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REPORT

ON

Nutrition Project

CRS/JMB 75/2

Grant No. AID/NESA-C-1182

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Semi - Annual

Report

on the Nutrition Education Project
in East Jerusalem & the West Bank
for the period July 1 - Dec. 31, 1975
Grant Number: AID/WESA G-1182 (Regional)

I. Introduction:

The office of Catholic Relief Services - United States Catholic Conference (CRS) in Jerusalem/West Bank of Jordan desirous of assisting the Arab Ladies Organizations (ALO) in that area in their activities for the improvement of nutrition, drew up a project proposal for a nutrition education program in East Jerusalem and the West Bank for submission to the Agency for International Development, Washington, D.C. (A.I.D.) in February 1974.

While the project proposal was favourably received it was not accepted at that time due to unavailability of funds for assistance to the West Bank.

In May 1975 the Headquarters office of CRS in New York was informed of the possibility of funds being available for a nutrition project on the West Bank.

A proposal for an operational program grant was therefore submitted by CRS to A.I.D. on May 28, 1975.

On June 30, 1975 AID granted to CRS the sum of US\$.281,450 (Two Hundred Eighty One Thousand Four Hundred Fifty Dollars) for the support of a three year program of nutrition education in Jerusalem/West Bank.

Copies of the signed agreement reached CRS, Jerusalem/West Bank in August, 1975.

II. Preparatory Work

Only upon receipt of the signed grant document was it possible to initiate any project activities.

Implementation of the project was further delayed by the lack of funds. The first transmittal of funds in the amount of US\$.2,500 was received only in mid-September, 1975.

The renting of office space and the procurement of equipment could only be undertaken after that date.

The recruitment of personnel was initiated as soon as official notification was received of the availability of the grant funds. Preliminary arrangements were made for in-service training of staff.

As stipulated in the project agreement a CRS senior nutritionist should be assigned to the project for a 3 months period during the first half of the first year of operation.

Mrs. Darline Ramage, who as CRS Regional Nutritionist had been instrumental in drawing up the plans for the project together with the CRS Program Director in Jerusalem/West Bank, and now serving as Director of CRS Nutrition Office, New York, arrived in Jerusalem on September 19, 1975. She remained until October 10, 1975, in order to get the project off the ground and to brief her replacement, Miss Elsa Haglund, former Director of CRS-Nutrition Office, New York. Miss Haglund was temporarily serving as Nutrition Consultant to CRS in Egypt, from where she was transferred in order to fill the vacancy created by the absence of a regional nutritionist.

Miss Haglund, who arrived on October 6, 1975 is expected to remain in Jerusalem until early 1976.

III. Project Staff

The project calls for the recruitment of the following personnel:-

- (a) one nutrition educator, also to serve as project supervisor,
- (b) two teachers of food and nutrition,
- (c) two assistant teachers,
- (d) one secretary,
- (e) one accountant,
- (f) three drivers,
- (g) part-time supporting staff.

Attempts were made to recruit a Palestinian lady, who had experience from work as supervisor of CRS pre-school programs in West Africa, for the post of supervisor of the nutrition project. She showed every indication of interest in the post, but would not be available until January 1976. Towards the end of November 1975, CRS was informed that she did not accept the post.

This placed CRS in a difficult situation, trying to find an acceptable Arabic speaking replacement with the required qualifications. Both CRS offices in New York and Rome and the office in Jerusalem are making every effort to find a suitable candidate, for whom the necessary security clearance from the Military Government has to be obtained.

In the meantime Miss Haglund has assumed responsibility for the nutrition project and is carrying out the duties assigned to the nutrition supervisor as well as those of the CRS Regional Nutritionist.

Recruitment of the four teachers and assistant teachers met with some problems. None of the applicants could be considered as a food and nutrition specialist. The names of candidates for these posts had to be submitted to the Military Government for clearance. It soon became evident that one of the applicants would hardly be favourably considered by the Authorities and neither by other prospective staff members.

The two most qualified among the applicants were selected for the posts as teachers/assistant teachers. One of those chosen had been recommended by the Social Welfare Office of the Military Government, and there was every indication that the second candidate would also be acceptable to the authorities. They were therefore offered employment as from October 15 and 16, 1975 respectively, though formal clearance had not yet been received.

Plans for the recruitment for the two other posts, as from November 1, 1975 had to be postponed awaiting clearance from the Military Government. That one of the candidates was considered a somewhat controversial figure and there were other hesitations about the second proposed candidate contributed to the unexpected delay in securing a full complement for the nutrition team.

This presented a serious problem as the in-service training program was due to start on November 3, 1975.

A possible solution would have been to accept two applicants on a temporary basis, until clearance would be obtained. With the risk that one or both of those slated for the posts would not receive clearance it was decided in consultation with CRS Regional Office in Rome to extend an invitation to all those women applicants who had some home economics/nutrition background to participate in the in-service training program, but without the assurance of future employment. Of the five invited applicants, three responded favourably, two did not reply including the one not favoured by the Military Government.

The in-service training course started as planned on November 3, 1975, with two staff members and three additional trainees. At the end of the first day one of the three trainees indicated that she was being interviewed for other job offers, and she therefore wanted to know whether she could expect to be employed for the Nutrition project. As such assurance could not be given at that time she decided to leave the course. Another of the trainees expressed difficulties in attending classes in Jerusalem in the morning. As she received another offer of employment she left after the first week. Her youth and inexperience would hardly have made her suitable for the job.

The third trainee persevered and was eventually engaged for the Nutrition project. Her maturity makes her a valuable member of the Nutrition team. All three team members are presently given equal status as assistant teachers. In order to locate a further member for the team an advertisement has been placed in the Arab press for a person with training in home economics/nutrition. This has resulted in two applicants who are now being interviewed.

A third applicant with highly desirable qualifications has expressed a genuine desire to join the team but has a moral obligation to remain in her present job until a replacement can be found. As she has received security clearance for her present job, her recruitment would not have to be delayed for that reason.

The secretary and the accountant who were employed as from September 23 and October 1, 1975 respectively received their security clearance on December 5, 1975.

The only driver so far employed in the project was cleared before assuming his present job.

The names and functions of the present staff are as follows:-

- a) Miss Aminah Issawi, Assistant Teacher, trained in Community development, with experience from work in a UNESCO sponsored project in Libya and with UNRWA on the West Bank, as also from work in Kuwait.
- b) Mrs. Haifa Zalato, Assistant Teacher, trained teacher (biology, domestic science etc.), with experience from teaching in a girl's school.
- c) Miss Raida Tarazi, Assistant Teacher, B.A. degree from the American University of Beirut (Arts), candidate for a Master's degree in nutrition. Studies were interrupted due to the fighting in Beirut.
- d) Miss Claire Toumassian, Secretary, secondary school diploma, fluent in English, French, Arabic and Hebrew. Able to type both English and Arabic, with experience from work at the British Bank as Secretary.
- e) Mr. Joseph Abu Sa'ada, Accountant, secondary school diploma. Experience from work with a British Bank and with a voluntary agency.
- f) Mr. Joseph Karmi, Driver. Experience from supervision of food distribution and from service in the Jordanian Army.

IV. Location of the Nutrition Center

Office and classrooms have been set up in an apartment in Abu Firas El-Hamadani Street in Wad El-Jos Quarter in East Jerusalem.

A telephone has been requested but has not yet been installed. CRS staff in the main office therefore assist with the communications between the Nutrition Center and other agencies and organisations in the Community.

The time consuming responsibility for delivering and picking up messages rests with the efficient driver.

V. Activities during October - December 1975

A- Procurement of furnishings, equipment and supplies

As soon as funds became available furnishings, equipment and supplies were selected and purchased or ordered for delivery as soon as available.

With the assistance of the Social Welfare Office of the Military Government for the West Bank it was possible to obtain duty free items such as typewriters, adding machine, duplicator machine, electric heaters and some minor equipment. In spite of repeated increases in cost of goods it has been possible to secure the necessary items within the budgetary allocation.

All non-expendable items have been marked for easy identification, as per attached copy.

B- In-service training course

This has been divided into three parts, to be followed by a fourth in January 1976:-

- a. Teaching of Units I, II and III as prepared by Mrs. Ramage.
- b. Practise teaching of lessons in the Family Nutrition course, prepared by Mrs. Ramage.
- c. Fieldtrips to ALO and other centers in the community.
- d. Supervised practise teaching in ALO-Centers (to begin in January 1976)

(a) While efforts were made to follow the course outline and lessonplans as prepared, certain modifications had to be made in the text, but more so in allocation of time to the different lessons and activities. The academic training of the staff differed considerably, one being fresh from college, the others having received their education years ago and with little practice of studying. It therefore became necessary to proceed at a much slower than expected pace, at the same time providing more complicated assignments to the academically more advanced team member.

(b) Considerable emphasis has been placed on the preparation of lesson - and demonstration plans and on presentation of lessons and demonstrations to the rest of the group. Clerical and supportive staff have been drawn into the training program, to help test the effectiveness of our efforts to influence feedhabits. All foods that have been prepared to demonstrate suitable weaning foods and meals for children have been shared by all followed by a question and discussion period. Thus clerical and supporting staff may be able, if need be, to assist the nutrition team on some field assignments.

Recipes for the use of PL 480 commodities alone or together with locally available foods have been prepared and tested by the Nutrition team.

Samples have been prepared of visual aids such as "Three Food Groups", "The Protective Foods for the West Bank", "A Fruit calendar for the West Bank", and the value of different types of milk.

(c) Fieldtrips have been made to most of the ALO's that are expected to cooperate in the program. Each team member has had to prepare a report of these visits for later discussion in class.

A marked improvement in the proficiency of the team members is noticeable, both with regard to reporting of their observations, and in preparing and presenting lessons and demonstrations.

There is every hope that with additional practise the members of the team will be able to conduct training programs for ALO staff and further the nutrition program of the ALO-centers.

C- Additional Activities

Discussions have been held with the Ministry of Social Welfare in Jerusalem and with the Social Welfare Office of the Military Government for the West Bank.

With the assistance of the Ministry of Social Welfare meetings have been held with the Nutritionist concerned with Institutional feeding and visits have been made to a number of institutions and day care centers in West Jerusalem. The Social Welfare Office of the Military Government has been helpful in making arrangements for visits to ALO-centers in the West Bank. Through personal contacts with home economists and nutritionists in Jerusalem it has been possible to visit MCH-centers and adult education programs in West Jerusalem.

Through the courtesy of the Director for U.N.R.W.A.'s operations on the West Bank, U.N.R.W.A. personnel responsible for health and health education among the refugees on the West Bank, has briefed the nutrition team on their activities and approaches to prevailing problems.

Similarly the Quaker Office and the Near East Ecumenical Committee in Gaza have provided information about their activities and arranged visits to see some of them.

VI. Plans for the Future

Fieldvisits and supervised practise teaching in selected ALO-centers are planned for the beginning of 1976.

Plans are being drawn up for a meeting with leaders of the Arab Ladies Organisations and similar groups, to discuss arrangements for a training program for the staff attached to the various centers.

As soon as another vehicle becomes available, this will be equipped as a mobile unit, able to serve areas where there is no center in operation.

D- Evaluation Guidelines

Tentative evaluation guidelines have been drawn up in line with suggestions in the AID/W (NESA/Tech. Project Committee) memorandum of June 6, 1975, and cabled requests from AID/W as well as those contained in the grant document.

During visits to ALO-centers with which the GRS Nutrition Project expects to cooperate information is being gathered about the present resources and activities of the different centers. This will be followed up by a yearly assessment of changes that will have occurred since the beginning of the project period. The goal is to get more centers involved and for the more active centers to establish subcenters with which the Nutrition project also can cooperate and if possible to increase the number of activities in those centers, that so far have only a limited range of activities. Those goals

are very much in line with those of the Ministry of Social Welfare, that has expressed a particular interest in increased coverage and expansion of activities.

An assessment of the effectiveness of the training program for mothers will have to be carefully made through discussions and homevisits.

A simplified questionnaire will be drawn up to serve as a guide at the initiation of the training program for mothers and during later homevisits and discussions, but only if considered appropriate at the time. Due to the political situation any attempt to question people about their personal habits and practises is apt to be met with suspicion.

As these questions have to be adjusted to the conditions and problems existin in the communities, for which an intimate knowledge of the communities is essential the "questionnaire" will be drawn up at a later date. Only when sufficient means of transport is available and the necessary clearance for field work has been obtained will members of the Nutrition team be able to join AIO-center staff in an visits to individual homes in the community.

A simplified form used by U.N.R.W.A. among the refugees on the West Bank may serve the purpose of the CRS Nutrition project and would facilitate coordination of our activities with those of U.N.R.W.A. and other agencies operating on the West Bank.

In discussions with members of the Nutrition team and others some customary habits and practises in food preparation, infant and child feeding have come to light. A few of these will be pinpointed and an intensive effort made to change unsatisfactory habits and practises and to try to assess the changes that are taking place during the project period. These points will be included in the "questionnaire", though it may be necessary to delay these inquiries until the center staff and the members of the Nutrition team enjoy the full confidence of the participating mothers and their communities. This is so important that it must take preference over the need to gather information for the purposes of statistics and need for evaluation of progress, however important this may be.

The relationship between bottle feeding and gastroenterities is attracting the attention of some of the medical doctors serving in the NCH-centers. The trend from breast feeding to bottle feeding will be given special attention and attempts will be made to record the changes that occur during the life of the Nutrition project.

Additional information may be sought about the percentage of children who have had the benefit of a full vaccination program. Other problems of significance to the improvement of the nutritional conditions may come to light during the field work. Therefore the present evaluation guidelines must be considered as tentative and as guidelines only. Comparisons will be attempted between what is the situation during December 1975/January 1976, after one and after two years and finally towards the end of the project period.

The field of nutrition being little known and its importance little appreciated among the people of the West Bank, it is evident that a hard task lies ahead for the members of the CRS Nutrition team, who are resolved to do their best to achieve results for the benefit of their own people.

Tentative evaluation guidelines are attached as Appendix F.

COURSE OUTLINE

COURSE TITLE : EDUCATION FOR TEACHERS IN CRS PROJECT CENTERS

TOTAL DIDACTIC HOURS : 160

- PURPOSE :
1. To teach the administrative procedures used in CRS project centers.
 2. To teach the use of the scales and growth charts used on the project.
 3. To teach the basic concepts of food and nutrition.
 4. To develop effective skills needed for informal teaching.

METHODS OF TEACHING :

1. Discussion.
2. Demonstration and return demonstration.
3. Use of visual aids.
4. Work shops.
5. Field trips.

PRESENTATION OF THE COURSE :

This course may be presented by units at different intervals of time or at one time as a month training course or according to the needs of the project personnel. The course may be divided as follows:

- UNIT I - Methods of operating the project - 1 week
UNIT II - Basic concepts of food and nutrition 1 week
UNIT III - Methods of teaching foods & nutrition 2 weeks
-
- TOTAL 4 weeks

COURSE OUTLINE (Cont'd)

<u>UNIT I : PROJECT OPERATION</u>	<u>Discussion hours</u>	<u>Demonstration hours</u>	<u>Work Shops</u>
1. Formal opening and introduction of the course.	2	-	-
2. The administrative procedure used in the center.	2	2	4
3. The use of the scale and how to weigh the child.		1	3
4. The weight chart and how to record the weights.		1	3
5. Weight as measure of growth and development.	1		1
6. The PL480 rations, how to calculate package and distribute the ration.	1	1	2
7. Methods of preparing PL 480 foods and local foods for pre-school children.		8	8
Individual totals	6	13	21
GRAND TOTAL OF UNIT I			40
<u>UNIT II : BASIC CONCEPTS OF FOOD AND NUTRITION.</u>			
1. The nutrients and the daily requirements.	2		
2. The basic food groups.	2	2	
3. How to plan for the food for a family by using the food groups and the cost of such a plan.	2	2	
4. How to prepare safe food and how to cook to preserve the nutrients.	2	2	
5. The nutritional status of the people.	2		
6. The nutritional diseases.	2		
7. Field trip to a hospital or clinic to see children with nutritional disease.			4
8. How to meet the food needs of the most vulnerable groups in the population, (pre-school children, pregnant and nursing mothers) with local foods.	2		4
9. How to meet the needs of other members of the family with local foods.	2		4
10. How PL 480 foods can be utilized to cut the costs of the family food budget.	2		4
Individual totals	18	6	16
GRAND TOTAL OF UNIT II			40

COURSE OUTLINE (Cont'd)

Unit III : <u>METHODS OF TEACHING FOODS AND NUTRITION</u>	Discussion hours	Demonstration hours	Work Shops
1. How to make a lesson plan for a mothers' class.		2	6
2. How to plan a demonstration for a mothers class.		2	6
3. How to plan the visual aids for mothers' class.		2	6
4. Complete plans for one lesson and demonstration with essential visual aids. (assign topics).			8
5. Return demonstrations of planned lessons (4 groups).		8	
6. Return demonstrations of planned lessons for mothers' class.		8	
7. Return demonstration of planned lessons for mothers classes.		8	
8. Role playing as a method of teaching.	2		
9. Home visits: an opportunity to reinforce learning.	2		
10. Role play: An hypothetical home visit.		2	
11. How to report a home visit.		2	
12. Review session to discuss questions the participants have.	2		
13. Objective type test.	2		
14. Field trip: A visit to a handicraft center in the area.			4
15. Return test papers and discuss the questions.	1		
16. Distribution of educational materials and demonstration kits to the participants that they will use in their centers.		3	
17. Closing ceremony.		4	
Individual totals	9	41	30
GRAND TOTAL OF UNIT III			80

TOTAL FOR COURSE : UNIT I 40 hours
UNIT II 40 hours
UNIT III 80 hours

TOTAL 160 hours

CATHOLIC RELIEF SERVICES USCC/JERUSALEM, WEST BANK

Course : Training program for Teachers

UNIT I - LESSON PLANS

This set of lesson plans are designated as Unit I. They cover the essential lessons necessary for teachers before a project center is operational. The lessons cover administrative details and the mechanics of operating the scales and marking the weight charts.

Unit I lessons cannot be construed to be nutrition lessons. However, these lessons are essential for the successful operation of a pre-school/nutrition education project.

The majority of the lessons covered by these lesson plans will have to be developed by CRS/JWB or by any other CRS program office in other countries where they may be used as guidelines. The mechanics of operating programs may differ but the material covered in the Unit I lesson plans will be essentially the same. It will require approximately forty (40) didactic hours of class room work to cover the material. More time will be needed for return demonstration if the teachers have no cooking skills. The number of participants will also influence the time required for return demonstrations.

Signature :

Darline Ramage
Director, Nutrition CRS/New York

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

LESSON I : * Formal Opening and Introduction.	Teachers activities	Visual aids	Student Activities
<ol style="list-style-type: none">1. Introduction by the Director covering the goals of the project and the training course.2. Introduction of the visiting dignitaries.3. Introduction of the teachers.4. General statement concerning:<ol style="list-style-type: none">a) Material to be coveredb) Announcement of test for evaluation of progress.5. Any special announcement of activities.	<ol style="list-style-type: none">1. Registration of the participants.2. Issue note books and pencils.3. Issue course outlines to each participant.	<ol style="list-style-type: none">1. Course outline for distribution.	<ol style="list-style-type: none">1. Ask questions regarding program.

*

The details of the formal opening should be developed by the program Director and the Nutrition Dept. Staff.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Course for Teachers

LESSON 2 : Administrative procedures used (x) in the Center	Teacher activities	Visual aids	Students Activities
<ol style="list-style-type: none"> 1. Responsibilities of center staff. 2. Storage facilities <ol style="list-style-type: none"> a) Necessity to keep the area clean b) Neatly stacked bags for easy counting c) Secure locks d) Pest control 3. Equipment needed for repackaging food. <ol style="list-style-type: none"> a) Scale. b) Work table. c) Bags and bottles. d) Funnel and scoop. e) Broom. 4. Empty Containers 5. Records <ol style="list-style-type: none"> a) Class attendance b) Recipients c) Food received d) Food distributed e) Money received and spent f) Visitors records 6. Reports required. 7. Role of inspectors. 8. Unfit food. 	<ol style="list-style-type: none"> 1. Give the lesson. 2. Conduct the work shop on record keeping. 	<p>Examples of:</p> <ol style="list-style-type: none"> 1. Suitable bags and bottles needed 2. Funnel and scoop. 3. All records to be kept 4. Guest book for visitors to sign. 5. Reports to be sent each month to CRS/JWB. 	<p>Present hypothetical problems involving records and reports for the participant to work out.</p>

(x) The details of this part of the teaching program to be developed by the nutritionist and Project Director. It is included in order that the teacher of the mother's classes will understand the CRS Program.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Course for Teachers

LESSON 3 : The use of the scale and how to weigh the child.	Teacher activities	Visual aids	Student Activities
<ol style="list-style-type: none"> 1. Assembly of the scales. 2. How to balance the scale. 3. How to prepare the child for weighing. 4. Need to subtract the weight of the weighing cloth on the platform of the scale and the weight of the weighing garment from the total weight of child. 5. Need for accurate weights. 6. Equipment needed in weighing room: <ol style="list-style-type: none"> a) Table and chair for record keeper. b) Scale. c) 2 chairs for mothers use. d) Scale cover. e) Extra weighing garments. 7. Necessity to keep the area clean and neat. 	<ol style="list-style-type: none"> 1. Give the lesson 2. Demonstrate all the steps in the weighing procedure. 	<ol style="list-style-type: none"> 1. Scale. 2. Weighing garment. 3. Small blanket to cover scale platform. 	Actual use of the scales to weigh a child allowing for weight of platform covering and weighing garment.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: In-Services Training Program for Teachers

<p>LESSON 4 : The weight chart and how to record the weight</p>	<p>Teachers activities</p>	<p>Visual aids</p>	<p>Student Activities</p>
<p>1. The weight chart a) as an educational device b) as an evaluation tool</p> <p>2. Reasons for giving the chart to the mother for safe keeping.</p> <p>3. Chart to be recovered from mother and sent to CRS Jerusalem when : a) the child reaches 5 years of age, b) the child dies, c) if CRS/Jerusalem calls in the growth charts for evaluation (charts would be returned before the next weighing period), d) end of the project.</p>	<p>1. Gives lesson.</p> <p>2. Demonstration of the steps and recording.</p> <p>3. Fills out an hypothetical weight chart.</p>	<p>1. The weight charts</p> <p>2. Scales.</p>	<p>Practise weighing and recording weights.</p> <p>Practise in completing information on the chart.</p> <p>Discuss any question regarding Lesson I of the Family Nutrition Course.</p>

HOW TO USE THE WEIGHT CHART 1)

(If you use the Morley Chart)

1. SIDE ONE

This is the side of the chart on which the weight is recorded every month to form a weight curve. This chart covers the first five years of the child's life, starting with the month he was born in. Each white section on the bottom of the chart is for one month - therefore there are 60 in all. The very first shaded section should have the DATE OF BIRTH month and year, with four consecutive birthdays entered in the other shaded sections on the chart. See figure 1. It is advisable to make these entries in the beginning so as to avoid incorrect entries later on. The year should also be entered against each January. See figure 2. The weight of the child is read in Kilos down the left side of the chart. The child should be weighed and its weight located on the side against the marked weight. The pencil should then be moved to the right, along that particular line of squares, till it is directly above the current month. A large clear dot should be placed in the centre of this square and so on in the following months, so that a "Weight Curve" gradually takes shape. The dot should be large enough so that it touches all four sides of the square. See Figure 3.

The two oblique lines that run across the chart form what can be referred to as "The Road to Good Health". The weight of normal, healthy children should fall between these lines. The mother should be explained that the child's weight should follow this path if it is to make normal, healthy progress. If the weight drops, the mother should be questioned about the possible causes of it, and advised accordingly so that the child gains weight in the following months.

It is important that there is a continuous weight increase even if it registers below the lower line 2). A steady increase in the weight matters more than the position of the weight curve in relation to the lower oblique line.

NOTE:

To make sure that the weight curve is clearly visible to the mothers the dots should be made large and in the middle of the squares. This reduces the possibility of confusing the dots with the lines, and allows the "pattern" to be seen clearly. Each dot should be connected to the previous one by a straight line. See Figure 3.

-
- 1) Adapted from a paper by Ann Rodriguez CRS/Pre-School Supervisor-Tanzania.
 - 2) An exception to this rule: If edema is present the child will lose weight as the edema is reduced, Darline Ramage.

Common Faults in Filling out Weight Charts

There are a few mistakes which seem to appear frequently on Weight Charts. A special mention has been made here because it is of great importance that these mistakes be avoided or corrected if the weight chart is to be used properly and made to function as it is meant to do.

1. For instance, it is a mistake to think that the month of January or "the date of the first attendance" should be entered in the first shaded area on SIDE ONE of the weight chart. The date here should, in fact, be the date of birth. So, only if a child is born in January, is this month put in this section. If this first simple step is incorrectly done it upsets the entire reading of the weight curve. See figure A which shows what a big difference an incorrect entry makes. The child in this case was born in September 1969 and attended the clinic for the first time in September 1971.

In the first instance the weight was recorded incorrectly and the weight pattern signified a very healthy child; but when the source of error was discovered and corrected, the weight pattern showed that the child was, in fact, in a malnourished state.

In some cases the child's weight may constantly register above the upper oblique line. If all possible causes of error have been excluded the weight could be regarded as normal.

2. The use of small, insignificant dots or crosses is another common fault. If the "Pattern" of the dots is not clear it is difficult for the mothers to distinguish it from the lines on the chart. The pattern or curve must first be seen by the mother before she begins to understand the significance of it.

