and her vast knowlegde of the problems of the handicapped in the West Bank. The inservice was held every Tuesday and Friday from 9:00 a.m. until 12:00 p.m. Handouts were included (see attachment 6 for the course outline). The course elicited a great deal of excitement among all present. Among other questions they were interested to know the genetic reasons why it is not good for first cousins to marry. This is part of the Life Cycle course. The inservice was of great benefit to all who participated.

8. Pilot Sanitation project (Hebron Red Crescent)

On June 25, 1986 the first payment was made towards the purchase of materials for a CRS-sponsored project in the Hebron area. The project is a study of the cost and feasibility of building latrines in the Hebron area where it was noted that parisitic disorders due to poor sanitation are very high. The pilot project was an outgrowth of the hygine component of the Health Education courses. Because of these courses and the wide knowledge of the health education program in the Hebron area, the Hebron Red Crescent (HRC) came to CRS with the project idea. The project is due to be completed shortly and will consist of the building of 2-4 latrines in the village of Majd in the Hebron district. A report on the need and cost of a larger-scale project in the future is also included in the proposal.

9. Ann Gooch visit (July 10, 1986)

On July 10, 1986 Ann Gooch, USAID representative in Washington visited the CRS Life Cycle program. She visited a village training course in the village of Bethany and discussed the project with the program director and project manager. The visit was worth-while and informative.

10. Institutionalization

On Feb. 12, 1986 CRS submitted a working paper to the Arab College of Nursing proposing some possible directions that the program could go in the future. (see attachment 7). Until recently the Arab College of Nursing had shown the most interest in taking over the program and was indeed viewed by CRS as the best candidate for reasons mentioned in previous reports. All of a sudden they became very sceptical and worried about the funds for such a program. In fact the president of Arab College suggested that CRS find another candidate to take over the program. He did say, however, that if no one else would do it, they would still be interested.

At this time CRS contacted Bethlehem University. They had always been preferred by most persons who were familiar with the local institutions. They were contacted previously and had rejected the proposal because they wanted to remain an academic institution. Their administration has since changed and the new administration is showing interest in the program. The LC Project Manager met with the Vice President of the University and the Nursing faculty. All of whom responded positively to the program and are now in the process of study. The newest course in Bethlehem is available to them, to study, in order to determine if it will be feasible for them to take it over. The head of the nursing faculty is studying the plan and shows great interest. She sees it as an outreach program that the University badly needs. Although the feelings are running very positively, nothing can be done without the approval of the president of the University and the board of directors which has yet to meet and decide upon the initiative. This program is not a University level program at all but rather a link to a network of villages throughout the West Bank.

All of the Unions of charitable societies had rejected the CRS proposal to institutionalize the supervisory component of the program through their institution. (see first semi-annual report for details) A large push was made by the CRS supervisors following the ORT conference in Cairo to contact all of the larger societies to see if it were possible to institutionalize the program through them. The

reaction in the north was surprising. Five societies expressed interest and one, the Jenin Red Crescent went so far as to say that they would take over the entire program. All of the societies, however, have financial difficulties and asked if CRS could look for possibilities of outside funding. Upon their recommendation, the Life Cycle project manager scheduled a visit with Dr. Abdulla Khatib from the general Union of Charitable Societies in Amman.

On June 17, 1986 the project manager met with Dr. Abdulla Khatib concerning possible long-term funding for the CRS health education program. Dr. Khatib was familiar with the program and promised funding but insisted that it must be channeled through the Unions of charitable societies. He also expressed the possibility of funding for Bethlehem University as well. His only concern was that the Unions agree to take the program and come up with a plan themselves.

The Unions had a meeting on July 29, 1986 to discuss these matters. Until now they have not been responsive to the call for institutionalization. They remain, however the best institution to do it both for financial and administrative reasons. The next task, it seems, is to push the Unions through the Charitable societies who are anxious for the program. This will be the next step of the process. It is hoped that the supervisors will be placed in their own districts before the end of 1986.

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

11,950 mothers have attended 550 Health education classes since the introduction of the new commodities changes and the new Life Cycle Curriculum. 13,839 of their children have been weighed to date.

2384 mothers have attended 119 classes and 2325 children have been weighed during this report period, Feb. 1, 1986 to July. 31, 1986. See attachment 8 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

No pregnant mothers have been screened or newborn babies weighed according to the Advanced training formula since it hasn't been implemented. See 2nd semi-annual report for more information about the current status of the Advanced training program. 487 underweight children have been identified since the beginning of this grant (141 from this report period). All appropriate referrals were made and mothers counseled by the village teachers or the CRS supervisors (see attachment 8).

3. Stated Activity

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

Progress to date

To date 1785 questionnaires have been input 116 from this report period filled from 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 from this report period. The previous questionnaires from 1984 and 1985 can be seen in the Final Evaluation Report for the Health Education project and the first 2 semi-annual reports 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 10 of the "Activities" section "Institutionalization" for complete details concerning the efforts to institutionalize the project through the Union of Charitable societies.

5. Stated Activity

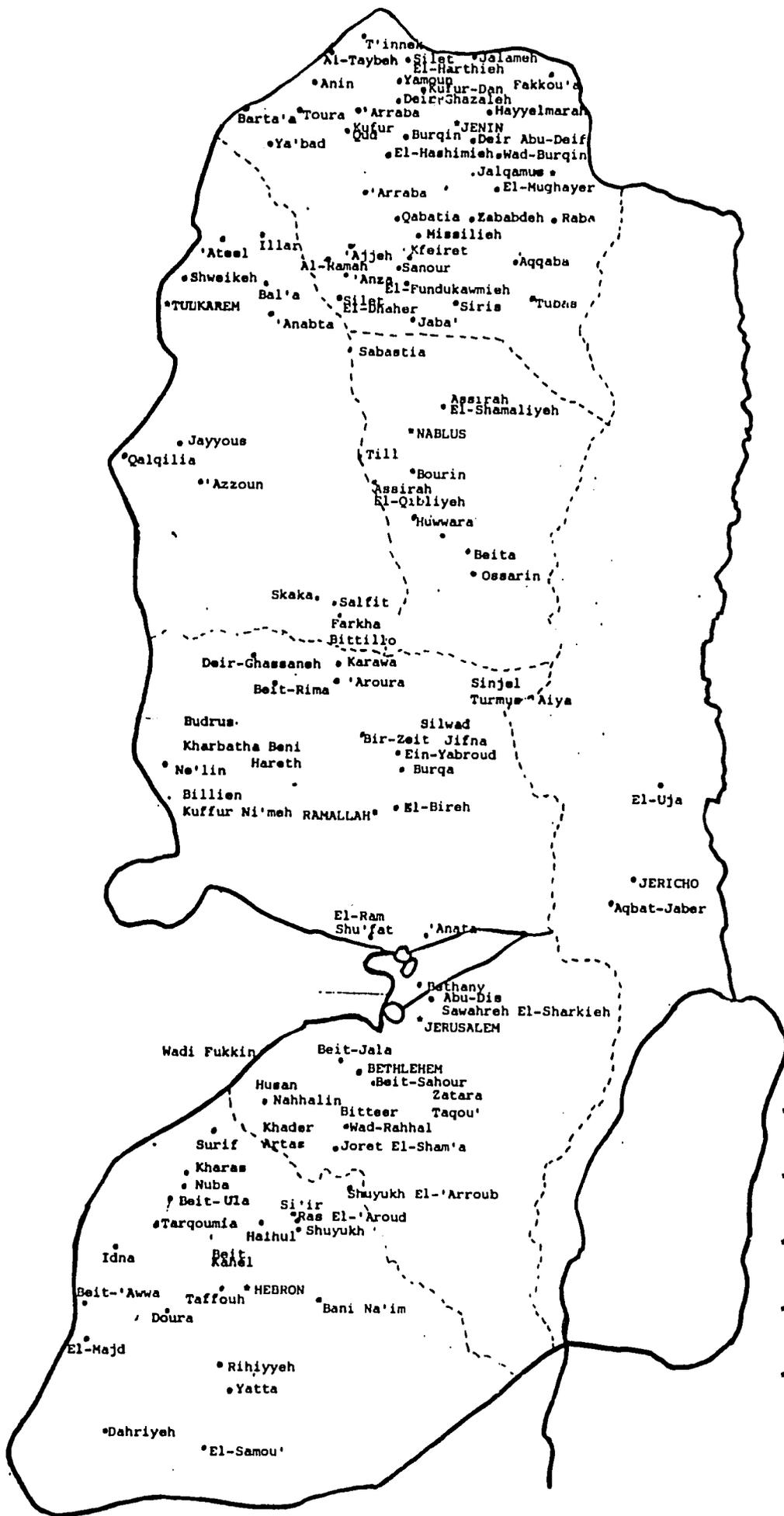
200 villages through local societies will be able to maintain the cost of a village teacher; provide a classroom and needed equipment for successful continuation of the Health Education program.

Progress to date

To date 144 villages throughout the West Bank are successfully operating Health Education classes. (see attachment 8, chart C, 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 to offer Community Development training for all societies who continue with the program.

6. Stated Activity

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



- * JERUSALEM: (2 centers)
 - Sapfford
 - Greek Catholic.
- * HEBRON : (2 centers)
 - Hebron Ladies
 - Red Crescent.
- * NABLUS : (2 centers)
 - Nablus Community Center
 - Cultural Club.
- * TULKAREM : (2 centers)
 - Red Crescent
 - Dar El-Yatim.
- * JENIN : (3 centers)
 - Asdika' El-Marid
 - Red Crescent
 - Jenin Charit.Soc.

HEALTH EDUCATION CENTERS IN THE WEST BANK

JULY 31, 1986

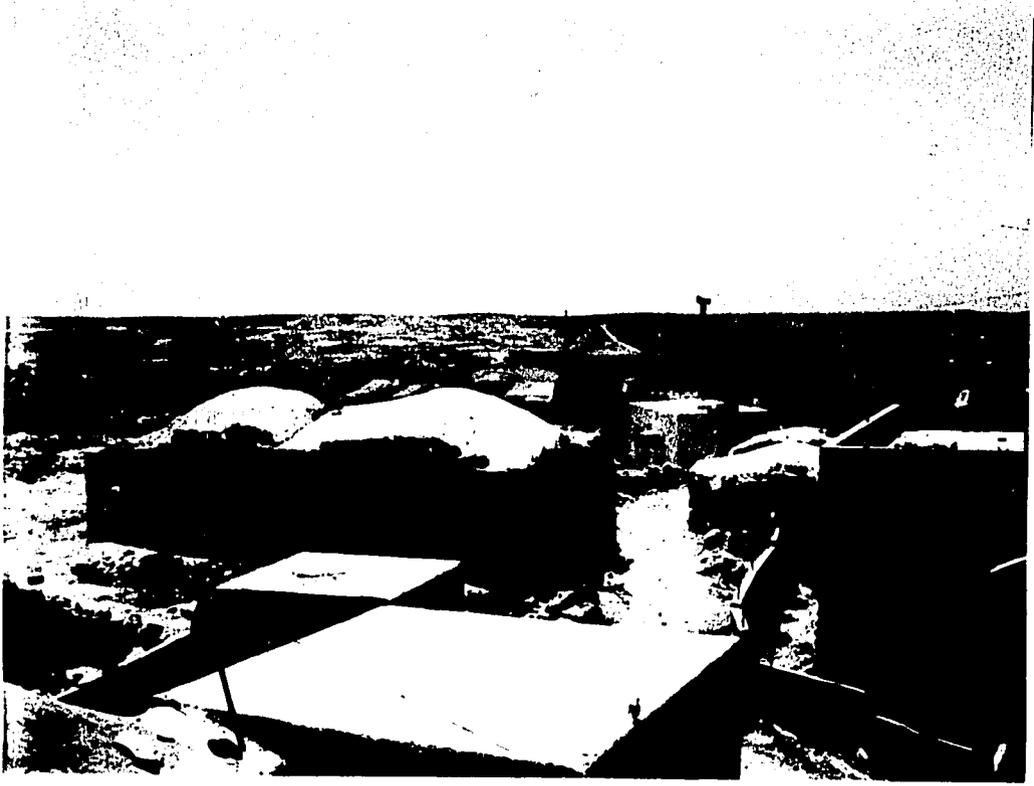
NAME OF CENTERS	NAME OF CENTERS	NAME OF CENTERS
JERUSALEM AREA	HEBRON AREA	TULKAREM AREA (cont.)
1 SPAFFORD CHILDREN'S CEN./J'LEM	1 HEBRON LADIES CHAR. SOCIETY	11 TULKAREM RED CRESCENT SOCIETY
2 GREEK CATHOLIC INF.WEL./J'LEM	2 HEBRON RED CRESCENT CHAR. SOC.	12 SHWEIKEH CHARITABLE SOCIETY
3 EL-ANAL CHAR. SOCIETY/ABU-DIS	3 AL-MAJD SUB-CENTER	13 JAYYOUS CHARITABLE SOCIETY
4 ARAB ELDAHOUK & KURSHAN	4 HARET EL-SHEIKH SUB-CENTER	14 HABLA CHARITABLE SOCIETY
5 AQBAT JABER SUB-CENTER	5 HALHUL LADIES CHAR. SOCIETY	15 SEIDA CHARITABLE SOCIETY
6 SUBA CHAR. SOCIETY/BETHANY	6 BANI NA'IM CHARITABLE SOCIETY	16 BAGA EL-SHARQIYEH CHAR. SOC.
7 AL-JAHALEEN SUB-CENTER	7 DOURA CHARITABLE SOCIETY	
8 BETHANY HOUSING PROJECT	8 DAHRIYEH CHARITABLE SOCIETY	JENIN AREA
9 SILWAN CHARITABLE SOCIETY	9 BEIT-ULA CHARITABLE SOCIETY	1 TUBAS CHARITABLE SOCIETY
10 SHU'FAT CAMP CHAR. SOCIETY	10 NUBA CHARITABLE SOCIETY	2 AQQABA SUB-CENTER
11 SAWAHREH EL-SHARQIYEH CHR.SOC.	11 YATTA CHARITABLE SOCIETY	3 ZABARDEH CHARITABLE SOCIETY
12 EL-RAM CHARITABLE SOCIETY	12 SAMOU' CHARITABLE SOCIETY	4 MISSILIEH SUB-CENTER
	13 RAFAT SUB-CENTER	5 RABA SUB-CENTER
RAMALLAH AREA	14 SI'IR CHARITABLE SOCIETY	6 JALOAMUS SUB-CENTER
1 EL-BIREH RFD CRESCENT SOCIETY	15 RAS EL-'AROUH SUB-CENTER	7 QABATIAH CHARITABLE SOCIETY
2 FRIENDS OF THE COM./EL-BIREH	16 BEIT-KAHEL CHARITABLE SOCIETY	8 EL-HARA EL-GHARBIYEH SUB-CENT
3 NE'LIN SUB-CENTER	17 TARQUMIA CHARITABLE SOCIETY	9 YA'BAD CHARITABLE SOCIETY
4 KARAWAT BANI-ZEID CHAR. SOC.	18 IDNA CHARITABLE SOCIETY	10 TOURA SUB-CENTER
5 DEIR-GHASSANEH SUB-CENTER	19 KHARAS CHARITABLE SOCIETY	11 ARRABA CHARITABLE SOCIETY
6 AROURA CHARITABLE SOCIETY	20 SURIF CHARITABLE SOCIETY	12 BURQIN CHRITABLE SOCIETY
7 EIN YABROUD CHRITABLE SOCIETY	21 SHUYUKH CHARITABLE SOCIETY	13 KUFUR-QUD SUB-CENTER
8 BURQA CHARITABLE SOCIETY	22 BEIT 'AMWA CHARITABLE SOCIETY	14 EL-HASIMIEH SUB-CENTER
9 BEITILLU CHARITABLE SOCIETY	23 SHUYUKH EL-'ARROUB CHAR. SOC.	15 WAD-BURQIN SUB-CENTER
10 JIFNA CHARITABLE SOCIETY	24 RIHHIYEH CHARITABLE SOCIETY	16 YAMOUN CHARITABLE SOCIETY
11 SILWAD CHARITABLE SOCIETY	25 TAFFOUH CHARITABLE SOCIETY	17 SILAT EL HARTHIEH CHAR. SOC.
12 KUFUR-NI'MEH CHAR. SOCIETY		18 ASDIKA' EL-MARID CHAR. SOCIETY
13 TURMUS-'AYYA CHAR. SOCIETY	NABLUS AREA	19 JABA' CHARITABLE SOCIETY
14 SINGEL CHARITABLE SOCIETY	1 TILL CHARITABLE SOCIETY	20 FAKKOU'A CHARITABLE SOCIETY
15 BUDRUS CHARITABLE SOCIETY	2 ASSIRA EL-QIBLIYEH CHAR. SOC.	21 SANOUR CHARITABLE SOCIETY
16 KHARBAT BANI HARETH CLUB	3 BEITA CHARITABLE SOCIETY	22 JENIN CHARITABLE SOCIETY
17 BEL'EEN CHARITABLE SOCIETY	4 BOURIN CHARITABLE SOCIETY	23 JALAMEH SUB-CENTER
	5 NABLUS COMMUNITY CENTER	24 KUFUR -DAN CHARITABLE SOCIETY
BETHLEHEM AREA	6 ASSIRA EL-SHAMALIYEH CHAR.SOC.	25 JENIN RED CRESCENT CHAR. SOC.
1 BEIT-JALA LADIES SOCIETY	7 HUMHARA CHARITABLE SOCIETY	26 ANZA CHARITABLE SOCIETY
2 CARITAS/BETHLEHEM ASSOCIATION	8 OSSARIN CHARITABLE SOCIETY	27 DEIR ABU-DEIF CHARITABLE SOC.
3 WAD-RAHHAL SUB-CENTER	9 ARAB WOMEN'S UNION/NABLUS	28 AL-'ARAKA CHARITABLE SOCIETY
4 JORET AL-SHAM'A SUB-CENTER	10 SABASTIA CHARITABLE SOCIETY	29 ANIN CHARITABLE SOCIETY
5 NAHALIN SUB-CENTER	11 URIEF CHARITABLE SOCIETY	30 KFEIRET CHRITABLE SOCIETY
6 ARAB WOMEN'S UNION/BEIT SAHOUR	12 EINABOUS CHARITABLE SOCIETY	31 BARTA'A CHARITABLE SOCIETY
7 ISLAMIC CHAR. SOC./BETHLEHEM	13 KUSRA CHARITABLE SOCIETY	32 AJJEH CHRITABLE SOCIETY
8 HUSSAN CLUB	14 BEIT-WAZAN CHARITABLE SOCIETY	33 AL-TAYBEH CHARITABLE SOCIETY
9 WAD-FOUKKIN CLUB	15 KARYOUT CHARITABLE SOCIETY	34 T'INNEK CHARITABLE SOCIETY
10 BATTIR CLUB		35 SILET EL-DAHER CHAR. SOCIETY
11 EL-KHADER CLUB	TULKAREM AREA	36 AL-FUNDUKAMMIEH CHAR. SOCIETY
12 ARTAS CLUB	1 SALFIT CHARITABLE SOCIETY	37 DEIR-GHAZALEH CHARITABLE SOC.
13 ZA'TARA CHARITABLE SOCIETY	2 FARKHA SUB-CENTER	38 EL-MUGHAYER CHRITABLE SOCIETY
14 TAQU'A CHARITABLE SOCIETY	3 SKAKA SUB-CENTER	39 AL-RAMAH CHARITABLE SOCIETY
	4 AL-MURABITAT CHAR.SOC./DALQILIA	40 SIRIS CHARITABLE SOCIETY
JERICHO AREA	5 DAR AL-YATIM CHAR.SOC./TULKAREM	41 HAYYELMARAH CHARITABLE SOCIETY
1 JERICHO LADIES CHAR. SOCIETY	6 BAL'A CHARITABLE SOCIETY	42 MAYTHALOUN CHARITABLE SOCIETY
2 EL-UJA SUB-CENTER	7 ANABTA CHARITABLE SOCIETY	
3 AL-HILAL CLUB	8 ATEEL CHARTIATBLE SOCIETY	CENTERS : 118
	9 ILLAR CHARITABLE SOCIETY	SUB CENTERS: 26
	10 AZZOUN CHARITABLE SOCIETY	T O T A L : 144