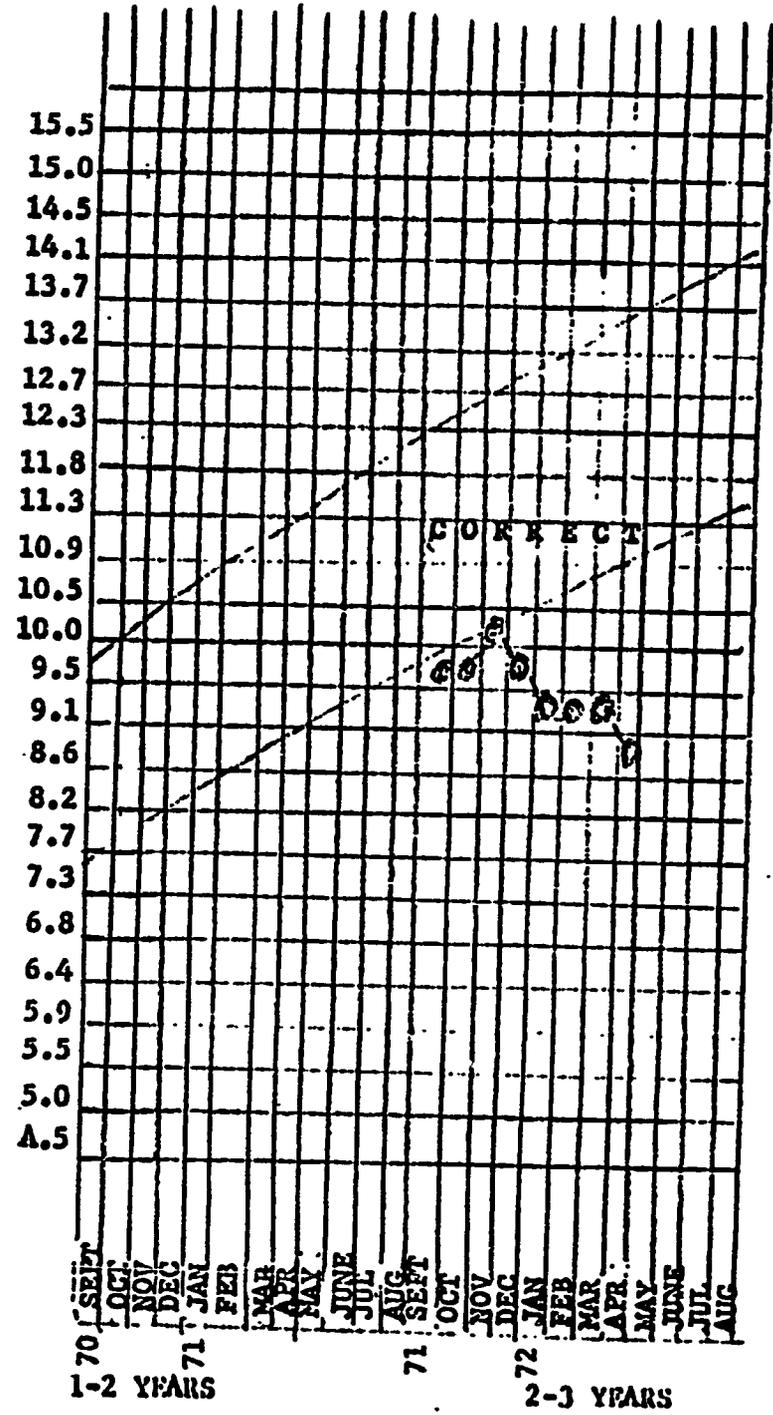
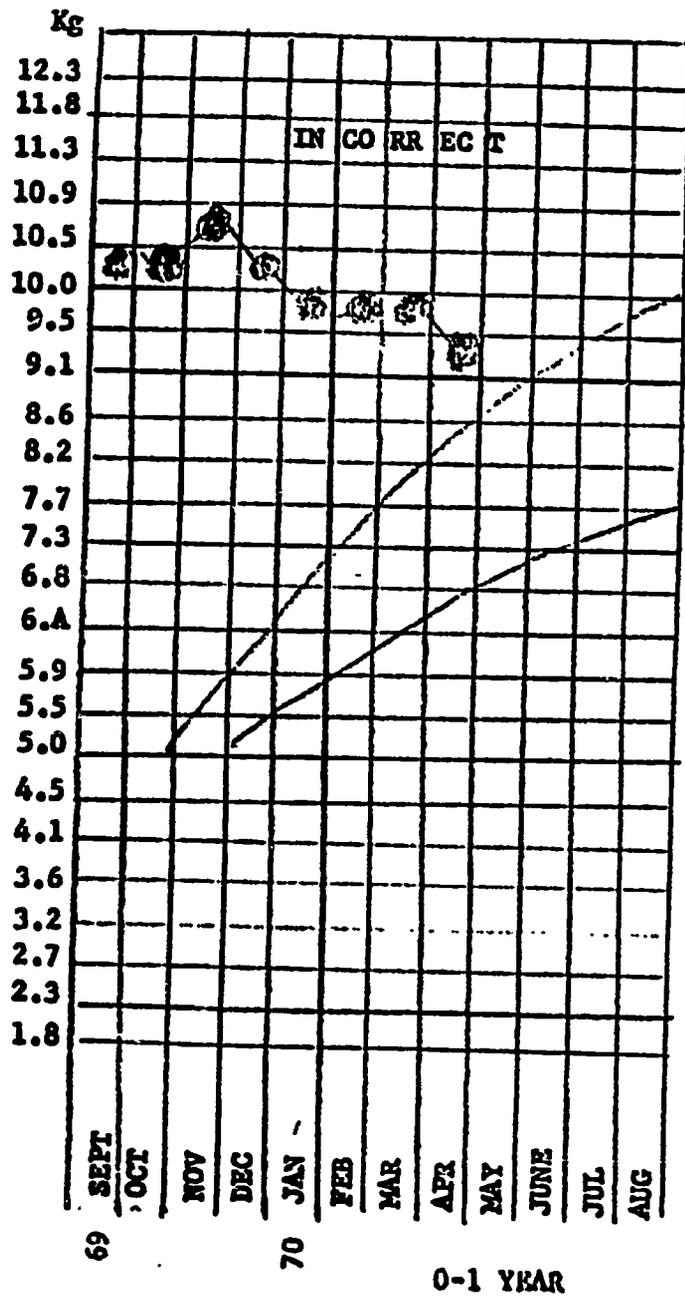


FIG. 4

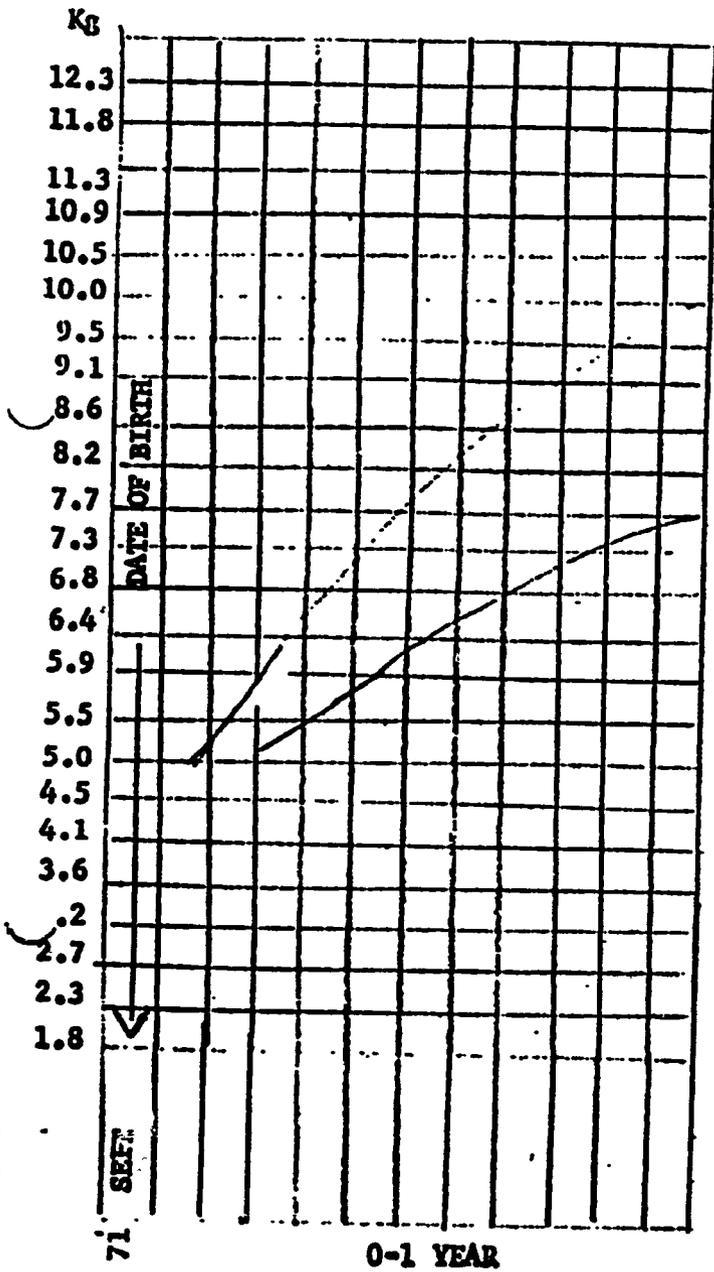


FIG. - 1

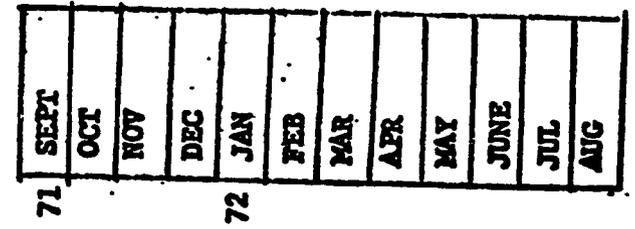
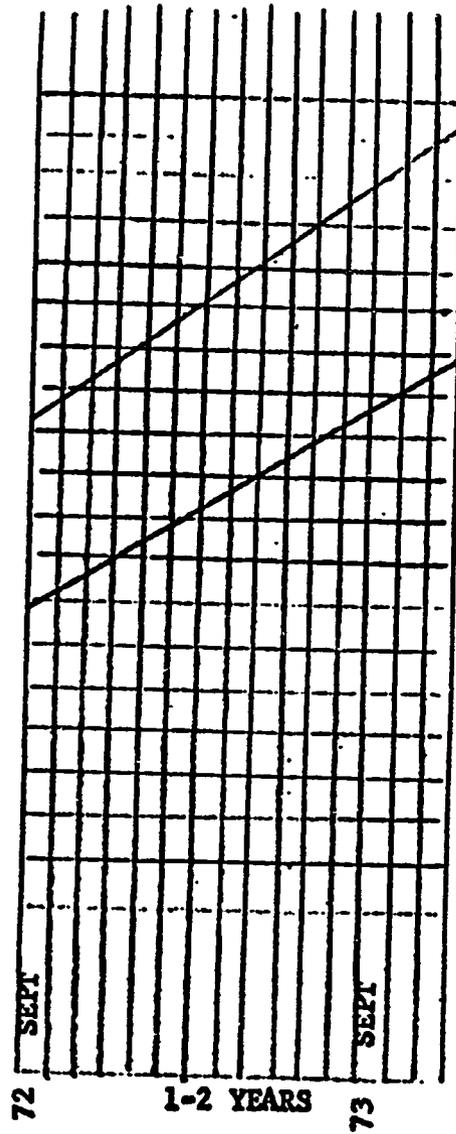


FIG. - 2

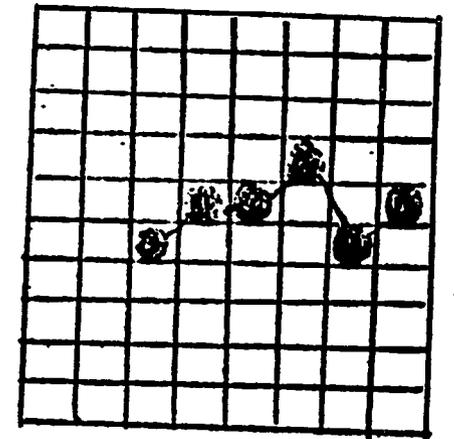


FIG. - 3

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

LESSON 5 : Weight as a measure of growth & development.	Teachers activities	Visual aids	Student Activities
<ol style="list-style-type: none"> 1. Standard of growth. 2. Method of measuring growth. 3. The used for accurate age when using an age-weight measure of growth. 4. Courses of rapid changes of weight in pre-school aged children. 5. Method of determining percent under weight in young children. 6. Method of classifying degree of malnutrition from percent of underweight. 	<ol style="list-style-type: none"> 1. Discussion of the lesson. 2. Make calculation of: <ol style="list-style-type: none"> a) % underweight b) degrees of malnutrition. 3. Show how to determine age by tooth eruption. 	<ol style="list-style-type: none"> 1. The Harvard 2. The growth chart. 3. Tables needed for calculation of standard weight. 4. Gomez scale of degree of malnutrition. 5. How to check given age by tooth eruption. 	<ol style="list-style-type: none"> 1. Hypothetical questions to solve regarding: <ol style="list-style-type: none"> a) The Weight Chart. b) Calculation of % of under weight.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

LESSON 5 : WEIGHT AS MEASURE OF GROWTH AND DEVELOPMENT

INTRODUCTION

Anyone who is concerned with a study of growth and development of children must give thought to what is considered normal growth. Many countries have not undertaken the research required to establish the normal growth potential for children in their own country. In the majority of countries the Harvard Standard is used until research has indicated that the normal growth potential differs from that of the Harvard Standard.

THE HARVARD STANDARD

The Harvard Standard is a height and weight chart indicating how tall a child should be and how much he should weigh at a given age. It is thought that the majority of well nourished children should grow and develop at approximately the same rate.

It is recognized that there are genetic factors involved as well as adequate nutrition and that some children will normally exceed the Harvard standard and others will normally fall below. An excellent example is the black children in the U.S.A. who are normally taller and weigh more than white children.

In spite of the genetic factor, differences in growth rates are most likely due to the adequacy of the child's diet, the economic status of the family, the educational level of the family and the general health of the child than to the geographical area where the child lives. Actually malnutrition is not limited to those with small income but there is a level of income so low that an adequate diet is beyond the means of the family.

OTHER METHODS OF MEASURING GROWTH AND DEVELOPMENT

Sophisticated research projects are likely to use other physical measurements such as :

- Head circumference
- Chest circumference
- Skin fold tests
- Arm circumference.

Another test used to roughly determine the number of malnourished in large population is the Quack stick test. 1)

1) This test is a rough measurement of upper arm circumference

The CRS-USCC METHOD OF MEASURING GROWTH AND DEVELOPMENT

The Catholic Relief Services uses the Morley 2) growth chart in many of its pre-school child feeding projects to determine the growth rate of project children. The method is based on increases in weight as a measure of growth.

Weight is an easier measure to use under field conditions than other measurements. However, the scale must be sensitive, accurate, of suitable capacity, easy to transport and easy to operate if accurate weights are expected. 3).

THE IMPORTANCE OF ACCURATE AGE

The growth chart curve is based on weight and age. It is very important to know the actual age of child. Children on the project are expected to have birth certificates. However, children born in remote areas may not have their birth registered until some length of time after birth. In some countries, girls births are frequently advanced (to allow earlier marriage) and boys births delayed (to insure later military service). The mother should always be questioned to see if the birth registration date is the correct one. If not and she is not sure of the date, questions regarding well known events may help her recall the month and year. Again one must be careful to determine which calendar she is thinking of. One method of checking is to look at the child's teeth. (Distribute chart showing the number and types of teeth at different ages.)

How to determine Age by Number of teeth

1. Add 6 to number of teeth erupted this gives rough age in months (Baillor)

Average eruption of deciduous teeth

	<u>Lower jaw</u>	<u>Upper jaw</u>
Central incisor	6 mo.	7 ½ mo.
Lateral incisor	7 mo.	9 mo.
Cuspid	16 mo.	18 mo.
1st molar	12 mo.	14 mo.
2nd molar	20 mo.	24 mo.

Average Eruption of Permanent teeth

Central incisor	6 - 7 yrs.	7 - 8 yrs.
Lateral incisor	7 - 8 "	8 - 9 "
Cuspids	9 - 10 "	11 - 12 "
1st Bicuspids	10 - 11 "	10 - 11 "
2nd Bicuspids	10 - 12 "	10 - 12 "
1st molar	6 - 7 "	6 - 7 "
2nd molar	11 - 13 "	12 - 13 "
3rd molar	17 - 21 "	17 - 21 "

-
- 2) Morley, D. et Al. A. Nutrition Indicator, WFMJ Dec. 1962. London School of Tropical Medicine.
 - 3) Continental Scales No.1522 DKF. Price \$ 65.50 have been found satisfactory.

In some countries children are considered a year old at birth. This problem of accurate age is not always easy to establish.

CAUSES OF RAPID CHANGES OF WEIGHT

Weights of children can change for the better or the worse very rapidly.

If the mother feeds her child the protein supplement given her and does not cut down on the food she normally provides in the home, the child will gain. The amount of gain will vary with the child's age and general health condition (Children at different ages have different metabolic needs but the supplement is a standard amount).

If the child is ill, the child will lose weight. If fever is involved, the weight loss can be rapid. Mothers should be asked if the child has been ill if there is a weight loss. Ask the mother what she thinks was wrong with the child and make a note in the proper place on the growth chart. A weight loss does not mean that the child's protein supplement is necessarily being misused.

METHOD OF DETERMINING PERCENT UNDERWEIGHT

When you weigh the children, all the children below the lower curved line are underweight. You can determine the percent of underweight in the following manner :

1. Weigh the child accurately
2. Check the growth chart at the top line to see what a child of his age should weigh .
3. Divide the child's actual weight by the weight he should weigh and multiply by 100. The resultant figure is called "percent of standard weight".

Example : Age 1 year - Actual weight 7 kg. - should weigh 10 kg.

$$\frac{7}{10} \times 100 = 70 \% \text{ of standard weight}$$

HOW TO DETERMINE THE DEGREE OF MALNUTRITION

When you know the percent of standard weight the degree of malnutrition may be decided by using the Gomez Classification given below.

GOMEZ CLASSIFICATION OF DEGREE OF MALNUTRITION

<u>Range of percent Standard weight</u>	<u>Gomez Classification</u>
90 % or above	NORMAL
75 % 89 %	GRADE I
60 % 74 %	GRADE II
59 % or below	GRADE III

REFERENCES

1. A Practical Guide to Combating Malnutrition in the Pre-School Child. Report of a conference held at the Nutrition institute, Bogota, Colombia, March 1969. Appleton - Century Crafts. New York 1970.
2. Kendal, W. Community Mothercraft Center No.3 West Virginia Polytechnic Institute Blackbury, West Virginia.
3. Morley, D. Tropical Geo. Medicine 20 : 101 : 1968
4. Height and weight of children - United States. No.104 Series II, Vital Statistics (1963 - 1965). U.S. Public Health Service, National Center for Health Statistics. N.E.W. Wash. D.C.
5. Higgens, Margaret. Handbook on Basic Nutrition 1969. CARE Inc. 660 First Ave. New York City N.Y. 10016.
6. Cameron, Margaret and Hofvander, Yngve. Manual on Feeding Infants and Young Children. PAG. Doc. I.14/26 (1971). Protein Advisory Group of the United Nations System. United Nations. New York 10017. Pages 5-13.

SCALES

In order to keep accurate weight records, accurate scales are essential. The scale that has been found satisfactory is:

Continental Scale No. 1522 DKF
Price \$.65.50

This scale should be ordered from Catholic Relief Services/
New York.

Although this scale can be transported in country by vehicle, it would not be suitable for use in jungle areas where transport is by foot nor would it be useful in areas where transport is by bicycle. In these situations, the weight of the scale rather than accuracy has to be considered. One must assume that the weight records will not be accurate but as long as the same scale is used important weight gains and losses can be measured. In these circumstances, use the most accurate scale feasible and indicate the type of scale on the weight record.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Course for Teachers

LESSON 6 : How to package & issue the PL 480 rations	Teachers activities	Visual aids	Student Activities
<ol style="list-style-type: none"> 1. What are the PL 480 rations. 2. What is the daily amount allowed for each commodity? 3. How often the rations are issued? 4. How are the rations packaged for distribution? <ol style="list-style-type: none"> a) 1-ration package b) 2-ration " 5. Review of records for distribution. 6. What is required of the mother on ration day : <ol style="list-style-type: none"> a) Pre-school children and growth charts brought to clinic, b) empty clean containers to exchange, c) fee for each recipient (if applicable). 	<p>Gives the lesson.</p> <p>Shows how to calculate the rations.</p> <p>Shows how to package the rations for distribution.</p> <p>Reviews the record keeping involved.</p> <p>Distribute Lesson 2 of the Family Nutrition Course.</p>	<p>Exhibit of the PL 480 commodities.</p> <p>Scales used to weigh out the rations.</p> <p>Containers for repackaging.</p> <p>Records needed for distribution reporting.</p>	<p>Hypothetical calculations of rations.</p> <p>Practise weighing and packaging rations.</p>

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

LESSON 7 : METHODS OF PREPARING PL 480 FOOD COMMODITIES	Teachers activities	Visual aids	Student Activities
<p>1. Blended foods:</p> <p>a) What they are b) How to use them in preparing food for the family.</p> <p>2. Other PL 480 commodities</p> <p>a) oatmeal b) soy enriched oatmeal c) wheat flour d) vegetable oil e) bulgur f) other</p> <p>3. How to make a blended food from local foods.</p> <p>4. How to store Blended Foods in your home.</p>	<p>1. Give the lesson</p> <p>*2. Demonstration of food prepared from the PL 480 foods.</p> <p>a) Bulgur soup b) Regular CSM c) WSB d) Regular oatmeal e) Soy enriched oatmeal f) Wheat flour.</p> <p>3. Demonstrate a blend of chick peas & bulgur.</p>	<p>1. Display of all the commodities available.</p> <p>2. Copies of recipes to be distributed.</p>	<p>1. Return the demonstration of selected recipes.</p>

* Use any commodity on hand.

COMPARATIVE NUTRITION VALUE OF 100 GM

	WHEAT FLOUR ENRICHED	WHEAT FLOUR BLEND A FORT.	BUL-GUR WHEAT	LYSI-NE FORT. BUL-GUR	SOY FORT. BUL-GUR	WSB	CSM	CORN-MEAL	SOY FORT. CORN MEAL	OATS	SOY FORT. ROLLED OATS	RICE	CASSA VA FLOUR	NFDM
CALORIES	364	367	359	357	354	360	373	363	359	390	382	362	344	363
PROTEIN Gm	10.5	13.5	9.3	10.5	17.3	20	20	7.9	13	14.3	20.5	7.6	1.6	35.9
FAT Gm	1	.....	1.5	.....	.....	6	6	1.2	1.5	7.4	6	0.3	0.5	0.8
CARBOHYDRATES Gm	76.1	.....	75.7	.....	.....	57	62	78.4	73	68.2	61	79.4	83.2	52.3
VITAMIN A I.U.	--	.....	--	.....	.....	1660	1940	(400)	888	--	--	--	--	2200
THIAMINE Mg (Vitamin B1)	0.44	.....	0.28	.....	.....	2.02	3.65	0.14	0.44	0.6	0.69	0.07	0.06	0.35
RIBOFLAVIN Mg (Vitamin B2)	0.26	.....	0.14	.....	.....	0.59	0.59	0.05	0.26	0.14	0.18	0.03	0.05	1.8
NICOTIN Mg	3.5	.....	4.5	.....	.....	8.2	10	1	3.5	1	6	1.6	0.9	0.9
IRON Mg	2.9	.....	3.7	.....	.....	20	18.5	1.1	2.9	4.5	6	0.8	3.6	0.6
CALCIUM Mg	16	.....	29	.....	.....	604	513	6	111	53	86	24	66	1308
PHOSPHOROUS Mg	87	NO INFORMATION AVAILABLE	338	NO INFORMATION AVAILABLE	NO INFORMATION AVAILABLE	533	381	99	No Inf.	405	No Inf.	136	135	1016

METHOD OF PREPARING PL 480 FOODS

BLENDED FOODS

The blended foods among the various PL 480 commodities are:

1. CSM (corn, soy and milk)
2. WSB (wheat and soy mixture)
3. CSB (corn-soy Blend)

All of these products have vitamins and minerals added to them.

Soy flour which is in both blended foods is made from beans. Soy beans came originally from the Far East and were introduced in the United States a good many years ago. They are also grown in many countries. They are a good source of protein, minerals and calcium. The soya flour mixed with the corn and with the wheat flour result in a more healthful food product. The United States and Brazil are important producers of soybeans.

When milk is in short supply or non-existent, these blended foods serve as a food supplement. They can be thought of as growth promoting foods and are very good for growing children.

How you prepare the blended foods depends on the age of the children. It is presumed that during the first year of life a baby is breast fed but by the age of 6 months, a baby needs more food than breast milk. Some of the recipes will be demonstrated and you may find it interesting to think of other ways to prepare the foods.

ROLLED OATS - SOY FORTIFIED

Rolled oats fortified with soya flour is one of the PL 480 commodities. It is usually a popular food with children especially the older pre-schoolers. The soya flour added to oatmeal increases the protein and helps promote growth.

This particular food is usually most acceptable served as a porridge, bread or cookies. It can be mixed with ground meat to make your favorite meat balls (Kufta).

OTHER PL 480 COMMODITIES

The other PL 480 commodities are bulgur, flour and oil. These are familiar foods and we all know how to use them. When using either of the blended foods or the rolled oat-soya mix to make bread use a ratio of one part of the special food commodity to three parts of flour in your favorite bread recipe.

NOTE : A chart of the relative nutritive value of the PL 480 commodities is attached.

- 2. sugar can be replaced with honey.
- 3. Half of the water may be replaced with fruit juice. This should be added after cooking to conserve Vitamin C.
- 4. Oil may be added during cooking for greater richness and higher caloric value.

Noodles

- 1 cup CSM
- 1 cup flour
- $\frac{1}{4}$ tsp. salt
- 1 egg (beaten)
- A small amount of water to make a stiff dough
- Chopped coriander (if desired).

Mix into a firm dough and knead for 5 minutes. Roll thin. Sprinkle a small amount of flour on top of rolled dough. Roll up and cut in thin strips. Unroll the strips and allow to dry for at least 30 minutes. Cook in boiling meat broth or cook in a vegetable soup broth.

Variations :

- 1. A small amount of finely chopped onion or garlic may be added.
- 2. A small amount of hot red pepper may be added.

Fried cakes

- 1 cup CSM
- 1 cup flour
- 2 T oil
- $\frac{1}{2}$ tsp. salt
- 2 T grated onion
- Hot red pepper. (small amount)
- 2 T coriander (chopped fine)
- 1 beaten egg
- Cold water to make a stiff dough.

Knead dough for 5 minutes. Divide the dough into small, easy to handle pieces. Shape each ball with your hands. Fry in oil.

WSB

Beverage

- 1 part WSB
- $\frac{1}{2}$ part sugar
- 10 parts water

Mix WSB and sugar. Add enough cold water to make a thin paste, add hot water and bring to a boil. Add flavoring and extra sugar as desired.

WSB Pudding

1 part WSE
1 part sugar
1 part water (cold)
3 parts hot water
seasoning to taste.

Mix sugar and WSB with cold water and add the hot water.
Bring to boil. Add the seasoning as desired.
Dates may be added if desired.

Soup

Make a vegetable soup as desired. Add 1 part WSE to
10 parts soup. Bring to boil. If thicker soup is
desired, add more WSE.

Note: Make thin paste with the WSE and some cold water
before adding to the soup. Stir constantly
after adding the WSE

Cookies

$\frac{1}{2}$ cup WSB
 $\frac{1}{2}$ cup + 2 T flour
 $\frac{1}{2}$ ts soda
 $\frac{1}{2}$ cup oil
 $\frac{1}{2}$ cup sugar
1 egg
 $\frac{1}{2}$ ts cinnamon
 $\frac{1}{2}$ cup nuts
1 cup raisins or chopped dates.

Mix sugar egg and oil together, add the dry ingredients
and water if necessary. These cookies may be rolled or
they can be dropped by the spoonful on a greased cookies
sheet. (The latter requires a thinner batter).

Bread

1 part WSB
3 parts flour

In your regular bread recipe.

Cinnamon Bread

2	cups flour
1	cup WSB <u>or</u> CSM
1	pkg yeast
1	T sugar
1	T oil
1	cup warm water
1	ts cinnamon

Dissolve yeast in the water. Mix all the other ingredients and add water and yeast. Add extra flour if needed to make a stiff dough. Place in bowl and let rise 45 minutes. Knead down. Roll in a rectangular shape. Spread with a mixture of oil sugar and cinnamon. Roll up and press dough together. Put in baking pan. Let rest 10 minutes in a warm place. Bake in oven.

OATMEAL

Porridge (6 servings)

4	cups water
1	ts salt
2	cups rolled oats

Stir the rolled oats into boiling salted water. Cook 1 minute. Cover the pan with a lid and allow to stand few minutes.

Vegetable - oatmeal soup (6 servings)

4	cups meat broth
2	cups diced potatoes
1/3	cup diced onion
1	cup diced carrots
1/2	cup rolled oats
1	cup chopped greens
1	tsp salt
1/8	tsp black pepper
	Tomato paste as desired.

Cook in the meat broth all the vegetables until tender. add the oatmeal and cook at low heat 20 minutes, stirring constantly.

Oatmeal Cookies (3 1/2 dozen = 42 cookies)

1	cup flour
1/2	tsp soda
1/2	tsp salt
1/4	cup sugar
1	cup chopped dates
2/3	cup oil
1	egg
2	T water
2	cups oatmeal
1	tsp cinnamon

Mix all the ingredients. Drop by teaspoons on a cookies sheet. Bake in an oven.

Apple Crips

4 cups sliced apples
1 T lemon juice
1/3 cup flour
1 cup oatmeal
1/2 cup sugar
1/3 cup oil
1 tsp cinnamon

Place sliced apples in a baking dish which has been greased with oil. Sprinkle apples with lemon juice. Combine flour, oatmeal, sugar, oil and cinnamon. Place on top of sliced apples. Bake in an oven (375 F or 190° C) 30 minutes or until apples are tender. .

NOTE : These recipes have been selected from those distributed by the companies manufacturing CSM, WSB and rolled oats. Some of the recipes have been modified. Other recipes are included in Lesson 2 of the Family Nutrition Course.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM, WEST B..NK

Course: Training Program for Teachers

UNIT II - LESSON PLANS

This set of lesson plans cover some basic concepts of food and nutrition that the teachers need to know in order to teach the mothers in the family nutrition classes.

These plans may have to be modified. The educational level of the participants in the class will be the determining factor.

Certain topics are included in this course that are only touched briefly or presented in a different way in the family nutrition course for mothers. I suggest that the lessons in the latter course be studied by the participants in order that they will clearly see how scientific terms or facts are presented in a "grass roots" level course for mothers with limited education.

Basic recipes are included but the participants should develop their own recipes that would be more acceptable to the mothers. Frequently, there are regional differences in a small country.

Signature :

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CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT II: Basic Concepts of Food and Nutrition

LESSON I : The Nutrient and Requirements.	Teacher Activities	Visual Aids	Student Activities
<p>1. The Nutrients</p> <ul style="list-style-type: none">a) Caloriesb) Proteinsc) Mineralsd) Vitamins <p>2. The daily requirements for the nutrients.</p> <p>3. Food sources of the nutrients.</p> <p>4. The vitamin we can get from sunlight.</p>	<p>1. Gives the lessons.</p> <p>2. Hand out copies of lessons 3-9 of the family nutrition course.</p>	<p>Display of foods that are rich sources of each nutrient.</p>	<p>Have the participants make lists of the food that are good sources of the nutrient.</p>

UNIT II - LESSON I

THE NUTRIENTS AND THE DAILY REQUIREMENTS

The nutrients are the substances in food that we must have to live and be healthy. They all have names and we know how much we need every day.

First there are the energy nutrients. They are:-

1. Carbohydrates (yield 4 calories per gram)
2. Fat. (yield 9 calories per gram)

These energy nutrients furnish the calories or energy that we must have. The number of calories or the amount of energy foods we need depends on our age, size and the amount of work we do.

Carbohydrates are the cheapest source of energy. The cereals grains, potatoes and sugar are rich sources of carbohydrate. Palestinians get the majority of the carbohydrates for energy from :

1. Bulgur
2. Bread
3. Rice
4. Sugar
5. Honey
6. Dates

Fats are expensive sources of energy but they give the most energy per unit of weight. The Palestinians get most of their fat for energy from :

1. Oil from vegetable sources (olive oil)
2. Animal fats
3. Butter
4. Margarine

Second : The nutrient necessary for growth is protein

This nutrient also furnishes energy but is too expensive to be used to meet all the requirements for energy. Therefore we must be sure we eat sufficient carbohydrates and fats so that the protein will be used by the body for growth and the repair of injured tissues. The rich sources of protein and best sources of protein are:-

1. Eggs
2. Milk
3. Meat of all kinds
4. Fish
5. Poultry

There are other good sources of protein. These are:-

1. Beans, peas and lentils
2. Nuts
3. Sesame seeds

The last group of nutrients are those needed to keep us healthy and well. They are :

1. The minerals
2. The vitamins.

There are many minerals in our foods that we need in varying amounts. We only need to be concerned about a few that we can get too little of if we are not careful. These are :

1. Calcium
2. Iron
3. Iodine.

The best sources of calcium is milk, cheese and yogart. There are other foods which contain some calcium. They are :

1. Soy beans
2. Green leafy vegetables
3. Dates.

The best sources of iron are red meats (especially liver, kidney and heart) and egg yolk. There are other fair sources of iron. These fair sources are :

1. Dried fruits such as raisins and dates.

People who live too far from the sea are likely not to get enough iodine. The rich sources of iodine are :

1. Fish from the sea
2. Plants of all kinds grown near the sea.

The vitamin nutrients that we need to be concerned about are :

1. Vitamin A
2. The B Vitamins
3. Vitamin C
4. Vitamin D.

Vitamin A is found in green, yellow and orange colored fruits and vegetables. Some rich sources are :

- | | |
|--------------|-------------------|
| 1. Coriander | 5. Peppers, green |
| 2. Parsil | 6. Sweet potatoes |
| 3. Spinach | 7. Apricots |
| 4. Carrots | 8. Pumpkin. |

Some red vegetables also are rich sources such as :

1. Red Peppers
2. Tomatoes.

There are several B Vitamins but the ones we are particularly interested in are :

1. Thiamin
2. Riboflavin
3. Niacin.

Good sources of thiamin are seeds, nuts and whole grain cereals. A good source of riboflavin is milk. A good source of niacin is any whole grain cereal.