Progress to date

Presently 48 new villages from every district in the West Bank have requested to participate in Health Education classes. See chart D. for breakdown.

**CHART D:
VILLAGES REQUESTING HEALTH EDUCATION**

DISTRICT	VILLAGES
JENIN	6
TULKAREM	12
NABLUS	4
RAMALLAH	15
JERUSALEM	0
BETHLEHEM	3
JERICHO	4
HEBRON	4
T O T A L	48



The village of Khirbet El-Deir from the Hebron area approached CRS to start H.E. classes in their village...

... A CRS Supervisor and the Community Relations Person spoke to the local community and a girl was interviewed by the CRS instructors. She has been selected to attend the next teacher training course in Bethlehem. Within a year Khirbet El-Deir should have a health education class.



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 by CRS. Three are currently teaching one course for village teachers in Gaza. The other three will begin teaching in Bethlehem in August. The instructors write and use their own lesson plans according to the formula outlined in the new curriculum. They 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 attend all appropriate inservices. They are also under the critical eye not only of the CRS administration (under the guidance of the project manager, and other experienced teachers and health workers) but the Israeli Department of Social Welfare and the Israeli Department of Health.

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 following institutionalization of Supervisors in order to expand their influence to include Community Development work. After this training, 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.



CRS Supervisor talking with the teacher from Kharbatha after a Health Education class. Kharbatha is one of newest villages with H.E. The village teacher was trained in the 2nd Ramallah course which ended this report period.

One Community Development person has been working with the Life Cycle/Health Education program since it began in Feb. 1, 1985. She is currently scheduling and monitoring all activities of the Instructors and Supervisors.

69 village teachers have been trained in the new Life Cycle curriculum as of July 1986. Another 52 will complete their training by January of 1987 bringing the total to 124. (See Chart B). Upon completion of these courses new villages will begin Health Education instruction bringing the total to over 146 since Life Cycle courses began. In addition to these, 127 village teachers attended CRS sponsored refresher courses.

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. Dependence upon food commodities is an ongoing question of people involved with the Health Education/Life Cycle program. Whatever the balance of positive vs. negative effects are, it is certain that the commodities played an important role in the establishment of the Health Education network. This in itself is a worthy accomplishment and the food commodities will be available to the program as long as the program exists and the societies still request them. In Gaza there are no commodities and in many new villages as well. The future of food in relation to the Health Education/Life Cycle program is questionable but as for now it seems to have had a net positive effect on the program and so will continue.

VI. DISCUSSION

To date all of the objectives of the Life Cycle/Health Education grant have been achieved except one, institutionalization. The local staff are steadily becoming more confident, independent, and professional in their work as indicated in the following:-

- The Supervisors have increased their areas of responsibility and at the same time reduced the time they spend at the office. Each new center represents an increase in their work load and yet all of the reports and important site visits continue to be made. Many of the Supervisors have independently approached their local societies in order to push the ideas of institutionalization.
- The Instructors prepared all of their own course outlines and lesson plans for the Gaza and Bethlehem courses. They wrote all of the curriculum changes for the Gaza course in cooperation with the doctors in Gaza (see attachment 5) and have been steadily monitoring the West Bank courses for changes. All independent observers have had nothing but praise for the quality of the teaching as it is presently performed.

- The Community Relations person has taken more and more responsibility upon herself. She designed and implemented a new format for monitoring all of the activities of the Supervisors. She is actively involved in the villages and has submitted several proposal ideas to the administration for implementation. She provided leadership to the local staff in their trip to Cairo for the ORT conference.

Staff development is important because the future of the program relies upon the professional capabilities of the persons already trained. Now that institutionalization is imminent, the staff will be more prepared to take up the challenges that lie ahead.

The Life Cycle/Health Education program has finally reached Gaza. With the beginning of the Gaza course at the NECC, a new era of health education has begun. Now the challenge will be to help to develop an overall strategy of health education that can be adapted to the special circumstances existant in Gaza.

The process of institutionalization is moving very slowly. Societies on the West Bank have come to accept the status quo of health education and they are not yet fully prepared to take over responsibility. It is hoped that the breakthroughs of this report period will blossom into real actions by the next report period.

VII. FUTURE OF THE PROGRAM

Now that Gaza has been sucessfully broached and the present program is running smoothly, the bulk of energy for the next six months will be directed towards institutionalization. Many variables are coming together in this regard. Several societies in the north and south have expressed interest. The Unions of charitable societies are now actively involved as well as Bethlehem University. The process is very complex and delicate involving many institutions that have never worked together before. Also involved is the readiness of the local staff to handle the pressures indicative of their new responsibilities. All of these are being worked with carefully and will continue to be worked with. Inservices, private consultations, and other meetings will be arranged for everyone involved in order to strengthen these capabilities.

VIII. FINANCE

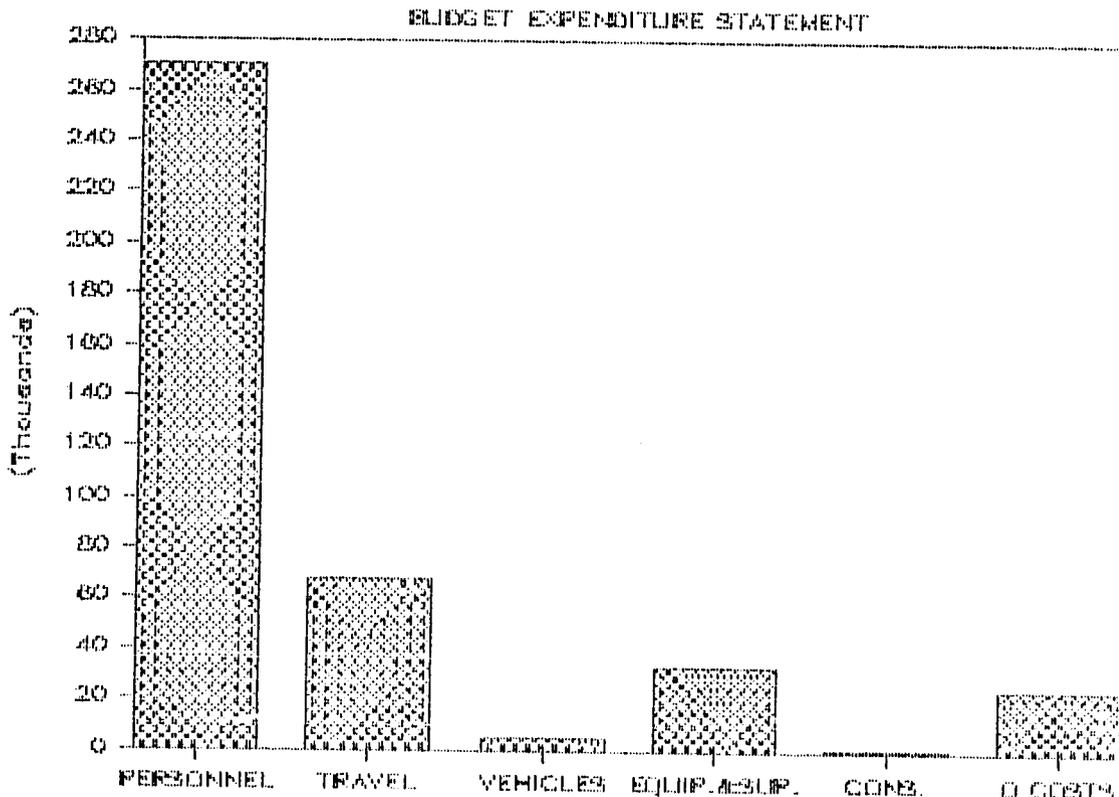
CHART E

FINANCE STATEMENT FOR THE PERIOD FEB. 1, 1985 - JULY 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	\$271,005.17
TRAVEL AND PER DIEM	\$234,200.00	\$67,972.56
VEHICLES	\$21,000.00	\$5,072.69
EQUIPMENT AND SUPPLIES	\$94,000.00	\$33,734.50
CONSULTANCY	\$47,000.00	\$1,141.79
OTHER DIRECT COSTS	\$178,400.00	\$25,245.42
T O T A L	\$1,521,249.00	\$404,172.13



ATTACHMENT 1

REPORT ON THE ORAL REHYDRATION CONFERENCE
CAIRO, EGYPT - APRIL 1-2, 1986

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REPORT

ON THE FIRST REGIONAL CONFERENCE

ON ORAL REHYDRATION THERAPY

APRIL 2-4 1986
Mariott Hotel/Cairo-Egypt

PREPARED BY

Mrs. Tamam SHALABY
F.W. SUPERVISOR
CRS/JERUSALEM & WEST BANK

INTRODUCTION

I would like to extend my gratitude to CRS with my special thanks to Sister Barbara and Mr. Daniel Carr for giving me the privilege of attending the medical conference in Cairo for the treatment of Rehydration and Diarrhea and means of preventive medicine. I also wish to extend my gratitude to the CRS Family in Egypt especially Miss Ann Crowley and Mr. Rick Bell for the invaluable help they offered and for their great hospitality.

I have written a detailed report of all event of the conference day by day with a summary of all the lectures delivered. I have also held some meetings with the participants in which I explained the main points of our project and the services of CRS in the West Bank.

I have also made some recommendations and suggestions to be taken into consideration in our future work.

Again I thank all those who participated in the success of conference. I wish better chances of all my colleagues in the future.

Tamam SHALABY
H.E. OFFICE - F.W. SUPERVISOR
CRS/ JERUSALEM

2/1

CONFERENCE EVENTS

Wednesday, April 2, 1986

We went to attend the Rehydration Conference in "Aida Ballroom of the Cairo Marriott Hotel. That day was an open day for pictures, charts, visual aids, slides and T.V. representing cases of Rehydration and Malnourished Children. There were books and advertisements on the tables. I examined these charts and their contents. I found them to be similar to our program even the photos, the same. I saw the weight charts. It was the same as ours but different periods. Our weight charts are for 5 years but in Egypt for 3 years.

I read about problems which hampered the success of their program through a written chart on the wall. Their problems are transportation, poor health habits and hygiene. I found that we have passed all these problems in West Bank. I asked the responsible doctor if I could take some books. He said, "yes". I took some then I told the group to take some also.

Thursday, April 3, 1986

We attended many lectures from many Doctors. I understood 70% of the lectures except the Medical terminology. The main subject was breastfeeding and it's benefits. They had a different view point about breastfeeding from our program. According to our program, the mother should breastfeed her baby after birth directly. In the lecture the Dr. said that mother should breastfeed her baby after one hour, and the mother should give her baby boiled water with sugar. This was the way mothers from our country did it before.

Another doctor explained about Rehydration liquid which they named it O.R.T. The instructor said: The most common changes of diet during diarrhea involved stopping usual food items and the introduction of water, sugar water, tea, starch pudding and/or O.R.T. Food items most likely to be dropped during Diarrhea were eggs, meat, chicken, beans, fruits, vegetables and artificial milk. There was some instance of stopping breast milk and rice/potatoes. 75% of mothers retained rice or potatoes. In our program we advise mothers to deal with Diarrhea by giving the child boiled water, sugar, orange, salt. We noticed that in Egypt they don't use orange or salt, because as doctors said too much salt causes poisoning for the infant.

The doctors concentrated mostly on O.R.T. and O.R.S.

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The lecture after lunch was about Rehydration. It was the same information concentrating on ways of making Rehydration liquid. Including the following information:

- a. 50% of Egyptients children die of Rehydration Yearly.
- b. Many children died of Balharsia.
- c. Dirty water and bad environment were main reasons of children death.

Friday April 4, 1986

There was an evaluation of the conference and it's influence in Egypt:

- a. There were 50% children in Egypt who died because of Rehydration and Diarrhea. Now only 25% die after they prepare Rehydration powder. In Egypt in 1987, the government distributed powder to the country through hospitals, country units, MCH centers, free in pharmacies, they are only charged the cost of the materials.
- b. At the begining 10% of Egyptian mothers used the Rehydrations powder, while now 75% mothers used it. This success was a result of:
 1. Conferences
 2. Distributing Rehydration Powder free.
 3. Through supervision and supervisors using very good techniques.
 4. Through Health Clinics and Nurses.

DISTINGUISHED MEETINGS

The conference included many doctors from different countries of the world, so I tried to gain knowledge and meet as many persons as possible:

1. I met Ann Crowley, Nutrition Education project manager from CRS in Cairo. First, I thanked her about her efforts of paying money for conference. I explained to her about our project in West Bank; training village teachers in courses, registering mothers in classes, explaining lessons to mothers and demonstrations, supervision, weighing children and following up under-weight children. Miss Ann and Miss Mashoura were very happy. Miss Ann's comment was: "It seems that Health Education in your country (West Bank) is more successful than ours in Egypt because your project deals with mothers directly through societies".
2. I met a Doctor from Sudan. I introduced myself from CRS West Bank. I explained to her about our project in detail. She was surprised and said: "I didn't expect that you would have had such success". She added that she hoped that all people would have this opportunity especial in Sudan where there is a need for thousands of malnourished children.
3. I met an Egyptian doctor who is a specialist for children. After I introduce myself from CRS in the West Bank, I explained to her every thing about our project and the positive results we have had for our children. She was pleased and said, I wish that we had the same project and the same curriculum in Egypt.
4. I met Prof. Mohammad Saqer-Organizing Committee of the conference. He was surprised when I explained to him about our project and asked: "Have you come to Cairo to attend the conference?" I answered him: "Yes". He was happy and admired and thanked CRS for sending us and giving us this opportunity. Also he was happy about how we deal with mothers directly. He said that he wanted to arrange a meeting between our group and the minister of Health in Egypt, Mr. Helmy Abdell-Razaq. I told him that I have to tell Miss Susan. Miss Susan agreed, but alas the time was limited and we didn't have time.

Friday, April 4, 1986

At 2:30 in the after noon the conference director asked one person from every country to represent his country. There were 12 seats for 12 representatives from different Arab Countries. My group chose me to represent CRS Health Education project in West Bank. I went with Mr. Hajmeer. The president asked me to start the meeting. I was the first speaker.

I introduced myself. I spoke about our project and CRS activities and interest in children's health and then information about our project.

I spoke with trust in God without feeling afraid of high certificate or high qualifications or levels as some others felt.