Vitamin C is a vitamin that is in fresh fruits and vegetables. This vitamin is destroyed by heat. Excellent sources of the vitamin are :

- | | |
|------------|-----------------|
| 1. Oranges | 4. Guava |
| 2. Lemons | 5. Mango |
| 3. Limes | 6. Raw tomatoes |

Vitamin D is the last of the vitamins we will talk about in this lesson. Although there is some Vitamin D in butter and in cream, the main source of this food is not food but the sun. However, the sun must hit your skin for you to benefit from it. The sunshine is free. It gives us Vitamin D free. Other nutrients cost. The main purpose of this lesson today has been to give you background for following lessons. However the discussion on Vitamin D will be presented in Lesson 7 of the family course. Lesson 7 on the "sunshine Vitamin" is one of the important lessons as the lack of it is the cause of children having rickets. Since wrapping up the children in so many clothes is traditional it will be difficult to convince the mothers they should allow the sun rays to hit the bare skin for a few minutes every day the sun shines.

The daily requirements for each nutrient has been carefully established but it is more meaningful to present these in number of servings of food rather than exact figures. We will do this in following lessons.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT II

LESSON 2 : The basic Food groups	Teacher Activities	Visual Aids	Student Activities
1. Group 1: the energy group (Calories). 2. Group 2: The Growth group (Protein). 3. Group 3: The foods that keep us healthy and well (vitamins and minerals). 4. The exception: Vitamin D, the sunshine vitamin.	1. Give the lesson. 2. Discussion of questions on the family nutrition lessons.	Examples of foods of each group.	1. Have the participants sort different food into the proper groups. 2. Study the lessons for the family course. (Lessons 3-7).

UNIT II - LESSON 2

THE BASIC FOOD GROUPS

In order to simplify the teaching of food needs and to avoid using the technical terms in relation to the nutrients as they were used in the last lesson, the foods used in the diet are divided into groups according to the main nutrient they contain. Of course, many foods contain more than one nutrient and one gets more nutrition for their money when these particular foods are served. There are several ways to divide the foods. They may be divided into seven groups, four groups, or as few as three groups. In teaching mothers with little formal education, the simpler you make the lessons the easier it is for the mothers to remember, understand and apply the lesson. The mothers course is based on a three-group plan. It is best to present only one food group for a lesson. Lessons three through seven of the family nutrition course are concerned with the food groups.

The easiest way to identify the food groups is to do so in the same manner described in lesson three of the family nutrition course. That is :

- Group 1. The energy foods that we eat to live, work and play.
- Group 2. The growth foods that we eat to grow, build muscles and repair tissue.
- Group 3. The foods we eat to keep healthy and well.

Vitamin D, is the only nutrient referred by name. Since the main source is the sun rays that one neither can see or eat, we must name it to prevent the mothers thinking magic or spirits are involved.

You must stress in the lesson on Group I, the members of the family that needs the most and the relative total energy needs of other members.

1. The adult members of the family that do the hardest work, the teenaged boys and girls, the nursing and pregnant women.
2. Primary school children, elderly men and women.
3. Pre-school children.
4. Infants.

It is obvious from this list of individual energy needs that the determining factors are :

1. The amount of active work
2. Age
3. Size.

These needs of individuals can be presented by actual calories required:

	<u>Calories</u>
- Adult man (70 kg)	2,800-3,200 (?)
- Adult woman (58 kg)	2,000
- Pregnant woman	2,600
- Lactating woman	3,000
- Teen aged boy (14-16)	3,000
- Teen aged girl (14-16)	2,400
- Children (4-6)	1,600
- Children (3-4)	1,400
- Children (2-3)	1,250
- Children (1-2)	1,100
- Primary school (6-12)	1,800-2,500
- Elderly men & women	1,800-2,000

Group II, the growth group is made up of protein foods. The animal sources have proteins of the best quality but if we mix in the same different vegetable sources of protein, the result can be the same! Since animal sources are expensive sources, mixtures of vegetable sources must be used frequently to make the food money go further.

The actual amounts of protein needed by the members of the family are :

Infants :	0 - 12 mo.	2.5 - 3.5 gms/kilo
	1 - 2 years	25 gms
	2 - 3 "	31 gms
	3 - 4 "	35 gms
	4 - 5 "	43 gms
Primary school age		48 - 55 gms
Teen agers		1 gm/kilo
Adults		1 gm/kilo
Pregnant women		1.5gms/per kilo
Lactating women		2 gms/per kilo

One must be careful of having sufficient energy foods as well as protein foods in order that the protein will be used for growth and repair of tissue and not to make up an energy deficit.

Group III, (The foods that keep us healthy and well), contains foods that furnish vitamins and minerals. This is a large group that furnishes these different vitamins and minerals. If one places emphasis on the vitamin A sources, the vitamin C sources and mineral sources, the mothers will be more likely to grasp the importance of this group than if you try to identify foods in the group with each one of the vitamins and minerals.

One should serve each day :

- 2 leafy green or yellow vegetables (Vitamin A sources)
- 2 other vegetables or fruits (mineral and vitamin sources)
- 1 fruit rich in vitamin C

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Course: Training Course for Teachers

UNIT II

LESSON 3 : How to plan the food for a family by use of food groups.	Teacher Activities	Visual Aids	Student Activities
<ol style="list-style-type: none"> 1. Review the food groups. 2. Build a model of day's rations by using a typical West Bank dietary pattern. 	<ol style="list-style-type: none"> 1. Questions the class on food groups. 2. Leads the discussion involved in putting the day's ration for a family together to form a model. (a typical diet that meets the nutritional requirements at the <u>least cost</u>). 	<ol style="list-style-type: none"> 1. Display a day's ration in groups. 2. Costs of the food should be displayed. 3. Calculate the cost of the day's diet. 	<ol style="list-style-type: none"> 1. Continue the study of the family nutrition lessons and use them in connection with this lesson. 2. Have the students check their dietary pattern by the model displayed and see if they differ.

UNIT II - LESSON 3

HOW TO PLAN THE FOOD FOR A FAMILY BY THE USE
OF FOOD GROUPS

The three food groups can be used to plan the meals for the day and they also can be used to roughly check how adequate a meal plan for the day may be.

Now let us review the three food groups.

1. Group I : The energy foods
2. Group II : The growth foods
3. Group III : The foods that keep us happy and healthy (vitamins and minerals).

To give sufficient energy we need at least 7 servings per day of foods in Group I. We need 3-4 servings of Group II, the growth foods (the 4th serving is reserved for milk for the children, pregnant and nursing mothers). It requires 6 servings of Group III to keep us happy and well.

If we eat three meals per day our meal plan could be :

<u>First meal</u>	Group I foods - 3 servings
	Group II foods - 1 serving
	Group III foods - 1 serving
<u>Second meal</u>	Group I foods - 2 servings
	Group II foods - 1 serving
	Group III foods - 3 servings
<u>Third meal</u>	Group I foods - 2 servings
	Group II foods - 1 serving
	Group III foods - 2 servings

The teacher and students must work out together a suitable dietary pattern that is acceptable among the Arabs of the West Bank at the least cost. The noon meal may be the largest meal of the day. It depends on traditions in the family, working schedules of the members who have jobs, school hours and other factors.

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Course: Training Program for Teachers

UNIT II

LESSON 4 : How to prepare safe foods and conserve the nutrients	Teacher Activities	Visual Aids	Student Activities
<ol style="list-style-type: none"> 1. Keeping the cooking area clean. 2. Safe storage for foods in the home. 3. How to prepare safe water. 4. How to cook to save the nutrients. 	<p>Gives lesson</p> <p>Hand out lessons 8-12 family nutrition course.</p> <p>Discussion of questions of participants.</p>	<ol style="list-style-type: none"> 1. Display a suitable container for safe water.. 2. Display sources of fluids that added together would equal the normal water requirement. Example:- <ol style="list-style-type: none"> 1. Soup 2. Fruit Juice 3. Mint tea 4. Lemonade 5. Soft drink 6. Hot tea 7. Coffee 3. Display UNRWA Health posters. 	<p>Study the family lessons and ask questions you may have about them,</p>

UNIT II - LESSON 4

HOW TO PREPARE SAFE FOODS
AND COOK TO PRESERVE THE NUTRIENTS

The first step in food preparation is to have a clean environment. The kitchen equipment can be very simple but the kitchen area should be clean and free of animals. The floor is not the safest or a recommended place for food preparation. A very simple bench, waist high, is more convenient, less tiring for the mother doing the work and furnishes better protection for the food.

If there are infants or small children in the family, water should be boiled and stored in water bottles for use during the day. Older children and other members of the family will no doubt use the local water known to be safe. However, at certain times of the year, especially in times of flood, it may be wise for the entire family to use boiled water. This of course depends on the local conditions.

Vegetables to be eaten raw or cooked should not be allowed to stand too long in water as water soluble vitamins and minerals will leach out of the vegetables.

When cooking vegetables in water, do not throw the cooking water away as it contains water soluble nutrients; any excess can be used in soups.

There are different ways of cooking but not all are utilized in every home as some require more complex cooking equipment. The usual methods are :

1. Frying
2. Grilling
3. Boiling
4. Steaming
5. Baking

All of these methods have been utilized in nearly every culture in one way or another.

Frying, grilling and boiling are the most common methods. When frying one must make use of the fat left in the pan as it will contain nutrients. When boiling make use of the water left in the pan. Baking and steaming are good ways to cook to conserve nutrients but they require more fuel and special equipment.

The methods of storage of foods in the house effects the nutrients in the food. In general foods should be stored in dry, clean, dark places where the air can circulate. The area should be screened from flies.

Staple items such as the PL 480 commodities should be kept in containers with tight fitting lids which are then stored in a dark storage room or cupboard.

The reason for the emphasis on dark storage places is that several of the vitamins are destroyed by sunlight.

Lessons 11 and 12 of the family nutrition course are concerned with food preparation and cooking to conserve the nutrients. These particular lessons are very important as unsafe food and water is the cause of certain types of illnesses.

The storage of the PL 480 foods which must be kept as long as 30 days is important in order that the nutritive value can be maintained for a month. It is important to look in the market for suitable containers to use as visual aids in teaching a lesson on storage.

Starting first with lesson 8, read the lesson plan and then we will discuss any questions you have.

Note: Repeat this procedure with lessons 9, 10, 11 and 12.

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UNIT II

LESSON 5 : The Nutritional Status of the People of Jerusalem and the West Bank	Teacher Activities	Visual Aids	Student Activities
<p>1. Nutritional problems are not so extensive as in many countries.</p> <p>2. The children are the most vulnerable and few nutritional deficiencies are seen in adults.</p> <p>3. Most common nutritional disease is:</p> <p>(a) Protein-caloria malnutrition in Pre-School children.</p>	<p>1. Audits the lesson.</p> <p>2. Review the lesson with the students later.</p>	<p>UNRWA visual aids.</p> <p>Photographs of children with nutritional diseases.</p>	<p>List questions you wish to discuss with the teacher.</p> <p>Study Family Nutrition lesson 13 on weaning foods.</p>

* This lecture should be developed and given by a guest teacher if desired.

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UNIT II

LESSON 6 : The nutritional diseases *	Teacher Activities	Visual Aids	Student Activities
<ol style="list-style-type: none"> 1. What is a nutritional disease? 2. Which groups in the population are most likely to develop nutritional disease? 3. Protein-Calorie malnutrition 4. Vitamin A Deficiency 5. Rickets (Vit.D.Deficiency) 6. Scurvy (Vit.C Deficiency) 7. Thiamin Deficiency 8. Riboflavin Deficiency 9. Niacin Deficiency 10. Iodine Deficiency 11. Iron Deficiency 12. Calcium Deficiency 13. The nutritional disease most common in Jerusalem-West Bank. 	<ol style="list-style-type: none"> 1. Gives the lesson 2. Explains about the field trip to see actual cases of nutritional deficiency. 3. Shows slides of nutritional deficiencies. 	<ol style="list-style-type: none"> 1. Pictures of children with nutritional diseases. 	<p>Question: are there local names the people in the community may have for these diseases?</p>

UNIT II - LESSON 6

THE NUTRITIONAL DISEASES

Nutritional diseases are caused by not eating the foods we need and as a result are lacking in one or more of the nutrients. These diseases have been identified and are usually cured by adding the missing nutrient or nutrients. However, if a person has had certain nutritional diseases in a severe form, there may be no way of curing all the effects of the disease.

One nutritional disease is Rickets. This disease, is caused not so much by a lack of food as by the cultural habit of preventing the sunlight to shine on bare skin. The sun must shine directly on the skin. Even window glass will prevent the part of the sun shine that one needs for benefit. Actually, three nutrients are involved in good bone formation. These nutrients consist of two minerals and one vitamin. They are :

1. Calcium
2. Phosphorus
3. Vitamin D.

When one has rickets, the bones are not properly calcified and if one feels the rib cage, you will feel bumps on the ribs that is called the "rachitic rosary". There is vitamin D in fish liver oils, in whole milk cream and butter, but Arabs can depend on the free source from the sun.

Another nutritional disease that effects the pre-school children is protein-calorie malnutrition. At about the age of six months children need more calories and protein than they get from the breast milk. If the mothers do not give them extra foods, they will fail to continue to grow as they should. Breast milk should be continued as long as possible, but the child should have increasing amounts of protein and calories. This period of changing from only breast milk is a difficult time in the child's life and it is a time when protein-calorie malnutrition is most likely to occur if the mother through custom and ignorance fails to provide the extra protein and calories the infant needs. The mothers attending the centers should follow the directions carefully on how to feed their infants.

Iodine is an essential element we depend on our food to supply us. If we eat food that is grown near the sea or include fish from the sea in our diet, we are unlikely to ever be low in iodine. The thyroid gland in the neck enlarges (benign goiter) if the diet is low in iodine. In time this enlarged gland causes shortness of breath and respiratory distress.

Iron Deficient Anemias are caused by insufficient iron in the diet coupled frequently with parasites. Foods high in iron are meat, eggs and leafy green vegetables. Dates also have appreciable amount of iron. Girls at puberty are likely to become iron deficient and a definite interest should be taken by their mothers to see that they have sufficient iron. An extra helping of liver, other meats or an egg will increase the amount of iron in their diets. All women during their reproductive life need extra iron but pregnant and nursing mothers have even greater need. Keeping free of parasites certainly is the one preventive of nutritional anemia.

Each vitamin prevents a different type of deficiency disease. We have discussed rickets caused by a lack of vitamin D, the sunshine vitamin. Now we will start at the beginning of the alphabet of vitamins.

Vitamin A that we find in leafy green and yellow vegetables is specific for preventing certain eye disorders. One of the first signs of vitamin A deficiency is inability to see quickly in the dark. This is called "night blindness". Another indication that one is low in Vitamin A is the inability to adjust quickly to bright light or glare. People who need to wear sunglasses in even an average sunlight are not getting sufficient vitamin A. If one continues to eat a diet low in vitamin A, there will be decided changes in the eye tissue and blindness is the result. There is no way to reverse this condition, but can change or reverse night blindness or susceptibility to glare. There are also skin changes in vitamin A deficiency. The skin becomes rough and unhealthy looking (Keratinization). Vitamin A deficiency was once very prevalent in Jerusalem and the West Bank. This no longer seems to be a problem.

Because wheat is the staple cereal, one would not expect to see many cases of vitamin B deficiencies. The B-Complex vitamins are found in wheat. However, people who use rice as their staple cereal have trouble with getting sufficient B vitamins.

The B complex is made up of several vitamins. The three of greatest concern in most countries are :

1. Thiamin - A lack of this vitamin causes beri-beri.
2. Niacin - A lack of this causes pellagra.
3. Riboflavin - A lack causes sores at the corners of the mouth, small blisters on the tongue and skin changes. (Cheilosis).
Milk is a good source of riboflavin. If we get some milk or milk products and wheat daily, there is no danger of developing these nutritional diseases.

A lack of vitamin C causes scurvy. The signs of this nutritional disease are :

1. Bleeding gums
2. Easy to bruise.

Fresh fruit and vegetable eaten raw are excellent sources of vitamin C. This vitamin we must have daily as the body can not store much.

At least by the time an infant is six months old it should be given diluted fruit juice daily. If you squeeze gently the knee of a baby deficient in vitamin C, it will cry out in pain.

There are other nutrients and other nutritional diseases but they are not seen frequently in this area.

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UNIT II

LESSON 7 : Field trip to observe patients with nutritional diseases *	Teacher Activities	Visual Aids	Student Activities
1. Prior to leaving on the field trip give the participants the attached form which they are to complete and use for reference in the discussion of questions they may have.	1. Hand out field trip forms. 2. Accompany stu- dents. (Trans- port, if needed arranged prior to day of field trip. 3. Lead the discus- sion of partici- pants questions.	1. Field trip forms.	1. Observe patients. 2. Complete field trip forms. 3. Prepare questions for discussion.

* Suggestion: A visit to a social center established by the Near East Ecumenical Committee for Palestinian Refugees.

UNIT II. - LESSON 7

FIELD TRIP

A visit to a Children's Hospital or Clinic to see
Patients with Nutritional Disease.

Name of Student: _____ Date: _____

Home Province: _____ Name of Hospital visited: _____

Home Center: _____

Location of Hospital: _____

Check the type of nutritional diseases seen in the hospital:

1) Rickets: _____

2) Protein-calorie malnutrition: _____

3) Vitamin A deficiency: _____

4) Nutrition anemia: _____

5) Others : _____

Have you ever seen children in your home town with any of these nutritional
diseases ? _____

Have you seen children with nutritional disease in your Social Center ? _____

Write a short description of the patient that impressed you most:

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Course: Training Program for Teachers

UNIT II

LESSON 8 : How to meet the food needs of the most vulnerable groups.	Teacher Activities	Visual Aids	Student Activities
1. Pre-school children a) Under 1-year# of age b) Between 1-5 years of age. 2. Pregnant mothers. 3. Nursing mothers.	1. Gives the lesson. 2. Hands out lessons 15, 16 and 17, of the family nutrition course.	1. Example of healthy children who are normal by the growth chart curve.	1. Study lesson 14, 15, 16 and 17 of the family nutrition course which participants will teach the mothers.

UNIT II - LESSON 2

How to meet the Nutritional Needs of Pre-School Children.

Infants 0-12 months

Infants up to the age of six months will thrive on breast milk alone.

After the baby is six months of age, the child needs more calories and protein than can be furnished by breast milk. The type of food needed is usually available in every Arab home but the mothers are not aware that foods such as bulgur and chick peas are suitable for the baby. A bulgur and carrot soup and a chick pea gruel are supplementary foods which the mother can prepare in her own home.

For reasons that seem to be cultural, the mothers feel these common foods should not be fed. This is one of the most difficult lessons to teach the mothers. One of the best ways to teach this lesson is to have the mothers bring their children to the center and have them feed their infants in the center from foods you have prepared. Always use a cup and spoon to feed the babies.

After the baby has adjusted to this additional food, fruit juices that are good sources of Vitamin C can be added. Lime or lemon juice diluted with water and lightly sweetened with sugar is usually the cheapest way to meet the Vitamin C requirements of the baby. The amount can be increased with increase in weight but in the beginning one (1) teaspoon is sufficient.

Since the main objectives of this project is to prevent malnutrition in the pre-school child, this is one of the most important lessons and the lesson that you must be successful in teaching.

A visit to the Family Service Centers established by the Near East Ecumenical Committee for Palestine Refugees and directed by Dr. Khuri will be useful to observe how this type of lesson has been successfully taught.

PRE-SCHOOLERS 1-2 YEARS OF AGE

By the time a child is one year old, the diet consists largely of adult type foods with a substitute for breast milk. Women may continue nursing the child but many will be unable to do so. The child will be taking three regular meals with milk or milk substitutes if commercial milk or milk powder is in short supply.

When animal sources of protein such as eggs, fish & meat are too expensive mixtures of cereals & legumes may be used to cut costs. These "double mixes" or "triple mixes" have to be prepared carefully for the child to get the fullest nutritional value from them.

Examples of such mixes using PL 480 commodities are as follows :

For a 100 grams of regular oatmeal add:

1. 10 grams chick peas, or
2. 10 grams egg, or
3. 5 grams fish, or
4. 5 grams lean minced meat or liver

Directions:
add water and cook.

This mixture will yield about 360 calories.

For a 100 grams bulgur made from wheat add :

1. 10 grams of chick peas or beans, or
2. 25 grams of egg, or
3. 10 grams of lean meat or fish

Directions:
add water and cook.

This mixture furnishes about 350 calories.

To add more calories and flavor any of the following may be added :

- | | | | |
|---------------------------------|---|---------------|-------------|
| 1. 10 grams oil | = | an additional | 90 calories |
| 2. 5 grams oil + 10 grams sugar | = | " " | 85 calories |
| 3. 20 grams sugar | = | " " | 80 calories |

Such mixtures may be served as snacks between meals.

An example for days meal plan for a child one years of age using mixes is as follows :

Breakfast. Double mix : 100 grams oatmeal
10 grams oil
10 grams egg
(water for cooking) = 450 cal.

<u>Mid-day</u>	Triple mix :	Bulgur 100 grams	
		Beans 20 grams	
		Chopped green leaves, cooked 2 T	
		Water to cook	360 cal.
<u>Evening meal:</u>	Same as for noon meal		360 cal.
<u>Snacks during day:</u>	1 orange		<u>60 cal.</u>
			<u>1220 cal.</u>
			=====

If the oatmeal is fortified with soy flour, the protein is higher.

The blended foods are excellent examples of a double mix and a triple mix :

CSM =	100 grams (triple mix)		373 cal.
	corn flour	: 64 grams	
	soy flour	: 24 grams	
	dried milk	: 5 grams	
	minerals, vitamins and oil	: 7 grams	
WSB =	100 grams (double mix)		360 cal.
	Wheat flour	: 73.35 grams	
	Soy flour	: 20.00 grams	
	Minerals, vitamins, soy oil	: 7.00 grams	

It is obvious that one meal each day could consist of a porridge made of either CSM or WSB.

If the mother feeds the one year old as directed and sees that his skin is exposed to sunlight daily she should have a healthy and happy child.

CHILDREN 2-5 YEARS OF AGE

Children in this age group will be following the adult meal pattern with the addition of milk or a milk substitute. These children will continue to need snacks during the day. They will gradually eat more at a meal. Their calorie and protein needs are as follows:

<u>Age</u>	<u>Calories</u>	<u>Protein (gram.)</u>
2-3	1250	25
3-4	1400	30
4-5	1600	30

Their rate of growth slows during these years but their activity increases, therefore, their calorie need increases slowly with age.

A table of the average gain at different ages is attached.

THE PREGNANT WOMAN

Lesson 16 of the family nutrition course is concerned with feeding the pregnant woman. A woman must eat sufficient food during her pregnancy in order that the baby will be healthy and normal at birth; If a woman deliberately eats too little with the hope of having an easy delivery, she is likely to have a light weight baby or a still birth. The best policy is to eat the amount of food you need. This does not mean you should see how much you can eat.

In the first 3 months of pregnancy, the pregnant woman should add milk or a milk substitute such as CSM or WSB to her regular diet. In the second three months (trimester) increase the milk or milk substitute. In the last trimester, increase the size of servings of the growth foods as well as the milk and/or milk substitute.

It is usually best if the pregnant woman does not eat much salt. This is particularly true during the last trimester.

THE NURSING MOTHER

The nursing mother is usually so hungry that she automatically eats more food than normal. They actually feel the need more than pregnant women. They also need to drink more fluid.

During the nursing period the mother needs more growth foods and energy foods than she ate in the last trimester of pregnancy. The CSM or WSB ration is very important for her to eat daily in addition to extra growth and energy foods.

Lesson 17 of the family nutrition course is concerned with the diet of the nursing mother.

UNIT II - LESSON 8

INFANT FEEDING SCHEDULES (I)

<u>AGE</u>	<u>EUROPEAN TYPE SCHEDULE</u>	<u>IN DEVELOPMENT COUNTRIES</u>	<u>WHO RECOMMENDATIONS</u>
3 months	Dilute orange juices Breast milk A + D drops		Breast milk only.
4 months	Fruit juice Fruit puree Breast Milk A + D drops	1 T porridge 1 ts fish, liver, egg yolk Fruit puree & orange juice Breast milk	Breast milk only.
6 months	Chopped liver, meat or fish Porridge Fruit juice, fruit puree Breast milk A + D drops	2 T porridge 1 ts fish, liver, egg yolk Fruit puree & orange juice Breast milk	Extra feeding of foods other than breast milk. The amounts should increase with age.
7 months	Amounts of foods served at 6 months increased. Breast milk A + D drops		
9 months		6 T porridge 3 ts puree meat, fish or egg 3 T pureed vegetables (leafy greens) or yellow Fruit puree and fruit juice 1.5 ts oil or butter Breast milk	
12 months	Adult type food Breast milk	6 T porridge 3 T meat, egg or fish 3 T pureed leafy green or yellow vegetables 3 ts oil or butter Fruit juice or fruit puree Breast milk.	
1-2 years	Adult food	Adult type food.	

REFERENCES : Cameron, Margaret and Hofvander Yngve. Manual on Feeding
Infants and young children.
PAG, United Nations Document I.I4/26 Dec.1971
New York City NY 10017

UNIT II - LESSON 8

AVERAGE WEIGHT AND HEIGHT INCREMENTS
DURING THE FIRST FIVE YEARS (I)

WEIGHT INCREMENTS

<u>AGE</u>	<u>INCREMENT/WEEK</u>
0-3 months	200 g
4-5 months	150 g
7-9 months	100 g
9-12 months	50-75 g

	<u>INCREMENT/YEAR</u>
1-2 years	2.5
2-5 years	2.0 kg

LENGTH INCREMENTS

<u>AGE</u>	<u>INCREMENT/YEAR</u>
1st year	25 cm
2nd year	12 cm
3rd year	9 cm
4th year	7 cm
4-5th year	6 cm

Reference : Cameron, Margaret and Hofyander Yngve. Manual
on Feeding Infants and Young Children;
PAG. Document 1,14/26 dec, 1971
United Nations - NY 10017

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UNIT II

LESSON 9 : How to meet the needs of other members of the family.	Teacher Activities	Visual Aids	Student Activities
1. The primary school children. 2. The adolescent children. 3. The men and women between 21-60 years of age. 4. The members of the family over 60 years.	1. Gives the lesson. 2. Hands out lessons 18, 19 & 20 of the family nutrition course.	Example of nor- mal children of primary school age.	1. Study lessons 18, 19 & 20 of the family nutrition course.

UNIT II - LESSON 9

HOW TO MEET THE NEEDS OF OTHER MEMBERS
OF THE FAMILY

THE PRIMARY SCHOOL CHILDREN

The primary school children are not eligible for PL 480 commodities at the family level but these children are expected to take their noon meal in the school. PL 480 commodities are available to schools under the school lunch program. Parents should take an interest in this program and be aware that their children receive a suitable lunch. All the primary school children should receive in their school lunch under the PL 480 program.

1. Bread
2. CSM, WSB or milk in some form
3. Oil.

The oil will probably be mixed in the CSM or WSB. The school lunch should furnish the children of primary school age at least onethird of the nutrients they need for a day.

In many school lunch programs the children will receive a hot meal such as a thick vegetable soup in addition to WSB and bread. The oil is usually incorporated in the hot dish.

Parents should show interest in what is served, how it is served and the extent of sanitation involved in producing the meals. The school director and the school lunch program committee will take more interest if the community at least gives moral support.

The school children will need larger servings than the pre-school children because they are very active and expend more energy. Their protein and energy needs expend with age as shown below :

<u>AGE</u>	<u>Calories</u>	<u>Protein (gms)</u>
6-8	2000	35
8-10	2200	40
10-12	2500	45

These children will have the same dietary pattern as adults except that they will want a snack when they return from school or play in the late afternoon.

THE TEEN-AGED CHILDREN

Children of this group are again in an age of accelerated growth and have high food requirements. Because of regulations few of these children if any, benefit from PL 480 commodities either at home or in school. They have large appetites, increased nutritional needs and consume a large share of the family food budget. Because of their ravenous appetites the mother has to see that they do not eat more than their share. Their needs at different ages are as follows :

<u>AGE</u>	<u>Calories</u>	<u>Protein</u>
12-14	2700	50
14-18	3000	60
18-22	2800	60

From the table, it is obvious that between age 14 to 18, the needs are greatest. This is due more to growth requirements than to increased activity. Children engaged in rigorous sports will require even more calories.

Girls during this stage of accelerated growth have increased needs for iron that is greater than that of boys. An extra serving of food rich in iron should be put on the girls plates rather than the plates of the boys.

If the family serves the meal in one dish for the family, the mother must see the smaller children get their share as the older children eat faster and are probably hungrier and are likely to eat more than their share of the meal. The safest way is to feed the smaller children from a second plate.