I suggested to the members to make arrangements in the future and to participate and support each other with any new information. Also to help Arab Children by stopping dehydration and diarrhea by attending conferences, training courses, books newspapers or any other form of help. After one hour they voted to adopt the above mentioned suggestion. I was very happy for this.

On the same day at 6:00 o'clock in the evening we returned to the Cosmo Hotel. At 7 o'clock Miss Ann Crowley came with an American reporter in Cairo for the B.B.C. She asked me to meet with her. I met her at the lounge area in the Hotel with Mufida. I explained every thing about our project since it began in 1976, and how we started with limited number of societies, and how the project has grown through all West Bank, I gave her an example of some centers. The number of children under weight has become less gradually since the mothers have attended the H.E. courses. I told her how mothers in the beginning didn't want the courses, but after they saw the results of H.E. classes, great numbers of mothers come to register for H.E. classes (incl. weighing for their children).

The meeting was one hour from 7-8 o'clock at night. Miss Ann Crowley was happy again and said kindly: "Would you like to join our project here in Cairo, Mrs. Shalaby?" Then our colleagues come to join us.

I met Mr. Mohammad and his friend from Gaza. They explained to me about the Health Education program in Gaza. They explain Health Education to a mother and hope that this mother will explain to another and so on (mother to mother) and (child to child). I commented that this way is not sure or safe. Can the mother give the correct information to another? and the same thing for the children?

REPORT ON THE FIRST REGIONAL CONFERENCE
ON ORAL REHYDRATION THERAPY

Prepared By

Miss Shoushan Franji
Community Relations
CRS/Jerusalem & West Bank

April 2nd, 1986

DR. MUSTAFA HAMMAMY

O.R.S. to be used by a National Program which has been achieved.

Reduction of death from 4% to 2%

Use of O.R.S. increased from 1% to 70%

Over 77% of H. Facilities have O.R.S. clinics. Over 1 million children attended these clinics. O.R.T. began in Egypt in 1961.

Current belief about O.R.S.:-

That it is a Contraceptive and not a medicine for Diarrhea.

DR. MOH'D DAHUD - Gaza/West Bank

Home presentation of O.R.S. powder, pills, free of charge in clinics but not in pharmacies.

- a. Health Education is essential
- b. Breast Feeding resumed during Diarrhea.
- c. Concentration on O.R.S.

DR. FROM SUDAN

- a. Sudan has many different ethnics.
- b. Environment 55% of population only has access to homes.
- c. High mortality.
- d. In 1976 O.R.T. distribution packets through UNICEF was not enough.
- e. In 1982 National Diarrhea place was found.

A I M

Try to make locally available material related to O.R.S. because if they rely on UNICEF they will be in trouble.

April 3rd, 1986

DR. BAHA' EL-DEEN - 10 minutes

- a. 1982/1983 death rate decreased from 76 to 56
- b. Increase in awareness in the years 1983 - 1985
- c. Increase in the rate in using O.R.S. from 1% in 1983 - 96% in 1985.
- d. Provide O.R.S. in all clinics and hospitals without any payment. While in Pharmacies small amount to be paid.
- e. Super O.R.S. has saved 200,000 lives in Egypt.

MR. BERNARD WILDER - AID / 10 minutes

Approves and agrees to the Egyptian O.R.S. due to its simplicity. The O.R.S. powder is put and dissolved in a 200 c.c. H₂O and ready to drink. (P.S. I have a sample of the cup we use).

DR. ZOYSA - 10 minutes

Concentration should be on poor countries with Diarrhea.

DR. ROF. MAMDUH JABR - 10 minutes

- a. In the 60's O.R.S. was found. Dr.'s cooperated with the health department in the success of using O.R.S. and decreasing the death rate.
- b. Along with O.R.S. breast feeding should be resumed.

The success of O.R.S. relies on the following:

- a. Communication and group work.
- b. Mass media.
- c. Effort to work on O.R.S. to train Health Educators through health departments.

DR. HIRSHORN

New Understandings and Therapy's on O.R.S.

Crypt cell secretes salt

Vellus cell Absorbs salt

How do crypt cell know? Each cell whether it comes from the Kidney has its own Function to do.

1st messenger stimulated by either starts up or slows down malnourished children have always diarrhea because the cells in their body takes longer to develop .

Rotavirus - kills vella cells.

Super O.R.S. stops dehydration shile diarrhea could be stoped by cereals such as Potatoes, Rice and so on.

Advantage of Rice ORS over W.H.O. ORS in children with acute Diarrhea.

Decrease in purging 50%

Decrease in ORS intake 44%

Decrease in Vommiting 78%

Increase in Caloric intake 32%

Rice - ORS 8 - 12% Protein remainder is Carbohydrates from Center for Diarrheal Disease research in Dacca.

People using Rice powder have less chronic diarrhea and gain weight faster.

Research is done on making vaccines for Diarrhea.

Neonatal's of 900 grams have been given W.H.O. drinks.

Hypertetrinic is when you give more H₂O or less H₂O.

Home preparation is more dangerous because mothers can't know the difference.

What causes diarrhea (belief) may be??

- a. growing up, teething and so on.
- b. In Egypt it is serious when the child vomits.

DR. EMANUEL LEBENTHAL

Only gorillals and human beings have glucoamilase in their milk.

DR. ZOYSA

Citrate is more beneficial than Bicarbonate Soda.

Relation between Diarrhea and immunization especially measles.

People who have diarrhea have measles so people should be advised to be immunized.

To prevent Diarrhea:-

- a. Case management
- b. Improved nutrition
- c. Use of safe H₂O
- d. Good personal Hygiene
- e. Measles Vaccination

DR. IBRAHIM FAYAD

Importance of Hypernatremia. (More salts or less H₂O)

- a. Increased Mortality (Four Falds more than other types of dehydration).
- b. Increased Morbidity.
 - C.N.S.
 - Kidney
 - Skin
 - Other tissues

In Hypernatremia the Kidney is one of the first things effected.

Discussion

For the protein malnutrition never use skim milk especially for marasmic children.

| Oil | | Sugar | | Rice |

Concurrent National Program Panels:

1. Management and Organization
2. Training
3. Social Marketing and mass media
4. Evaluation (Base line information and change over time)
5. Production and distribution of O.R.S. (7 coordination).
6. Implementation and Coordination (establish rehydration programs 26 clinics planning/posters).
Meet monthly, use plastic cups and spoons, have functioning rehydration centers all equiped. Hospitals have I.V.
7. Research: Planning and decision, research by Universities and Individuals. Making of Project, clinical investigations surveys.

The group was going to seperate and go into seperate panel discussions but when Amid East called and offerred the training program. Dr. El Mougi advised us to go into the training panel.

Training

Is the most crucial issue experience

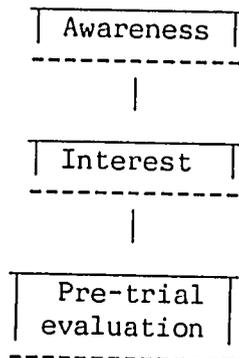
- a. Who should be trained.
- b. By whom
- c. Where
- d. When
- e. What

In training 3 things should be kept in mind:

- 1. Knowledge
- 2. Skill
- 3. Attitude

Adoption of innovations. There are 2 phases in the training program.

Phase # 1

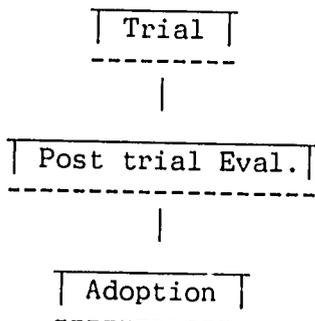


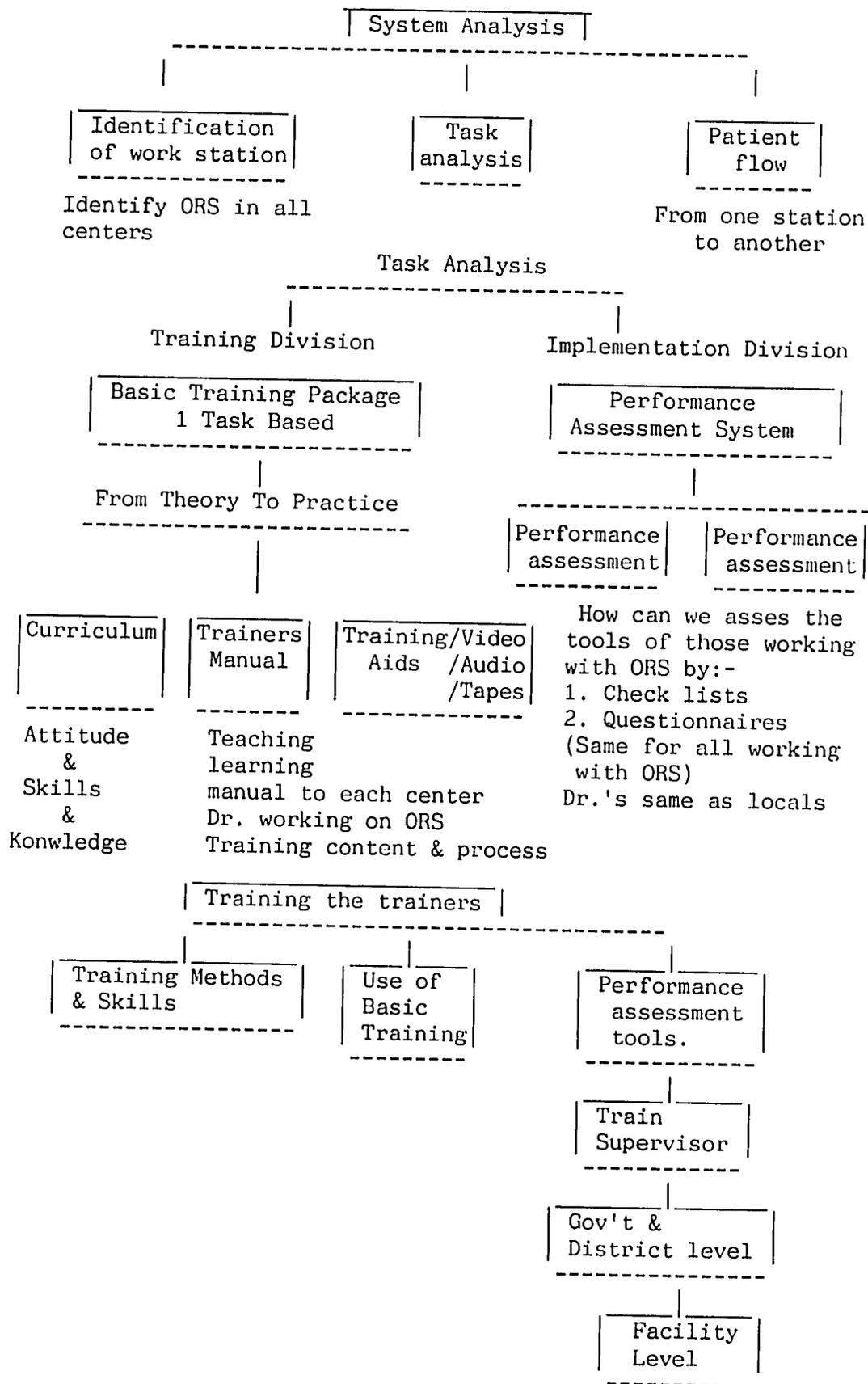
Give information or knowledge e.g. O.R.S.

Do subject oriented Curriculum accepting new knowledge of those trained. A 6 day training program is to take place in :

- 1. Abu Reesh Hospital
- 2. Sharqi Hospital
- 3. El Azhar Hospital
- 4. Bab El Shaa'riyeh

Phase # 2 includes





1. The difference between Teaching and Training

Certificate	Continuous (until end of Job)
2. The difference between Subject base and Task base

Introduce knowledge	Learn how to perform excellent through analysis steps.

1. How to be a trainer? By discussions, Role Play, Case Histories and so on.
2. Future trainers will be good Supervisors, they can observe whether medical staff is using ORS correctly.

DR.HAMMAM

Train them all in one unit.

Philosophical side of training endroctrination:

1. In order to change attitude 1st and 2nd year medical students should be trained at the base on voluntary bases for 1 month in a center.
2. In endoctination of students continually should be administered so as to know the message, visit the area and perform the job that has to be accomplished. Students should stay in the field between 7-15 days, do home visits, see the real life, check the environment.
3. If they find sick people they advice or give O.R.S.
4. After they finish the work of the day they should discuss with the most senior person of health department and the instructors.
5. The student doing this process gains an experience for life.
6. The importance of role playing and group work reaches its objective and is excellent (Egyptian Culture).
 - a. When Doctors (students) want to save lives they do it all heartily because they have lived it and seen it.
 - b. Role model:- Must be a leader, good role models can be trained.

Team approach in training.
Medical training alone.
Nursing training alone.
Then both will combine and each will learn their role.

$$1 + 1 = 10 \text{ (harmony)}$$

$$10 - 1 = 0 \text{ (disharmony)}$$

The mother is the 1st primary approach for health care. If mothers get trained in the program it could be successful.

For the outcome:- We need to see the impact for example O.R.S. decreases mortality to 50%

2/2

School of Assyut only applies the notion of medical students going to villages also professors go to field prior to training students.

Health personal are the Donars while the mothers are the reciepients.

DR. EL-MOUGI

Training the mothers:

1. Advantages

- a. She is the most person to treat her child.
- b. Mother is always available, child can die in two hours if doctor is not available.
- c. Training needs face to face contact when and how.

2. Specific Educational Objectives for Moms:

- a. Able to prepare and administer O.R.S. correctly.
- b. Recognize 2 signs of dehydration namely suhken eyes and inelastic shin.
- c. Continue breast feeding and special food.

Important advice and moto: (concerning mothers).

- a. What I hear, I forget.
- b. What I see, I remember but.
- c. What I do, I know.

Training is made:

1. One for Doctors for 6 days.
2. One for Nurses for 6 days.

All mothers who have children suceptible to diarrhea must have at least 2 O.R.S. packs at home.

PROFESSOR NAHED

(One of the best speakers).

1. Most people are educated rather than trained. In education lectures are used because it is cheaper to use facts rather than material.
2. Task analysis is important.
3. Use different methods to enable our trainees to master their skills.
4. Medical students have to go to live in the field.
5. In developing any curricula it should be evaluated at first, second and end stages.
6. Education of big brother to little brother.
7. Practice and role play is very important.
8. Preventive messages should be also included.
9. All these helps reducing diarrhea.
* Preventive medicine is essential.

April 4th, 1986

DR. HIRSCHHORN

Educate mothers: Lower the Na in preparation because mothers's don't know how to use O.R.S.

During diarrhea you can feed the child yoghurt, potatoes, rice, BREAST MILK.

Iron reduces diarrhea.

The main point is to RESPECT MOTHERS CULTURE.

To Prevent Chronic Diarrhea.

1. Vaccine for E.Coli
2. Use of mass Media Community leaders, big shots should talk about Nutrition as high priority.
3. How much money it will cost to do O.R.S.

DR. MOLLA

Advantages of Cereal Based O.R.S.

1. Cheap and Readily Available.
2. Being food acceptable.
3. Traditional diarrhea therapy
4. Digested by Intraluminal Enzymes - Release glucose slowly no osmotic problem, more Calories more effective.
5. Easy technology - Diarrhea Management at home level.
6. Carbohydrates are the best for diarrhea.

Rice water is not good for diarrhea because it is very diluted.

Rice composition

90% starch

10% protein

Steps in the studies of C.B. O.R.S. (not accurate as I have it written). Hospital Based.

1. Pilot study with 30 gram Rice Powder/L.
2. Trial with 30 gram Rice/L.
3. Efficacy, digestibility and Calories Balance with 80 gram Rice (not possible).
4. Trial in purging Matched Cholera patients.
5. Comparison of stool Reduction by I.V. VS. RLORS.
6. Comparison of efficacy between 80 gram VS 50 gram Rice/L.
7. Studies of different Cereal Based O.R.S. Maize, Millet Sorghum, Potato, Wheat.

Field Based Studies:

1. Feasibility of Rice O.R.S. in field condition (mothers prefer Rice to O.R.S.).
2. Anthropological studies of Cereal Based O.R.S.
3. Field Comparison of W.H.O. and rice O.R.S. efficacy, and Nutritional Impact.

Composition of Standard Glucose and O.Rice O.R.S./Liter		
Ingredients	G-ORS	R-ORS
Na Cl	3.5 gram	3.5 gram
Sodium Bicarbonate	2.5 gram	2.5 gram
K Cl	1.5 gram	1.5 gram
Glucose	20.0 gram	-
Rice Powder(Flour)	-	50.0 gram

Apart of the water and salt R.solution is a weaning food.

DR. SHAFIKA NASSER

(Could not follow all the steps she discussed).

Morbidity of Diarrhea and Morbidity reduction.

1. Define problem.
2. Set priorities.
3. Set objectives.
4. Chose target.

DR. SANTOHA

(Not complete)

Hypernatremic Patients 40% have C.N.S. dysfunctions.

Mass accidental salt poisoning in infancy. A case of hospital disaster.

1. Recieved parental fluid therapy before hospital .
2. Previous history brain damage.
3. Use of lytren to hospitalization. (Lytren contains 50 mg. of sodium mmo 1/L. Carbohydrates content 8% .

Main causes of Hypernatremia.