MEN AND WOMEN (NEITHER PREGNANT OR LACTATING) OVER 22 YEARS AND UNDER 60

These members of the family need about 1 gram of protein per kilogram of body weight and calories in relation to the amount of labor they do. A women working in the fields needs more calories than a man sitting at an office desk. When milk is in short supply this group should not have the milk and milk products available to the family. They are the least vulnerable to nutritional disease. In some societies it is traditional for the head of the family to have the opportunity to eat as much of the meal offered as he pleases. This too frequently means he eats more than his share and more than he needs. The mother must see that everyone gets only the share he is entitled to one way or another.

MEN AND WOMEN OVER 60 YEARS OF AGE

Aged men and women need all of the same nutrients as the other members of the family but they need less calories than the other adults because they lead usually a less active life and their metabolic rate is less. Their need for the mineral, calcium, is greater and they should share in the milk supply of the family.

The elderly people with poor or no teeth may need to have food that requires little chewing.

The general pattern of their diet should be the same as the other adults in the family but the servings of foods in the energy group should be less.

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UNIT II

<p>LESSON 10 : How PL 480 foods can be used to cut the costs of the food budget.</p>	<p>Teacher Activities</p>	<p>Visual Aids</p>	<p>Student Activities</p>
<p>1. Working with the actual costs of an adequate diet for a hypothetical family; show the saving if PL 480 commodities are used. (The foods used will depend on the season of the year when the class is taught).</p>	<p>1. Leads the discussion and carefully reviews the food needs of each individual in the family.</p> <p>2. Assign students to go market to find out the costs.</p>	<p>1. Use the same model shown in Lesson 3 and substitute the PL 480 commodities for foods in the original model (from this calculate the saving of the families money by use of PL 480 commodities).</p>	<p>1. Plan a day's food for a family unit of seven :</p> <ul style="list-style-type: none"> - a nursing mother - a working father - a teenaged boy - a primary school child - a child (3 years) - an infant (6 months) - a grandmother over 60 years. <p>The mother attends the nutrition classes and gets PL 480 ration for 3.</p> <p>2. Trip to market to determine the costs of the food for the family.</p>

UNIT II - LESSON 10

HOW PL 480 FOODS CAN BE UTILIZED TO CUT

THE COST OF THE FAMILY FOOD

BUDGET

PROBLEM: A family of 7 people :

- A nursing mother
- A working father
- A teen aged boy
- A primary school child
- A grandmother over 60
- An infant of 6 months
- A pre-school child of 3 years.

Conditions :

- A) 6 members of the family will eat an adult dietary pattern
- B) The primary school child eats a school lunch and is present for only 2 meals.
- C) The diet model for the day is :-

First meal

- 3 servings of Group I
- 1 serving of Group II
- 1 serving of Group III

Second meal

- 2 servings of Group I
- 1 serving of Group II
- 1 serving of Group III

Third meal

- 2 servings of Group I
- 1 serving of Group II
- 2 servings of Group III

- D) Menu for the day: (To be determined by market prices).

UNIT II - REFERENCES

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CATHOLIC RELIEF SERVICES USCC

UNIT III

LESSONS PLANSMETHODS OF TEACHING FOODS, & NUTRITION

This set of lesson plans is concerned with methods of teaching the basic concepts of food and nutrition. The ultimate success of program depends on the ability of the teacher to communicate with the mothers and to convince them to apply what has been taught to their own family situation.

There are various educational techniques but the most effective methods of teaching at the community level are :

1. Discussion-decision method

This method requires active participation by members of the group being taught. Not only is discussion of the members of the group essential but a decision by the group must be reached. In short, the group must come to agreement on accepting or rejecting the facts presented. Demonstration and return demonstration are very important. The method of demonstrating a basic concept of nutrition is a challenge to the individual teacher. A teacher who is well acquainted with the group being taught will be in the best position to select an effective demonstration for her particular group. The teacher must create an atmosphere for free discussion within the group. Complete informality is the key to lively discussion. There must be not even a vestige of the formal, traditional educational approach with the teacher aloof from the participant in the class. The class will not be orderly, dignified or quiet. It will be disorderly to a degree with interruption, movement and hopefully a relaxed happy group.

2. Individual informal teaching

This type of teaching is possible when the teacher is making family visits or when a mother seeks individual help with a problem. This is a serious type of teaching as the mother has recognized that she has a problem and wants help with the solution. This is essentially re-inforced teaching of a basic concept presented earlier but at the time the mother had not recognized her need to know.

Demonstration and return demonstration will be involved but in an unstructured class room setting. Most likely the demonstration will take place in the mothers own home. Jelliff (1) considers this the most effective ways of teaching at the grass roots level.

Evaluation is an essential part of the teaching process. The methods of evaluation provided for this training program are :

1. An objective type test of basic nutritional facts.
2. Return demonstration to evaluate individual skills.
3. A participant evaluation of the course as presented.

It is very important that participants record honestly their true feelings on this latter evaluation form and do not try to please the organizers of the program. Only by honest evaluation, can the program be made more relevant. The skills are evaluated in Lesson 5, 6 and 7, Unit III. The other evaluation forms are described in Lesson 13, Unit III.

It is very important to discuss the test results and the return demonstration evaluations with the participants. Time is provided for this activity in Lesson 15, Unit III.

Signature :

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CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON I : How to make a lesson plan for a mothers class.	Teacher Activities	Visual Aids	Student Activities
<ol style="list-style-type: none"> 1. Introduction 2. How to make the plan: <ol style="list-style-type: none"> a) Outline of subject matter to be taught. 3. Write out the lesson in simple language <ol style="list-style-type: none"> a) The basic concept should be repeated in different ways. 4. Plan the teacher activities. 5. Plan the visual aids to be used. 6. Plan questions to encourage audience participation. 	<ol style="list-style-type: none"> 1. Leads the discussion. 2. Makes an actual lesson plan on the blackboard, starting with a lesson plan form or presents the lesson plan step by step by use of a flip chart. 	<ol style="list-style-type: none"> 1. Form for the lesson plan. 2. Example of a completed lesson plan. 	<p>Each participant assigned a subject to develop an actual plan.</p> <p>Suitable topics :</p> <ol style="list-style-type: none"> 1. How to prepare safe water 2. How to store foods. 3. Group I: Energy Foods 4. Group II: Growth Foods. 5. Group III: Foods that keep us healthy and well. 6. How to prepare Group III foods for cooking. 7. How to make a weighing garment 8. Vit. D, the sunshine vitamin. 9. The weight chart 10. How to prepare a carrot and bulgur soup for a pre-school child - 12 months old. 11. How to prepare vegetables to be eaten raw. 12. Importance of the school lunch program. 13. Use of foods on the market for preparing a weaning food. (Cameron and Hofvander (2)). 14. Other suitable topics.

UNIT III

Lesson I : How to make a lesson plan.

INTRODUCTION

Education lies at the heart of all attempts to improve the nutrition of an individual or a community in a free society. Nutrition education is concerned with trying to convince individuals they should modify a way of life in order to improve their health. Nutrition education covers any aspect of health education that is concerned with improving directly or indirectly the nutrition of an individual, a community or a nation.

It is easier to talk about changing food habits than it is to accomplish. There remains much to be learned about successful methods of convincing people to change food habits and attitudes.

Effective motivation of the individual is thought to depend on :

1. His awareness of the problem,
2. The problem having serious consequences,
3. His knowing that there is a practical solution.

In making the lesson plans, pay attention to the following principles:

1. Recognize that the mothers may have little or no education but are not necessarily unintelligent.
2. Do not introduce words or concepts that are foreign to the people.
3. Never introduce more than one concept in a lesson.
4. Be careful with visual aids : what may have meaning to you may have no meaning to the mothers. The simpler the visual aid the better.

HOW TO MAKE THE PLAN

There are different ways of making lesson plans but a simple four column form is an easy form to use (sample form is attached to this lesson).

The first column is for the outline of the lesson to be taught. The second column is used to list the teachers activities, the third column lists the visual aids to be used and/or the demonstration to be given. The fourth column lists special activities the students are expected to complete.

The lesson plan should fit on one page for the convenience of the teacher who may wish to use it as a guide while teaching. This plan insures that the teacher won't forget the visual aids or won't forget the forms to be handed out in class. The lesson outline serves as a step by step development of the lesson.

We will develop a lesson plan to teach the need for leafy green or yellow vegetables in the diet.

- Step 1 : The lesson plan form
- Step 2 : Fill in the title of the selected lesson
- Step 3 : Complete the outline of the lesson in column (1)
- Step 4 : List the teacher activities in column (2)
- Step 5 : List the visual aids needed in column (3)
- Step 6 : List the student activities in column (4)

After these six steps are completed, the one page lesson plan is completed.

Following the outline in column I, a short simple lesson should be prepared. Refer to your notes from UNIT II in writing the lesson.

If the mothers ask questions you do not know the answer to, just say, I don't know but I will try to find out the answer before the next class. Never be afraid to say you don't know. The local Public Health personnel may be able to help you to find the answer. If not, refer the question to the CRS Nutrition Project Office.

FORM FOR LESSON PLANS

STEP I

1. TITLE OF LESSON :	2. TEACHER ACTIVITIES	3. VISUAL AIDS.	4. STUDENT ACTIVITIES

STEP 2

1. TITLE : Group III Foods: Leafy green & yellow fruits & vegetables.	2. TEACHER - ACTIVITIES	3. VISUAL AIDS.	4. STUDENT ACTIVITIES

STEP 3

<p>1. LESSON I : Group III foods: Leafy green or yellow vegetables & fruits.</p>	<p>2. TEACHER ACTIVITIES</p>	<p>3. VISUAL AIDS.</p>	<p>4. STUDENT ACTIVITIES</p>
<p>1. Review :</p> <ul style="list-style-type: none"> a) Group III foods are the foods that keep us healthy and happy. <p>2. The first division of Group III foods are the leafy green & yellow fruits & vegetables.</p> <p>3. There are many kinds of leafy green & yellow vegetables & fruits.</p> <ul style="list-style-type: none"> a) some are expensive and some are cheap. <p>4. These foods we need to have healthy eyes.</p> <ul style="list-style-type: none"> a) helps us to see in the dark b) helps to stand glare c) prevents a certain nutritional disease that causes blindness. <p><u>Note</u> : There are other causes of blindness.</p> <p>5. Some types of leafy green and yellow fruits and vegetables are richer than others in this factor.</p> <p>6. Number of servings needed daily.</p> <p>7. How to serve :</p> <ul style="list-style-type: none"> a) Cooked b) Raw <p>8. All members of the family need these vegetables.</p>			

STEP 4

LESSON I : Group III foods: Leafy green or yellow vegetables & fruits.	2. TEACHER ACTIVITIES	3. VISUAL AIDS.	4. STUDENT ACTIVITIES
	<p>1. Review Group III</p> <p>Questions :</p> <ul style="list-style-type: none">a) how many servings do we need of Group III foods?b) What Group III foods are in season?c) Which one of the foods are cheapest? <p>2. Leads the discussion of the lesson.</p>		

STEP 5

<p>LESSON I : Group III Foods: leafy green or yellow vegetables & fruits.</p>	<p>2. TEACHER ACTIVITIES</p>	<p>3. VISUAL AIDS.</p>	<p>4. STUDENT ACTIVITIES</p>
		<ol style="list-style-type: none"> 1. Examples of leafy green and yellow vegetables and fruits that are in season. 2. Arrange a display to show : <ol style="list-style-type: none"> a) potency differences b) cost differences. 3. Display a picture of a child with blindness due to a lack of Vitamin A (Xerophthalmia) 4. Display a salad of vegetables. 5. Display carrots cut in different shapes that children will consider attractive (if in season). 6. Demonstration : a soup made with vegetables that are leafy green or yellow and bulgur that is suitable for a six months old infant. 	

STEP 6

			4. STUDENT ACTIVITIES
			<ol style="list-style-type: none">1. Ask the mothers what leafy green or yellow vegetables their families like best.2. Have 2-3 mothers help with preparing and serving the soup.3. Ask the mothers to give their reactions to the soup.

THE COMPLETED LESSON PLAN

LESSON : Group III foods: Leafy green of yellow vegetables & fruits.	2. TEACHER ACTIVITIES	3. VISUAL AIDS	4. STUDENT ACTIVITIES
<p>1. Review :</p> <p>a) Group III foods are the foods that keep us healthy & happy.</p> <p>2. The first division of Group III foods are the leafy green and yellow fruits and vegetables.</p> <p>3. There are many kinds of leafy green and yellow vegetables and fruits.</p> <p>a) some are expensive and some are cheap.</p> <p>4. These foods we need to have healthy eyes.</p> <p>a) help us to see in the dark</p> <p>b) help to stand glare</p> <p>c) prevents a certain nutrition disease that causes blindness. <u>Note:</u> There are other causes to blindness.</p> <p>5. Some types of leafy green and yellow fruits and vegetables are richer than others in this factor</p> <p>6. Number of servings needed daily.</p> <p>7. How to serve :</p> <p>a) cooked</p> <p>b) raw.</p> <p>8. All members of the family need these vegetables.</p>	<p>1. Review Group III</p> <p>Questions :</p> <p>a) How many servings do we need of Group III foods?</p> <p>b) What Group III foods are in season?</p> <p>c) Which one of the foods are cheapest?</p> <p>2. Leads the discussion of the lesson.</p>	<p>1. Examples of leafy green and yellow vegetables and fruits that are in season.</p> <p>2. Arrange a display to show:</p> <p>a) potency difference</p> <p>b) cost difference.</p> <p>3. Display a picture of a child with blindness due to a lack of Vitamin A (Xerophthalmia).</p> <p>4. Display a salad of vegetables.</p> <p>5. Display carrots cut in different shapes that children will consider attractive (if in season).</p> <p>6. Demonstration: a soup made with vegetables that are leafy green or yellow and bulgur suitable for an infant of six months.</p>	<p>1. Ask the mothers what leafy green or yellow vegetables their families like best.</p> <p>2. Have 2-3 mothers help with preparing and serving the soup.</p> <p>3. Ask the mothers to give their reactions to the soup.</p>

UNIT III

LESSON 2 : How to plan a demonstration.	2. TEACHER ACTIVITIES	3. VISUAL AIDS	4. STUDENT ACTIVITIES
<p>1. A method demonstration</p> <ul style="list-style-type: none"> a) shows how to do something b) explains what is done and why. <p>2. A demonstration is a method of attempting to motivate people to</p> <ul style="list-style-type: none"> a) change their thinking b) change their feeling c) change their action. <p>3. Return demonstration helps to develop skills.</p> <p>4. Return demonstration</p> <ul style="list-style-type: none"> a) return demonstration needs to be evaluated so that the students understand the errors made. 	<p>Presents lesson.</p> <p>Make the demonstration</p> <p>Describes the score card to be used for evaluating return demonstrations.</p>	<p>1. Forms used in planning a demonstration (Distribute to class).</p> <p>2. Display the score card to be used for evaluating the return demonstration (Distribute to class).</p>	<p>Each student will plan a demonstration on an assigned subject.</p>

UNIT III

Lesson 2 : How to plan a demonstration

A method demonstration is a way to show how to do something and explain what is done and why.

Such a demonstration may be given by an individual, by two people alternately presenting the material or by two or more people with one person presenting the demonstration and others assisting. Two or three people usually participate in cooking demonstrations. The majority of the demonstrations you will give to the mothers will be cooking demonstrations.

In a cooking demonstration the "leader" will introduce the subject and go through the steps in the preparation for cooking. The first assistant will see the materials needed are conveniently located for the leader and will do the actual cooking. The second assistant will remove the equipment and material when no longer needed and keep the demonstration area clear. Both of the assistants will help in serving samples and leave the leader free to answer questions. The assistants will distribute any recipes or illustrative material available. When you make a demonstration, you are actually trying to motivate people to change behavior. In short, you are trying to influence people to :

1. Change their thinking
2. Change their feeling
3. Change their actions.

Change in thinking involves helping people understand a basic fact that is new to them.

Change in feeling is very important if a person is to make real change in a habit or in the way she does things. To know a new fact is one thing, but to put the fact to practical use is different. To do the latter the person must develop interest, change an attitude and appreciate the usefulness of the fact. It is not enough to know, one must have the will to do.

Change in action follows after changes in thinking and in feeling. A mother will need to know and have the desire to change in order to initiate a change.

There are two forms available to help you plan demonstration. They are:-

1. The method demonstration form
2. The demonstration outline.

The method demonstration form records the title of the demonstration, the objectives of the demonstration, the steps in the demonstration and the summary. This form when completed can be used as a guide in the demonstration. The demonstration outline shows what to do, the equipment needed, the material needed and what you will actually say with each step. If you have 2 assistants, you will need three copies of this form. One for yourself and for each assistant.

Return demonstrations by class participants are very important as they develop skills by actual doing. The teacher should score each return demonstration in order that errors in technique and theory can be detected. A suitable score card is included in your school kits. You may be asked to practice scoring return demonstrations.

Form : Method Demonstration.

TITLE OF DEMONSTRATION : _____

OBJECTIVE OF THE DEMONSTRATION : _____

Steps in the demonstration	Key points

SUMMARY OF DEMONSTRATION :

Form : Demonstration Outline

Step	What to do	Equipment needed	Material needed	What to say

SCORE CARD FOR
DEMONSTRATION METHOD

ITEMS GRADED	TOTAL POINTS ALLOWED	POINTS EARNED BY DEMONSTRATOR
The demonstrator		
a) appearance	5	
b) voice	10	
c) posture and manner	10	
The presentation		
a) introduction	10	
b) orderly steps in presentation	10	
c) visual aids	10	
d) equipments	10	
e) summary	10	
Subject matter		
a) Knowledge of the subject	25	
TOTAL	100 -----	

COMMENTS :

Form : Method Demonstration

TITLE OF DEMONSTRATION : How to make a porridge with WSB

OBJECTIVE OF THE DEMONSTRATION

- 1) To introduce WSB a new blended food of high nutritional value
- 2) To teach the technique involved in making a porridge
- 3) To encourage the mothers to give this nutritious food to their pre-school children.

Steps in the demonstration	Key points
Step 1 : Introduction of the subject.	1) WSB is a blended food that will be nourishing for their pre-school children.
Step 2 : Display a sample of WSB that can be passed to the mothers for examination.	2) Stress that it is a cereal food made from wheat and soy beans.
Step 3 : Show the exact measures of each ingredient used in making the porridge.	3) Repeat ratio of water to WSB. State that the sugar and flavoring added can be adjusted to their individual tastes.
Step 4 : Mix the WSB and sugar with the cold water.	4) Place emphasis on the ease of mixing to a smooth paste.
Step 5 : Add the hot water and bring to a boil.	5) Cook 2-3 minutes to allow for the mixture to thicken.
Step 6 : Pour into dish to cool and sprinkle with cinnamon.	6) Serve the identical porridge made prior to the demonstration. This prevents a wait before tasting.
Step 7 : Announce that copies for the recipe are available for those who wish a copy.	7) Even an illiterate mother may want a copy. (older children will read the recipe).

SUMMARY : W.S.B. porridge is a very nutritious food for your pre-school children. Use 1 measure of WSB to 4 measures of water. Add sugar and flavoring to suit your taste. Feed the child with a spoon..

FROM : Demonstration Outline

Demonstration Title : How to make a Porridge with WSB

Steps	What to do	Equipment needed	Material needed	What to say
Step 1	Introduce the subject.	None	None	Give the reasons for the demonstration.
Step 2	Display sample of WSB	One dish	WSB	
Step 3	Show the exact measures of each ingredient to be used.	1 glass mixing bowl 1 pan 1 cup measure 1 teaspoon 1 wooden spoon 1 hot pan holder	WSB Sugar Cold water Hot water Cinnamon	
Step 4	Mix the WSB & sugar. Add cold water	Same as above.	Same as above.	Remark how easy WSB mixes with water. State that sugar could be added later.
Step 5	Add to the hot water and hand to the first assistant to cook.	None		Remark that the mixture should be brought to a boil.
Step 6	Pour in a glass dish sprinkle with cinnamon and set aside to cool.	Glass dish	Cinnamon	State that any flavoring preferred by the family may be used in place of cinnamon.
Step 7	Announce that copies of the recipes are available. Assistants pass samples of a cooled porridge.	Dish of porridge made prior to demonstration. Sample dishes and spoons.		State that the porridge was made prior to class in order that it would be cool enough to taste.

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Course: Training Program for Teachers

UNIT III

LESSON 3 : How to plan the audio visual aids.	Teacher Activities	Visual Aids	Student Activities
<ol style="list-style-type: none"> 1. What are Audiovisual aids? 2. Why audiovisual aids are useful? 3. What determines an effective visual aid? 4. Summary. 	<p>Gives the lesson.</p> <p>Shows a movie as an example of an audio-visual aid.</p> <p>Explain the negative side to the use of sophisticated mechanical visual aids.</p> <p>Stresses the need to use visual aids that will have meaning to the students.</p>	<ol style="list-style-type: none"> 1. Visual aid materials. 2. Blackboard and chalk. 3. Sample posters. 4. Crayons 5. Scissors 6. Drawing paper 7. Flannel board 8. Magazines with food pictures in color. 9. An educational movie on food and nutrition. 	<p>Create a visual aid useful in teaching a basic nutritional fact.</p>

UNIT III

Lesson 3: How to plan the visual aids.

Audio-visual aids consist of any type of object that is helpful in illustrating a point you are discussing in a lesson.

Examples of visual aids:

1. Posters
2. Real food
3. Blackboard drawings
4. Flannel board arrangements
5. Displays
6. Movies
7. T.V. Programs.

Visual aids can be used effectively to illustrate fact. Their use brings diversion to the class room atmosphere and helps the students "to see" a fact. Seeing is frequently believing. Demonstrations are very useful type of visual aids in teaching methods of preparing foods.

The visual aid should be simple and easily recognized by the students. Flat pictures on posters sometimes are without meaning to a class. Perhaps the picture of an apple for instance is so beautiful and perfect that it seems unreal to the audience.

In developing visual aids, one must always keep the audience in mind and try to anticipate the reaction of the students to the visual aid. The real food as purchased in the local market is more effective than models or pictures. Seeing a child with a nutritional disease is more effective than a picture.

Audio-visual aids such as closed circuit TV or movies are effective if the language is the dialect of the people.

To-day you will prepare a visual aid that you feel will be useful to you in your teaching program. Look carefully at your lesson plan and what visual aid you will make for that lesson. Remember that the visual aids should be :

1. Realistic
2. Simple
3. Deliver a message.

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Course: Training Program for Teachers

LESSON 4 : Workshop: Plans for return demonstration	Teacher Activities	Visual aids	Student Activities
<p>Check assignments for each participant group. There is time for 12 return demonstrations.</p> <p>Students may work in small groups according to the subject i.e. 2-4 people may be involved in one demonstration.</p>	<p>Serve as a resource person at the working sessions.</p> <p>Select the flour to be presented the next day.</p>	<p>Essential supplies for making visual aids should be available for the students.</p>	<p>Complete the plans for your return demonstration.</p>

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

<p>LESSON 5, 6 & 7</p> <p>Return Demonstra- tion of planned lessons.</p>	<p>Teacher Activities</p>	<p>Visual Aids</p>	<p>Student Activities</p>
<p>4 demonstrations a day for three days.</p> <p>Each demonstration is alloted 2 hours.</p>	<p>Grades the demons- trations using the demonstration score card described in UNIT III, lesson 2 and attached to this lesson.</p> <p>The demonstration should be discussed. If there is no time on the demonstration days, these discus- sions can be delayed until lesson 12 which is a review session.</p>	<p>score cards.</p>	<p>4 group of students give lessons with demonstra- tion.</p>

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Score Card for Method Demonstration

ITEMS GRADED	Total points allowed	Points earned by demonstration
Demonstrator		
<ul style="list-style-type: none"> a. appearance b. voice c. posture and manner 	<ul style="list-style-type: none"> 5 10 10 	
The presentation		
<ul style="list-style-type: none"> a. introduction b. orderly step in presentation c. visual aids d. equipment e. summary 	<ul style="list-style-type: none"> 10 10 10 10 10 	
Subject matter		
<ul style="list-style-type: none"> a. Knowledge of the subject matter. 	<ul style="list-style-type: none"> <u>25</u> 	
	<ul style="list-style-type: none"> 100 ===== 	

COMMENTS :

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Course: Training Program for Teachers

LESSON 8 : Role Playing as a method of teaching.	Teacher Activities	Visual Aids	Student Activities
<p>1. What is role playing?</p> <p>2. What is required?</p> <ul style="list-style-type: none">a) Scriptb) Playersc) Audience <p>3. What is the usefulness of role playing.</p> <p>4. When is role playing the most useful?</p> <p>5. Steps in creating a role play scene.</p>	<p>Leads the lesson</p> <p>Announces that in the next lesson a role play of home visits will be acted out.</p> <p>Assign the students to play different parts.</p> <ul style="list-style-type: none">a.) Teacher making home visitsb) "mothers" the teacher will visit.c) The observers.	<p>Does not apply.</p>	<p>1. Discussion among themselves of the types of situation the home visitor will face.</p> <p>Groups of 4-5 will reach the decision on the:</p> <ul style="list-style-type: none">a) type of problem and submit the list to the teacher.b) props needed.

UNIT III

Lesson 8 : Role Playing as a Method of Teaching

Role playing is an educational technique in which people act out problems in human relation and analyze the play of other role players and observers. There need not be extensive plans made to be effective, the more spontaneous it is, the better. This type of activity is an excellent way of teaching students the problems to expect on home visits and how to go about home visits.

The requirements for a role play are :

1. A topic
2. A simple script (if any)
3. Players
4. Observers
5. Simple props.

Role playing is useful to bring out expected or unexpected behavior in human relations which are too difficult to do with more traditional methods. One can experiment with behavior, make mistakes and try new approaches without chancing the embarrassment that involve real life situations. One is trying out new behavior in the presence of classmates rather than in a public setting.

This activity is very useful in teaching methods of demonstration or in teaching a group how to make home visits.

Steps in creating a role play :

1. The teacher is in technical charge. She sets the scene and instructs the players as to their roles.
2. The players should be given a short space of time to think about the roles outside the class room.
3. The teacher explains to the observers what the topic of the role play is and that they are to think about how they'd react in a similar situation and be ready to discuss their reactions.

One should remember that role playing is useful in dealing with problems in human relations. It is not a technique that can be used in all situations and this technique should be reserved where it is critically needed.

Basic role playing offers a good opportunity for discovering the inventive abilities of any group and for this reason the teacher should do a minimum of planning and allow the actors to develop their own parts in the play. These may be based on actual experience or their imagination.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON 9 : Home visit: an opportunity for informal teaching.	Teacher Activities	Visual Aids	Student Activities
<ol style="list-style-type: none">1. Home visiting is an important part of the nutrition program.2. Announce to the mothers that you will visit them to see if they have a problem in applying the fact they have learned.3. Try to let the mothers know when you will visit the first time if possible.4. The mothers to visit first are those whose children are not gaining.5. Organize the visits so that you may make 3-4 calls in one afternoon.6. Try to establish a friendly relationship with the individual mothers you visit.7. Write a report after the visit. Do not make notes during the visit unless the mother specifically ask for something.8. What to avoid.9. Summary.	Leads the discussion.	Does not apply.	Does not apply.

UNIT III

Lesson 9 : Home visits: An opportunity for informal teaching

Home visits furnish the opportunities for informal teaching that in reality are opportunities for re-teaching on a person to person basis. It also gives the teacher the opportunity to evaluate the effectiveness of the lessons taught.

Prior to the end of the mothers course the teacher should tell the class that she will be making home visits from time to time to see if they are having any difficulties in application of lessons learned. She should say that she will try to arrange with them when it would be most convenient. One should not make a surprise visit until a good relationship has been established with the mother. A surprise visit may cause the mother to be unable to relax and discuss anything of importance with you. Your role on home visits is not that of a person policing PL 480 commodities but that of a teacher trying improve the family situation. One will learn most by making a prior plan for the visit and by a friendly, unhurried approach.

The mothers to give serious attention are those whose children are not gaining. Together you may be able to solve the problem, and do some reteaching as well.

The number of mothers you can visit in an afternoon depends on the distance between homes and the problems you encounter. It is unlikely that you can make more than four visits in an afternoon even if the families you think may have serious problems in the same afternoon except in cases of emergency.

Have a note book and pencil with you but do not take any notes during a visit unless the mother asks you a question you do not know, for a re-demonstration you are unprepared to make or for associated information that you will have to arrange for a resource person to take care of. After your calls for the day are completed, you should write a report which can be used for referral when you make future visits or can be used as a basis for a report to your supervisor.

There are a few "don'ts" to home visits such as :

1. Don't get emotionally involved in a family's problem.
2. Don't encourage gossip about other families.
3. Don't gossip with others about the personal problems of a family.
4. Don't ever act as if the house is too unsanitary and ill kept for you to be in.
5. Don't create the impression that you want to get the visit over with as quickly as possible.

In summary :

1. Do plan your visits
2. Do allow sufficient time for a visit
3. Do be friendly and pleasant
4. Do utilize every opportunity for re-inforced teaching
5. Do try to help the mother with her problems (If you cannot refer her to those who can).
6. Do write a report after the visit.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON 10 : Role Play: A Home Visit	Teacher Activities	Visual Aids	Student Activities
<p>Setting : A mother's home in a rural village.</p> <p>Cast : a) a mother b) a teacher on a home visit c) smaller children assumed to be in the house or close by. d) other family members.</p> <p>Observers : Will relate their reactions and how they would meet the situation.</p>	<p>Explain any questions regarding setting.</p> <p>Several home visits using different casts can be acted out.</p> <p>Suggested variations :</p> <ol style="list-style-type: none"> 1. Visit to a home in a town. 2. Visit to a home without making prior arrangement. 3. Visit a home where a mother has forgotten how to make the porridge with WSB. 4. While visiting one home the teacher is sent a message to come to another mother who lives nearby: The reason is unknown. 	<p>As indicated by students</p>	<p>Act in assigned roles.</p> <p>The student are to play the roles according to their ideas.</p> <p>Observers : be prepared to suggest alternate solutions to the problems developed in the role plays.</p>

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON II; How to report a Home visit.	Teacher Activities	Visaul Aids	Student Activities
<p>1. The home visit as a method of evaluating the teaching program.</p> <p>2. Make a simple narrative report of conditions as you saw them. Record evidence of :</p> <ul style="list-style-type: none">a) Practical application of facts learned in class.b) Sanitary conditions in the home and environment.c) Mothers reaction to your visit.d) List any special problems the mother has.e) Describe any person to person teaching.	<p>Give the lesson</p>	<p>Blackboard + chalk for use in writing a hypothetical report.</p> <p>Copies of actual reports on home visits.</p>	<p>Study the actual home visit reports.</p>

UNIT III

Lesson II : How to write a report of a home visit.

The home visit is an excellent way to evaluate the effectiveness of the nutrition program as well as give you opportunity to re-inforce your teaching. The report is actually a subjective type report written in a simple narrative style.

Points to be covered in the report are :

1. The reception you receive in the home.
2. The sanitary conditions obvious to you in the home and immediate environment.
3. The general impression you have of the health and happiness of the children in the home.
4. The mothers use of the PL 480 commodities. Perhaps, she has developed new recipes.
5. Evidence of any application of lessons taught in the class.
6. Any special problems the mother may have.
7. Any re-teaching done in the home.

When you study the actual reports of home visits in another country, you will note that the teaching is not always effective. You will find that you will have success in one place and failure in another. You should try to find out the reason of your failure. Sometimes, you may think you have failed completely and yet produced a positive result after all. If you look at example A of the Home visit reports, you will note that the teacher considered her work a complete failure in Cay Cay Village. Yet that fall these mothers who were taught in the class sent their children to school for the first time in the history of the village. These people were primitive jungle people. Perhaps they were not convinced they should boil their water, but they did decide that their children should go to school. This represents real progress and a social change.

Both examples A and B show the necessity of teaching how to use PL 480 commodities before distributing them to the mothers.

Example C is a more positive report but these mothers were urban poor, better educated and more sophisticated than the jungle mothers. Yet these mothers had their problems. Sometimes their problems caused them more stress than the problems of the jungle mothers. In a report of one home visit, the teacher wrote that when she arrived at one home, the mother was so depressed with her domestic problems she was thinking seriously of suicide. In this case the teacher took her immediately to a social welfare center where skilled people could help her with her problems.

If the mother has forgotten how to make a certain recipe, you may not have the equipment or ingredients you need. In such a case make arrangements to re-visit the home at time convenient for you and the mother.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

Actual examples of report of teaching experiences.

EXAMPLE A

During the time I worked for CRS - I have been working in four different hamlets in the highlands.

During that time I guided mothers on the subject of nutrition and sanitation.

When I first came to the village they were hostile toward me. They did not want to learn. Some of them said "From ancient time until now, we have been eating and drinking without having to know about nutrients and sanitation and yet we still live normally and haven't died". Even after they had come to class they still said, "Woman has been made to know how to cook". When I tried to explain, they added, "We also cook like you with a pot and water and wood, we did not have to learn to cook and our food is edible".

I thought it was that they did not understand and did not know yet. So I explained, "I know you can still live on your regular diet, but you are not healthy, you get sick easily, sometimes your children die the minute they are born and when you get sick it is difficult for you to get over your sickness".

At first I showed how to cook supplementary food such as dry milk, bulgur wheat, rolled oats, cornmeal and oil. When they received these food commodities they did not know how to use them, they give it to the dogs, chickens and ducks or exchanged it for other foods with others living in the hamlet. This is why I had to go from house to house to teach individual mothers how to cook the food given and boil water for drinking outside of classroom time.

Besides teaching about PL 480 foods, I also showed them how to prepare fruits and vegetables available in their local area, in ways that were new to them such as soups made with leafy vegetable, corn and pumpkin, corn soup cooked with pumpkin flowers etc... After I prepared the food I invited them to taste and they were afraid they'd die if they tasted it and were afraid that eating that food would attract lightning to them. I therefore ate first and the mothers took turns to taste it.

During the time I lived Khanh Duong, I saw a few mothers practice at their homes the foods that I have taught, such as fried bananas, fresh mashed corn mixed with ripe bananas used instead of sticky rice in cakes wrapped with leaves, leafy green vegetable cooked with fresh corn... As far as sanitation is concerned, they refused to boil water for drinking.

In Cay Cat, during the time I lived there and during my subsequent visits to the village, I noticed that the mothers still lived the way they were used to, they did not bring any change in their way of life, and did not apply what we have taught in both nutrition and sanitation.

In Trai Lang, we noticed the majority of mothers practice the methods of cooking locally available leafy green vegetables that we have taught, such as Bac (a leafy green vegetable) mixed with fresh corn, fresh corn cooked with bamboo and pumpkin flowers, pumpkin cooked with fresh corn and gourd, cooked banana flower mixed with papaya flower and leaf. As far as sanitation was concerned, their houses were kept clean, they drank boiled water. Those mothers who were just having their babies delivered also used boiled water as they have been taught. However, they did not change their food custom for new mothers, and still ate rice porridge.

In Phu Bon, during the time I lived in the village and during the subsequent visits to the village, I saw the mothers practice at home the recipes that we have taught such as the bamboo shoot salad, papaya salad, banana flower salad sprinkled with sesame seed, fried banana cake, and supplementary foods for infants such as rice porridge cooked with amaranth, rice porridge cooked with spinach, rice porridge cooked with sweet potato and fresh banana milk prepared the way that was shown. As far as sanitation was concerned, the children and environment were clean; most of them drank boiled water, their clothes were clean, and they filtered water.

In summary, among all the places where I have carried out the program, I think Phu Bon and Trai Lang applied most frequently the things taught. People in Khanh Duong applied only a few recipes.

EXAMPLE B

The hamlet where I have worked on the nutrition program belong to the Du Long district, Ninh Thuan province, and a number of hamlets belong to the Cam Ram Prefecture

At the beginning they were hostile, some said, "We have never had anybody teach us and yet we still live". We thought they probably did not know and we said, "You live but are not healthy, you are often sick and die easily. When you are sick you cannot be cured". And we went from house to house to explain about the purpose of the program that we are carrying out in their hamlet.

At first we explained to them about PL 480 food. They said that of all commodities given they only liked bulgur and cornmeal. We asked them why. They said they did not know how to use the other so they just gave them to the pigs and animals raised in the house. They also sold some. We showed them different uses of the foods. For example bulgur wheat could be mixed with rice for staple food, cornmeal could be cooked with vegetable or in porridge, milk is reconstituted with boiled water for drinking or mixed with water to form balls to fry. Besides the supplementary foods, we showed them the uses of food that was available locally and that they have never used before.

For example, they said that spinach is poisonous when cooked with fresh corn. We told them that the vegetable have nutrients and belong to food group III that will help them prevent diseases. They said it was not edible. So we had to pick some and give a demonstration on that vegetable in class. Then we invited them to taste. At first they refused but we ate the first bite ourselves and one or two mothers followed our example, and eventually the whole class tried. And the next day they applied this in their regular meal.

As far as drinking water is concerned, they never drink boiled water. We asked why they refused to boil water for the family to drink. They said fresh water tastes better and is more refreshing than boiled water.

We told them they could boil it and let it cool before drinking. They said, "Even when it has cooled, it still has the taste of boiled water and it makes you become thirsty faster". We explained to them that if they did not drink boiled water they would get sick at their stomach. They told us they had been drinking unboiled water and had not got sick at the stomach.

They very seldom cleaned their houses and their hamlets were littered with manure. We asked them about that. They said they did not have time to do the cleaning. They left for work very early in the morning and came back at the end of the afternoon and they were so tired by that time that they had to go to sleep or rest. We have suggested to local authorities to keep the animals separate from the living quarters but the people protested because they could not live far from their animals which are like friends to them.

In brief, if we compared all the hamlets where we have worked, the Ma Du hamlet and the Kien Kien hamlet seemed to have better results and the people there applied what we taught in their family and hamlet life. For example, they practiced sanitation in the home and hamlet environment, they had clean food, they cleaned the hamlet weekly or periodically with the help of the rural development cadres.

This is why during our subsequent visits to the hamlets we felt quite happy because we have obtained some small results with the nutrition program for Montagnard families.

Example C

After visiting these families we have noticed that the mothers who received PL 480 foods did use it. They particularly liked non-fat dry milk and Bulgur, probably because these commodities are more familiar to the Vietnamese people. CSY or Cornmeal were just supplementary food used on an irregular basis.

All families visited were poor families. Some of them were so poor that these commodities helped them get the protein that they lacked in their diet. The mothers said this themselves. The supply of milk was particularly significant: because milk is so expensive on the local market, after they had stopped receiving milk the mothers also stopped feeding milk to their children although they realized perfectly well that milk is a source of calcium and vitamin D and is good for bone and teeth.

We noticed that the more recent the classes were, the more valuable the commodities were for the mothers, probably because they had become accustomed to the food, because the cost of living had increased a great deal, and because they had learned about its nutritive value. All families visited were using the food. I have not seen one single incident of trading.

As far as lessons were concerned, they applied part of the things taught. Probably because they were busy earning a living, some mothers forgot all the lessons; some assigned kitchen duties to the children who failed to follow instructions, or because of deprivation, could not afford to have adequate diets although some of them remembered a lot from the lessons and had tried to apply them. Some of the mothers had written down lessons in notebooks so that they could look it up when they had forgotten. A few mothers showed us the certificates that they had hung on the wall near the kitchen and told us: "It is here to remind us of the things you have taught" or, "after we have attended the class we have acquired a lot of knowledge. At home even my children are admiring me when they hear me talk. When I tell them to eat this or that to get vitamin or protein, they say, Mother, you are so well learned. After you attend the class you always talk of vitamin and protein".

However, most of them were not keeping their houses very clean. Environmental hygiene has been neglected, trash was scattered around puddles of water and mud were found everywhere and therefore there were many mosquitoes and flies. May be, it was because they were so poor that they did not have time to attend to these things and contented themselves with seeping their own floor.

We have found them very friendly and they usually listened carefully to the instructions we gave when we found that they had forgotten certain lessons. They seemed to like to visit with us but always ended up asking about PL 480 foods and expressed their desire to continue to get these commodities to help up-grade the nutritive value of their daily meals.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON 12 : Review Session	Teacher Activities	Visual Aids	Student Activities
<p>Review questions on the basic concepts of nutrition.</p> <p>Give examples of the objective type questions on the test.</p> <ol style="list-style-type: none">1. True & false questions2. Selection of alternates3. Completion type question4. Matching type question	<ol style="list-style-type: none">1. Conduct the review.2. Serves as a resource person.3. Discussion of the demonstration.	<p>Examples of the type of test to be given.</p>	<ol style="list-style-type: none">1S Suggest question to be discussed.2. Finish up any written assignment that remains uncompleted.

Example of an Objective Test

- 1. Which of the following foods furnish the most calories for energy?
 - a) $\frac{1}{2}$ cup green beans _____
 - b) $\frac{1}{2}$ cup WSB porridge _____
 - c) 1 orange _____
 - d) $\frac{1}{2}$ cup carrots _____

- 2. Which of the following foods is the richest source of Vitamin A?
 - a) Grapes _____
 - b) Dates _____
 - c) Green beans _____
 - d) Carrots _____

- 3. Which of the following foods is a growth food?
 - a) Oil _____
 - b) Spinach _____
 - c) Milk _____

The following questions are to be marked true (T) or false (F).

- 4. _____ Rickets is a common nutritional disease in Jerusalem.
- 5. _____ People living in the Gaza Strip are likely to develop iodine deficiency.
- 6. _____ Blindness may be caused by a lack of Vitamin D.
- 7. _____ Protein-Calorie malnutrition is most likely to develop during the weaning period.
- 8. _____ The weight chart is used to follow the growth of the child.
- 9. _____ The PL 480 foods should be stored in a dark place in tight containers.

- 10. _____ Elderly people need the same number of calories as a boy of 16 years.
- 11. _____ If a pregnant woman does not eat sufficient food to meet her nutritional needs, she may have a very small weak baby.
- 12. _____ Nursing mothers have larger nutritional requirements than the other women in the family.
- 13. _____ Home visits are essential to evaluate the effectiveness of your teaching.
- 14. _____ Lamb is a better source of protein than beef.
- 15. _____ Roast lamb is a better source of nutrients than liver kebab.
- 16. _____ Cooking water should not be discarded but used in preparing other foods.
- 17. _____ Raw fruits and vegetables should be eaten every day.
- 18. _____ School lunch programs are not important to primary school children.
- 19. _____ Every member of the family should let the sun shine on bare skin.
- 20. _____ Hungry children learn fast.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

LESSON 13 : Evaluation of the class	Teacher Activities	Visual Aids	Student Activities
<p>1. An objective test should be constructed with the type questions reviewed in Lesson 12. The teacher will make up the test.</p> <p>2. If time permits the evaluation of the demonstration, evaluations from Lesson 5,6 and 7 can be reviewed.</p>	<p>1. Gives the test.</p> <p>2. Summary of replies on the evaluation form.</p> <p>3. Grades the test papers.</p>	<p>1. Objective test paper.</p> <p>2. Forms for evaluating the course.</p>	<p>1. Complete the objective test.</p> <p>2. Evaluate the program.</p>

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

EVALUATION FORM

I. - Class Organization

- a) The training period was :
_____ too long
_____ too short
_____ adequate length
- b) Number of class hours :
_____ too many
_____ too few
- c) Time allotted to class :

Increase time

Decrease time

Lecture	_____	_____
Work Shop	_____	_____
Demonstrations	_____	_____
Field trips	_____	_____
Discussion sessions	_____	_____

II. - Course content

- 1. Topics you wish to learn more about :

- 2. Lessons in the course you think will be most useful

- 3. Lessons in the course you think were not necessary

- 4. What changes would you suggest for the next course to be organized.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON 14 : Field trip: A visit to a handcraft center.	Teacher Activities	Visual Aids	Student Activities
<p>This field trip more concerned with other possible activities in a social center in addition to nutrition center activities.</p> <p>A center with several different type activities should be selected.</p>	<ol style="list-style-type: none">1. Make final arrangement for trip.2. Hands out field trip report form.	<p>Field trip report form</p>	<p>Inspect and observe the activities in the center.</p> <p>Complete field trip forms.</p>

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Course: Training Program for Teachers

Form : Field trip to a Social center

Name of Student : _____ Date : _____

Name of Center : _____ Location : _____

Craft activities observed

1. Weaving	_____	9
2. Sewing	_____	10
3. Embroidery	_____	11
4. Bead Work	_____	12
5. Shoe making	_____	13
6. Leather work	_____	14
7. Mat making	_____	15
8. Basket weaving	_____	16

Other activities

1. Literacy classes _____
2. School for children _____
3. Nutrition Project _____

Is there sufficient light in the rooms ? _____

Is the center dept. clean ? _____

Write a paragraph on the activities that interested you most :

Are any of these activities in the social center where you work ?

Signature _____

Address _____

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON 15 : Return test papers and discuss the questions	Teacher Activities	Visual Aids	Student Activities
<ol style="list-style-type: none">1. The test papers are to be handed back and each question discussed.2. Discussions on demonstration evaluations should be completed.3. Students should be given an opportunity to discuss any question they may have.	<ol style="list-style-type: none">1. Clears up any questions the students may have.2. Discuss the program evaluation result.	<ol style="list-style-type: none">1. Have results of the course evaluation form on the blackboard.2. Have graded tests to hand back.	Ask any questions you may have on the test.

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON 16 : Distribution of supplies and kits.	Teacher Activities	Visual Aids	Student Activities
<p>This is the last day of school and the participants must have all the educational material they will need in the centers.</p> <p>Some of the materials they will need are :</p> <ol style="list-style-type: none"> 1) Copies of all the lessons they have had in class. 2) Copies of the lessons of the family course. 3) Weight charts. 4) Visual aids materials. 5) Any visual aids they have constructed in class. 6) Demonstration kits. 7) Report forms. 	<p>Distribution of the educational materials and the demonstration kits.</p>	<p>Does not apply.</p>	<p>Packing all the baggage they have for their trip home.</p>

CATHOLIC RELIEF SERVICES USCC/JERUSALEM-WEST BANK

Course: Training Program for Teachers

UNIT III

LESSON 17 : Closing ceremony	Teacher Activities	Visual Aids	Student Activities
<p>This ceremony should be planned by the supervisor of the Training Program according to the customs of the country.</p> <p>Some activities that are included in some countries are:</p> <ol style="list-style-type: none"> 1) Awarding the graduating certificates. 2) Prizes for those who have been most successful in the course. <ol style="list-style-type: none"> a) Best demonstration b) Best grade c) Best at making visual aids. 	<p>The teachers assist the program supervisor.</p>	<p>Certificates. Prizes.</p> <p>Light refreshments may be served.</p>	<p>Assist with the ceremony as directed.</p>

Note : The certificates may need to be approved by the proper Government Authority. However a small certificate issued by CRS and signed by the Director is sufficient in some countries.

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Approved

CATHOLIC RELIEF SERVICES-USCC

WEST BANK, EAST JERUSALEM

FAMILY NUTRITION COURSE

Signature: Rima Salah, CRS-USCC/West Bank
Social Worker

Lessons 8, 9, 10 and 12.

Signature: Darlene Khamis, CRS-USCC/ROAM
Nutritionist

CATHOLIC RELIEF SERVICES - UBCC/WEST BANK, EAST JERUSALEM

COURSE OUTLINE

Source: Family Nutrition

Didactic Hours:

Methods of Teaching:

1. Informal group discussions
2. Demonstration
3. Simple Visual Aids
4. Home Visits

Instructors:

1. Health Education Personnel in the Social Centers such as :
Nurse, Home Economist, Vocational Education Teacher.
2. Guest Teacher.

Objectives of the Course:

1. To teach the basic concepts of food and nutrition.
2. To teach how to meet the nutritional needs of the members of the family by use of locally produced foods.
3. To improve environmental hygiene in the home.
4. To teach how to store and cook foods to conserve the nutritional value of the food.
5. To demonstrate the use of any PL 480 commodities distributed to the mothers.

Organization of the Course

1. The ideal method is to set up a regular class of not more than 20 mothers at a time convenient to the mothers and teacher. The complete course is given and the mothers finishing the course are eligible for PL 480 Commodities. The teaching is reinforced by home visits to the individual mothers.
2. The lessons may be divided in a manner that the mothers attend five lessons the first week and then be given a lesson every ration day. (i.e. one lesson per month).
3. Lessons may be organized and given on an individual basis to mothers or to groups as they wait for other services in the Social Center.

4. The course can be given in conjunction with a vocational sewing class or literacy course. These participants usually do not receive any PL 480 commodities.

The actual organization will be determined by the capabilities of the personnel and the physical facilities of the Social Center

Lesson No.	Topics	Discussion and Demonstration
1.	Introduction to Course	1
2.	Blended Foods	1
3.	The Basic Food Groups	1
4.	Group I : The Energy Foods	1
5.	Group II : The Growth Foods	1
6.	Group III : The Foods that Keep you Healthy	1
7.	Why you and your children need sunshine every day	1
8.	Family Health Begins at Home	1
9.	Personal Hygiene and Health	1
10.	Keeping the Cooking area clean	1
11.	How to store and cook foods to conserve the nutrients	1
12.	Safe water to meet the families need	1
13.	Weaning foods	1
14.	Feeding the pre-school children 6 - 12 months	1
15.	Feeding the pre-school children 1 - 5 years	1
16.	Food Needs of the Pregnant Women	1
17.	Food Needs of the Nursing Mother	1
18.	Feeding the Children of Primary School Age	1
19.	Special Needs of Teen Aged	1
20.	Foods the other members of the Family need	1
Total :		<u>20 hours</u>

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CATHOLIC RELIEF SERVICES - USCC/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

<u>Lesson 1 : Introduction to Course</u>	<u>Teachers Activities</u>	<u>Student Activities</u>
1. Reasons for Organizing the Classes	1. Gives the Lesson	1. Give necessary information needed for records
2. The Mothers responsibilities	2. Registers the mother and the Children	
(a) Class attendance	3. Weighs the children	2. Prepare the children for weighing.
(b) Application of lessons learned in Class	4. Completes any new charts	
(c) Furnish container for any commodities that may be available to participants		
(d) Bring the pre-school children in the family to be weighed.		
3. The mother's benefits	<u>Visual Aids:</u>	3. Ask any questions regarding program.
(a) receive information on how to make better use of the food available.	1. Scales	
(b) receive information on how to give better care to infants to cut down on infant illnesses	2. Growth charts	
(c) <u>May</u> receive some food commodities when available	3. Display of commodities that may be available for distribution	
(d) social contacts with other women in the community with opportunity to participate in the Social Centers activities.	4. Display the chart showing that health is closely linked to the home (UNRWA)	
4. Weight charts and Records:		
(a) Necessity for accurate birth dates		
(b) What the weight chart shows		
(c) How to prepare the child for weighing		

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

Lesson 1: Introduction to the Course

These classes are being organized to give to you the latest information on how to feed your families to improve the health of the family, especially the pre-school children. We now know that the very food you eat is one of the most important factors in the resulting health of the members of the family. We also know that a pregnant woman who eats foods that provide her with the essentials needed for good health and the nursing mother that does likewise will most likely have healthier, happier babies. Actually an infant who does not receive all the food elements he needs will not do as well in school when he reaches school age as one who has. Every mother hopes to have healthy children and it is to every mother's benefit to learn how to best feed her children with the food available at a price she can afford. Adequate food can be secured at a high price or at a relatively low price. It is to the family's interest that the mother feeds her family the food it needs as economically as possible.

Those of you who complete the family nutrition class may receive special foods from time to time but understanding the lessons and actually applying the lessons in your own home is more valuable to you than any foods you may be given.

Mothers who are registered for these classes have certain responsibilities. They are:

1. You must come to class regularly.
2. You must try to apply what you learn.
3. You must bring your pre-school children once a month to be weighed.

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4. You must furnish containers for receiving food commodities on the day of food distribution.
 - (a) You may not draw the commodities from two or more different sources.

You, as mothers, will get the following benefits:-

1. Receive information on how to make better use of the food available
2. Receive information on how to give better care to the infants
3. May receive special foods when available.
4. Have the opportunity to participate in other activities of the Social Center.

The weight charts the Social Center keeps on your children are a record of your child's growth and development. A pre-school child should gain regularly each month. When the child loses weight it usually is because he is ill. The mother needs to be very concerned if the child does not gain. The child's exact birth date is very important in order to begin the growth record at the right place.

The children must be undressed for weighing in order to have the correct weight. In cold weather a special garment of known weight may be used. This garment is easily made. (Pattern attached).

COURSE: Family Nutrition

Lesson 2 : Blended Foods	Teachers Activities	Student Activities
<p>1. What they are:</p> <p>(a) Cereal and pulse mixes with added Vitamin and minerals which may be issued.</p> <p>(b) Cereal and pulse mixes that you prepare.</p>	<p>1. Gives lesson</p> <p>2. Demonstration of ways to prepare the issued blended food.</p>	<p>1. Have mothers in the class assist with the demonstration or have them do return demonstration.</p>
<p>2. Why they are recommended:</p> <p>(a) These mixture added to the breast fed baby's diet promote growth.</p>	<p>3. Demonstration of how to store the issued blended food.</p>	<p>2. Samples should be served to each person.</p>
<p>3. How to prepare the issued blended food for pre-school children.</p>	<p>4. Demonstration of how to feed the baby with a cup or same dish and spoon.</p>	
<p>4. How to prepare a blended food from local foods.</p>		
<p>5. How to store the foods in your home.</p>	<p><u>Alternate Demonstration</u></p> <p>*1. Prepare a suitable "double mix" using chick peas and bulgur</p>	
<p>6. Age to begin feeding blended food and how much to give each child daily.</p> <p>(a) Stress feeding the child with a cup and spoon. (not by bottle).</p>	<p><u>Equipment required</u></p> <p>20 small sauce dishes</p> <p>20 small spoons</p> <p>3 pots for cooking</p> <p>2 plastic pans for washing pulses</p> <p>1 measuring cup</p> <p>3 large spoons</p>	

* Reference: Cameron, Margaret and Yngve Hofvander, Manual on Feeding Young Children. PAG Bul. United Nations New York 1947.

Lesson 2: Blended foods

Blended foods are a mixture of two or more foods. Special blended foods that you may receive are mixtures of cereals and a pulse with minerals and vitamins added. Examples of such a food are:

- (1) CSK. This is a mixture of corn, soy beans and milk with the essential minerals and vitamins added.
- (2) WSB. This is a mixture of wheat and soy beans with minerals and vitamins added.

These blended foods are especially good for children, pregnant and nursing mothers and invalids. Actually they are good for everyone but they are provided to you for only the children under five years of age, pregnant and nursing mothers. Some countries produce their own blended foods which are similar. Examples are:

1. Algeria - Superamine
2. Tunisia - Saha

You can prepare your own variety of a blended food in your own kitchen by cooking chick peas and bulgur, mashing very fine and mixing a hard boiled egg yolk into the mixture. Another type of blended food is to mix well cooked bulgur with finally grated carrots or a pureed leafy green vegetable. Such mixtures are excellent for your infant who has reached six months of age. These home made blended foods should be given in addition to breast milk.

These blended foods whether they are an issued mixture or home made mixtures are given to the baby no later than six months of age to promote the baby's growth.

This food is given in addition to breast milk. After a baby is six months old he must have additional foods to grow properly. Sometimes additional foods are given earlier. This depends on the infant and the doctor's decision regarding the child's needs.

The blended foods such as CSM are easier to prepare but the mixtures you make yourself are always available to you.

The dry blended foods such as CSM should be stored in a tight container in a dark place. The CSM should be mixed and cooked fresh for early feeding. It is very easy to mix and cook. It requires a very short cooking time which doesn't require much fuel. Following is the recipe :

1 part CSM
4 parts Water
Sugar to taste if desired.

One should be very careful of adding sugar to a small infant's food as they soon become accustomed to the taste. Older pre-school children will no doubt like a little sugar and a flavoring of some kind.

The CSM porridge should be fed to the baby with a small spoon, not a bottle. One or two teaspoons should be given at first and in succeeding days gradually increase the total amount until the baby can take approximately four (4) table spoons at a feeding.

Note: Recipes of double mixes are attached.

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(1)

RECIPES

Double Mix

100 grams bulgur (finely mashed)
15 grams dried milk
or 25 grams egg yolk
or 10 grams meat (cooked and add small amount of water and bring to a boil).

For older pre-school children add :

10 grams oil
10 grams sugar.

Double Mix

50 grams wheat flour
50 grams lentils or chick peas
1 cup water
salt to taste

1. Cook soaked lentils in water until soft.
2. Mix flour to a smooth paste with a little water.
3. Add to lentils and continue cooking

For older pre-schoolers add :

5 grams oil.

Double Mix

65 grams bulgur (cooked and mashed)
25 grams chick peas or other pulse (cooked and mashed).

1. Add small amount of water and bring to boil
2. Add salt to taste.

Measures for gram weights

1 Turkish Coffee cup = 50 grams Wheat flour

1 teaspoon (regular, English
type level measures) = 5 grms oil
4 grms sugar
3 grms cereal flour
2 grms dried skim milk

1 heaping tablespoon = 45 grms refined cereal flour
40 grms coarse cereal flour
40 grms rice (uncooked)
40 grms bulgur (uncooked).

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1. Cameron, Margaret and Yngve Helvander, Manual for Feeding Young
Infants and Children. P.A.C. United Nations New York City, N.Y. 1947.

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

COURSE: FAMILY NUTRITION

Lesson 3: The Basic Food Groups	Teacher Activities	Student Activities
1. Food Groups:	Given the lesson	1. Have the mothers repeat the groups and the kind of food in each group.
(a) Group I: The energy foods that we need to eat to live, work and play.	<u>Visual Aid</u> Display of foods that are example of each group.	
(u) Group II: The growth foods that we eat to grow, build muscles, heal cuts and other damages to our body.		
(e) Group III: The foods we eat to keep healthy and well.	<u>Note:</u> Select the cheapest foods available on the market.	
2. Types of food in each group		
(a) Group I	<u>Visual Aid</u> Chart showing the food group.	
(1) Cereals grains of all kinds		
(2) Potatoes and other starchy tubers.		
(3) Fats and Oils.		
(4) Sugars, honey, jams & jellies.		
(b) Group II		
(1) Milk and milk products		
(2) Meat, fish and poultry		
(3) Eggs		
(4) Beans, peas and lentils		
(5) Nuts of all kind, Sesame seeds.		
(c) Group III		
(1) Fruits		
(2) Vegetables		
3. Sub-groups of Group III		
(a) Foods that help us see well (Vit.A)		
(b) Foods that keep us from bruising easily (Vitamin C)		
(c) Other fruits and vegetables that provide us with essential minerals.		

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

Lesson 3: The Basic Food Groups

All the foods we eat and need can be divided into three groups. Once we know the foods that belong in each group and how much of each group everyone needs in the family, it is easy to plan the meals for the day. The food groups are :

- Group I - The energy foods that we need to live, work and play.
- Group II - The growth foods that we eat to grow, build muscles, heal cuts and other damages to our body.
- Group III - The foods we eat to keep healthy and well.

(Note: Have the class repeat the groups until they know them. Let us take the first group and learn the types of food that are energy foods. They are such foods as :)

1. Cereal grains.
2. Potatoes and other starchy root vegetables (Tubers).
3. Sugar, honey, jams and jellies.
4. Fats and oils of all kinds.

The second group contains the growth foods such as :

1. Milk and milk products.
2. Meat, fish and poultry.
3. Eggs.
4. Beans, peas and lentils (pulses of all kinds).
5. Nuts of all kinds and edible oil seeds such as sesame seed.