1. High Sodium intake.
2. Intake of high solute load e.g. boild skim milk.

Conclusions

1. Both Hyper and Hypo can be safely treated with the standard W.H.O. O.R.S.
2. Education is the key to Hyper and Hypo.

THE INTERNATIONAL EXPERIENCE

All through the Conference I had the chance to meet people from all over. It was a very nice experience. People were very interested in what our porject has achieved with Health Education and would love to take a look at our curriculum and to even come and visit our Project. On the whole our Health Education Project is more advanced. Most of the people we met are thinking of developing a Health Education Project so they still are in the primary stage.

Some of the most influential people I was very pleased to meet are:

1. Dr. Norbert Hirschhorn who spent some time with me discussing the part of our curriculum about diarrhea and dehydration. I learned many beneficial and new ways of giving Rice Solution and Cereals instead of O.R.S. alone.
2. Dr. A. Majid Molla, who is an expert on Rice Solution, who advised me and gave me pictures of how to use the Rice Solution.
3. I also met Dr. Moh'd Shawqi and Dr. El-Mougi, Dr. El-Mougi is the one responsible for the training session that took place in Bab El-Shaa'riya Hospital.
4. I met Miss Collins who works with Amid East. I also met many doctors from Bnagaladesh, Iraq, El-Bahrain, and Egypt.
5. I was very happy to meet all C.R.S. employees in Egypt and Jordan and some from Tunesia. It would be good if all C.R.S. people working around the World could unite and meet together each presenting his own project.

ADDITIONAL INFORMATION

1. To carry along our curriculum and give it or lend it to people who want to have Health Education Programs.
2. C.R.S. Jordan were very helpful and cooperative.
3. C.R.S. Egypt were very hospitable, cooperative and very uplifting during the tour to some parts of Egypt I realized how badly they need Health Education.
So I think that instead of doctors lecturing to other doctors they should use local people inpracticing and reaching people in their homes and villages.
4. It would have also been beneficial if we were given the chance to speak to all doctors about our project but to speak we had to pay 150.00 U.S. Dollars.
5. I wish we would be given the chance to attend the training session that will take place in the summer. According to Miss Collins from Amid East that we would learn more if we go during the summer due to the massive existance of Diarrhea and Dehydration.

I would like to extend my thanks to C.R.S. Jerusalem who put the effort to send us all as a group to attend the Conference in Egypt. I hope this effort will continue for further training and Conferences.

ATTACHMENT "2"

REPORT ON THE USE OF REHYDRATION TREATMENT IN THE WEST BANK

REPORT ON USE OF ORAL REHYDRATION TREATMENT IN THE WEST BANK

Since the beginning of the Life Cycle/Health Education grant C.R.S. Supervisors have been collecting data about ORT in the West Bank. The data comes mainly from 3 sources;

- A. Questionnaires distributed to villages throughout the West Bank who either have or do not have a Health Education class. Results of the most recent questionnaires can be seen in the evaluation data tables (attachment 9).
- B. Visits to pharmacies throughout the region.
- C. Personal observation.

The final evaluation report from the previous Health Education Grant (1652) showed a significant increase in the use of ORT in villages with Health Education classes (36% - 42%) as opposed to villages without Health Education classes (2% - 16%). These findings were from samples taken in 1984. In this report only villages who have not taken Health Education classes were included and the results vary from 0% - 2.6% (under the category REHYDRATION DRINK).

A second study was made to find out the price and availability of ORS. The supervisors went to pharmacies in various villages and cities throughout the West Bank asking to buy Oral Rehydration Salts. They did not identify themselves. They recoded what was available and the price of the packets. The results are included in this report. It is significant that only two of five brands that were found found produced in the West Bank. The prices are also very high.

The CRS staff is convinced that the Health Education classes have helped to increase the use of ORS in dehydration cases. This is born out by the studies that have been done. It is also apparent, however, that more needs to be done to lower the cost and increase the effectiveness of ORT in the West Bank.

For this reason CRS has contacted a Palestinian chemist who has his own laboratory. He has the expertise and experience to study the problem in depth and make recommendation. No commitments have been made in this regard but hopefully appropriate arrangements can be made soon.

Shoushan Franji, the CRS Community Relations person, met with Dr. Norbert Hirschhorn (Vice Pres. John Snow Inc. Boston Mas.) and Dr. Majid Molla (International Center for Diarrhea Research, Bangladesh) at the AID sponsored ORT conference in Cairo Apr. 2-6, 1986. She presented a study prepared beforehand by the CRS staff and discussed the status of oral rehydration in the West Bank. She discussed the following in that meeting:

- Samples of O.R.T. packets available in the West Bank and the extent of its use.
- Price Range of the different samples of O.R.T. used in the West Bank.
- A potential project producing O.R.T. packets by C.R.S. through Health Education.
- Diarrheal Medicine.
- Cereal Based O.R.S. (Rice) Dr. Molla and Dr. Hirschhorn.

After presenting the different Samples of O.R.T. used in the West Bank (listed below) Dr. Hirschhorn checked their contents. He said that Hydran 60 is the best to be used because it is high in Citrate and Sodium. The price, however, is prohibitive. Hydran 90 should only be used in hospitals. Other products that have Sodium bicarbonate are not good to use. Prices differ from one pharmacy to another. Dr. Hirschhorn thinks that O.R.S. packets are sold at an expensive price.

Instead of producing new products and selling it in the market it is more advisable to buy expensive products and sell it cheaper to villagers. Diarrheal Medicine is 12 times more expensive than O.R.T. if not more.

The advantages of Cereal Based O.R.S. as presented in the O.R.T. conference are:

- Inexpensive and readily available.
- Food is available locally.
- Digested by Intraluminal Enzymes, release glucose slowly no osmotic problem (more calories are more effective).
- Easy Technology, Diarrhea Management at home level.
- Carbohydrate intake is important when diarrhea occurs.
- Rice H₂O is not the best for diarrhea because it is very diluted.

(Rice composition : 90% Starch
10% Protein)

Dr. Hirschhorn added that research should be done on how much rice mothers use in the West Bank. If it is common they should start using Cereal based O.R.S. Dr. Molla said that if a person has only diarrhea and no vomiting and can take in food orally it is better to give him cereal based O.R.S.

Six pictures included with this report demonstrate how to prepare and use rice for cereal based O.R.S. treatment.

RANDOM SAMPELING OF O.R.T. PACKETS AVAILABLE IN WEST BANK & JERUSALEM

NOTE: The packets may be available
in more areas than shown.

STUDY DATE: FEB. 13, 1986
RATE: \$1 = IS. 1.47

NAME OF PHARMACY	NAME OF BRAND	LOCATION	I.S. PRICE	U.S.\$ PRICE
RAMI'S	HYDRAN 60	HEBRON AREA	1.50	1.02
RAMI'S	HYDRAN 90	HEBRON AREA	1.90	1.29
RAMI'S	HYDROSUBS	HEBRON AREA	0.65	0.44
RAMI'S	ELECTROSUBS	HEBRON AREA	0.80	0.54
RAMI'S	ORET	HEBRON AREA	4.50	3.06
EL-BASHEER	HYDRAN 60	HEBRON AREA	1.60	1.09
EL-BASHEER	HYDRAN 90	HEBRON AREA	1.90	1.29
EL-BASHEER	HYDROSUBS	HEBRON AREA	0.65	0.44
EL-BASHEER	ELECTROSUBS	HEBRON AREA	0.90	0.61
EL-BASHEER	ORET	HEBRON AREA	6.00	4.08
EL-RAZI	HYDROSUBS	HEBRON AREA	0.70	0.48
EL-RAZI	ELECTROSUBS	HEBRON AREA	0.90	0.61
EL-RAZI	ORET	HEBRON AREA	5.00	3.40
MOUNT OF OLIVES	HYDROSUBS	JERUSALEM	0.62	0.42
MOUNT OF OLIVES	ELECTROSUBS	JERUSALEM	0.65	0.44
EL-PETRA	ELECTROSUBS	JERUSALEM	1.00	0.68
AL-TAZZIZ CENTRAL	HYDROSUBS	JERUSALEM	0.65	0.44
BALSAM	HYDROSUBS	JERUSALEM	0.40	0.27
MEDICAL FACTORY	HYDROSUBS	EL-BIREH	0.40	0.27
ABU GHAZALEH	HYDROSUBS	RAMALLAH	1.70	1.16
ABU GHAZALEH	ORET	RAMALLAH	5.34	3.63
SIAM	HYDRAN 60	RAMALLAH	1.45	0.99
SIAM	HYDRAN 90	RAMALLAH	1.80	1.22
KREITEM	ORET	RAMALLAH	5.00	3.40
MATTARIEH	HYDRAN 60	RAMALLAH	5.00	3.40
MATTARIEH	HYDRAN 90	RAMALLAH	6.00	4.08
MATTARIEH	ELECTROSUBS	RAMALLAH	0.80	0.54
MATTARIEH	ORET	RAMALLAH	6.00	4.08
EL-SAYID	HYDRAN 60	RAMALLAH	5.00	3.40
EL-SAYID	HYDRAN 90	RAMALLAH	5.90	4.01
EL-SAYID	ELECTROSUBS	RAMALLAH	0.80	0.54
EL-SAYID	ORET	RAMALLAH	6.00	4.08
BIR ZEIT PHARMACEUTICAL CO.	ELECTROSUBS	BIR ZEIT	0.54	0.37
MAJDI'S	HYDROSUBS	NABLUS	0.70	0.48
MAJDI'S	ELECTROSUBS	NABLUS	0.70	0.48
PALESTINE	HYDROSUBS	JENIN	0.70	0.48
EL-HAYAT	ELECTROSUBS	JENIN	0.70	0.48
EL-SHA'B	ORET	JENIN	4.50	3.06
BEIT JALA FACTORY	HYDROSUBS	BEIT JALA	0.40	0.27

CODE 15-611-05



ORAL REHYDRATION SALTS FOR THE TREATMENT OF DEHYDRATION DUE TO DIARRHOEA

PREPARATION OF SOLUTION: Dissolve entire contents of packet in **one litre** of drinking water.

DIRECTIONS FOR USE: To be taken orally.
 Infants - one litre over a 24 hour period
 Children - one litre over an 8 to 24 hour period, according to age
 Adults - drink freely as required

Continue treatment until diarrhoea stops

Each sachet contains: Glucose anhydrous, BP 20.0 g
 Sodium chloride, BP 3.5 g
 Sodium bicarbonate, BP 2.5 g
 Potassium chloride, BP 1.5 g

Net wt. 27.5 g

Storage: Keep in a cool place.
 Use before: see date on the edge of the sachet.

NUTRICIA

Manufactured by:
 N.V. Nutricia - Zoetermeer - Holland.

This U.N.S. Packet is distributed free of charge by UNICEF in the West Bank and Gaza.

(Produced in Holland)

HYDRAN 60 Water Soluble Powder Oral Rehydration Treatment

Composition
 Each pack of 36.93 g contains:
 Sodium 64.3 mmol/l
 Potassium 20.0 mmol/l
 Citrate 10.0 mmol/l
 Chloride 54.3 mmol/l
 Dextrose 166.5 mmol/l

Directions for Use
 Unless otherwise directed by the physician, add the contents of one pack of Hydran 60 to a liter of drinking water, mix well to dissolve completely and drink as needed.

Store in a cool dry place

Manufacturer:
 Teva Pharmaceutical Industries Ltd.,
 P.O. Box 1423, Tel-Aviv

הידרן 60

סחורק קאביל

ללדובאן קסי המא

למאלה נקדאן האלאג ואלואל
 ננבאה האהאל

הרכיבה
 קל מואה ל- 12, 26 גראם נחווה קסי:
 Sodium 64.3 mmol/l
 Potassium 20.0 mmol/l
 Citrate 10.0 mmol/l
 Chloride 54.3 mmol/l
 Dextrose 166.5 mmol/l

קריקה האמאל

פי מאלה אדם מוולק קלי מלמולא
 אגרי מן הקיבה, אטף מנחווה
 מואה ואחאה מן הידראן 60 קסי
 לקיור ואחד מן מאה השרב, אגלף
 היבא חני הדובאן הנאם ואשרב
 חסב המאכה

Lot: 398074

Exp 07/87

הידרן 60

אמקה לחמשה במים

למאל קאביל מלדים ואלואל
 קקב טלולים

הרכיב
 כל שקית של 36.93 גרם מכילה:
 Sodium 64.3 mmol/l
 Potassium 20.0 mmol/l
 Citrate 10.0 mmol/l
 Chloride 54.3 mmol/l
 Dextrose 166.5 mmol/l

הוראות שימוש
 מוולק קריקה אחרת מוולק
 קסי מוולק את המכולה של
 שקית אחת של הידרן 60 לליטר
 מי-שתיה, למרבית היטב עד
 לממשה מסאה, ולמשה נהנאם
 נסוד.

למסור במקום קריר ויבש.

היצור:
 טבעת עשיות פרמצבטיות
 בע"מ,
 ת"ד 1423, תל-אביב.

AREAS FOUND

1. Hebron
2. Ramallah

PRICE RANGE

I.S. 1450 - 5000

2 0.98 - 3.40

(Produced in Israel)

HYDRAN 90 Water Soluble Powder Oral Rehydration Treatment

Composition
 Each pack of 29.24 g contains:
 Sodium 90 mmol/l
 Potassium 20 mmol/l
 Citrate 10 mmol/l
 Chloride 80 mmol/l
 Dextrose 111 mmol/l

Directions for Use
 Unless otherwise directed by the physician, add the contents of one pack of Hydran 90 to a liter of drinking water, mix well to dissolve completely and drink as needed.

Store in a cool dry place.

Manufacturer:
 Teva Pharmaceutical Industries Ltd.,
 P.O. Box 1423, Tel-Aviv.

הידרן 90

סחורק קאביל

ללדובאן קסי המא

למאלה נקדאן האלאג ואלואל
 ננבאה האהאל

הרכיבה
 קל מואה ל- 24, 29.24 גראם נחווה קסי:
 Sodium 90 mmol/l
 Potassium 20 mmol/l
 Citrate 10 mmol/l
 Chloride 80 mmol/l
 Dextrose 111 mmol/l

קריקה האמאל

פי מאלה אדם מוולק קלי מלמולא
 אגרי מן הקיבה, אטף מנחווה
 מואה ואחאה מן הידראן 90 קסי
 לקיור ואחד מן מאה השרב, אגלף
 היבא חני הדובאן הנאם ואשרב
 חסב המאכה

Lot 399002

Exp 06/87

הידרן 90

אמקה לחמשה במים

למאל קאביל מלדים ואלואל
 קקב טלולים

הרכיב
 כל שקית של 29.24 גרם מכילה:
 Sodium 90 mmol/l
 Potassium 20 mmol/l
 Citrate 10 mmol/l
 Chloride 80 mmol/l
 Dextrose 111 mmol/l

הוראות שימוש
 מוולק קריקה אחרת מוולק
 קסי מוולק את המכולה של
 שקית אחת של הידרן 90 לליטר
 מי-שתיה, למרבית היטב עד
 לממשה מסאה, ולמשה נהנאם
 נסוד.

למסור במקום קריר ויבש.

היצור:
 טבעת עשיות פרמצבטיות
 בע"מ,
 ת"ד 1423, תל-אביב.

AREAS FOUND

1. Hebron
2. Ramallah

PRICE RANGE

I.S. 1700 - 6000

2 1.22 - 4.03

ELECTROSURS

ORAL REHYDRATION SALTS

Each sachet contains the equivalent of:

Sodium Chloride	3.5g
Potassium Chloride	1.5g
Sodium Bicarbonate	2.5g
Glucose	20.0g
Plus Flavouring	

DIRECTIONS
Dissolve in ONE LITRE of drinking water.

To be taken orally —
Infants — over a 24 hour period
Children — over an 8 to 24 hour period,
according to age
as otherwise directed under medical supervision.

CAUTION: DO NOT BOIL SOLUTION

Bir-Zeit Pharmaceutical Co. Ltd.

HYDROSUBS

Oral Electrolyte Salts



Composition :

Each Packet Contains :

Sodium Chloride	3.5 gms .
Potassium Chloride	1.5 gms .
Sodium Bicarbonate	2.5 gms
Glucose	20 gm .

Directions :

Dissolve the contents of the packet in one liter of water and use as directed by the physician .

Reg. No. 2056 .

Palestine Medical Co. Ltd.
Al - Bireh .

<u>AREAS FOUND</u>	<u>PRICE RANGE</u>
1. Hebron	I.S. 540- 1,000
2. Jerusalem	
3. Ramallah	\$ 0.36 - 0.68
4. Birzeit	
5. Nablus	
6. Jenin	

(Produced in West Bank)

<u>AREAS FOUND</u>	<u>PRICE RANGE</u>
1. Hebron	I.S. 400 - 1700
2. Jerusalem	
3. El Bireh/Ramallah	
4. Nablus	\$ 0.27 - 1.15
5. Jenin	
6. Beit Jala	

(Produced in West Bank)

ORET

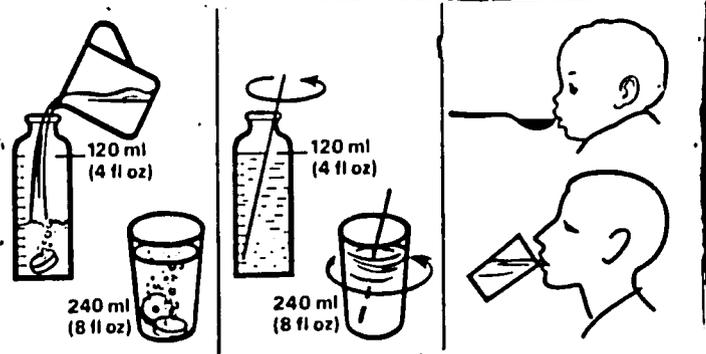
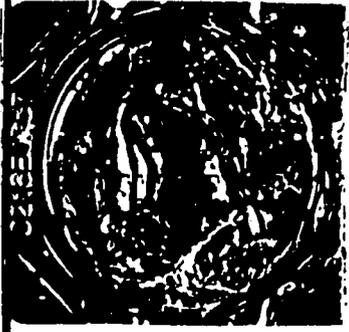
Oral Rehydration Salts
for 120 ml solution
10 effervescent tablets

BALPHARM AG

Protect from heat.
Dissolve one tablet in 120 ml of drinking water, give as much as child will accept

Each tablet contains	mmol/l
Dextrose	100
Sodium	90
Potassium	20
Citrate	30
Chloride	50
Flavour	

Balpharm Ltd., Basle, Switzerland, a subsidiary of CIBA-GEIGY Limited
Importer: M. Jakobsohn Ltd., P.O.B. 29096, Tel-Aviv.



AREAS FOUND

1. Hebron
2. Ramallah
3. Jenin

PRICE RANGE

I.S. 4500 - 6000
\$ 3.06 - 4.08

(Produced in Switzerland)



Step One- Wash rice



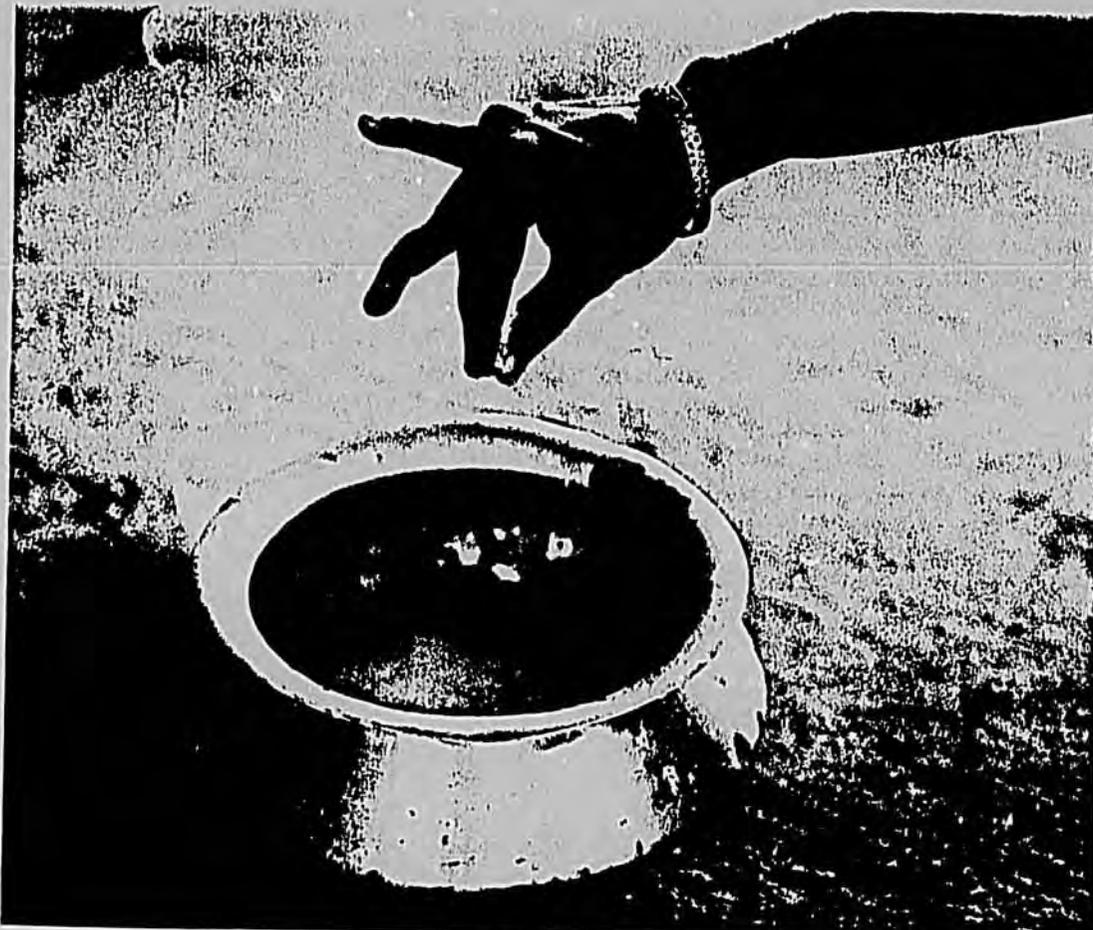
Step Two- Pound the rice



Step Three- put rice and water into a container



Step four- Boil the entire solution



Step five- Use three fingers to pick up salt and put it into the solution



Step six - Stir the solution and feed the child

ATTACHMENT "3"

GAZA COURSE OUTLINE

53

SCHEDULE FOR GAZA COURSE JUNE 30TH - DEC. 4TH, 1986

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
JUNE 30	JULY 1	JULY 2	JULY 3
Introduction	Knowing the People	The Creative Process	The Human Reproductive system "Slides"
JULY 7	JULY 8	JULY 9	JULY 10
Pregnancy and Prenatal devel. "Slides"	Pregnancy and prenatal development	Delivery	Delivery
JULY 14	JULY 15	JULY 16	JULY 17
	Care of the New born & Exam	Care of the New Born	Ear
JULY 21	JULY 22	JULY 23	JULY 24
Eye guest Speaker "Hiam K'ebneh" Ophthalmic Hospital			
JULY 28	JULY 29	JULY 30	JULY 31
1st Evaluation of teachers	The Respiratory System	The Respiratory System	The Digestive System
Second Exam	Guest Speaker Dr.		Guest Speaker Dr.

SCHEDULE FOR GAZA COURSE JUNE 30TH - DEC. 4TH, 1986

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
AUGUST 4	AUGUST 5	AUGUST 6	AUGUST 7
The Digestive System	Four Levels of the Human being	Goals, Aims and Objectives	Goals, Aims and Objectives
AUGUST 11	AUGUST 12	AUGUST 13	AUGUST 14
Practice Teaching (division in 3 groups)	Practice Teaching (division in 3 groups)	Practice Teaching (division in 3 groups)	Food for the Family
AUGUST 18	AUGUST 19	AUGUST 20	AUGUST 21
Aladha Feast	Food for the Family	Breast Feeding	Breast Feeding
AUGUST 25	AUGUST 26	AUGUST 27	AUGUST 28
Supplimentary Feeding and Weaning (Fourth exam)	Weight charts	Weight charts	Immunization

SCHEDULE FOR GAZA COURSE JUNE 30TH - DEC. 4TH, 1986

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
SEPTEMBER 1	SEPTEMBER 2	SEPTEMBER 3	SEPTEMBER 4
Childhood stage 0 - 5 years Nutrition & Devel	Childhood stage 6 - 12 years Nutrition & Devel	Adolescence stage 5th exam	Old Age stage
SEPTEMBER 8	SEPTEMBER 9	SEPTEMBER 10	SEPTEMBER 11
Teaching Techniques	Teaching Techniques	Practice Teaching	Practice Teaching
SEPTEMBER 15	SEPTEMBER 16	SEPTEMBER 17	SEPTEMBER 18
Practice Teaching	Problems (6th Exam)	Problems	Sickness of the child guest speaker Dr.
SEPTEMBER 22	SEPTEMBER 23	SEPTEMBER 24	SEPTEMBER 25
Sickness of the child	Sickness of the child	How to stop the Spread of Disease	How to stop the Spread of Disease
SEPTEMBER 29	SEPTEMBER 30		
Safetyot Home 7th Exam	Middle evaluation of teachers shock		

SCHEDULE FOR GAZA COURSE JUNE 30TH - DEC. 4TH, 1986

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
OCTOBER 1	OCTOBER 2	OCTOBER 6	OCTOBER 7
Artificial Respiration	Artificial Respiration	Foreign objects choking	Foreign objects and choking
OCTOBER 8	OCTOBER 9	OCTOBER 13	OCTOBER 14
Electric Techniques	Poisoning	Evaluation and Re-inforcement (8th Exam.)	Practice Teaching
OCTOBER 15	OCTOBER 16	OCTOBER 20	OCTOBER 21
Practice Teaching	Practice Teaching	Burns	Burns
OCTOBER 22	OCTOBER 23	OCTOBER 27	OCTOBER 29
Wonds	Wonds	Bites	Bites
OCTOBER 29	OCTOBER 30		
Fractures	Fractures		

SCHEDULE FOR GAZA COURSE JUNE 30TH - DEC. 4TH, 1986

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
NOVEMBER 3	NOVEMBER 4	NOVEMBER 5	NOVEMBER 6
Fractures	9th Exam microscope	Microscope	Practical Exam in First Aid
NOVEMBER 10	NOVEMBER 11	NOVEMBER 12	NOVEMBER 13
Practical Exam in the First Aid	Electro-magnetic Visual Aid	Electro-magnetic Visual Aid	Over head Projector
NOVEMBER 17	NOVEMBER 18	NOVEMBER 19	NOVEMBER 20
Slide projector	Doll Making	Doll Making	Doll Making
NOVEMBER 24	NOVEMBER 25	NOVEMBER 26	NOVEMBER 27
Lesson Plans	Lesson Plans	Lesson Plans	Practice Teaching
DECEMBER 2	DECEMBER 2	DECEMBER 3	DECEMBER 4
Practice Teaching	Practice Teaching	General Revision & Final Exam & Final evaluation	Graduation Party

ATTACHMENT "4"

GAZA COURSE TRAINEES

SM

CATHOLIC RELIEF SERVICES-USCC/JWB

GAZA

COURSE

<u>N_A_M_E</u>	<u>CENTER</u>
1. Afifeh Shaqoura	Al-Nassr
2. Sana' El-Nakel	Al-Daraj
3. Hala Tafesh	M.Al-Shatei'
4. Maha Qweider	Al-Daraj
5. Souheir Mas'oud	Al-Nassr
6. Nabilah A/Kdera	Al-Remal
7. Ni'meh Hajaj	Al-Shaja'ieh
8. Basima Al-Tatar	Al-Shaja'ieh
9. Muna 'Elian	M.Al-Shatei'
10. Sana' A/El-Salam	Al-Sabra
11. Amal A/'Ataya	Al-Nassr
12. Hanan Seleem	Al-Shaja'ieh
13. Widad A/'Ataya	Al-Nassr
14. Muna El-wahidi	Al-Remal
15. Lawaheth Msameh	Al-Nassr
16. Hiam El-Sweisy	'Asqula
17. Nahla El-Hatab	Al-Shaja'ieh
18. Samar El-Hadad	Al-Zaitoun
19. Sabah El-sawafri	Al-Zaitoun
20. Malak A/labab	Al-Zaitoun
21. En'am Ekheil	Al-Remal
22. Tamam Mohamad	M.Al-Nseirat
23. Samira Shaheen	O.Al-Mukhtar
24. Karima A/Hassira	Al-Daraj
25. Mirvat Ramadan	Al-Sabra
26. Miasar El-Khatib	Al-Zaitoun
27. Abir Zahra	AL-Daraj

ATTACHMENT 5

GAZA CURRICULUM CHANGES

WORMS AND PARASITES *

There are many types of worms and other tiny animals (parasites) that live in people's intestines and cause diseases. Those which are larger are sometimes seen in the stool (feces).

ROUNDWORM (Ascaris)

20 to 30 cm. long color pink or white.

How they are transmitted

Feces to mouth, through lack of cleanliness the round worm eggs pass from one person's stools to another person's mouth. For this reason it is very important to wash hands often, dispose of sewage properly, and keep children away from sewage.

Effect on Health

Once the eggs are swallowed young worms hatch and enter the bloodstream this may cause general itching. The young worms then travel to the lungs sometimes causing a dry cough. The worst case can cause pneumonia with coughing of blood. The young worms then are coughed up, swallowed and reach the intestines where they grow to full size.

Signs and Symptoms

1. Discomfort in the intestines.
2. Indigestion and weakness.
3. Gaging

Prevention

Use latrines, and wash hands before eating or handling food, protect food from flies and follow the guidelines of cleanliness. See Doctor if symptoms occur.

THREADWORM (Pinworm, Enterobius)

1 cm. long, color white, very thin and thread like.

How they are transmitted

These worms lay thousands of eggs just outside the anus. This causes itching, especially at night. When a child scratches, the eggs stick under his nails and are carried to food and other objects. In this way they reach his own mouth or the mouths of others, causing new infections of thread worms.

Effect on Health

These worms are not dangerous. Itching may disturb the child's sleep.

Treatment and prevention

- A child who has pinworms should wear tight diapers or pants while sleeping to keep him from scratching his anus.
- Wash the child's hands and buttocks (and area) when he wakes up and after he has a bowel movement. Always wash his hands before he eats.
- Cut his fingernails very short.
- Change his clothes and bathe him often, wash the buttocks and nails especially well.
- Put vaseline in and around his anus at bed time to help stop itching.
- Cleanliness is the best prevention for threadworms. Even if medicine gets rid of the worms.
- See the doctor.

WHIPWORM
(Trichuris, Trichocephalus)

3 to 5 cm. long, color pink or gray.
This worm, like the roundworm, is passed from the feces of one person to the mouth of another person. Usually this worms does little harm, but it may cause diarrhea. In children it occasionally causes part of the intestines to come out of the anus.

Prevention

The same as for roundworm.

Treatment

See the doctor.

TAPEWORM (Tinea Saginata)

In the intestines tapeworms grow several meters long. But the small flat, white pieces (segments) found in the feces are usually about 1 cm. long.

Occasionally a segment may crawl out by itself and be found in the underclothing. People get tape worms from eating pork (pig meat) beef or other meat that is not well cooked.

How they are transmitted

- The pig eats the eggs from the man's stools.
- The worm eggs the pig has eaten form cysts in the meat.
- When the person eats poorly cooked meat, the cysts become tape worm in his intestines.

Effect on health

Tapeworms in the intestines sometimes cause mild stomach aches, but few other problems.

The greatest danger exists when the cysts (small sacs containing baby worms) get into a person's brain. This happens when the eggs pass from his stools to his mouth. For this reason, anyone with tapeworms must follow the guidelines of cleanliness carefully and get treatment as soon as possible.

Prevention

- Be careful that all meat is well cooked especially pork.
- Make sure no parts in the center of roasted meat are still raw.

Treatment

See the Doctor.

TRICHINOSIS

These worms are never seen in the stool. They burrow through the person's intestines and get into his muscles. People get these worms, like tape worms from eating infected pork or other meat that is not well cooked.

Effect on health

Depending on the amount of infected meat eaten, the person may feel no effects, or he may become very sick or die. From a few hours to five days after eating the infected pork the person may develop diarrhea and feel sick to his stomach.

Signs and Symptoms in severe cases

- Fever with chills
- Muscle pain
- Swelling around the eyes and sometimes swelling of the feet.
- Small bruises (black or blue pots on the skin)
- Bleeding in the whites of the eyes.

Prevention

- Only eat pork and other meat that has been well cooked.
- Do not feed scraps of meat or leftovers from butchering to pigs unless they have first been cooked.

Treatment

- Seek medical attention at once.

AMOEBAS

These are not worms, but tiny animals or parasites that can be seen only with a microscope.

How they are transmitted

The stools of infected people have millions of these tiny parasites. Because of poor sanitation, they get into the source of drinking water or into food, and other people become infected.

Signs of infection with Amoebas

Many healthy people have amoebas without becoming sick. However amoebas are a common cause of severe diarrhea or dysentery. Less commonly amoebas cause painful and also cause dangerous abscesses in the liver.

Typical amoebic dysentery consists of

- Diarrhea that comes and goes sometimes alternating with constipation.
- Cramps in the belly and a need to have frequent bowel movements, even when little or nothing mucus comes out.
- Many looser (but usually not watery) stools with lots of mucus sometimes stained with blood.
- In severe cases much blood, the person may be very weak and ill.
- Usually there is no fever.

Diarrhea with blood may be caused by either amoebas or bacteria.

DIARRHEA + BLOOD + FEVER = BACTERIAL INFECTION
DIARRHEA + BLOOD + NO FEVER = AMOEBAS

Sometimes amoebas get into the liver and form an abscess or packet of pus. This cause tenderness or pain in the right upper belly. pain may extend into the right chest and is worse when the person walks.

Treatment

If possible get medical help and a stool analysis.

Prevention

- Make and use latrines.
- Protect the source of drinking water.
- Follow the guidelines of cleanliness.
- Eating well and avoiding fatigue and drunkenness are also important in preventing amoebic dysentery.

GIARDIA

The giardia, like the amoebas is a microscopic parasite that lives in the gut and is a common cause of diarrhea especially in children. The diarrhea may be chronic or intermittent (may come and go).

Signs

- A person who has yellow, bad smelling diarrhea that is frothy (full of bubbles) without blood or mucus.
- The belly is swollen with gas and uncomfortable there are mild intestinal cramps, and the person passes a lot of wind. There is usually no fever.