The group that contains the foods we eat to keep us healthy and well is made up of all the fruits and vegetables available on the market. We will study each group in following lessons and will learn that Group III is itself divided into :

1. The fruits and vegetables that help us to see well (Vit.A),
2. the fruits and vegetables that keep us from bruising easily (Vitamin C),
3. the fruits and vegetables that have minerals that we need.

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You can understand that there are both cheap and expensive foods in each group. This is fortunate as it makes it possible for us to get the foods we need at a lower cost if we wish. Feeding the family as economically as possible is the responsibility of the house wife.

SUMMARY :

- (1) Have the class repeat the three food groups and then remind them repeat them at home and not to forget.
- (2) Tell the class that the next lesson will be on the energy group and that they should think about the foods their family eats that belong to this group.

COURSE: Family Nutrition

<u>Basic Food Group I -</u> <u>Lesson 4: The Energy Group</u>	<u>Teacher</u> <u>Activities</u>	<u>Student</u> <u>Activities</u>
1. Group I. The energy foods we eat to live, work and play.	1. Gives the lesson.	1. Ask the mothers which
2. What is energy and why do we call certain foods energy foods ?	2. Leads the discussion of the energy foods. Have a list of common source of energy foods on the local markets such as:	members of their families eat the most.
3. What is the result of eating too little or too much of energy foods ?		
4. Foods that give us only energy : (a) sugar (b) starch (c) rendered fats (d) all vegetable oils <u>except</u> red palm oil and oils with fat soluble vitamins added.	<u>Fatty foods</u> 1. Olives 2. Olive oil 3. Other oils 4. Butter 5. Margarine 6. Any animal fats 7. Cream 8. Alcoholic drinks	
5. Foods that give us energy but contain other nutrients as well : (a) Fatty foods such as olives, avocados, butter & cream. (b) Starchy foods as cereals and potatoes.	<u>Starchy foods</u> 1. Flour 2. Cereal 3. Bread 4. Cakes & pastries 5. Candies 6. Noodles 7. Potatoes 8. Dates 9. Soft drinks 11. Bulgur.	
6. Relative expense of the two types of food used for energy.		
7. Members of the family that need the most energy foods : (a) Nursing mothers (b) teen agers (c) pregnant women (d) family members doing hard physical work.		
8. <u>SUMMARY</u> (a) The total amount of energy foods you need depend on the amount of physical work, age, size and physical condition. (b) Starchy foods are cheaper sources of energy and are more likely to contain other substances we need -/5- for health.	<u>Visual Aid</u> Chart showing the food groups.	

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Lesson 4: Basic Food Group I, the Energy Group

Today, we will talk about Group I, the energy group. These are the foods that give us the strength and will to do the things we need to do in a day. Let us make a list of the foods that we eat daily to give us energy.

They are first the starchy foods :

- | | |
|-------------|-----------|
| 1. Bread | 5. Dates |
| 2. Bulgur | 9. |
| 3. Rice | 10. |
| 4. Potatoes | 11. _____ |
| 5. Sugar | 12. _____ |
| 6. Pasta | 13. _____ |
| 7. Cereals | 14. _____ |

There are all starchy foods but there are also fatty foods that we eat in smaller amounts that give us much energy.

Such foods as :

1. Vegetable oils
2. Olives
3. Butter
4. Margarine
5. Cream
6. Animal Fats.

If we do not eat enough of the energy foods, we will lose weight. Those of us who are too fat have eaten too much of the energy foods. If we eat more than we need we store the energy as fat in the body. Some of these energy foods give us only energy. Such foods as white sugar and olive oil are good examples. Other foods we eat for energy may contain other things we need to live but we will learn more about these foods later.

We actually get more of the energy we need from starchy foods than fatty foods because the starchy foods are more plentiful and in general, less expensive.

The members of the family that need to eat the most of energy foods are the nursing mothers and the teen aged children. The men and women doing hard physical labor have the need for next largest share. The children's needs depend on age and size. Their total requirements decrease accordingly. The men and women over sixty years of age do not need as many calories as the other adults even if they are working.

SUMMARY

1. From this lesson you have learned that the starchy foods and fatty foods are the main sources of energy.
2. Starchy foods is the main source of energy because they are cheaper. They also contain other substances we need for health.
3. The total amount of energy foods you need depend on age, size, physical condition and the amount of physical work you do.

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COURSE: Family Nutrition

Lesson 5:	BASIC FOOD GROUP II The Growth Group	Teacher Activities	Student Activities
1. The Growth Foods			
(a) Animal Sources			
(1) Meats of all kinds		1. Gives the lesson.	1. Ask the mothers the vegetable proteins that they usually combine.
(2) Fish		2. Answers questions.	
(3) Eggs		3. <u>Demonstration</u> Make a food dish of chick peas & lentils.	
(4) Milk and Milk Products			
(b) Vegetable Sources			
(1) Beans, peas and lentils			
(2) Nuts and Oil seeds.			
		<u>Visual Aids</u>	
2. Why mixtures of vegetables sources of growth foods can be as effective as animal sources.		1. Use Chart of the three food groups (UNRWA).	
3. The amount of growth foods needed daily.		2. Use Charts on Group II foods.	
4. The distribution of growth foods within the family.		3. Use pictures showing malnutrition.	
5. What happens if pre-school children do not get enough growth foods (Protein-calorie malnutrition such as marasmus or Kwashiorkor).			

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

Lesson 5: Basic Food Group II - The Growth Group

The foods that are responsible for growth are from two sources:

1. **Animal sources** - All food from animals are excellent in promoting growth except Gelatin.
2. **Plant sources** - All foods from plants are not as good as those from animal sources if eaten alone. However, if the right mixtures of two or more of foods from plants are eaten together at the same meal, they can be as effective as animal protein in promoting growth. Likewise a growth food from plants can be eaten with a very small amount of growth food from an animal source and be as effective in promoting growth as when we eat only growth foods of animal sources.

Animal sources of growth foods are :

1. Meats of all kinds.
2. Fish.
3. Eggs.
4. Milk and Milk Products.

Vegetable sources of growth foods are :

1. All pulses such as beans, peas and lentils.
2. All nuts and edible oil seeds such as sesame.

We all know that growth foods from animal sources are more expensive than those from plant sources. It saves money if the housewife knows how to combine plant foods so that the children give a good growth response as if more expensive animal food was given to them. I'm sure there are combinations you traditionally do use and serve to the older children and adults but you may think these same combinations aren't good for the very small children.

The amount of growth foods needed by family members again depend on age, size, physical condition and amount of work they do. Growing children, pregnant and lactating women have the greatest need. The members over sixty need just as much of the growth foods as the other adults. (Remember that the need for energy foods is less.)

If the pre-school children do not get enough of the growth foods, they will develop protein-calorie malnutrition. The mother must start supplementing the breast milk by the sixth month with other growth promoting foods as the breast milk no longer meets the infants needs if he has grown at a normal rate.

(Note: Show picture of children with protein-calorie malnutrition).

The blended food CSM is an excellent example of two plant sources of growth foods (corn and soy beans) plus a very little growth food from an animal source (milk) mixed together make an excellent growth food.

SUMMARY: The Main Things to Remember are as follows :

1. Both plants and animals furnish growth foods but those from animals are the best.
2. If two of the right type of plant sources are combined they will also promote growth. For example a mixture of wheat and chick peas is a good combination. Wheat and rice is not.
3. The amount of growth foods the members of the family need varies with age, size, physical condition and the physical work they do.
4. An infant needs growth foods in addition to breast milk usually by the time the baby is six months old.

Demonstration

1. Make triple mix suitable for a 12 month old pre-school child that utilizes chick peas or lentils.

Recipe: 5 gms oil
20 gms lean meat chopped or minced
50 gms rice
40 gms lentils
Salt to taste

1. Brown the meat in oil; add salt and a small amount of water and cook until the meat is thoroughly cooked.
2. Cook the rice and lentils in about twice their volume of water until both are soft.
3. Serve the meat mixture over the rice and lentils mixture.

B- Make a CSM Pudding

Recipe: 1 part CSM
1 part sugar
4 parts water

1. Mix CSM and sugar together.
2. Add the water gradually
3. Bring to boil.
4. Add vanilla or cinnamon for flavoring.

Alternates:

Chopped dates or raisins may be added to the mix.

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COURSE: Family Nutrition

Lesson 6:	BASIC FOOD GROUP III The Food to Keep you Healthy	Teacher Activities	Student Activities
1. This is a large group of all the vegetables and fruits we use for food.		1. Gives the lesson.	1. Ask the student to tell you the favorite vegetable of the family.
2. This group is divided into sub-groups in order to be certain to get all the nutrients they can supply.		<u>Visual Aids</u> 1. Display poster showing Group III foods (UNRWA Poster)	
3. This group contains : (a) The foods that keep us to see well. (Vitamin A sources) such as : leafy green and yellow vegetables and fruits. (b) The foods that keep our gums from bleeding and keep us from bruising easily. (Vitamin C sources) such as : citrus fruits, pomegranate. (c) The foods that give us essential minerals.		2. Display the amounts of seasonal fruits and vegetables that will furnish 50 mg. Vitamin C. 3. Show the leafy green and yellow vegetable that yield 5000 Units of Vitamin A.	2. What vegetables and fruits are not liked by their families.
4. The family needs for Group III foods. (a) Stress the needs in terms of servings. That is : 2 servings of leafy green or yellow vegetables 1 serving of Vitamin C sources 2 servings of other fruits and vegetables that furnish essential minerals.		4. Show the vegetable & fruits high in iron and calcium.	

Reference: Pellet, PL and Sossy Shadarevian Food Composition Tables of the Middle East. American University of Beirut, Beirut, Lebanon 1970.

Lesson 6: Basic Food Group III, The Food That Keeps You Healthy

Group III is a very large group that contains all the vegetables and fruits. In fact it is so large we have to break it up into three parts.

The first part consists of the vegetables and fruits that help us to see well. Good eye sight is something we all wish to have. It is easy to tell whether we are eating enough of these vegetables and fruits for we will be unable to see quickly in the dark and we also will have difficulty in withstanding the glare of the sun. These are the vegetables and fruits that contain the substances that help us to see well. The vegetables and fruits that are rich in this substance are :

1. All leafy green vegetables
2. All yellow vegetables and fruits

(Note: The teacher should have members of the class name vegetables and fruits they think would qualify for this sub-group).

The second part of this group are the vegetables & fruits that contain a substance that keeps our gums from bleeding and keeps us from bruising easily. Good examples are : (1) All the citrus fruits, guava, coriander, raw tomatoes, raw cabbage, strawberries and water melon. Almost all raw vegetables and fruits have some of this necessary nutrient but some more than others. This substance is quickly destroyed by heat so it necessary not to cook these foods to get the full benefit from the food.

A small child who isn't given enough of this part of Group III vegetables and fruits will cry if you squeeze gently his elbow. We give this substance as fruit juice to small children by

the time they are six months old. Up to that time there is enough of this substance (Vitamin C) in the breast milk to meet the child's needs.

The last part of Group III are the other fruits and vegetables that furnish some of the minerals that we need and also contribute a little of the substances in the other two parts of Group III. Some of the fruits and vegetables in this group contain the iron we need for good blood. Examples are dates and figs. Others have calcium we need for strong bones. However, milk and milk products which we put in the growth food group is our best source of calcium; that we get from fruits and vegetables help.

The best way to remember how much a person needs of this complicated group is to think in terms of servings daily. We need :

- 2 servings of the fruits and vegetables that we eat to see well (Vitamin A).
- 1 serving of the fruits and vegetables that keep us from bruising easily (Vitamin C).
- 2 servings of the fruits and vegetables that contain minerals.

The size of the serving depends on the size, age and physical need of the person.

We will talk about more exact needs of different members of the family in other lessons. Of course the infants months of age on breast milk won't need vegetables for calcium but they will need sources of iron Vitamin A and Vitamin C but we will learn about how to manage this later.

SUMMARY

1. All the fruits and vegetables on the market contain substances in different amounts that are necessary for us to be happy and well.
2. If we eat a variety of these fruits and vegetables we will most likely get the substances we need.

Note:

Attached are the amounts of the different nutrients in
a 100 grams of the common fruits and vegetables.

Reference

1. Pellet, P.L. and Sossy Shadarevian. Food Composition Tables for use in the Middle East (2nd Edition). American University of Beirut. Beirut, Lebanon.

Amounts of Vitamin in 100 grams of Fruits and Vegetables which are good sources and the product is common in the Area.

	<u>Vitamin A</u> (Ret. equiv.)	<u>Arabic Name</u>		<u>Vitamin C</u> (mg)	<u>Arabic Name</u>
Apricot	185	Mishmish	Guava	218	Gawafah Safra
Mango	185	Mang6	Jujub	66	Unnab
Sweet Melon	97	Shammam	Lemon	51	Laymun
Green Almond	97	Lawz Akhdar	Grapefruit	43	Laymun Hindi
Basil	615	Kayhan	Lime	40	Laymun Masri
Beet greens	586	Lihdan	Mandarin	33	Yusef Afandi
Carrots	925	Jazar	Mango	40	Mang6
Swiss Chard	228	Salq	Sweet Melon	29	Shammam
Chicory	203	Hindbe	Orange	59	Burtukal
Chives	158	Qurrat Asbani	Peach	28	Durrak
Coriander	420	Kuzbarah	Strawberry	70	Tut Ardi
Dandelion green	675	Hindbe Barri	Tangerine	33	Mandalina
Garden Hocket	1225	Jarjir (roka)	Basil	44	Kayhan
Grape Leaves	1566	Warak Enab	Raw Cabbage	43	Malfuf
Jews Mallow	1216	Malukhiyah	Coriander	75	Kuzbarah
Mallow	192	Khubbazi	Garden Hocket	120	Jarji (roka)
Mint	1225	Naf'na	Jews Mallow	80	Malukhiyah
Parsley Curly	918	Bakdunes	Curly Parsley	180	Bakdunes
Pumpkin	256	Qar'Maghrabi	Sweet Pepper	100	Filfil Helou
Purslane	193	Bakleh	Hot Pepper	120	Filfil Har
Spinach	700	Sabanekh	Purslane	30	Bakleh
Thyme	543	Za'tar	White Radish	28	Fijol
Watercress	148	Rashad	Tomato	23	Bandora
Tomato	45	Bandora	Turnip (raw)	28	Lift
			Watercress	90	Rashad

**Amounts of Certain Minerals (Iron & Calcium)
in 100 Grams of Common Fruits & Vegetables.**

	<u>Iron (mgs)</u>	<u>Calcium (mgs)</u>	<u>Arabic Name</u>
Apricot	1.1	30	Mishmesh
Banana	.6	10	Moz
Cherry	.4	30	Karaz
Dates (dried)	2.1	72	Balah Mujafaf
Figs (dried)	3.0	186	Tin Nashif
Dates (fresh)	1.3	30	Salah
Figs (fresh)	.6	54	Tin
Grapes	.9	15	Inab
Loquat	.6	18	Askidinya
Mulberry	3.0	61	Tut Aswad
Peach	1.1	59	Durrak
Pear	.5	6	Injass
Pomegranate	.6	10	Kumman Helou
Artichoke	1.1	50	Kharshuf
Asparagus	1.0	25	Halayon
Green beans	1.4	55	Labya khadra
Fava beans	1.0	43	Fool
Cauliflower	1.0	38	Qarnabit
Celery	1.4	52	Karafs
Cucumber	.6	16	Khiyar
Garlic	1.4	38	Thun
Leeks	1.3	56	Marasia
Okra	1.1	78	Banyon
Olives, Green	2.0	90	Zaytun Akhdar
Olives, Black	1.6	77	Zaytun Aswad
Onions	1.0	30	Basal
Egg Plant	.6	23	Badhijan

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

Lesson 7:	Why you and your Children Need Sunshine Every Day	Teacher Activities	Student Activities
	<p>1. We know about all the foods we need but there is one thing we get very little of from food. That is Vitamin D.</p>	<p>1. Gives the lesson</p>	<p>1. Have the mothers examine their children to see if they have straight legs.</p>
	<p>2. In order to have strong bones we must have milk but we also must have Vitamin D which we can get <u>free</u> from the sun.</p>	<p><u>Visual Aids</u> (1) the UNRWA poster on milk and sunshine</p>	
	<p>3. To get Vitamin D from the sun, the sun must shine directly on bare skin.</p>	<p>(2) show examples of rickets.</p>	
	<p>4. Growing children need Vitamin D more than anyone in the family.</p>		
	<p>5. The sun must shine on bare skin. Even a thin cloth or a glass window will prevent the benefit available from the sun.</p>	<p><u>2. Demonstration:</u> Show how the small children's legs and arms can be exposed to the sun.</p>	
	<p>6. Even small babies need to be exposed to the sun daily.</p>		
	<p>7. There are natural food sources of Vitamin D but they are expensive foods such as :</p> <p>(a) Cream (b) Butter (c) Fish liver oils.</p>		
	<p>8. A lack of Vitamin D causes the nutritional disease, Rickets.</p>		

Lesson 7: Why you and your children Need Sunshine Every Day

There is one substance we need to be healthy and happy that we get very little of from food unless we spend a lot of money. This is Vitamin D that with certain other substances we eat (minerals) is responsible for us having strong bones and straight legs. We can, however, get all the Vitamin D free from the sun.

In order to benefit from the Vitamin D from the sun, the sun must shine directly on bare skin. Growing children need to have Vitamin D probably more than anyone else in the family. All the children including infants must have sunshine on bare skin. Even a thin cloth or a pane of glass will prevent the benefit from the free Vitamin D from the sun. The whole body need not be exposed. The face, legs and arms exposed daily to sunlight for a short period of time will give you the Vitamin D you need.

(This isn't such a big problem in this country as it is in some countries).

There are natural food sources of Vitamin D but they are expensive foods such as :

- (a) Cream
- (b) Butter
- (c) Fish Liver Oils

Sometimes the doctor gives a source of Vitamin D as a medication when the babies are born in countries with little sunshine and very cold winters.

A lack of vitamin D causes a malnutritional disease called rickets. A child with rickets will not only have crooked legs but if you feel the babies ribs you will feel "Bumps" on the ribs. Some speak of this as the "rachitic rosary" as it feels like beads on the ribs.

SUMMARY

The important fact to remember from this lesson is that the cheapest source of Vitamin D is from the sun but we must expose bare skin to the sun to receive the benefit.

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

Lesson 8: Family Health Begins at Home	Teacher Activities	Student Activities
1. The responsibility for the family's health rests primarily with the mother of the family.	1. Gives lesson	1. Ask the mother if they have regular routines for getting all the normal work done.
2. The mother is responsible for:	2. Visual aids UNRWA posters	2. Ask if they have special days for doing certain routine work about the house.
(a) Keeping home clean and in order.		
(b) Keeping the cooking area clean.		
(c) Preparing nutritious food to feed her family and safe water.		
(d) For safely storing the food supply.		
(e) For looking after the personal hygiene of the family.		
(f) For teaching personal hygiene to her children.		3. Ask what other responsibilities they have.
(g) For taking children to clinics when ill or for immunization.		
(h) Caring for ill members of the family.		

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

Lesson 8: Family Health Begins at Home

A human being is a member of the Community and to fulfill effectively his role and be able to adapt to his environment his many needs should be met. One of the most important needs is health, physiological and mental. The community offers many services to satisfy this need but health begins at home and the responsibility for the family's health rests primarily with the mother of the family. The home is the environment in which every member of the family should find peace and rest after a long day of work outside the house or at school.

The mother should always try to keep the home clean and in order and try to create a comfortable atmosphere. The mother should teach her children to observe basic rules of personal and environmental cleanliness. She should teach them the use of toilet facilities and toilet facilities should always be clean. As to the cooking area she should always keep it clean to avoid contamination of food. She should have an idea of food values. She should try to cook nutritious, inexpensive and attractive dishes at the same time. As to food storage, the home should include a Namlich, a food cupboard. The Namlich is made of inexpensive wood like wooden boxes and the wall of wire netting; this protects the food from flies and other insects and at the same time allows air in. So it can also serve as the family refrigerator.

So one of the main roles of the mother is to look after the personal hygiene of the Family and at the same time teach them good hygienic habits even if the environment is very primitive.

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The mother should take her children from the time of their birth to Maternal Child Care Centers to benefit from the services offered there like: Weighing and Immunization. If they are sick she should take them to the clinic and take extra care of them at home.

References:

Khuri Otaqui, Salwa. The Family Service Center Program; Description and Analysis. Near East Ecumenical Committee for Palestine Refugees.

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

Lesson 9: Personal Hygiene & Health	Teacher Activities	Student Activities
1. Care of Teeth (a) Need to teach the children to keep their teeth clean and <u>not</u> to bite anything that may break a tooth.	1. Gives the lesson. 2. Use UNRWA posters.	Have the class their methods of teaching their children personal hygiene.
2. Care of Hair (a) Need to keep "milk crust" off the baby's head. (b) Keep the Children's hair clean.		
3. Soap and Water: The important ingredients for personal hygiene. (a) Special need to see that children wash their hands before eating. (b) The need of the mother to have clean hands when handling food.		
4. Role of the mother in teaching the children good personal hygiene habits.		

Lesson 9: Personal Hygiene and Health - Care of Teeth

Teeth play an important role in our life. Good teeth contribute to good health. The main role of the teeth is to chew the food thus helping swallowing and good digestion and also sparkling clean teeth make the person look more attractive and help him in his speech.

Food that we eat and especially sweet things help in decaying our teeth. So we should clean our teeth with a brush after every meal to get rid of food residues. Children should be told not to bite anything that may break a tooth. Adults and children should visit the dentist periodically for a general check up.

Care of the Eyes: We only have two eyes and we need them all through our life. Our eyes are very sensitive so we should take good care of them. We should not touch our eyes before washing our hands.

We should wash our eyes with soap and water every morning and at night before going to bed. Each member of the family should have his own towel and it should always be clean and also every member of the family should have his own pillow. The mother should cover the baby's face while sleeping with a thin cloth to avoid flies coming to his eyes. Kohl should not be used on the babies eyes as the danger of infecting the eyes is great. (Trachoma is spread this way).

As to reading and studying, the light should not be very bright and not dim also and it should always come from behind the person who is reading.

Children should be taken to the doctor for a check up every six months.

Care of Hair :

The mother should keep her children's hair clean. Wash it with a mild soap and water at least once a week. The mother should keep the baby's hair oily to keep milk crust off the baby's head.

General personal care :

The mother should teach her children to wash their hands before eating so another useful item of furniture that should be available in every home is a simple wash stand made from a used tin container to which a tap is added to be hung on the wall or placed on a stool in the yard with a pail underneath. This wash basin helps the poorest of families to wash their hands before meals and after using the toilet. The mother herself should have clean hands while cooking and handling food. So the role of the mother is teaching her children good personal hygiene habits.

References :

- 1) ادنيز مبتتل - صحتك . كتاب في الصحة للدارس
شركة الزيت العربية الافريقية للكران .
- 2) Khuri Otaqui, Salwa. The Family Service Center Program :
Description & Analysis. Near East Ecumenical Committee for
Palestine Refugees.
- 3) UN Publications.

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

<u>Lesson 10: Keeping the Cooking Area Clean</u>	<u>Teacher Activities</u>	<u>Student Activities</u>
1. Keep animals of all kinds out of the cooking area.	1. Gives the lesson.	1. Discuss different kinds of cleaning materials used in the kitchen area.
2. Have a clean surface for use in preparing food for cooking. (a) a surface waist high is best as it is less tiring to work at this level and easier to keep clean.	2. Use appropriate UNRWA poster.	
3. Garbage should be placed in a covered container.		
4. Keep the yard area free of rubbish.		
5. Keep the dishes clean and stored out of dust.		
6. Keep cleaning material in a place that small children cannot reach.		
7. Keep the floor of the cooking area <u>dry</u> . It will prevent accidents.		

Lesson 10: Keeping the Cooking Area Clean

To keep the cooking area clean is very important to avoid contamination of food and thus prevent infectious diseases especially diarrheal diseases. Animals of all kinds should be kept out of the cooking area; for example chickens and rabbits should be kept in clean cages in the yard. Goats also should be kept in a special shelter outside the house.

To have a clean surface for use in preparing food for cooking is also very important, and it is preferable that the cooking surface be waist high as it is less tiring to work at this level and easier to keep clean.

Garbage should always be placed in a covered container and the yard in front of the house should be kept clean and free of rubbish. The yard could be used to grow vegetables.

The dishes and cooking utensils should be stored out of dust, and cleaning material that could be poisonous should be kept in a place that children cannot reach. The floor of the cooking area should be kept clean and dry and this will prevent children from falling.

Reference:

Khuri-Otaqui, Salwa. The Family Service Center Program : Description and Analysis Near East Ecumenical Committee for Palestine Refugees.

COURSE: Family Nutrition

<u>Lesson 11:</u>	<u>How to store and cook foods to Conserve the Nutrients</u>	<u>Teacher Activities</u>	<u>Student Activities</u>
1.	How to store foods in the home: (a) dry cereals (b) fresh fruits and vegetables (c) milk and milk products (d) fats and oils (e) meats.	1. Gives the lesson. 2. Use the appropriate UNRWA posters.	1. Encourage the mothers to discuss their main methods of cooking.
2.	Use of a screened cupboard which allows air circulation but keeps out insects, for temporary storage.		
3.	How to prepare fruits and vegetables to eat raw.		
4.	How to cook to save the nutrients (a) Short cooking time. (This also saves fuel). (b) Use of the water used in cooking vegetables. (c) Use of "drippings" of meat.	3. Have suitable containers that may be used for storage of different foods.	
5.	Methods of Cooking: (a) Boiling - soups, vegetables, etc.. (b) Baking. (c) Steaming. (d) Broiling (kebab) (e) Frying.		
6.	Stress that boiling, frying or broiling save on fuel; that steaming is a good way to save nutrients and roasting saves nutrients but requires more fuel.		
7.	Soaking pulses such as peas, beans and lentils to cut down cooking time. (a) If the food contains no toxic substance, the pulses should be washed well, allowed to soak in water several hours and then cooked in the soaking water. (b) Sodium bicarbonate should not be used to soften the pulses as it will destroy certain nutrients. It is better to soak longer rather than to use sodium bicarbonate.		

Lesson 11: How to Store and Cook Foods to Conserve the Nutrients

One must be very careful how they store foods in the home. Certain substances in the food that are essential to health will be destroyed if not properly stored and you may not even be aware of it. Different kinds of foods require different type of storage.

- (a) Dry cereals and flour should be stored in a dry dark storage space. This is very important to conserve certain nutrients that are sensitive to light. Blended foods such as CSM that has extra added vitamins and other essential substances must be very carefully stored. It is best to store in containers with tight lids that you can store in a dark place.
- (b) Fresh fruits and vegetables should be used as quickly as possible. It is best to buy small amounts that will be consumed in one day. A good rule to remember is the fresher the fruits and vegetables the richer in essential substances your family needs.
- (c) Milk and milk products should be stored in a cool place and protected against sunlight.
- (d) Meats should be kept in a cool place and should be cooked the day it is purchased unless it can be refrigerated.
- (e) Fats and especially oils should be stored in tight containers or they will become rancid.

A screened cupboard can be built of screen wire and placed in a cool area of the kitchen out of the sun that will allow circulation of air and at the same time protect the food from insects.

Fruits and vegetables that are to be eaten raw should be cleaned thoroughly. This is especially true of fruits and vegetables, which cannot be peeled. All excess dirt should be removed by plain water and then these foods should be washed in strong soapy water. This treatment should be followed by rinsing carefully in safe water. (Tide is a good soap powder to use).

How to Cook to save Nutrients

The best way to cook to save nutrients (substances essential for good health) is to cook as quickly as possible. This also is the most economical way. Good rules to follow are :

- (1) Short cooking time.
- (2) Use all the water used in cooking.
- (3) Use the "drippings" from the meat.

The water remaining from cooking foods can be used to make soups and sauces. The meat "drippings" can be used for seasoning for other foods.

There are different methods of cooking :

- (1) Boiling is one of the most common methods. This is a good method providing you only boil until the food is done and that you use the water that you boil in.
- (2) Baking is a good way to conserve nutrients but this method requires more fuel and a longer cooking time than boiling. Of course some foods such as bread must be baked.
- (3) Steaming is another good method of conserving nutrients but it requires more fuel than boiling.
- (4) Frying in a small amount of fat is a method that required only a small amount of fuel but you must make use of the fat or you will lose nutrients.
- (5) Broiling meat such as kebab is a method that conserves both nutrients and fuel.

Pulses such as peas, beans and lentils should be thoroughly washed and then soaked for a period of time (usually overnight) prior to cooking. If the particular pulse contains no toxic substance that would leach into the soaking water the pulse should be cooked in the soaking water in order to benefit from all the nutrients this food contains. Sodium bicarbonate should not be used to soften pulses as it will destroy certain nutrients. It is better to soak longer rather than to use sodium bicarbonate.

Degree of Doneness required to have Safe Food

1. Raw milk should be brought to a boil before using.
2. Eggs should be cooked to the "well done" stage, especially for children and invalids. (Salmonella organisms which cause dysentery can survive in a soft boiled egg. Raw eggs are to be discouraged at all times).

(a) Only the hard cooked egg yolk should be given to children under one year of age.

3. All meats should be cooked well done no matter what kind of meat it is. The habit of eating rare or raw meat is dangerous in any country because there may be parasites in the meat.