Treatment

- Giardia infections often clear up by themselves. Good nutrition helps.
- Seek medical care.

ASTHMA *

It is one of respiratory system's diseases.

Signs

1. Difficulty in breathing.
It is possible to hear hissing or wheezing sound, especially when breathing out, you can see ribs suck when breathing in.
2. Nails and lips may turn blue.
Because the patient can't take enough air.
3. His neck veins may swell.

Asthma often begins in childhood and may be a problem for life. It is not contagious, but is more common in children with relatives who have asthma. It is generally worse during certain months of the year or at night.

Causes of an asthma attack

1. Eating or breathing anything that causes allergy to the person.
2. Nervousness or worry can play a part in bringing asthma attack. In children asthma often starts with common cold.

Treatment

1. The person should go outside the place where the air is cleanest.
2. Remain calm and be gentle with the person.
3. Give a lot of liquid. This loosens mucus and make breathing easier.
4. Breathing water vapor.
5. Ask for medical help.

Protection

1. Avoid eating or breathing the things that cause asthma attack.
2. You should keep the house clean.
3. Avoid smoking as smoking makes it worse.

INFECTIONS HEPATITIS *

Hepatitis, which is also known as jaundice, is one of the wide spread and infections disease.

Cause

Virus.

Incubation period

10 - 21 days.

Infection is passed through:

1. Stools.
2. Urine.
3. Contamination of food and liquids e.g. milk.
4. Contamination of instruments.
5. Contamination of injections.
6. Contamination of clothes.

Signs and Symptoms

1. Physical fatigue.
2. Fever.
3. Loss of appetite.
4. Yellow cornea.
5. Yellow skin.
6. Dark red urine.
7. Greyish stools.

Prevention

1. Isolate the infected person.
2. Isolate instruments of the infected person.
3. Report the case to the officials "Health Department".
4. Dispose the urine and stools as soon as possible.
5. Put detergent on the stool before and after disposing it.
6. Maintain your personal cleanliness when contacting the infected person.
7. Wash your hands with soap and water and the detergent after doing anything for the infected person.
8. Soak all the instruments of the infected person in water and detergent before washing them.
9. Soak all the clothes of the infected person in water and detergent before washing them.
10. Do not visit other people in case you are a carrier of the disease.
11. Take the preventive vaccination Gamaglobiobeen in case of the disease spreading.
12. Ask the infected person to make a laboratory test in order to check how severe the case is and what are the possibilities of him spreading the disease.

Care for the infected person

1. Be sure that the infected person is in rest.
2. Be sure that the infected person is provided with enough warmth.

3. Do not give fatty food to the infected person.
4. Do not give fried food to the infected person.
5. Give the infected person liquids rich in vitamins e.g. juice of carrots, apples, and tomato.
6. Give the infected person food rich in starch e.g. bread, macaroni, rice, potatoes.
7. Give the infected person food rich in sugar e.g. jam, honey, dibbis.

SCABIES *

Scabies is common in children. It causes very itchy little bumps that can appear all over the body.

- Between the fingers and on the wrists.
- Around the waist.
- On the genitals.

Scabies is caused by little animals, similar to tiny ticks or chiggers which burrow under the skin. It is spread by touching the affected skin or by clothes and bedding.

Signs

1. Sores with pus.
2. Infections can cause pain.
3. Small itchy sores on the penis and scrotum of young boys.

Complications

Swollen in the lymph nodes or fever.

Prevention and Treatment

1. Follow the guidelines of cleanliness carefully.
2. Wash all clothes and bedding and hang them in the sun.
3. Bathe and change clothes daily.
4. Seek medical care.

CHICKEN POX **

This is a contagious reoccurring disease among children. It is not dangerous for the infected person. One could catch it quickly and could recover from it quickly. It was scientifically proved that this disease has no relation to smallpox.

Causes

It is caused by a virus that lives in the respiratory tract and skin of the infected person. It takes between 12-21 days to incubate but it is usually two weeks.

Signs

Signs begin gradually as follow:

1. Slight raise in temperature with rapid pulse.
2. Physical fatigue and slight pain in the back.
3. At the beginning 3-25 rashes would appear on the skin then they increase. Rashes appear on the body parts first from the back chest, lower abdomen, thighs, face and finally the forehead. Rashes could also appear on the inside of the mouth, the eyes, and in the throat, but this seldom occurs.

Source of infection

Source of infection is the infected person himself. It begins with the respiratory tract where the virus lives then spreads through:

1. Direct contact with the rash and secretions.
2. Indirect contact that is by using the infected possessions of the infected person e.g. handkerchief, bed, covers, ...etc.

Prevention

1. All persons who are in contact with the infected person should be vaccinated. This vaccination does not give them immunity against chicken pox, but protects them from smallpox.
2. Isolate the infected person and everything that he uses.
3. Keep the infected person clean and wash everything that he uses with detergents such as detol and others.
4. General cleanliness for the whole house in order to prevent this disease.

Note: The most important preventive measures are to maintain a healthy environment. Even if the case is diagnosed as chicken pox, it might be something else more dangerous. When in doubt, the case should be considered as smallpox, and all precaution should be taken.

Treatment

Treatment should be given by a specialised doctor.

TAKEN FROM
* WHERE THERE IS NO DOCTOR
** INFECTIONS DISEASES

ATTACHMENT "6"

"GENETICS BIRTH DEFECTS"

COURSE OUTLINE

GENETICS AND BIRTH DEFECTS
COURSE OUTLINE

	<u>DATE</u>	<u>TOPIC</u>
1.	APR. 29, 1986	BASIC GENETIC CONCEPTS
2.	MAY 2, 1986	GENES
3.	MAY 6, 1986	PRENATAL DEVELOPMENT
4.	MAY 9, 1986	A. WHAT CAN GO WRONG WITH THE GENES B. MEIOSIS
5.	MAY 13, 1986	CHROMOSOME ERRORS
6.	MAY 16, 1986	CEREBRAL PALSY
7.	MAY 20, 1986	A. MONGOLOIDISM B. DEFINITION OF HIGH RISK MOTHER AND INFANT
8.	MAY 23, 1986	CEREBRAL PALSY
9.	MAY 27, 1986	A. RH. FACTOR B. EPILEPSY
10.	JUNE 6, 1986	SEIZURES
11.	JUNE 13, 1986	A. SPINA BIFIDA B. HYDROCEPHALY
12.	JUNE 24, 1986	A. HYDROCEPHALY B. JAUNDICE C. CLEFT LIP D. ANEMIA
13.	JUNE 27, 1986	A. CLEFT PALATE B. DIABETES

ATTACHMENT "7"

"WORKING PAPER"

ARAB COLLEGE

WORKING PAPER

ARAB COLLEGE OF NURSING

FEBRUARY 12, 1986

I. INTRODUCTION

This paper represents the possibility of institutionalizing the Catholic Relief Services (CRS) Health Education instruction formula into the Arab College of Nursing. This is a complex matter with many intervening variables. For this reason CRS cannot stress enough that this document is a working paper which simply offers suggestions from the perspective of CRS. Alternatives, changes, and different points of view are welcome. It is hoped that this document will serve as a springboard towards a solution to the problem of institutionalization and not as an obstruction to it.

II. BACKGROUND

The CRS health education project has just completed the first year of a three year project. The project funding will cease as of January 1988. This leaves two years to try to find a suitable local body (or bodies) to take over the program or run the risk of its discontinuation. This time constraint creates an urgent need to put things into process so that CRS and the Arab College (in this case) can overlap their programs.

Catholic Relief Services now works with approximately 135 village societies in the West Bank. These societies are self-supporting and need no further follow-up or assistance. CRS is looking for local societies willing to accept responsibility for the supervision and instruction necessary for the smooth flow of operations. The three Unions of charitable societies have been contacted in this regard (see attached working paper) and other agencies as well. This process is well on its way and CRS hopes to settle it by the end of the current year. Several institutions have been contacted to take over the instruction but as yet no solid formula has been set forth.

In order to maintain the present rate of village teachers in the West Bank, 25-5 new teachers would need training each year. If new villages join the program, the demand will be even greater. The demand for health education training on the village level is as great as that of other medical personnel.

III. PROJECTED INVOLVEMENT BETWEEN ARAB COLLEGE AND CRS

A. History

Catholic Relief Services health education program and the Arab College have enjoyed a long and productive relationship. This is partly due to the common interest in health and the close proximity of the institution. There are, however, several other very favorable characteristics of the Arab College of Nursing which makes it uniquely qualified to take over the health education instruction such as:-

- Central location in the West Bank
- Financial and administrative stability
- Excellent scholastic reputation
- Long working relationship with the H.E. project
- Interest in preventive health
- Qualified staff

From the perspective of CRS, the Arab College of Nursing offers an excellent potential for institutionalization.

B. Strategy

The Arab College of Nursing is an experienced learning institution with a proven record of quality instruction. For this reason, the actual strategy for turning over responsibility for the program is deviously simple containing three basic components.

1. Develop a suitable curriculum and schedule.
2. Overlap beginning instruction
3. Selection of Instructors

CRS has 10 years experience in the village. This is the hallmark of the present program. The concern then is that none of the experience is lost in the transfer of institutions. The present CRS training program is six months long. It is mostly health-related information (see curriculum). Much of the program, however concentrates upon teaching techniques. It is here that CRS has found the greatest improvement of comprehension on the village level. CRS feels that six months is not enough time to do the material justice but that more than a year goes beyond the scope of the teachers from the villages. Nine months to one year seems to be a good length for a course. CRS is willing to send its instructors to the Arab College in a collaborative effort to produce a curriculum. CRS is also willing to hire any other "experts" or consultants necessary to complete this task with minimal disruption to the current staff at the Arab College. CRS is also ready to hand over all pertinent teaching materials and equipment such as; slide projectors, overhead projectors, posters, etc.

ATTACHMENT "8"

COMPLETE BENEFICIARY INFORMATION

FEBRUARY 1, JULY 31, 1985

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION
FEBRUARY 1, 1986 - JULY 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	0	0	0	0	0	0
2 GREEK CATHOLIC INFANT WELFARE/JERUSALEM		C L O S E D				
3 EL-AMAL CHARITABLE SOCIETY/ABU-DIS	2	30	47	51	0	0
4 ARAB EL-DAHOUK & KURSHAN/ABU-DIS		C L O S E D				
5 AQBAT JABE SUB-CENTER		C L O S E D				
6 SUBA CHARITABLE SOCIETY/BETHANY	1	18	23	18	0	0
7 AL-JAHALEEN SUB-CENTER/BETHANY	0	0	0	12	0	0
8 BETHANY HOUSING PROJECT	1	18	27	18	0	0
9 SILWAN CHARITABLE SOCIETY	1	15	24	15	0	0
10 SHU'FAT CAMP CHARITABLE SOCIETY	0	0	0	0	0	0
11 SAWAHREH EL-SHARQIEH CHARITABLE SOCIETY	0	0	0	0	0	0
11 * SUB-TOTAL	5	31	126	114	0	0

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	1	25	50	25	1	
2 FRIENDS OF THE COMMUNITY/EL-BIREH	1	19	31	19	0	
3 NE'LIN SUB-CENTER	2	36	32	36	0	
4 KARAWAT BANI-ZEID CHARITABLE SOCIETY	0	0	0	0	0	
5 DEIR-GHASSANEH SUB-CENTER		C L O S E D				
6 AROURA CHARITABLE SOCIETY	1	16	26	16	0	
7 EIN YABROUD CHRITABLE SOCIETY	0	0	0	0	0	
8 BURQA CHARITABLE SOCIETY	1	27	59	27	0	
9 BEITILLU CHARITABLE SOCIETY	0	0	0	0	0	
10 JIFNA CHARITABLE SOCIETY	0	0	0	0	0	
11 SILWAD CHARITABLE SOCIETY	1	20	42	20	0	
12 KUFUR-NI'MEH CHARITABLE SOCIETY	0	0	0	0	0	
13 TURMUS-'AYYA CHARITABLE SOCIETY	1	22	46	22	1	1
14 SINGEL CHARITABLE SOCIETY	1	25	57	16	0	2
15 BUDRUS CHARITABLE SOCIETY	0	0	0	0	0	
16 EL RAM CHARITABLE SOCIETY	0	0	0	0	0	
17 BIL'EEN CHARITABLE SOCIETY	0	0	0	0	0	
18 KHARBATHA BANI HARETH CHAR. SOCIETY	0	0	0	0	0	
18 * SUB-TOTAL	9	190	343	181	2	3

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION
FEBRUARY 1, 1986 - JULY 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 BEIT-JALA LADIES SOCIETY	2	40	44	40	0	
2 WAD-RAHHAL SUB-CENTER	WILL	OPEN	A CLASS	THERE		
3 JORET AL-SHAM'A SUB-CENTER	0	0	0	9	0	
4 NAHALIN SUB-CENTER	0	0	0	0	0	
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	1	
8 WAD-FOUKKIN CHARITABLE SOCIETY	1	24	55	24	1	
9 BATTIR CHARITABLE SOCIETY	1	24	47	24	0	
10 EL-KHADER CHARITABLE SOCIETY	1	24	61	24	1	2
11 URTAS CHARITABLE SOCIETY	0	0	0	0	0	
12 ZA'TARA CHARITABLE SOCIETY	0	0	0	0	0	
10 * SUB-TOTAL	6	137	257	146	3	2

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	1	25	30	25	0	0
2 EL-UJA SUB-CENTER	1	12	26	11	0	0
3 AL-HILAL CLUB	1	24	43	25	0	0
3 * SUB-TOTAL	3	61	99	61	0	0

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION
FEBRUARY 1, 1986 - JULY 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
H E B R O N A R E A						
1 HEBRON LADIES CHARITABLE SOCIETY	2	27	60	27	3	
2 HEBRON RED CRESCENT CHARITABLE SOCIETY	1	17	36	17	3	
3 AL-MAJD SUB-CENTER	1	13	20	13	0	
4 HARET EL-SHEIKH SUB-CENTER	1	13	27	13	0	
5 HALHUI LADIES CHARITABLE SOCIETY	2	33	57	33	0	
6 BANI NA'IM CHARITABLE SOCIETY	1	22	41	22	2	
7 DOURA CHARITABLE SOCIETY	2	30	52	29	1	
8 DAHRIYEH CHARITABLE SOCIETY	1	12	21	12	1	
9 BEIT-ULA CHARITABLE SOCIETY	2	50	106	44	2	
10 NUBA CHARITABLE SOCIETY	0	0	0	0	0	1
11 YATTA CHARITABLE SOCIETY			NO CLASSES CLOSED			
12 SAMOU' CHARITABLE SOCIETY	2	33	64	21	1	
13 RAFAT SUB-CENTER	1	14	30	14	1	
14 SI'IR CHARITABLE SOCIETY	2	28	56	28	1	
15 RAS EL-'AROUND SUB-CENTER	2	31	71	31	1	
16 BEIT-KAHEL CHARITABLE SOCIETY	2	32	62	31	0	
17 TAHOUMIA CHARITABLE SOCIETY	2	31	65	31	3	1
18 IDNA CHARITABLE SOCIETY	2	39	68	37	1	1
19 KHARAS CHARITABLE SOCIETY	2	44	85	42	0	
20 SURIF CHARITABLE SOCIETY	2	32	69	32	1	
21 SHUYUKH CHARITABLE SOCIETY	2	43	81	43	1	
22 BEIT 'AMWA CHARITABLE SOCIETY	0	0	0	0	0	
23 SHUYUKH EL-'ARROUB CHARITABLE SOCIETY			NO CLASSES NOW			
24 RIHHIYEH CHARITABLE SOCIETY	2	40	99	40	4	
25 TAFFOUH CHARITABLE SOCIETY	2	36	74	36	1	
25 * SUB-TOTAL	36	620	1244	596	27	3

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LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION
FEBRUARY 1, 1986 - JULY 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	1	25	43	25	2	
2 ASSIRA EL-QIBLIYEH CHARITABLE SOCIETY	1	25	20	21	1	
3 BEITA CHARITABLE SOCIETY	1	27	27	22	3	
4 BOURIN CHARITABLE SOCIETY	0	0	0	0	0	
5 NABLUS COMMUNITY CENTER	1	20	33	32	2	
6 ASSIRA EL-SHAMALIYEH CHARITABLE SOCIETY	1	12	13	12	2	
7 HUWWARA CHARITABLE SOCIETY	0	0	0	0	0	1
8 OSSARIN CHARITABLE SOCIETY	0	0	0	0	0	
9 ARAB WOMEN'S UNION/NABLUS		C L O S E D			0	
10 SABASTIA CHARITABLE SOCIETY	1	20	32	19	3	
11 URIEF CHARITABLE SOCIETY	1	17	17	15	1	
12 EINABOUS CHARITABLE SOCIETY	0	0	0	0	0	
13 KUGRA CHARITABLE SOCIETY	0	0	0	0	0	
14 BEIT-WAZAN CHARITABLE SOCIETY	0	0	0	0	0	
15 KARYOUT CHARITABLE SOCIETY	1	17	28	17	5	
15 # SUB-TOTAL	8	163	213	163	19	

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	2	35	48	30	5	
2 FARKHA SUB-CENTER	0	0	0	0	0	
3 SKAKA SUB-CENTER	1	15	15	15	0	
4 AL-MURABITAT CHARITABLE SOCIETY/QALQILIA	2	50	68	44	3	
5 DAR AL-YATIM CHARITABLE SOCIETY/TULKAREM	1	25	40	21	1	
6 BAL'A CHARITABLE SOCIETY	0	0	0	0	0	
7 ANABTA CHARITABLE SOCIETY	0	0	0	0	0	
8 ATEEL CHARITABLE SOCIETY	1	20	32	20	1	
9 ILLAR CHARITABLE SOCIETY	1	25	30	22	2	
10 AZZOUN CHARITABLE SOCIETY	0	0	0	0	0	
11 TULKAREM RED CRESCENT SOCIETY	1	25	37	24	3	
12 SHWEIKEH CHARITABLE SOCIETY	2	30	39	27	1	
13 JAYOUS CHARITABLE SOCIETY	1	25	32	20	2	
14 HABLA CHARITABLE SOCIETY	1	25	36	23	3	
15 SEIDA CHARITABLE SOCIETY	1	25	40	22	2	
16 BAQA EL-SHARQIYEH CHARITABLE SOCIETY	2	50	82	46	1	
16 # SUB-TOTAL	16	350	499	314	24	1

LIFE CYCLE/HEALTH EDUCATION BENEFICIARY INFORMATION
FEBRUARY 1, 1986 - JULY 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
JENIN AREA						
1 TUBAS CHARITABLE SOCIETY	3	75	120	70	6	
2 AQQABA SUB-CENTER	2	52	76	68	5	
3 ZABABDEH CHARITABLE SOCIETY	2	37	58	51	2	
4 MISSILIEH SUB-CENTER	1	15	15	15	2	
5 RABA SUB-CENTER	0	0	0	0	0	
6 JALQANUS SUB-CENTER	0	0	0	0	0	
7 QABATIAH CHARITABLE SOCIETY	1	25	44	25	8	
8 EL-HARA EL-GHARBIH SUB-CENTER	1	25	57	25	2	
9 YA'BAD CHARITABLE SOCIETY	1	35	32	23	3	
10 TOURA SUB-CENTER	0	0	0	0	0	
11 ARRABA CHARITABLE SOCIETY	1	22	31	22	3	
12 BURQIN CHRITABLE SOCIETY	1	20	31	20	2	
13 KUFUR-QUD SUB-CENTER	1	25	32	25	2	
14 EL-HASIMIEH SUB-CENTER	1	15	10	14	3	
15 HAD-BURQIN SUB-CENTER	0	0	0	0	0	
16 YAMOUN CHARITABLE SOCIETY	0	0	0	0	0	
17 SILAT EL HARTHIEH CHARITABLE SOCIETY	2	50	85	42	1	
18 ASDIKA' EL-MARID CHARITABLE SOCIETY	2	31	46	30	1	
19 JABA' CHARITABLE SOCIETY	1	18	26	18	2	
20 FAKKOU'A CHARITABLE SOCIETY	1	25	19	21	2	1
21 SANOUR CHARITABLE SOCIETY	1	20	35	18	3	
22 JENIN CHARITABLE SOCIETY	2	41	61	38	3	
23 JALAMEH SUB-CENTER	0	0	0	0	0	
24 KUFUR -DAN CHARITABLE SOCIETY	1	21	43	21	2	
25 JENIN RED CRESCENT CHARITABLE SOCIETY	1	25	36	20	1	
26 ANZA CHARITABLE SOCIETY	0	0	0	0	0	
27 DEIR ABU-DEIF CHARITABLE SOCIETY	1	26	61	21	1	
28 AL-'ARAKA CHARITABLE SOCIETY	1	20	45	19	2	
29 ANIN CHARITABLE SOCIETY	1	18	27	17	1	
30 KFEIRET CHRITABLE SOCIETY	0	0	0	0	0	
31 BARTA'A CHARITABLE SOCIETY	2	36	73	32	2	
32 AJJEH CHRITABLE SOCIETY	0	0	0	0	0	
33 AL-TAYBEH CHARITABLE SOCIETY	0	0	0	0	0	
34 T'INNEK CHARITABLE SOCIETY	0	0	0	0	0	1
35 SILET EL-DAHER CHARITABLE SOCIETY	1	20	20	20	1	
36 AL-FUNDUKAWMIEH CHARITABLE SOCIETY	2	35	39	31	3	
37 DEIR-GHAZALEH CHARITABLE SOCIETY	0	0	0	0	0	
38 EL-MUGHAYER CHRITABLE SOCIETY	1	25	37	20	2	
39 AL-RANAH CHARITABLE SOCIETY		C L O S E D				
40 SIRTS CHARITABLE SOCIETY		C L O S E D				
41 HAYYELMARAH CHARITABLE SOCIETY	0	0	0	0	0	
42 MAYTHALOUN CHARITABLE SOCIETY	1	25	46	24	1	
42 * SUB-TOTAL	36	782	1205	750	66	1
140 * T O T A L	119	2384	3986	2325	141	12

* NOTE: ALL CLASSES LISTED IN THIS REPORT ENDED DURING THIS REPORT PERIOD.
107 CLASSES ARE ONGOING PRESENTLY AND NOT REFLECTED ON THE BENEFICIARY SCHEDULE.

ATTACHMENT "9"

EVALUATION DATA TABLES

NUMBER OF RESPONDENTS: 59

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

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	5344.8	CHILD DEATHS (1-4 YEARS)	0.0
MISCARRIAGES/STILL BIRTHS (3-9 MONTHS)	706.9	PREGNANCIES WITH PRENATAL CARE	3034.5
LIVE BIRTHS	4362.1	CHILDREN BORN AT HOME	1448.3
NEONATAL DEATHS (0-28 DAYS)	120.7	CHILDREN BORN IN THE HOSPITAL	3310.3
INFANT DEATHS (29 DAYS-11 MONTHS)	120.7		

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

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
SEX OF CHILD	MALE: 21 %: 36.2	FEMALE: 33 %: 56.9	MALE: 24 %: 41.4	FEMALE: 26 %: 44.8
	NO REPLY: 4 %: 6.9	AVERAGE: 7.1	NO REPLY: 8 %: 13.3	AVERAGE: 11.2
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 10.0		AVERAGE: 13.9	
AGE (MONTHS) STOPPED BREASTFEEDING	YES: 22 %: 37.9	NO: 24 %: 41.4	YES: 19 %: 32.8	NO: 25 %: 43.1
DID CHILD EVER USE A BOTTLE	NO REPLY: 12 %: 20.7	AVERAGE: 10.0	NO REPLY: 14 %: 24.1	AVERAGE: 14.7
MONTHS MOTHER GAVE A BOTTLE				
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 22 %: 32.8		NUMBER: 20 %: 31.7	
TEA	NUMBER: 4 %: 6.0		NUMBER: 2 %: 3.2	
WATER + RICE	NUMBER: 1 %: 1.5		NUMBER: 0 %: 0.0	
CERELAC	NUMBER: 4 %: 6.0		NUMBER: 5 %: 7.9	
JUICE	NUMBER: 0 %: 0.0		NUMBER: 0 %: 0.0	
OTHERS	NUMBER: 4 %: 6.0		NUMBER: 5 %: 7.9	
NOTHING	NUMBER: 32 %: 47.8		NUMBER: 31 %: 49.2	
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 20 %: 22.7		NUMBER: 10 %: 12.7	
CUSTARD	NUMBER: 0 %: 0.0		NUMBER: 1 %: 1.3	
RICE + MILK	NUMBER: 0 %: 0.0		NUMBER: 0 %: 0.0	
STARCH + MILK (MUHALLABIEH)	NUMBER: 3 %: 3.4		NUMBER: 4 %: 5.1	
GROUND RICE	NUMBER: 5 %: 5.7		NUMBER: 5 %: 6.3	
YOUGHURT	NUMBER: 2 %: 2.3		NUMBER: 1 %: 1.3	
EGGS	NUMBER: 5 %: 5.7		NUMBER: 5 %: 6.3	
ORANGE JUICE	NUMBER: 3 %: 3.4		NUMBER: 3 %: 3.8	
BANANA	NUMBER: 3 %: 3.4		NUMBER: 1 %: 1.3	
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: 9 %: 10.2		NUMBER: 0 %: 0.0	
BISCUITS/QARSHALLEH	NUMBER: 2 %: 2.3		NUMBER: 5 %: 6.3	
POTATO	NUMBER: 8 %: 9.1		NUMBER: 4 %: 5.1	
CHICKEN LIVER	NUMBER: 0 %: 0.0		NUMBER: 6 %: 7.6	
FAMILY FOOD	NUMBER: 6 %: 6.8		NUMBER: 0 %: 0.0	
OTHERS	NUMBER: 13 %: 14.8		NUMBER: 16 %: 20.3	
NO ANSWER	NUMBER: 9 %: 10.2		NUMBER: 14 %: 17.7	
			NUMBER: 4 %: 5.1	

C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

ITEM

CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	1	%:	2.0
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	%:	2.0
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:	2	%:	4.0
NO ANSWER	NUMBER:	46	%:	92.0

HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	1	%:	1.9
SPECIAL OINTMENT	NUMBER:	1	%:	1.9
DISINFECTED WOUND OR BURN	NUMBER:	0	%:	0.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	2	%:	3.8
MEDICAL HELP	NUMBER:	1	%:	1.9
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:	1	%:	1.9
NO ANSWER	NUMBER:	46	%:	98.5

DID CHILD EVER HAVE DIARRHEA YES: 30 %: 51.7 NO: 10 %: 17.2 NO REPLY: 18 %: 31.0
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 15.2 DAYS

WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	9	%:	14.3	NEGLIGENCE	NUMBER:	0	%:	0.0
TEETHING	NUMBER:	16	%:	25.4	MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
CONTAMINATION/UNCLEANLINESS	NUMBER:	20	%:	31.7	SUN STROKE	NUMBER:	0	%:	0.0
INTESTINAL INFECTIONS	NUMBER:	5	%:	7.9	FROM GOD	NUMBER:	0	%:	0.0
IMPROPER OR EXCESS FOOD	NUMBER:	3	%:	4.8	DOESN'T KNOW	NUMBER:	1	%:	1.6
CHANGE OF MILK	NUMBER:	1	%:	1.6	OTHERS	NUMBER:	6	%:	9.5
MALNUTRITION	NUMBER:	0	%:	0.0	NO ANSWER	NUMBER:	2	%:	3.2

HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	1	%:	1.7	YOGHURT + RICE	NUMBER:	0	%:	0.0
WATER AFTER BOILING RICE	NUMBER:	8	%:	13.6	YOGHURT	NUMBER:	3	%:	5.1
STOP GIVING MILK	NUMBER:	0	%:	0.0	LIQUIDS	NUMBER:	0	%:	0.0
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	2	%:	3.4	RICE+POTATO+LIQUIDS	NUMBER:	1	%:	1.7
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	1	%:	1.7	TAKE TO THE DOCTOR	NUMBER:	24	%:	40.7
STARCH WITH TEA	NUMBER:	0	%:	0.0	GIVE MEDICINES	NUMBER:	0	%:	0.0
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0	MASHED APPLES	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	4	%:	6.8
MARAMEYYEH	NUMBER:	1	%:	1.7	NO ANSWER	NUMBER:	14	%:	23.7
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					

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 37 %: 63.8 NO: 1 %: 1.7 NO REPLY: 20 %: 34.5
DID MOTHER GIVE SPECIAL DRINK YES: 37 %: 63.8 NO: 2 %: 3.4 NO REPLY: 19 %: 32.8

WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	1	%:	2.0	YOGHURT	NUMBER:	1	%:	2.0
TEA	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	35	%:	68.6
LEMON OR ORANGE JUICE	NUMBER:	1	%:	2.0	NO ANSWER	NUMBER:	13	%:	25.5
STARCH WITH WATER	NUMBER:	0	%:	0.0					

D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:		YES	%	NO	%	NO REPLY	%		
AMENITIES:									
ELECTRICITY		57	98.3	1	1.7	0	0.0		
RADIO		53	91.4	5	8.6	0	0.0		
TELEVISION		55	94.8	3	5.2	0	0.0		
REFRIGERATOR		50	86.2	8	13.8	0	0.0		
KEROSENE BURNER		51	87.9	7	12.1	0	0.0		
BUTANE GAS		57	98.3	1	1.7	0	0.0		
WATER SUPPLY:									
PIPED IN		21	36.2	37	63.8	0	0.0		
OUTDOOR FAUCET		13	22.4	45	77.6	0	0.0		
CISTERN - OUTDOOR		48	82.8	10	17.2	0	0.0		
CISTERN - PIPED IN		4	6.9	54	93.1	0	0.0		
OTHER		1	1.7	57	98.3	0	0.0		
WASTE WATER (KITCHEN/BATH-NO TOILET):									
EMPTIES INTO CESSPIT		41	70.7	17	29.3	0	0.0		
EMPTIES INTO YARD		16	27.6	42	72.4	0	0.0		
SEWAGE DISPOSAL - CESSPIT		47	81.0	11	19.0	0	0.0		
SEWAGE DISPOSAL - YARD		11	19.0	47	81.0	0	0.0		
TOILET:									
INDOOR - WATER SEAL		50	86.2	8	13.8	0	0.0		
INDOOR - TURKISH		9	15.5	45	84.5	0	0.0		
OPEN PIT LATRINE		4	6.9	54	93.1	0	0.0		
NONE - OPEN FIELD		1	1.7	57	98.3	0	0.0		
GARBAGE:									
PUT IN CANS		36	62.1	22	37.9	0	0.0		
DUMPED CLOSE TO HOUSE		25	43.1	33	56.9	0	0.0		
PUT IN VILLAGE DUMP		5	8.6	53	91.4	0	0.0		
THROWN INTO HILLS		21	36.2	37	63.8	0	0.0		
LIVESTOCK:									
NONE		45	77.6	10	17.2	3	5.2		
NEAT - PROPERLY KEPT IN PENS		8	13.8	47	81.0	3	5.2		
PENNED BUT STILL A PROBLEM		1	1.7	54	93.1	3	5.2		
WANDERING - SERIOUS PROBLEM		1	1.7	54	93.1	3	5.2		
WHAT MOTHER THINKS CAUSES DISEASE:									
FLIES	NUMBER:	4	%:	4.4	NEGLIGENCE	NUMBER:	13	%:	14.4
GERMS	NUMBER:	17	%:	18.9	ANIMALS NEAR HOUSE OR FARM	NUMBER:	0	%:	0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	10	%:	11.1	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	2	%:	2.2	LACK OF VACCINATION	NUMBER:	0	%:	0.0
NOT COOKING FOOD PROPERLY	NUMBER:	0	%:	0.0	ENVIRONMENT AND/OR HEREDITY	NUMBER:	1	%:	1.1
MALNUTRITION	NUMBER:	1	%:	1.1	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	37	%:	41.1	FROM GOD	NUMBER:	4	%:	4.4
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:	1	%:	1.1
INFECTION	NUMBER:	0	%:	0.0					

NUMBER OF RESPONDENTS: 42

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

CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	5952.4	CHILD DEATHS (1-4 YEARS)	0.0
MISCARRIAGES/STILL BIRTHS (8-9 MONTHS)	785.7	PREGNANCIES WITH PRENATAL CARE	4119.0
LIVE BIRTHS	4857.1	CHILDREN BORN AT HOME	1381.0
NEONATAL DEATHS (0-28 DAYS)	119.0	CHILDREN BORN IN THE HOSPITAL	3952.4
INFANT DEATHS (29 DAYS-11 MONTHS)	119.0		

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

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
	NUMBER	%	NUMBER	%
SEX OF CHILD				
	MALE: 14	33.3	MALE: 16	38.1
	FEMALE: 25	59.5	FEMALE: 21	50.0
	NO REPLY: 3	7.1	NO REPLY: 5	11.9
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 6.8		AVERAGE: 11.1	
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 9.9		AVERAGE: 14.6	
DOES CHILD EVER USE A BOTTLE				
	YES: 15	35.7	YES: 12	28.6
	NO: 16	38.1	NO: 18	42.9
	NO REPLY: 11	26.2	NO REPLY: 12	28.6
	AVERAGE: 10.7		AVERAGE: 13.4	
MONTHS MOTHER GAVE A BOTTLE				
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 15	30.6	NUMBER: 13	28.3
TEA	NUMBER: 4	8.2	NUMBER: 2	4.3
WATER + RICE	NUMBER: 1	2.0	NUMBER: 0	0.0
CERELAC	NUMBER: 3	6.1	NUMBER: 4	8.7
JUICE	NUMBER: 0	0.0	NUMBER: 0	0.0
OTHERS	NUMBER: 2	4.1	NUMBER: 3	6.5
NOTHING	NUMBER: 24	49.0	NUMBER: 24	52.2
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 13	19.4	NUMBER: 9	14.3
CUSTARD	NUMBER: 0	0.0	NUMBER: 0	0.0
RICE + MILK	NUMBER: 0	0.0	NUMBER: 0	0.0
STARCH + MILK (MUHALLABIEH)	NUMBER: 2	3.0	NUMBER: 4	6.3
GROUND RICE	NUMBER: 5	7.5	NUMBER: 4	6.3
YOGHURT	NUMBER: 2	3.0	NUMBER: 1	1.6
EGGS	NUMBER: 2	3.0	NUMBER: 4	6.3
ORANGE JUICE	NUMBER: 2	3.0	NUMBER: 1	1.6
BANANA	NUMBER: 3	4.5	NUMBER: 1	1.6
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: 9	13.4	NUMBER: 0	0.0
BISCUITS/GARSHALLEH	NUMBER: 2	3.0	NUMBER: 5	7.9
POTATO	NUMBER: 3	4.5	NUMBER: 4	6.3
CHICKEN LIVER	NUMBER: 0	0.0	NUMBER: 5	7.9
FAMILY FOOD	NUMBER: 5	7.5	NUMBER: 0	0.0
OTHERS	NUMBER: 12	17.9	NUMBER: 11	17.5
NO ANSWER	NUMBER: 7	10.4	NUMBER: 12	19.0
			NUMBER: 2	3.2