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

Lesson 12:	Safe Water to Meet the Family Needs (1)	Teacher Activities	Student Activities
<ol style="list-style-type: none">1. What is meant by safe water ?2. How to prepare water that is safe to drink3. The water used in preparing infants additional foods should be boiled.4. Unsafe water can be the source of disease agents such as :<ol style="list-style-type: none">(a) dysentery(b) typhoid fever5. Every one in the family needs water or other fluids such as: tea, coffee, soups, fruit juices or soft drinks.<ol style="list-style-type: none">(a) The nursing mother has a greater need than other members of the family.	<p>Gives the lesson.</p> <p>Demonstrate how to prepare a dilute citrus juice for an infant.</p>	<p>Question :</p> <ol style="list-style-type: none">1. Do you think there are times when your drinking water should be boiled ?	

(1) Note: This is one of the most difficult lessons to teach.

Lesson 12: Safe Water to meet the Family Needs

Water is a very important factor in our lives. We need it for drinking, to prepare our food, to keep our body clean and to wash our clothes. Water is also used for irrigation. The Water used should be safe. What do we mean by safe water ? Safe water means water that is not polluted and is free of dangerous microbes.

Sources of Water: We have water that comes from wells or springs. Water that comes from deep closed wells is safer than water that comes from shallow wells. Wells should be built far from toilets facilities and toilets should be built on a lower level than wells. Clothes should not be washed near the well. Polluted water or unsafe water can be the source of disease agents such as dysenteries, typhoid fever and cholera. If you have any doubt that the water is not very clean you should filter it and then boil it and it should be put in clean pots. If you keep the water in a clay pot (seer) it should always be covered, and it is preferable to put water in a container with a tap or in a large clean bottle with a lid. The water used in preparing additional foods for infants should be boiled.

The human body is in need of fluids to fulfill its functions. Therefore, every one in the family needs to drink water and other fluids such as tea, coffee, soup, fruit juice or any soft drink and the nursing mother has a greater need of drinking fluids than other members of the family.

Reference:

ادنيذ بيتل مهمت كتاب في اللغة للدارس
شركة الزيت العربية الايدية - الطران .

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

<u>Lesson 13: Weaning Foods</u>	<u>Teacher Activities</u>	<u>Student Activities</u>
<p>1. Weaning foods should furnish the extra nutrients the infant needs in addition to breast milk. These are :</p> <ul style="list-style-type: none">(a) protein(b) calories(c) iron(d) Vitamins	<p>Gives the lesson and demonstration of :</p> <ul style="list-style-type: none">(a) a double mix(b) a triple mix(c) a blended formulated food such as CSK.	<p>1. Taste the foods prepared.</p> <p>2. May feed their babies 6 months or older samples of the mixes.</p>
<p>2. The most economical source of Vitamin C on the market is most likely a Citrus fruit juice such as lemon, lime or orange.</p> <ul style="list-style-type: none">(a) The fresh juice diluted with <u>safe</u> water should be given daily.		
<p>3. A double mix such as bulgur soup mixed with leafy green and yellow vegetables puree will supply some essential vitamins & calories.</p>		
<p>4. A triple mix such as a mixture of chick peas, bulgur and grated hard boiled egg will furnish protein, calories, vitamins and iron. (Use only the egg yolk).</p>		
<p>5. Blended foods such as OSM can also be used as a Weaning food.</p>		
<p>6. Use of cup and spoon in feeding the baby.</p>		

Reference: Cameron, Margaret and Yngve Hofvander. Manual on Feeding Young Children. PAG, United Nations New York, N.Y.10017.

Lesson 13: Meaning Foods

Meaning Foods should furnish the extra food substances the infant needs in addition to breast milk. When you start to give extra foods to the baby, you do not necessarily cut down on the breast milk for the baby. The baby needs these extra foods because he is grown and his food needs are greater than that provided by breast milk.

The food substances the baby needs in addition to breast milk are:

- | | | |
|-----------------------------------|---|---|
| (a) <u>Protein</u> : | } | these can be supplied by preparing |
| (b) <u>Calories</u> : | | double mixes and triple mixes from |
| (c) <u>Iron</u> : | | foods found in your own market |
| (d) <u>Some of the Vitamins</u> : | | or from the blended foods you may receive in distributions. |

There are two other essential substances the baby needs. These are:

- (1) Vitamin D which you can get from the sun's rays as we learned in an earlier lesson or the doctor in the Health Center will give you as a medication.
- (2) Vitamin C since this substance is destroyed by cooking, any of it present in the foods in double or triple mixes before cooking is destroyed. Fresh fruit juice diluted with safe water and little sugar is best.

In making double mixes to feed infants six months of age double mixes of the following foods will furnish the extra calories and protein the baby needs in addition to breast milk. (These mixes provide 360 calories and the right protein mix.) The same amount of double mix is enough for one meal only for an infant of 12 months.

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65 gms Wheat mixed with:

25 gms egg - or
10 gms dried skim milk, or
20 gms fish, or
20 gms chicken

100 gms Wheat mixed with:

10 gms pulses as beans, peas, lentils

65 gms Rice mixed with:

35 gms pulse as beans, peas, or lentils

60 gms Rice mixed with:

30 gms egg, or
15 gms dried skim milk

65 gms Rice mixed with:

20 gms chicken

100 gms Banana mixed with:

70 gms pulse as beans, peas or lentils

160 gms Banana mixed with:

25 gms dried skim milk

To each of these mixes add 10 gms oil or 5 gms oil & 5 gms of sugar.

(Note : the teacher should select the combinations of food that are available in the market. Recipes of double mixes and triple mixes are attached to the lesson).

All extra foods fed to the infant should be fed from a small sauce dish or cup with a small spoon. They should not be fed from bottles as bottles are too difficult to keep clean.

Reference: Sameron, Margaret and Yngve Hofvander.
Manual on Feeding Infants and Young Children.
PAG Bul. United Nations New York, N.Y. 10017.

RECIPES

Double Mites

Rice 100 gms
Egg 25 gms ($\frac{1}{2}$ egg)
Water 1 cup (demi-tasse)
Oil 5 gms

1. Cook well washed rice in the usual way and cook until soft.
2. Beat the egg into the rice until smooth and creamy.
3. Serve to the child.

Wheat Flour 100 gms
egg 1 small or $\frac{1}{2}$ a large egg
Sugar 10 gms (or to taste)
Water 4 cups (demi-tasse)

1. Mix the flour, sugar and beaten egg.
2. Add water slowly to mix a smooth paste.
3. Cook until thickened; stir constantly to prevent burning.

150 gms of potato, cooked in a small amount of water & mashed
55 gms of beans, peas or lentils (cooked and mashed)
5 gms of Oil.

1. Mix cooked potatoes and beans together and add the oil.

If you add a table spoon of pureed carrots, or spinach you will have a triple mix that also contains Vitamin A, that helps us to see well.

CATHOLIC RELIEF SERVICES-USCC/WEST BANK, EASTJERUSALEM

Lesson 14:	FEEDING THE PRE-SCHOOL CHILDREN 0 - 12	Teacher Activities	Student Activities
1. The importance of breast feeding		1. Gives the lesson.	1. Ask the mothers to discuss the problems in introducing food other than breast milk.
(a) Only breast feeding to 6 months should be the general rule which may be modified by the doctor.		2. Visual aids:	
(b) Supplementary foods in addition to breast feeding are essential when the infant is 6 months old.		(a) A suitable cup and spoon for feeding the baby.	
2. Feeding schedules of supplementary foods recommended by the local health center should be followed.		(b) Demonstration of feeding a child with cup & spoon. (Make a GSM porridge to use in the child feeding demonstration).	2. Have the mothers to try feeding GSM to their children who are at least 6 months old.
3. All supplementary feeding should be fed from a cup or sauce dish with a <u>small spoon</u> .			

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Lesson 14: Feeding the PreSchool Children 0-12 months of age

It is very important to breast feed your child as long as you can. Even a small amount of milk is useful for the child.

By the time the baby is six months, he has need for more food than breast milk. (The exact time to add food depends on how fast the baby has grown and the doctor at the health center will advise you on this). The feeding schedule for supplementary foods needed by the baby will be given to you by the doctor and these should be carefully followed.

In general, the baby has extra need at six months for:

- (1) Group II Growth Foods.
- (2) Group III Foods that keep you healthy and well - but the special kinds of Group III food is that which prevents you from bruising (Vitamin C) and the kind that helps you to see well.
- (3) and of course the baby continues to need the sunshine vitamin (Vitamin D).

A double mix such as we learned to make earlier will furnish the growth food. At first only give the infant a very small amount and then gradually increase the amount. By the time the baby is twelve months old he should be eating a whole recipe three times per day. Always feed the baby with a spoon.

If you do not have refrigeration, it is best and safest to make the recipe fresh each time you feed the baby. The extra left when the baby is small can be given to an older child. By the time the baby is 12 months old he will be eating all of it and other foods as well.

The fruit juice given the baby should be diluted with safe water and a little sugar added. This is also best given by a cup and spoon. The baby will quickly learn to drink from a cup. Cups and spoons are so much easier to keep clean than a bottle.

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By the time a child is nine months old, the child should be taking multiminis three times a day and as the teeth have begun to appear the added vegetables may not need to be pureed but finely chopped instead. The child may also have soft fruits as a snack. (A piece of orange instead of juice is an example).

A multiminix suitable for a nine months old child is a mixture of:

2 tablespoons of cooked rice
 $\frac{1}{2}$ teaspoon of oil
1 teaspoon of minced liver (cooked well done)
1 tablespoon of finely chopped cooked greens.

The child by nine months should be able to eat all of this mixture at one feeding.

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Lesson 15:	FLEEDING THE PRE-SCHOOL CHILD 1 - 5	Teacher Activities	Student Activities
1. By the time a child is a year old, he should share in the family meals.		1. Give the lesson.	1. Ask the mothers the extra foods they normally give their pre-school children
2. The child has continued need for breast milk if the mother is still producing milk.		2. Demonstrate the use of CSM as a snack food for pre-school children.	2. Ask how many give their year older children
3. The importance of children eating each day:			(a) pulses
(a) the foods that give energy			(b) vegetable and fruit sources of Vitamin C.
(b) the growth foods			
(c) the other foods that make them healthy.			
4. The importance of the use of double mixes or triple mixes of locally available foods and/or blended foods such as CSM to the normal development of the child.			

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Lesson 15: Feeding the Pre-School Child 1-5 years

By the time a child is a year old he should be sharing in the family meals. The mother will need to watch carefully that the child gets his share of the meals. The child at this age is so interested in the activities about him that he is easily distracted from food.

The child still has need of milk and the mother can continue to give breast milk after the child is a year old if she is physiologically able.

The child from 1 - 5 years of age must meet his food requirements if growth is to continue at a normal rate. The child needs:

- (a) the foods that give energy
- (b) the growth foods
- (c) the foods that make them healthy and happy.

Double mixes, triple mixes and multimixes are still very useful in feeding the pre-school child as one can get the proper food balance the child needs in one dish. This is rather important to a lively pre-schooler. A soft mixture in foods is not so important as the child has teeth and can chew his foods. In fact children of this age like "finger foods" such as pieces of apple, a piece of bread or a well cleaned and peeled raw carrot to chew.

A blended food such as CSM is still a very important food for the 1-5 year old child but it can be prepared differently in order that it is more attractive for the child.

Adding different flavouring such as rosewater, vanilla or cinnamon to the CSM porridge will add interest to a familiar food. Raisins or dates (chopped fine) may also be added.

The CSM may be used in making special bread for the children.
Use 1 part CSM to 3 parts flour in your favourite bread recipe.

The CSM can also be added to a soup or a stew for variety.

In addition to any breast milk, milk products such as Leban and cheese can be added to the child's food.

As soon as the baby is a year old he must have a full recipe of the double mix, triple mix or multimix each day at each meal.

As a mother's milk supplied become smaller, the mixed foods given the child must increase.

Special treats which make popular finger foods are cookies made with CSM. The recipe is below :

1 part CSM (regular)
1 part Flour
1 part Sugar
1 part Oil
1 Egg
1 teaspoon of cinnamon

Water to the desired consistency that the dough can be dropped by a spoon on an oiled pan.

Directions:

1. Mix the dry ingredients
2. Add the oil and mix well
3. Add well beaten egg and mix
4. Add water to desired consistency. (Less for rolled cookies; more for dropped cookies).
5. Bake at 375° F for 10-12 minutes.

Note: Key menu plans to that may be useful with this and succeeding lessons are attached.

KEY MENU TO WORK WITH :

G R O U P	NUMBER OF SERVINGS					
	Adults 21-60	Pregnant Women	Nursing Mothers	Pre-School Children 1-5 years	Primary School Children	Teen Agers
<u>BREAKFAST</u>						
Group I	4	4	5	2	3	5
Group II	1	1	1	1	1	2
<u>MID MORNING</u>						
Group I	-	-	1	-	-	-
Group II	-	1	1	-	-	-
Group III	-	-	-	1	1	1
<u>DINNER</u>						
Group I	4	4	5	2	2	5
Group II	1	1	2	$\frac{1}{2} - 1$	1	2
Group III	3	3	3	3	3	3
<u>MID AFTERNOON</u>						
Group I	-	1	1	1	-	-
Group II	-	1	1	1	-	-
<u>SUPPER</u>						
Group I	3	3	4	2	3	4
Group II	1	1	1	1	1	1
Group III	3	3	3	3	3	3

* Those over 60 years should omit the number of Group I foods from 11 to 8 and should add one serving of milk products from Group II.

CATHOLIC RELIEF SERVICES-UNESCO/IL T BANK, 1977 JERUSALEM

COURSE: Family Nutrition

Lesson 16: FOOD NEEDS OF THE PREGNANT WOMAN	Teacher Activities	Student Activities
1. The food needs in the first three months of pregnancy (1st trimester).	1. Gives the lesson.	1. Ask the mothers if they have ever had to have salt free diet.
2. The food needs in the second three months of pregnancy (2nd trimester).	2. Demonstration of salt free food.	2. Have the mothers taste the salt free food.
3. The food needs in the last three months of pregnancy (3rd trimester).	3. Display of seasoning in place of salt such as :	
4. The reasons why the mother needs to eat increasingly more as her pregnancy progresses. Especially she needs more : (a) protein rich foods (b) calcium rich foods (c) calcium rich foods.	(a) coriander (b) lemon juice (c) pepper (d) onion (e) garlic	
5. Complications of pregnancy requiring attention to diet. (a) Morning sickness (Early Pregnancy) (b) Toxemias - (need to restrict salt).	<u>Suggestion:</u> Make a humous <u>without</u> using sodium carbonate for softening. Use garlic and lemon juice for seasoning but no salt.	

CATHOLIC RELIEF SERVICES--USCC/WEST BANK, EAST JERUSALEM

Lesson 16: The Food Needs of the Pregnant Woman

The food needs in the first three months of pregnancy are essentially the same as that of a normal adult woman as far as energy foods are concerned. The woman does need extra growth foods (Group III) and extra vegetables and fruits in Group III. The pregnant woman who receives blended food will get extra growth food and vitamins but she should still take a larger helping of Group II and Group III foods when she eats her meals or as a snack between meals.

Sometimes in this first trimester the expectant mother has difficulty with morning sickness. If this occurs she should eat only a small amount of food early in the morning and do not drink fluids when you eat solid foods but wait an hour. This may help some people; others it will not. This type of illness usually lasts only during the first trimester. It is important to take fluids later in the day to compensate for fluids lost by illness.

In the second trimester of pregnancy one needs a continuing increase of Group II and Group III foods and a small increase in Group I, energy foods.

Laban or cheese and bread as a snack between meals will increase both energy and growth foods. The leben or cheese will also give extra calcium that the pregnant woman needs.

In the third trimester, there is a continuing need for extra foods from all three food groups. The expectant mother should eat larger servings and have mid-morning, afternoon and evening snacks. One should not gain too much weight but weak, low weight babies are the result of not eating enough food to meet the nutritional needs during pregnancy. There is also danger of a still birth.

The pregnant woman should visit the local maternal Child Health Center at regular intervals during her pregnancy to be certain that no complications develop.

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Sometimes pregnant women in the last trimester of pregnancy have trouble with swelling feet and hands. The doctor will probably tell them not to eat salt. Going without salt in the food is not too hard to do as there are other seasonings one can use. Such seasonings as coriander, pepper, onion, garlic and lemon juice can be used. One must not use sodium bicarbonate in the cooking process if one is having difficulties with swelling feet.

SUMMARY :

1. The pregnant women must eat extra food from all three groups but especially extra foods from Group II and Group III.
2. The pregnant woman should attend the local pre-natal clinic.

COURSE: Family Nutrition

<u>Lesson 17: FOOD NEEDS OF THE NURSING MOTHER</u>	<u>Teacher Activities</u>	<u>Student Activities</u>
1. The need of the mother to eat sufficient food to take care of her normal needs plus the additional food she needs for milk production.	Gives the lesson.	1. Ask questions about the appetite of the nursing mother.
2. Need to produce sufficient milk to meet all the baby's needs until 6 months of age and to meet the babies partial needs longer.	1. Review the basic food groups.	2. Ask if there are any foods they think they shouldn't eat.
3. Increased fluid needs of the nursing mother.		
4. Stress that the nursing mother needs more of the foods in all three food groups.		
5. Discuss the cheaper sources of nutrients in each group.		

Lesson 17: Food Needs of the Nursing Mother

The nursing mother's food needs are as great as any other member of the family. Only the food needs of the teen aged children approach the needs of the nursing mother. She needs more foods from each of the food groups. She actually needs approximately one-third more of energy foods alone. She needs more growth foods and fruits and vegetables than when she was in her last trimester of pregnancy. She must have these foods if she is to produce sufficient milk to raise a healthy baby. In addition the nursing mother must not neglect her fluid needs. She needs to drink any kind of fluid she has available such as safe water, tea, milk, fruit juice, coffee and soft drinks. It is so much more sensible to feed the mother in order that she has the milk to feed the baby than to have to worry over a sickly infant.

The mother must be very careful to buy very economically in order that she can feed her family and herself as well. Fortunately, foods in each group vary in price and as long as she purchases foods in season and the least expensive she should be able to meet the needs of herself and the family. If she cannot, then money will have to be diverted from savings or from money set aside for less essential things. The greatest share of the family income will probably have to be spent on food. It is no economy to eat less food than you need to satisfy another material need. Food for the family must come first. However, eating expensive types of food the family does not need is an extravagance no mother should indulge in.

If the nursing mother receives a blended feed such as CSN this will help her to meet her increased nutritional needs but of course not all.

The mother should produce sufficient milk to meet all the nutritional needs for six months. She should continue to nurse the baby but will need for the baby extra foods as you learned in an earlier lesson.

SAMPLE MEALS FOR A HUNGRY MOTHER

BREAKFAST

Bread
Cheese
Olives
Tea with sugar

MID-MORNING

Bread
Loben
Tea with sugar

LUNCH

- Bulgur with a sauce made of :

- (1) Eggplant
- (2) Onions
- (3) Tomatoes
- (4) Oil
- (5) small amount of Meat

- Salad of leafy greens and tomatoes served with lemon juice and oil

- Bread
- Fruit in season
- Tea with sugar.

MID-AFTERNOON

CCM Pudding with dates.

SUPPER

Potatoes and green beans
Sliced tomato, hard boiled egg and olives with vinegar and oil
Bread
Fruit in season
Tea with sugar.

BED-TIME

Glass of hot milk.

ALTERNATIVE SCHEDULE MEALS FOR A BREAST-FEEDING MOTHER

BREAKFAST

Cheese - Olives - Bread
Tea with Sugar

MID-MORNING

Leban with bread

LUNCH

Rice with a sauce of :

Meat
Eggplant
Onions
Tomatoes
Oil and Meat
Salad of sliced tomatoes with Oil and Vinegar
Bread
Fruits in season
Tea with Sugar

MID-AFTERNOON

SUPPER

Lentils and Bulgur soup
Green beans, onions, Garlic and a hard boiled Egg served
with Vinegar and Oil
Fruits in season
Tea with Sugar

BED-TIME

GBM Porridge with dates.

CATHOLIC RELIEF SERVICES-UNSCG/WEST BANK, EAST JERUSALEM

COURSE: Family Nutrition

Lesson 18:	FEEDING THE CHILDREN OF PRIMARY SCHOOL AGE	Teacher Activities	Student Activities
1.	The food needs of the children of primary school age.	Gives the lesson.	1. Ask the mothers about the school lunch in the school their children attend.
2.	The importance of the school children having sufficient food for breakfast and lunch (a) Hungry children will not do good school work.	2. Plan practical school lunches the children can take with them to school.	

CATHOLIC RELIEF SERVICES-UBCC/WEST BANK, EAST JERUSALEM

Lesson 18: Feeding the Children of Primary School Age

The primary school children are old enough to be having the same feeds as adults but they will need snacks in addition to their meals because of their school hours. A hungry child does not learn as fast as a well fed child. It is difficult for them to keep their mind on the lesson if they are hungry.

The child's dietary pattern will be essentially the same as the adult but more milk products should be selected from the Group II or growth group. The total feed will be divided differently to allow for snacks. An example is as follows :

Breakfast:

- 2 selections from Group I
- 2 selections from Group II (at least one to be milk or milk products or a blended feed).

School Snack

- 2 selections from Group I
- 1 selection from Group II } combined as a sandwich
- 1 selection from Group III - (fruit in season)

Dinner at Home

- 2 selections from Group I
- 1 selection from Group II
- 3 selections from Group III

Evening Supper

- 2 selections from Group I
- 1 selection from Group II
- 2 selections from Group III

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If we translate this dietary pattern into actual foods, the menu would be as follows :

Breakfast

Bread, egg
Hot milk with sugar

School lunch

Labanah Sandwich
Raw Tomato
Halawah (this is a Group I food)

Dinner at Home

Rice with a sauce of meat, green beans and onions
Salad (chopped tomato, mint, cucumber)
Bread
Apple

Evening Supper

Lentil, carrot and potato soup
Swiss chard salad with Vinegar and Oil
Bread, Butter
Fruit in season.

CATHOLIC RELIEF SERVICES—UNCOMBAT BAY, EAST JUNG LEM

COURSE: Family Nutrition

Lesson 19:	SPECIAL NEEDS OF TEEN AGERS	Teacher Activities	Student Activities
<ol style="list-style-type: none">1. Teen agers need extra servings of all food groups as they are in a rapid growth period.2. Girls have a special need of foods high in iron or they develop anemia.3. The teen agers will eat more and need more food than all other members of the family except the nursing mothers who need a similar amount.4. The need of the mother with teen age children to watch the food budget carefully and buy the most inexpensive foods in each group.5. Teen agers who participate in sports need more foods than those not active in sports.6. Teen agers engaged in heavy work need more food than those who are not active in sports.7. Do not forget that the girls, as well as boys need extra foods at this age.	<ol style="list-style-type: none">1. Gives the lesson.2. Leads the discussion of feeding problems the mothers may have.	<ol style="list-style-type: none">1. Ask the mothers to discuss how they satisfy the appetites of their children.	

Lesson 19: Special Needs of Teen Aged

Teen Aged need larger servings of all food groups as they are in a period of rapid growth. Their food needs are as great as anyone in the family. There is no difference in the food needs of teen aged boys and girls except that girls have a greater need for iron than boys.

The mother with both teen aged children and smaller children must see that the food is properly distributed or the smaller children with smaller appetites may lose out to the older children at the family table.

Teen aged participating in rigorous sports or in heavy work need more food than those who live a less strenuous life.

It is very essential that a mother of teen aged children watches the food budget and that she buys the least expensive food. The proper inexpensive food in quantity will please the teenagers.

Since the girls have particular needs for iron, special care should be taken to select good sources of iron from Group III such as raisins, apricots, mulberries, dates, figs, artichokes, leeks, coriander, dandelion greens, garden rocket, grape leaves, Jews mallow, thyme, mint, spinach and other greens; Fenu greek (hilbeh) and thyme. The pulses, sesame seed and fenu greek seeds from Group II are also good sources of iron.

Teen aged children in school should carry their lunch and not buy it on the street. Buying snacks on the street is not the solution to a proper school lunch. The money is likely to be wasted on sweets and soft drinks and this is a waste of the money in the food budget. Teen aged may be reluctant to carry a lunch but it is the only economical way to meet the nutritional needs. It is better to give a very small weekly allowance that is not from the food budget that they may spend as they wish than to give money for a street lunch that is not of much use in meeting their nutritional needs.

Pulses should be used daily in some form to help meet the growth food needs and cut down on the quantity of expensive growth foods such as meat.

Approved by J...

Report on visit
by the CRS Nutrition Team
to the Arab Ladies Societies Centers in Hebron Area

October 29, 1975

Accompanied by Miss Frida Tarrad, Assistant Social Welfare Officer for the West Bank, two members of the Nutrition Project Staff, Miss Aminah Isawi and Miss Raida Tarazi together with Miss Elsa Haglund presently in charge of the CRS Nutrition Project, visits were made to the following places:-

1- The Social Welfare Office in Hebron to meet the Social Welfare Officers, Mr. Mohd. Fatafta and Mr. Marwan Hijasi in order to make arrangements for visits to centers run by the Arab Ladies Organisations (or Societies).

2- Ladies of Hebron Charitable Society

Hebron town is 35 km. to the south of Jerusalem. It has a population of 50,000 people. The Hebron Charitable Society was established in 1954. It has 220 members, the President of the Society is Mrs. Yusra Shawar, wife of a medical doctor. The following activities are carried out at the center:-

- (1) Maternal Child Health or Medical Section with one nurse in charge. Three doctors offer voluntary service one day each per week. Children from birth to 2 years and over are attended to Monday through Thursday, and pregnant women on Saturday. There are 300-350 women and children attending the medical section per month. The Society has offered a course of 20 lectures in child care, the preparation and use of donated food. There were 70 women in attendance. There is a scale with a capacity of 10 kg. available for weighing children less than one year of age. There were nice posters showing a child's development during the first year of life. Bebelac posters from Cow & Gate were on display. There were CRS provided food commodities available (NFDM) Non Fat Dry Milk (from Maryland & Virginia Dairy Association) and Whey Soy Drink Mix (WSD). The President inquired about the value of the NFDM. Her husband (doctor) had mentioned that Non Fat Milk was not of much value as it lacked the necessary vitamins. As there was no indication on the bags that the milk was vitaminized as is the common practice in the U.S.A., this needs to be investigated. A question was raised about the value and use of the Whey Soy Drink mix. There were 20 bags @ 50 lbs., to be distributed in the amount of 2.2 lbs. per beneficiary and month.
- (2) Rehabilitation Program there were eight girls called Social Cases, making clothes for sale. The women can earn 150 IL per month or more. In addition they receive food through CARE.
- (3) Embroidery & Hand Knitting Course.
- (4) Sewing Course.
- (5) Machine Knitting
- (6) Library.

Once a year a basar is held for sale of produce. The center also takes orders. The cost of knitting a sweater is 20 IL. The room used for one group of women engaged in sewing and knitting was much too dark.

The President of the Society seemed very interested in the work and should prove to be a useful contact as also her husband.

3- Red Crescent Charitable Society-Hebron

The center run by the Red Crescent Charitable Society has the following activities:-

1) Kindergartens

- 2) Medical section, attended by 1 doctor, who is a members of the Society and gives voluntary service 5 times/week. A second doctor is serving the Center as employed by the Society. There is a nurse attached to the Center. Two days per week are devoted to women, and three days per week to children. There are about 145 women and 118 children attending the Center per month.

A babyscale with a capacity of 12 kg. is used for infants and a bathroom scale for older children.

Weight charts are available, but did not appear to be well used.

- 3) Bread made from CRS provided flour and CSM (Corn Soy Milk) is given to the children. Whey Soy Drink Mix is available.

Opened bags of WSD had hard lumps.

Meeting with the Chairman of the Red Crescent Society, Mr. Shakdel Jaabari, and a member of the Board Mr. Wail Hijasi, who mentioned that the Red Crescent Society had four kindergartens of which two were in Mamua, the Society has also a center for mentally retarded. The Chairman extended an invitation for lunch, which we could not accept.

4- Bani Naim Charitable Society was established recently in Bani Naim Village in Hebron area, about 13 km. from Hebron town. There are about 4000 people in the village, from where quite a number of people has emigrated to America to seek a living. Many of the emigrants send home money to their families in the village, enabling them to construct nice big stone houses.

Bani Naim Society is assisted by the Health Dept., that provides a doctor, staff midwife nurse and drugs to the Society. The people of Bani Naim has provided the Society with a building.

The following activities are undertaken by the Society:-

- (1) Maternal Child Health center is presently serviced by a doctor once per week. The Board of the Society with the help of the Social Welfare Dept. are working together to obtain a family reunion permit for the doctor (Dr. Mahmoud Salem) who originates from same village. Dr. Salem was on duty during our visit. He mentioned anemia as a common problem. Children are iron deficient at birth. The reason for lack of iron was considered due to poverty and lack of food. He also mentioned that people had more faith in medicaments than in proper food.

The Center attends to pregnant women two days per week and to children two days/week. Many women were sitting waiting on the floor during our visit.

Detecto scales with a capacity of 30 lbs have been supplied by UNICEF. Older children are being weighed on a bathroom scale.

The staff midwife nurse showed us weight charts for infants 0-1 year old, and separate charts for boys and girls 1-7 years old, and maternity and family records. She gave us a sample of each.

- (2) A Kindergarten is held in the Center. There is a second one run by the Society in another location.
The children receive a hot meal three times per week and sandwiches with half an egg or chicken meat the other days. The bread and the meals are prepared in a downstairs kitchen, with use of CRS provided commodities.
- (3) A Blind Home run by the Society has seven children of whom two are siblings. The reason for their blindness is not known.
Social Welfare people claim that it is due to inherital factors.