C. CHILD-CARE PRACTICES (YOUNGEST CHILD 0-2Y)

ITEM

CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	1	%:	2.9
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	%:	2.9
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:	2	%:	5.7
NO ANSWER	NUMBER:	31	%:	88.6

HOW MOTHER TREATED ACCIDENT:

WATER/COLD WATER/ICE	NUMBER:	1	%:	2.7
SPECIAL OINTMENT	NUMBER:	1	%:	2.7
DISINFECTED WOUND OR BURN	NUMBER:	0	%:	0.0
WENT TO THE SHEIKH	NUMBER:	0	%:	0.0
WENT TO THE DOCTOR	NUMBER:	2	%:	5.4
MEDICAL HELP	NUMBER:	1	%:	2.7
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:	1	%:	2.7
NO ANSWER	NUMBER:	31	%:	83.8

DID CHILD EVER HAVE DIARRHEA YES: 24 %: 57.1 NO: 4 %: 9.5 NO REPLY: 14 %: 33.3
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 10.0 DAYS

WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	9	%:	20.0	NEGLIGENCE	NUMBER:	0	%:	0.0
TEETHING	NUMBER:	11	%:	24.4	MOTHER UPSET OR IN BAD MOOD	NUMBER:	0	%:	0.0
CONTAMINATION/UNCLEANLINESS	NUMBER:	13	%:	28.9	SUN STROKE	NUMBER:	0	%:	0.0
INTESTINAL INFECTIONS	NUMBER:	2	%:	4.4	FROM GOD	NUMBER:	0	%:	0.0
IMPROPER OR EXCESS FOOD	NUMBER:	2	%:	4.4	DOESN'T KNOW	NUMBER:	1	%:	2.2
CHANGE OF MILK	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	6	%:	13.3
MALNUTRITION	NUMBER:	0	%:	0.0	NO ANSWER	NUMBER:	1	%:	2.2

HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	1	%:	2.6	YOGHURT + RICE	NUMBER:	0	%:	0.0
WATER AFTER BOILING RICE	NUMBER:	6	%:	15.4	YOGHURT	NUMBER:	1	%:	2.6
STOP GIVING MILK	NUMBER:	0	%:	0.0	LIQUIDS	NUMBER:	0	%:	0.0
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	1	%:	2.6	RICE+POTATO+LIQUIDS	NUMBER:	0	%:	0.0
LEMON-STARCH-LEMON SALT+TEA	NUMBER:	1	%:	2.6	TAKE TO THE DOCTOR	NUMBER:	15	%:	38.5
STARCH WITH TEA	NUMBER:	0	%:	0.0	GIVE MEDICINES	NUMBER:	0	%:	0.0
TRADITIONAL PRESCRIPTIONS	NUMBER:	0	%:	0.0	MASHED APPLES	NUMBER:	0	%:	0.0
JA'DEH	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	1	%:	2.6
MARAMEYYEH	NUMBER:	1	%:	2.6	NO ANSWER	NUMBER:	12	%:	30.8
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					

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 23 %: 54.8 NO: 1 %: 2.4 NO REPLY: 18 %: 42.9
DID MOTHER GIVE SPECIAL DRINK YES: 23 %: 54.8 NO: 2 %: 4.8 NO REPLY: 17 %: 40.5

WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	1	%:	2.8	YOGHURT	NUMBER:	1	%:	2.8
TEA	NUMBER:	0	%:	0.0	OTHERS	NUMBER:	21	%:	58.3
LEMON OR ORANGE JUICE	NUMBER:	1	%:	2.8	NO ANSWER	NUMBER:	12	%:	33.3
STARCH WITH WATER	NUMBER:	0	%:	0.0					

D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:	YES	%	NO	%	NO REPLY	%
AMENITIES:						
ELECTRICITY	41	97.6	1	2.4	0	0.0
RADIO	42	100.0	0	0.0	0	0.0
TELEVISION	41	97.6	1	2.4	0	0.0
REFRIGERATOR	39	92.9	3	7.1	0	0.0
KEROSENE BURNER	41	97.6	1	2.4	0	0.0
BUTANE GAS	41	97.6	1	2.4	0	0.0
WATER SUPPLY:						
PIPED IN	21	50.0	21	50.0	0	0.0
OUTDOOR FAUCET	13	31.0	29	69.0	0	0.0
CISTERN - OUTDOOR	33	78.6	9	21.4	0	0.0
CISTERN - PIPED IN	4	9.5	38	90.5	0	0.0
OTHER	0	0.0	42	100.0	0	0.0
WASTE WATER (KITCHEN/BATH-NO TOILET):						
EMPTIES INTO CESSPIT	37	88.1	5	11.9	0	0.0
EMPTIES INTO YARD	5	11.9	37	88.1	0	0.0
SEWAGE DISPOSAL - CESSPIT	42	100.0	0	0.0	0	0.0
SEWAGE DISPOSAL - YARD	0	0.0	42	100.0	0	0.0
TOILET:						
INDOOR - WATER SEAL	38	90.5	4	9.5	0	0.0
INDOOR - TURKISH	9	21.4	33	78.6	0	0.0
OPEN PIT LATRINE	0	0.0	42	100.0	0	0.0
NONE - OPEN FIELD	1	2.4	41	97.6	0	0.0
GARBAGE:						
PUT IN CANS	32	76.2	10	23.8	0	0.0
DUMPED CLOSE TO HOUSE	20	47.6	22	52.4	0	0.0
PUT IN VILLAGE DUMP	5	11.9	37	88.1	0	0.0
THROWN INTO HILLS	14	33.3	28	66.7	0	0.0
LIVESTOCK:						
NONE	33	78.6	6	14.3	3	7.1
NEAT - PROPERLY KEPT IN PENS	4	9.5	35	83.3	3	7.1
PENNED BUT STILL A PROBLEM	1	2.4	38	90.5	3	7.1
WANDERING - SERIOUS PROBLEM	1	2.4	38	90.5	3	7.1

WHAT MOTHER THINKS CAUSES DISEASE:

FLIES	NUMBER:	3	%:	4.7	NEGLIGENCE	NUMBER:	10	%:	15.6
GERMS	NUMBER:	8	%:	12.5	ANIMALS NEAR HOUSE OR FARM	NUMBER:	0	%:	0.0
AIR/SUN/WEATHER/COMMON COLD	NUMBER:	10	%:	15.6	EARTH	NUMBER:	0	%:	0.0
FOOD OR DRINK CONTAMINATION	NUMBER:	2	%:	3.1	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:	1	%:	1.6	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	25	%:	39.1	FROM GOD	NUMBER:	4	%:	6.3
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:	1	%:	1.6
INFECTION	NUMBER:	0	%:	0.0					

NUMBER OF RESPONDENTS: 16
 CLASSES COMPLETED - NUTRITION: 0 CHILD DEVELOPMENT: 0
 FIRST AID: 0 HYGIENE : 0

A. CHILD-BEARING HISTORY

ITEM	NUMBER/1000	ITEM	NUMBER/1000
PREGNANCIES	3750.0	CHILD DEATHS (1-4 YEARS)	0.0
MISCARRIAGES/STILL BIRTHS (3-9 MONTHS)	500.0	PREGNANCIES WITH PRENATAL CARE	187.5
LIVE BIRTHS	3062.5	CHILDREN BORN AT HOME	1625.0
NEONATAL DEATHS (0-28 DAYS)	125.0	CHILDREN BORN IN THE HOSPITAL	1625.0
INFANT DEATHS (29 DAYS-11 MONTHS)	125.0		

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

ITEM	YOUNGEST CHILD		SECOND YOUNGEST CHILD	
	NUMBER	%	NUMBER	%
SEX OF CHILD				
	MALE: 7	43.8	MALE: 8	50.0
	FEMALE: 8	50.0	FEMALE: 5	31.3
	NO REPLY: 1	6.3	NO REPLY: 3	18.8
MONTHS BREASTFED BEFORE OTHER FOOD	AVERAGE: 7.9		AVERAGE: 11.3	
AGE (MONTHS) STOPPED BREASTFEEDING	AVERAGE: 10.1		AVERAGE: 12.0	
DID CHILD EVER USE A BOTTLE				
	YES: 7	43.8	YES: 7	43.8
	NO: 8	50.0	NO: 7	43.8
	NO REPLY: 1	6.3	NO REPLY: 2	12.5
MONTHS MOTHER GAVE A BOTTLE	AVERAGE: 8.4		AVERAGE: 17.0	
MOTHER USUALLY PUT IN THE BOTTLE:				
MILK	NUMBER: 7	38.9	NUMBER: 7	41.2
TEA	NUMBER: 0	0.0	NUMBER: 0	0.0
WATER + RICE	NUMBER: 0	0.0	NUMBER: 0	0.0
CERELAC	NUMBER: 1	5.6	NUMBER: 1	5.9
JUICE	NUMBER: 0	0.0	NUMBER: 0	0.0
OTHERS	NUMBER: 2	11.1	NUMBER: 2	11.8
NOTHING	NUMBER: 8	44.4	NUMBER: 7	41.2
FIRST FOODS THE MOTHER GAVE:				
CERELAC	NUMBER: 7	33.3	NUMBER: 1	6.3
CUSTARD	NUMBER: 0	0.0	NUMBER: 1	6.3
RICE + MILK	NUMBER: 0	0.0	NUMBER: 0	0.0
STARCH + MILK (MUHALLABIEH)	NUMBER: 1	4.8	NUMBER: 0	0.0
GROUND RICE	NUMBER: 0	0.0	NUMBER: 0	0.0
YOUGHURT	NUMBER: 0	0.0	NUMBER: 1	6.3
EGGS	NUMBER: 3	14.3	NUMBER: 0	0.0
ORANGE JUICE	NUMBER: 1	4.8	NUMBER: 1	6.3
BANANA	NUMBER: 0	0.0	NUMBER: 2	12.5
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: 0	0.0	NUMBER: 0	0.0
BISCUITS/QARSHALLEH	NUMBER: 0	0.0	NUMBER: 0	0.0
POTATO	NUMBER: 5	23.8	NUMBER: 0	0.0
CHICKEN LIVER	NUMBER: 0	0.0	NUMBER: 1	6.3
FAMILY FOOD	NUMBER: 1	4.8	NUMBER: 0	0.0
OTHERS	NUMBER: 1	4.8	NUMBER: 5	31.3
NO ANSWER	NUMBER: 2	9.5	NUMBER: 2	12.5

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C. CHILD-CARE PRACTICES (YOUNGEST CHILD ONLY)

ITEM

CHILD HAD AN ACCIDENT:

MILD BURN	NUMBER:	0	%:	0.0
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
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:	15	%:	100.0

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:	0	%:	0.0
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	%:	100.0

DID CHILD EVER HAVE DIARRHEA YES: 6 %: 37.5 NO: 6 %: 37.5 NO REPLY: 4 %: 25.0
HOW LONG DID LAST OCCURRENCE LAST AVERAGE: 35.8 DAYS

WHAT MOTHER THINKS CAUSED DIARRHEA:

COLD	NUMBER:	0	%:	0.0
TEETHING	NUMBER:	5	%:	27.8
CONTAMINATION/UNCLEANLINESS	NUMBER:	7	%:	38.9
INTESTINAL INFECTIONS	NUMBER:	3	%:	16.7
IMPROPER OR EXCESS FOOD	NUMBER:	1	%:	5.6
CHANGE OF MILK	NUMBER:	1	%:	5.6
MALNUTRITION	NUMBER:	0	%:	0.0

NEGLIGENCE	NUMBER:	0	%:	0.0
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:	0	%:	0.0
NO ANSWER	NUMBER:	1	%:	5.6

HOW DID MOTHER TREAT DIARRHEA:

REHYDRATION DRINK	NUMBER:	0	%:	0.0
WATER AFTER BOILING RICE	NUMBER:	2	%:	10.0
STOP GIVING MILK	NUMBER:	0	%:	0.0
TEA-LEMON-MINT/TEA NO SUGAR	NUMBER:	1	%:	5.0
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
DOILED MINT	NUMBER:	0	%:	0.0
GAWAVA LEAVES	NUMBER:	0	%:	0.0
COFFEE+LEMON	NUMBER:	0	%:	0.0
GROUND HUMMOS+BANANA	NUMBER:	0	%:	0.0

YOGHURT + RICE	NUMBER:	0	%:	0.0
YOGHURT	NUMBER:	2	%:	10.0
LIQUIDS	NUMBER:	0	%:	0.0
RICE+POTATO+LIQUIDS	NUMBER:	1	%:	5.0
TAKE TO THE DOCTOR	NUMBER:	9	%:	45.0
GIVE MEDICINES	NUMBER:	0	%:	0.0
MASHED APPLES	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	3	%:	15.0
NO ANSWER	NUMBER:	2	%:	10.0

DID MOTHER TAKE CHILD TO THE DOCTOR YES: 14 %: 87.5 NO: 0 %: 0.0 NO REPLY: 2 %: 12.5
DID MOTHER GIVE SPECIAL DRINK YES: 14 %: 87.5 NO: 0 %: 0.0 NO REPLY: 2 %: 12.5

WHAT DID MOTHER PUT INTO SPECIAL DRINK:

REHYDRATION DRINK	NUMBER:	0	%:	0.0
TEA	NUMBER:	0	%:	0.0
LEMON OR ORANGE JUICE	NUMBER:	0	%:	0.0
STARCH WITH WATER	NUMBER:	0	%:	0.0

YOGHURT	NUMBER:	0	%:	0.0
OTHERS	NUMBER:	14	%:	93.3
NO ANSWER	NUMBER:	1	%:	6.7

D. VILLAGE ENVIRONMENT/CONDITIONS

DO RESPONDENTS HAVE:	YES	%	NO	%	NO REPLY	%
AMENITIES:						
ELECTRICITY	16	100.0	0	0.0	0	0.0
RADIO	11	68.8	5	31.3	0	0.0
TELEVISION	14	87.5	2	12.5	0	0.0
REFRIGERATOR	11	68.8	5	31.3	0	0.0
KEROSENE BURNER	10	62.5	6	37.5	0	0.0
BUTANE GAS	16	100.0	0	0.0	0	0.0
WATER SUPPLY:						
PIPED IN	0	0.0	16	100.0	0	0.0
OUTDOOR FAUCET	0	0.0	16	100.0	0	0.0
CISTERN - OUTDOOR	15	93.8	1	6.3	0	0.0
CISTERN - PIPED IN	0	0.0	16	100.0	0	0.0
OTHER	1	6.3	15	93.8	0	0.0
WASTE WATER (KITCHEN/BATH-NO TOILET):						
EMPTIES INTO CESSPIT	4	25.0	12	75.0	0	0.0
EMPTIES INTO YARD	11	68.8	5	31.3	0	0.0
SEWAGE DISPOSAL - CESSPIT	5	31.3	11	68.8	0	0.0
SEWAGE DISPOSAL - YARD	11	68.8	5	31.3	0	0.0
TOILET:						
INDOOR - WATER SEAL	12	75.0	4	25.0	0	0.0
INDOOR - TURKISH	0	0.0	16	100.0	0	0.0
OPEN PIT LATRINE	4	25.0	12	75.0	0	0.0
NONE - OPEN FIELD	0	0.0	16	100.0	0	0.0
GARBAGE:						
PUT IN CANS	4	25.0	12	75.0	0	0.0
DUMPED CLOSE TO HOUSE	5	31.3	11	68.8	0	0.0
PUT IN VILLAGE DUMP	0	0.0	16	100.0	0	0.0
THROWN INTO HILLS	7	43.8	9	56.3	0	0.0
LIVESTOCK:						
NONE	12	75.0	4	25.0	0	0.0
NEAT - PROPERLY KEPT IN PENS	4	25.0	12	75.0	0	0.0
PENNED BUT STILL A PROBLEM	0	0.0	16	100.0	0	0.0
WANDERING - SERIOUS PROBLEM	0	0.0	16	100.0	0	0.0

WHAT MOTHER THINKS CAUSES DISEASE:

FLIES	NUMBER:	1	%:	3.8	NEGLECTANCE	NUMBER:	3	%:	11.5
GERMS	NUMBER:	9	%:	34.6	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	%:	3.8
MALNUTRITION	NUMBER:	0	%:	0.0	PSYCHOLOGICAL STATE OF CHILD	NUMBER:	0	%:	0.0
LACK OF CLEANLINESS	NUMBER:	12	%:	46.2	FROM GOD	NUMBER:	0	%:	0.0
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:	0	%:	0.0
INFECTION	NUMBER:	0	%:	0.0					

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