5- Doura Charitable Society at Doura Village south of Hebron town. Doura has a population of 17,000 people. The women's Society was established in 1970. Social Welfare Dept. considers this a very successful society. The activities of the Society include:-

- (1) MCH program with a monthly attendance of 40-50 pregnant women, 50 children in the age 0-2 years, and 40 children in the age 2-6 years.
Weight charts designed in collaboration with CRS are being used. This chart has a yellow "path of good health". The weight of the children did not seem to be entered on the charts. There is a small scale available. The doctor who comes twice/week to the Center would like to have an upright adult scale for weighing and measuring the weight of the pregnant women.
There were a number of posters concerned with Family Planning on display, some of these posters were very nice.
The lady in charge of the Center Mrs. Sharifa Amer showed a booklet with beautiful pictures on glossy paper showing foods for the pregnant women, a mother nursing her baby and then bottle feeding and pictures of Cow & Gate formulas for infant feeding. This was one of those booklets that help to lead women astray from breast feeding to bottle feeding.
- (2) Kindergarten for 70 children.
- (3) Courses in Crocheting, Knitting & Sewing, 42 students attend the courses every day, they pay a fee of 30 IL/month.
- (4) Rehabilitation Program with machine knitting. Mostly girls and young mothers join such a program. After their training they can accept orders that give them an income.
CRS participates in the rehabilitation program, by providing loans to buy knitting machines. Thus, they can earn a living and supplement the income of their families. A sweater can be knitted in $\frac{1}{2}$ day and bring in an income of 13 IL.

6- Halhoul Charitable Society is established in Halhoul village on the way to Bethlehem. The following activities are included:-

- (1) MCH program every day from 8-12 with a doctor in attendance on Sundays. There are about 30 children from 0-6 years and about 42 pregnant women attending the Center every week.
The scale capacity is 30 pounds only.
The Center gives poor patients and children free medication from its small pharmacy.

- (2) Kindergarten with 45 children, functions from 8-12. A monthly fee of 10 IL is charged per child. The social cases are exempted of fees which are paid by the S.W.O.
Toys made by the teacher in charge were on display, she had attended a toy making course in Jenin.
There is a play ground for the children.
The Center has a garden for growing vegetables like tomatoes and onions for use in meals.
- (3) Sewing & Machine Knitting Courses
The Society runs a six months training course for which there is a charge of 100 IL. Social cases are exempted from paying.
GRS is assisting the rehabilitation program.
- (4) Center for Deaf & Mute.
- (5) Afternoon activities for girls, with ping pong etc...

In discussing the economic conditions of the people the Social Welfare Officer mentioned that the average family income for industrial workers was about IL.1000/month for agricultural labourers IL.300-400/month. Minimum subsistence level income for a single person is IL.150/month, for a family with 10 persons it is IL.732/month, below that income the people are considered social cases to be helped through rehabilitation programs, receiving training that will provide an income, help with marketing produce, medical insurance and possibility for the children to attend a kindergarten.

N.B: Every pregnant woman and children of pre-school age in the rural area are considered eligible to receive GRS provided food commodities, on conditions that the women participate in the activities of the Center regularly and follow the doctors advise for checkups during pregnancy.
In towns and cities only needy families are eligible food assistance, and it is usually only the needy who frequent the MCH Centers.

SUMMARY & CONCLUSIONS:

The visits to the five centers showed a number of useful activities. Those in charge showed a keen interest in the Welfare of the members and for those in their care.

The centers were spacious and well kept. There were some visual aids on display but not in all the centers. The weight charts kept in the centers did not seem to be properly filled in and hardly used as an educational tool. The scales that were available could only be used satisfactorily for small children. There seems to be need for a good scale with 20 kg. capacity.

The GRS provided food commodities were used both for food to be served in the centers and for dry distribution. The value and use of WSB and of WSD need to be communicated to the centers as also the value of the non-fat dry milk. Assurance need to be given that the latter is vitaminised.

RECOMMENDATIONS:

1. The trainees in the Sewing, Knitting, Crocheting and Embroidering Courses should be a good target group for a nutrition education program. They are the mothers of the next generation.

2. Every attempt needs to be made to motivate women to take full advantage of the program offered at the AIO Centers and to make the women feel that it is their program and a worthwhile program. It is recommended that a small fee be collected from all beneficiaries for use in expanding the activities of the centers.

3. The involvement of the people is important. It is therefore recommended that all the beneficiaries be encouraged to participate in the distribution of the commodities and in other activities so as to make them an integral part of the program of the center.

4. The importance of proper food habits needs to be understood not only by the mothers, but also by the fathers. It is therefore recommended that fathers be invited to informal discussions about the values of proper food and their responsibilities for the care and feeding of their children.

EH/AI/RT/
CT.

Report on visit
by the GCS Nutrition Team
to the Greek Catholic Infant Welfare Center in the Old City of Jerusalem.

November 20, 1975

The Greek Catholic Society with over 100 members is sponsoring the Infant Welfare Center. The executive board of nine members, are all men, except the President Mrs. Georgette Rizak, who is the founder of the Infant Welfare Center.

The Society began its activities in 1948 among Palestinian Refugees, who at that time experienced many hardships. Help was given to the sick and the aged.

The Infant Welfare Center was started in 1950 in two rooms in the Greek Convent. Not only refugees came for help but also others from the Old City.

With an increasing number of people attending the Center, it became impossible to carry on the activities in the Convent. A new location had to be found, in 1953 the Infant Welfare Center moved to its present location within the Old City.

Mrs. Rizak, assisted by her mother who was a trained nurse, providing the necessary qualifications required by the Ministry of Health for running an infant center started in a small way, offering tea and biscuits to the mothers as an encouragement to come to the Center with their children. Dr. Ziadine offered voluntary service twice weekly. Talks were given to the mothers.

Later UNRWA took the initiative offering assistance to the Center by providing a doctor, medicine and food stuff to be prepared and served at the Center for refugee-children in accordance with memo instructions provided by UNRWA.

There are now two doctors serving the Center, one of them Dr. Jarjoui, who comes to the Center twice per week is paid by the Society. The other doctor who comes three times per week is Dr. Maswadi who is paid by UNRWA.

Only infants were cared for during the earlier days, now children from birth to 12 years of age can attend the Center for examinations, weighing, inoculations etc. Sick babies are being treated at the Center.

There are now 3871 non-refugee children, and 173 refugee children registered at the Center. The first one was registered on January 14, 1966.

The ages of those attending the Center during 1974 were as follows:-

infants from birth to 1 year	=	382
children from 1 to 2 years	=	530
" " 2 to 3 years	=	497
" " 3 to 12 years	=	2328
Total number registered :		3737

The caseload during 1974 was as follows:-

sick children cared for	3872	cases
children, weighed, vaccinated		
provided dressing, injections		
and/or feeding	15583	"

400 infants were found underweight and given whole milk, but only after doctor's prescription.
Breast feeding is being encouraged.
10 children were transmitted to a hospital.
11 children died during the year, two of them from accidents.
Measles was a common cause of death.

The vaccination program includes inoculations against measles, diphtheria, pertussis tetanus (DPT or triple vaccine), polio and small pox.

The vaccination program has become an activity of major importance. The Israeli Government provides a child allowance, that is only given if the mother can show that the child has received the stipulated vaccinations which have to be entered into a booklet provided to each child. Only if vaccinated are the children allowed to begin their schooling.

The Government vaccination centers for Jerusalem are now located in Bethlehem and Ramallah, which presents a hardship to the mothers. They are therefore eager to take advantage of the vaccination program offered at the Infant Welfare Center. The Ministry of Health provides the necessary vaccines. UNRWA also provides BCG vaccination in their refugee camps.

After much persuasion from members of the Community, the Center now charges a small fee for the services rendered, IL. 1-2 if the mother can afford this, otherwise it is free.

Mild cases of diarrhea can now be treated in an upstairs room with six beds. Glucose and Saline solutions are available for treatment of dehydrated children during day time. Mothers have to remain in the Center to look after their children, bring them home in the evening and return with the child to the Center the next day as long as considered necessary.

Weighing and recording of the weight on weight charts is carried out of all children coming to the Center. Pink weight charts are used for girls and yellow for boys. The type of charts used is the same as the one used by UNRWA. The charts are kept at the Center. The charts were filled in, but not with the large size dots recommended in GRS programs. Whether the charts are being used as a tool in the education of the mothers or only as a guide to the staff could not be determined during the visit. It was however noticed that the children were weighed with their clothes and shoes and one can therefore seriously question the accuracy of the weight recorded on the weight chart.

Pregnant women can come to the Center for examination by the doctor.

The Center has a feeding program through which a number of children (about 83) coming to the Center for vaccinations etc. are provided a cooked meal, such as GSM gruel and soup. UNRWA gives a monthly contribution to the Center towards the purchase of vegetables, meat, etc. GRS commodities (CSM, WSB, Bulgur, Skim Milk Powder Oil) are also available.

Dry distribution of CRS provided commodities is carried out each Friday. There are about 250 beneficiaries, children and pregnant and nursing women, receiving about 1 kg. GSN per week. As the children are free from school on Fridays they are the ones coming to collect the food. There is therefore no educational program for the mothers linked with the food distribution. GSN is said to be used mainly for baking bread and for a bousson like dish.

The CRS provided commodities are stored in a downstairs rather damp and rat-infested room. The President is now requesting estimates for improvement of the room. Food commodities are being stored lifted up from the floor, but close to the walls.

In addition to the activities of the Infant Welfare Center the Creek Society also renders assistance to old people and to some poor students for whom the Society pays their school fees.

The Society receives its funds from different sources:-

- i) from selling calendars, a minimum 1L.2.- each, which brought in 1L.10,000 this year.
- ii) donations from the Community.
- iii) UNRWA contributes funds.
- iv) OXFAM through the Pontifical Mission.
- v) Lottery.
- vi) ARAMCO.

COMMENTS AND SUGGESTIONS:

Highly motivated people are given voluntary service to the Center. Others are receiving a small remuneration for their services.

The Center located in a poor section of the Old City evidently serves a great need. The work is being undertaken in rather cramped quarters. Possibilities for providing a roof over an open space is under investigation as also the improvement of downstairs storage facilities. Assistance with these much needed improvements would be worthwhile. CRS might play a role in these activities.

Possibilities for heating the room where the children are being weighed would enable the undressing of the children before weighing them thus ensuring a more accurate weight recording.

Mothers should be encouraged to collect the food at the same time being offered some instruction in its use and in the proper feeding and care of their children.

EH/AI/EZ/RT/

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Visit to
The Arab Ladies Union, Jerusalem

November 19, 1975
by: Mrs. Naifa Zalatin

Miss Haglund, the Director of the Nutrition Education Course and myself paid a visit to the Arab Ladies Union in Jerusalem on 18th November 1975. There we met the administration director Mr. Hassan Istanbuly, and with his other two members Mrs. Najaj and Miss Nabulay.

The activities of the A.L.U. are the following :-

1. Maternal Child's Health, this center is under the care of Dr. Najaj. In the center the child is weighed regularly with an old balance scale. Each child has an individual chart, the refugee children are provided by UNRWA charts, others are of the system of the AUB. The center receives mothers 4 days weekly. Each mother can have 1 kg. of GSN. We noticed that the sacks are left open. They tried the MSB and did not like it which I think this is due to wrong way in preparing it.
2. A preparatory girls school up to preparatory 3rd class including the kindergarten class.
A kitchen to provide the dinner meal for all the students according to the UNRWA menu.
3. A sewing center for teaching sewing, knitting and embroidery, the knitting machines are old enough and should be renewed.
Lighting inside the rooms is satisfactory and the seats are comfortable.

17/11/75

Report on visit
to the Arab Ladies Union Infant Welfare Center, Wad El-Joz,
Jerusalem

November 28, 1975
by: Raida Tarazi

The main activities of this Center are:-

- 1- Embroidery & Knitting Center: 25 women are working in the embroidery center, 12 are mothers. Eight girls learn knitting. They pay a fee depending on the economical situation of their families. The duration of the course is six months. A bazar is held every year.
- 2- Elementary & Preparatory School, using the Jordanian schedule. Here posters are found for example "drink milk every day"; "wash fruits and vegetables before eating them"; "take care of the cleanliness of your home and environment".
- 3- Kindergarten for 54 children. They are offered lunch every day. School children help in washing the dishes.
- 4- MCH Center, children (refugee and non-refugee) are taken care of from birth till 2 years of age. Head circumference, height and weight are recorded. After 3 months, they start giving vaccination to the child. Around 50 newborn children come to the place every month. Breast feeding is stressed upon. However, if the child is underweight, he is given guigoz milk; if less than three months he is given $\frac{1}{2}$ cream milk, if more full cream. Medicines and vitamins are given to them if needed.

The doctor comes four days a week from 12 to 1 p.m. He looks after children and pregnant women. The pregnant women are given milk as they come to see the doctor.

The doctor said that the problem of malnutrition was due to poverty and ignorance. Now things are better. Mothers are more educated. Immunization helps a lot. The main diseases are gastroenteritis in summer and respiratory diseases in winter.

Furnished apartments for 9 people in Jericho are a source of income to the Union. UNRWA helps too in providing some food. Selling the embroidery is a fairly good source of income.

RT/CT.

Appendix J-

TRIP to GAZA

November 11, 1975

By: Raida Tarazi

A- Near East Council of Churches Committee for Refugee Work: Beitoun Area

This Center was founded in 1.1.1972 and is constituted of three clinics visited by a full time doctor coming twice a week to each clinic. 2205 children have visited the place since its establishment. 200 children and 35 new born babies come to the place every month and 56 receive food. During this time, mothers are given a course on how to bathe, dress and take care of their children. Two scales are found in the Center: a 15 kg. balance scale and a bathroom scale.

The main services of this place can be summed up under the following:-

- (1) antenatal care from the third month of pregnancy till delivery. The first time the pregnant woman comes to the Center she is seen by the doctor. Monthly examination is then carried out by a midwife unless there are certain pregnancy problems. Then, the woman is transferred to the doctor.
- (2) sick child clinic - twice a week.
- (3) well baby clinic taking care of children from the time of birth till five years. Supplementary feeding is given 4 days a week. Demonstration of use of supplementary feeding like chickpeas pudding is used to replace ready made food.
- (4) home visits to families. Families are visited regularly and instructions on how to dress children, to take care of one's hygiene, to arrange the home are given.
- (5) milk, money and clothes are given to social cases.
- (6) artificial limbs for polio children. These children are referred to JCC hospital in Jerusalem at the expense of the Center.

Diseases that children suffer from are according to season: gastroenteric diseases in summer and respiratory diseases in winter. Iron deficiency and vitamin A deficiency diseases are rare. The main aim however is preventive rather than curative.

B- Near East Council of Churches Committee for Refugee Work Gaza Area:
Family Service Center, Al-Shigaria

The Center consists of 44 literate and 28 illiterate women who visit the place every other day for a course on sewing, child care, the furnishing of a house from simple things, self-appearance, way of cooking and the value of the food. Posters on how to wash fruits, to cover food, etc. are found. A bazar is made every year. The teachers responsible for the place were trained in Ramallah and Beirut.

C- Missionaires of Charity

The Missionaires of Charity started working in Gaza two and a half years ago. They have now 3 centers, taking care of displaced refugees, both mothers and children. 160 children under five visit the centers daily and they are given a hot meal together with their mothers. 800 mothers and children get dry rations, around 2.3 kg/month. Clothes are also given to children. Among these around 150 mothers and 80 children are sick. This place is more of a health center.

D- Quakers Office

The Quaker Center is under contract with U.N.R.W.A. It takes care of 14 play centers run for refugee children from various camps. The full capacity is 1600, there are now 1400-1500 children, aged 5 years visiting the centers. Children come from 7.45 - 12. Lunch is offered to them from U.N.R.W.A. in feeding centers. 7 - 8 days a month, sandwiches are offered to them. Vitamins are also given. These are given only to refugees.

"Mothers understanding methods of study" (MUMS) is a 25 week course given to mothers. Around 100 mothers are involved right now. Teachers volunteer to take 5 mothers each in the camp. Some tuition is charged in the center around 10 IL./child, but only 1 IL. if unable to pay more. Literacy program for mothers is thought of to be implemented.

RT/CT.

Report on visit
to UNRWA Office for the West Bank

November 28, 1975.

The CRS Nutrition team visited the Health Section of UNRWA in order to become familiar with the MCH program among the refugees on the West Bank.

Centers of UNRWA care for children from birth to three years of age. There are some playcenters for those between four and a half and five and a half years old. Many more playcenters are wanted. Children between three and four and a half are not attended to. Once the children reach schoolage they are well taken care of up till preparatory classes.

The main activities of UNRWA Centers include regular check-ups of pregnant women, assistance at deliveries that mostly take place in the homes, registration of births, immunizations and feeding programs. There are plans to have mobile units serving the area.

A new center has been established in Shu'fat that takes care of persons about 60 - 70 years old.

There is a general health center in every camp, of which the MCH - center is an important part, in all 32 MCH - centers. A medical officer is in charge of the centers. There is a staff nurse, a practical nurse with special training and one or two local midwives in each one of the MCH - centers. There is sometimes two nurses in the larger centers.

There is health examination three times per week, with monthly check ups for infants from birth to one year; bimonthly check-ups for children from one to two years of age and every third month for the two to three years old. There are more frequent check-ups for those considered malnourished.

After a child is born the midwife reports the birth to the center. The staff nurse makes the first post natal visit together with the midwife within the first 24 hours. The nurse brings with her a portable balance scale of 10 Kg. capacity. In addition to weighing the child the nurse also measures the height and the head circumference of the child. The aim is to establish a height/weight standard for the Near East.

The midwife continues to visit the home of the newborn baby for about 10 days after delivery. She learns about the home conditions and offers advice to the mother. If she finds anything wrong with the child he or she is referred to the doctor.

The maternal mortality is very low, which proves home deliveries to be safe.

If any infant is not brought to the Center within the first month a visit is made to the home to check the reason.

During the check-ups at the Center the child is weighed, the nurse interviews the mother about the care and feeding of the child and if necessary refers the child to the doctor in the adjacent Health Center.

Only 40% of the refugees live in camps. Those living outside the camps are not covered by the MCH - program, except if they choose to come.

The immunization program starts with BCG. At two months polio vaccine is given. Polio and triple vaccine are given three times with monthly intervals. At seven months small pox and measles vaccine. A booster is given at one and a half and at two and a half years of age.

Breast feeding is being encouraged as long as possible. Gradual weaning is considered important. If a child is doing well no additional feeding is given until four months of age. Orange juice tomato juice and bananas are given at four months of age, with much emphasis on cleanliness. At five months egg-yolk and some cereals are given. At six months vegetable soup is added and at seven months the child can join in the family meal if convenient. Mothers are shown how to prepare the food.

For the mothers who are working outside their homes breast feeding is a problem. The UNRWA doctor for field preventive medicine urges mothers to breast feed their children in the morning and in the evening. In the middle of the day spoon feeding rather than bottle feeding is recommended. The doctor stresses the economy of breast feeding and the fact that the more the breast is given the more milk will flow. She stresses the need for in-service training of doctors, geared to preventive care.

Between 10 - 12% of the under two year old are considered malnourished. There are therefore plans to establish a special clinic for malnourished children in Nablus. Mothers would be invited to come to the clinic once per week for special instruction by the doctor or nurse and discussions of the reasons for malnutrition.

The common causes of malnutrition are faulty feeding practises, gastro-intestinal diseases or congenital malabsorption. Common parasites are ascaris and giardia lamblia.

From 6 months to two years, a child gets 1800 gms. mixture of full cream and skim milk per month. A child from 4 - 6 months gets it on medical prescription if he is not breast fed by his mother or if he is not gaining weight. Powdered milk is now preferred to the

dissolved milk used before. 2 camps in Hebron and Nablus are using powdered milk now on a trial basis.

Nursing mothers get extra rations in addition to the monthly rations they get from distribution centers. Regular check-up is done for pregnant women. The first time they get a general check-up, this occurs at 4 months pregnancy. Monthly visits are then done. If the mother is not anemic she is given 1 tablet iron as a preventive measure till six months after delivery. If anemic, she is given three tablets a day. Anemia is a prevalent problem mainly due to lack of knowledge. So mother classes are given to mothers, making use of flannelographs, stressing antenatal care.

All this information was given to us by Dr. Karakashian and Miss Ni'meh Mikhail. In their office, a beautiful poster was hanged on the wall. It showed a number of children on a demonstration. They were carrying posters saying:-

- We ask our mothers to wash our hands before eating.
- We demand breast feeding.
- We want food prepared in the right way.
- Vaccinate us against diseases.

RT/AD.

Appendix

Report on visit
to the Arab Ladies Societies Centers in Hebron Area

December 1, 1975
by Haifa Zalatin

The members of the CRS - Nutrition Project staff Miss Aminah Issawi, Miss Raida Tarasi and Mrs. Haifa Zalatin accompanied by Miss Khawla El-Kurd Assistant Social Welfare Officer-CRS, visited the following places:-

1. Halhoul Charitable Society in Halhoul village on the way to Bethlehem, The following activities are included:-
 - (a) MCH Program, every day from 8-12 with a doctor in attendance on Sundays. There are about 30 children from 0-6 years and nearly 42 pregnant women attending the center every week. The scale capacity is 30 pounds only. The center has a small pharmacy and gives poor patients some medicaments.
 - 2) Center for deaf and mute. This was opened recently with two classes for eight students. There are plans to enroll another 12 students from Hebron. There are two teachers, one of them has had some training in Qalqilya. She is now training her colleague.
 - 3) Kindergarten, with 45 children. A monthly fee of IL.10.- is charged per child. Social cases don't pay. There is a play ground for the children but not even. The center has a garden for growing of vegetables.
 - 4) Sewing and machine Knitting courses. The Society runs a six months training course for which there is a charge of IL.100.-. Social cases do not pay.
 - 5) Afternoon activities for girls, with ping pong etc...

2. Doura Charitable Society. The women's Society was established in 1970. Its activities are:-
 - 1) MCH Program with a monthly attendance of 40-50 pregnant women, 50 children in the age 0-2 years and 40 children in the age 2-6 years. CRS charts are being used but they did not seem to be properly filled. There is a small scale available.
 - 2) Kindergarten for 70 children. There are some toys and pictures in the kindergarten room .
 - 3) Courses in crocheting, knitting and sewing, 42 students attend the courses every day. They pay a fee of IL.30/month.
 - 4) Rehabilitation program with machine knitting. Mostly girls and young mothers join this program. After their training they can accept orders that give them an income. CRS helps by providing loans to buy knitting machines.

3. Red Crescent Charitable Society-Hebron. The center is run by the Red Crescent Charitable Society. Its activities are:-
 - 1) Kindergartens of 4
 - 2) Medical section. Two days per week are devoted to women and three days per week to children. There are about 145 women and 118 children attending the center per month. There is a nurse attached to the center. One doctor who is a member of the Society gives voluntary service 5 times a week. A second doctor is serving the center as employed by the society. There is a scale

with a capacity of 12 kg. The weight charts did not seem to be properly filled.

3) Bread made from CRS provided flour and GSM, is made into sandwiches with lebaneh and given to the kindergarten children.

4. Ladies of Hebron Charitable Society. This was established in 1954. It has 220 members, the president of the Society is Mrs. Yusra Shawar. The activities are:-

- 1) Medical section with one nurse in charge. Three doctors offer voluntary service one day per week.
Pregnant women come for examination on Saturdays. Children from 0-2 years come Mondays through Thursdays. There are 300-350 women and children attending the MCH center per month. The society has offered a course of 20 lectures in child care and in the preparation and use of donated food. 70 women attend this course.
There is a scale with the capacity of 10 kg. There are CRS provided food commodities: non-fat dry milk and WSD and oil. These are distributed in dry form in the amount of one kg of each per beneficiary and month. The weight charts did not seem to be used correctly.
- 2) Rehabilitation Program: Eight girls so called social cases are making garments for sale. The woman can earn IL.150.- per month or more. There is not enough light in the workroom.
- 3) Embroidery and Hand Knitting Course. Once a year a bazar is held for sale of embroidery and knitting.
- 4) Sewing Course.
- 5) Machine Knitting.
- 6) Library: Members and other persons have contributed the books.

The visit to the Societies in Hebron showed a great interest among the members for the development of their communities.

HZ/CT.

Report on visit
to Red Crescent - El-Bireh

December 18, 1975

by: Amineh Issawi

The Red Crescent is a charitable society established in 1965 at Bireh town - Ramallah area.

1. Personnel of Center:

- a) Dr. Awartani a voluntary general practitioner comes for two hours daily.
- b) A practical nurse with a midwife training works 6 hours per day.
- c) An assistant practical nurse in training.
- d) A man responsible for receiving and distributing CRS commodities.

2. Activities of the Center:

- a) MCH center
- b) Food distribution program
- c) General Health Clinic
- d) Diabetic Clinic
- e) Carpet weaving Center
- f) Ambulance car.

A. MCH Center:

500 children and mothers visit the center every month. They are divided into 4 groups. Each group comes on a different Saturday for weighing and receiving commodities.

The children have no weight charts due to poor financial condition of the society. The mother has a card only.

The practical nurse organizes mothers' classes and gives advice on child care. She is using information from the Arabic Edition of "CRS Family Nutrition Course", but there is no food demonstration lessons. She is a willing person to learn more. She showed interest in CRS sponsored nutrition education now under consideration. Dr. Awartani promised to help make arrangements for covering the work of the center during her absence.

- In MCH center there are two types of scales:
- a) An infant scale with a capacity of 16 Kg.
 - b) A large scale for children and adults.

The center has got some medicine through CRS such as multi-vitamins and iron tablets.

There is no immunization in the center nor any laboratory facilities to test pregnant women. This is done in Government Health Laboratory in Kamalish.

Most common health problems of children are diarrhea due to bottle feeding, parasites such as ascaris, giardia and some amoeba.

One third of the pregnant women suffer from anemia.

Dr. Awartani in charge of the center is against bottle feeding. He is encouraging breast feeding and if necessary the use of a cup and a spoon instead of a bottle; because both are more hygienic than the bottle, which is the cause of many children's problems. He also stated that some women are returning back to breast feeding due to the high cost of milk. He mentioned too, that the International Christian Committee and Dr. Larakashian of the INMA are adapting the same ideas of breast feeding.

B. Food Program:

- a) Children of pre-school age receive supplementary foods from C&S.
- b) Pregnant and nursing mothers are also beneficiaries of C&S commodities. They are given the following foods:-
The unit the center is using is approximately 1 kg.
CSM: 2 units per person / month.
WSB: 2 units per person / month.
Milk: 2 units per person / month.
Borghul: 3½ units per person / month.
Oil: 1½ units per person / month.

General Health Center:

Since the center was established in 1966 11,000 patients have been registered in the center from Bireh and the villages around.

Diabetic Clinic:

The doctor comes to the clinic once a week to examine patients. He tests the blood once a month.

Carpet weaving Center:

There are 6 apprentices in the center and one instructress. They come from a near by village called Beit kima. They are using traditional type of hand looms. Wool either imported or locally produced. The center has a spinning machine. There is a Bedouin tribe settled near Jerusalem that does spin for the center. Every 3 girls finish one carpet in one month and a half.

They are paid 14 ll. per day. Each square meter comes to 50 ll. Further with wages and other necessary expenditure, the costs per square meter comes to 600 ll. which makes the carpets quite expensive, while the wages are very low.

Ambulance Car:

The society has an ambulance car for emergency cases and to bring invalids and sick persons to King Hussein Bridge (Allenby Bridge) for further transportation to Amman.

Conclusions:

This center has a well motivated doctor and willin, and interested practical nurse. They both share the same views as hold by CRS nutrition team in the importance of encouraging breast feeding and use of a cup and a spoon instead of a bottle. They strongly reject bottle feeding. There would be a good opportunity to introduce CRS weight charts in this center.

It should also be a suitable place for organizing nutrition education courses for mothers as this has already been initiated at the center.

AI/AI

Report on visit
to Bir Zeit Women's Charitable Society

December 19, 1975

by Raida Tarazi

In this Society, there is an MCH center whereby 300 children come to be weighed once every month and to be vaccinated.

A 12 kg household scale as well as a 16 kg infant balance scale (SECA) are found and weights are recorded on weight charts. Three voluntary medical doctors come each once a week. Dr. Saidi Al-Faqih comes every Wednesday for check-ups of the mothers, Dr. Nabil Kassisieh every Thursday for check-ups of children and Dr. Ahmad Barghouti every Friday for cardiac cases. A dentist Hala Ackall also gives voluntary service twice a week on Tuesdays and Saturdays. 700 children from Bir-Zeit and neighbouring villages have been checked by the dentist. Tooth brushes and tooth pastes are being offered to them. Two voluntary nurses: a staff nurse and a practical nurse come for four hours twice a week, on Mondays and Thursdays. Mothers come from 3 to 7 every day. Medicines are given out free as long as samples are available, otherwise patients receive half the medicines they need and pay the other half. If the medicine is not available, then the patient has to buy it.

There is also a program of embroidery, knitting and crocheting but all the work is done in the homes of the girls. 12-13 girls come to the Center for guidance, the number is higher in the summer. All are being paid for the work that is sold to visitors and at a bazaar.

The embroidery also provides an income for the Society. The Society gets also its money from membership, contribution and selling calendars.

Dresses were offered to them from CRS and these are to be distributed to children on Christmas.

CRS commodities were greatly needed and in particular milk.

RT/CT.

GRS/JWB AID 75-2 Nutrition ProjectGrant No. AID/NESA - G - 1182Budget Expenditure StatementProgram: Jerusalem and West Bank
Month : November 1975

<u>Name of Budget Item under Grant</u>	<u>Approved 1st year Budget</u>	<u>Expenditure Budget year to date</u>
	<u>US \$</u>	<u>US \$</u>
1. PERSONNEL	53,375.-	3,430.09
2. TRAVEL	16,400.-	141.90
3. PRINTING	1,500.-	71.42
4. NON-EXP. ITEMS	6,975.-	2,791.43
5. EXP. ITEMS	9,200.-	2,665.40
	<u>\$ 87,450.-</u>	<u>\$ 9,100.24</u>