

R E P O R T

ON

F I R S T E V A L U A T I O N

OF

H E A L T H E D U C A T I O N P R O J E C T

CRS/JWB 79/2

GRANT NO. AID/NE-G-1652

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FIRST EVALUATION
OF
HEALTH EDUCATION PROJECT
(Nutrition, Child Development and First Aid) on the West Bank
GRANT NO. AID/NE-G-1652

I. INTRODUCTION

The United States Agency for International Development (AID) on September 28, 1979, granted to Catholic Relief Services-United States Catholic Conference (CRS) the sum of Seven Hundred and Forty Two Thousand US Dollars (US\$ 742,000) to provide support to a program for Health Education (Nutrition, Child Development and First Aid) on the West Bank and the Gaza strip.

The Grant covers a period of three years.

II. PURPOSE OF GRANT

CRS has for a number of years rendered assistance to the Arab Charitable Societies on the West Bank. CRS initiated a Nutrition Education Program on the West Bank in 1975. This program was supported by a Grant from AID. The response to the Nutrition Education Program by the people on the West Bank gave a clear indication that the program met a real need. It also became evident that there was need for additional activities for the improvement of family health and the growth and development of the children on the West Bank.

The purpose of the present Grant is to continue to develop and to sustain educational activities in the areas of nutrition, child development and home first aid.

III. SPECIFIC OBJECTIVES

Under the previous AID Grant (AID/NESA-G-1182) CRS provided training in Nutrition to staff members from 44 Charitable Societies on the West Bank. Under supervision of CRS Project Staff the graduates of these training courses organized nutrition courses for mothers in their respective communities. The program was directed to pregnant women and to mothers with children under five years of age. The children were weighed and their weights recorded on weight charts. PL 480 Title II food commodities were provided for mothers and children.

The 44 Local Charitable Societies who had staff trained in Nutrition wished to expand their programs to include Child Development and Home First Aid training.

Other Charitable Societies, which had not yet been reached by the CRS sponsored education program also wanted to have staff trained in order to conduct similar courses in their communities.

Some of those who were trained by CRS have since married and moved to other localities and some have left the country. There is therefore a need to train replacements for those who are no longer in-service.

As outlined in the Grant document CRS will undertake a number of activities, to meet the expressed needs on the West Bank. CRS is therefore, expected to:

1. Assist approximately 60 Local Charitable Societies on the West Bank (and the Gaza strip), to develop and conduct courses for mothers in Nutrition, Home First Aid and Child Development.
2. Develop lesson plans (curriculum) for courses in First Aid and Child Development both for mothers and for staff members from the Charitable Societies, who will be teaching the mothers.
3. Train the following number of staff from the Charitable Societies:
 - 40 additional staff members trained in Nutrition Education.
 - 90 staff members trained in First Aid.
 - 75 staff members trained in Child Development.
4. Assist the Charitable Societies to develop necessary records and follow-up techniques to determine the impact of the classes on child and family health and health/nutrition habits, and develop a system of follow-up visits to the homes of the children as needed.
5. Reach an estimated 2,500 mothers with a Nutrition Education Program, 7,500 mothers with courses in First Aid and 1,500 mothers with courses in Child Development.
6. Develop a plan for the evaluation of progress and impact of the educational program and assess the value of the teaching and training materials used in the program.

IV. PROJECT IMPLEMENTATION

Recruitment of Project Staff

Project staff under the previous Grant were retained in service for this new Grant. These included the Nutritionist/Project Supervisor, five teachers, six clerical and supporting staff members.

Additional staff was recruited to meet the needs of the expanded program. One Child Development Specialist, one Registered Nurse, one additional teacher, one clerk and one driver were added to the staff.

Two of the teachers who had joined the Nutrition Project in 1975 left the service in 1980, one of them to join her husband working in Saudi-Arabia, and the other for work with the Union of Charitable Societies on the West Bank.

Another teacher who had been with the program since 1976 left the service in 1980.

The teachers who had been with the Project since its beginning in 1975, had participated in the first training program for Project staff. They were very active during their years of service. They conducted a number of training courses for personnel from the Charitable Societies. They guided and supervised the Nutrition Education Program for mothers. Appreciation is due to these former members of the Project staff for their contribution to nutrition education and women's development on the West Bank.

Three new staff members were recruited to replace those who left the service. The expansion of the program to more villages in the Hebron, Nablus and Jenin areas increased the need for supervisory staff. Five former trainees were recruited as part-time assistant teachers for these areas.

Training of Project Staff

The expansion of the program to include First Aid and Child Development required recruitment of specialist staff in First Aid and Child Development. Their first task was to plan and conduct in-service training for those members of the Project who would be conducting training courses for personnel from the Charitable Societies.

In-Service Training of Project Staff

(a) First Aid

A course in First Aid was offered to the Project staff in Dec., 1979. Six teachers participated in this course. The Registered Nurse specially recruited for the First Aid activities under the present Grant, conducted this first course in English. It was soon realized that some of the staff had difficulties to follow the lessons in English. Unfamiliarity with the medical terms in the English language presented problems. It was therefore decided that Project staff should join the First Aid training courses to be given to personnel from the Charitable Societies.

During the last of these courses the Project teachers assisted the Nurse in the conduct of the course. Thus, they gained additional experience and practice in First Aid techniques, under the supervision of the qualified Nurse/Instructor.

This in-service training enables the Project staff to assist in the supervision of First Aid classes for mothers, under the overall responsibility of the Nurse/Instructor.

(b) Child Development

A similar in-service training program in Child Development for Project staff began in February, 1981. One day per week is set aside for this training program for the next few months.

(c) Nutrition Education

The Nutritionist/Project Supervisor offered a short in-service training course in nutrition and the specific goals and objectives of the Nutrition Education Program for mothers to the newly recruited staff, who were unfamiliar with them.

Training of Personnel from the Charitable Societies

As stated in the Grant document CRS should train a given number of staff from the Charitable Societies in the three aspects of the program, i.e. Nutrition, First Aid and Child Development.

1. Nutrition Education

A training course in Nutrition was scheduled to be held in Feb. 1981 for personnel from Societies in the Tulkarem area and others not yet reached by the CRS-sponsored program and for Societies in need of replacements. This course has to be postponed to a later date as all the teachers are fully occupied, mainly with the supervision of First Aid and Nutrition courses for mothers and their own training in Child Development.

Those who are now conducting classes for mothers were trained at courses held between 1976 and 1978. Refresher courses need to be organized for these former trainees.

2. First Aid

Four training courses in First Aid for personnel from the Charitable Societies have been held.

The original plan was to cover only twenty topics. This proved insufficient. It was considered important to include thirty topics instead. At the last course three more topics were added due to a recent outbreak of hepatitis, undulant fever and cases of typhoid on the West Bank.

Each lesson was accompanied by practical demonstrations and relevant exercises in First Aid techniques. The large number of participants in two of the training courses and the need for all of them to carry out the exercises required more time than had been anticipated.

The length of the training courses was therefore extended from fifty hours to ninety hours and for two of the courses with a large number of participants to one hundred hours.

(i) First Aid Training Course in Nablus

The training course held in Nablus had fifteen participants from seven Charitable Societies in the Nablus area.

The intensive training included both theory and practical exercises. A test was given at the end of the course. One of the trainees rated as excellent, two as very good, eight as good, and three as fair. One of the trainees failed. Thus there were fourteen graduates who received a certificate in First Aid.

(ii) First Aid Training Course in Jenin

A training course in First Aid for staff from the Charitable Societies was held in Jenin. There were 33 candidates from twelve Charitable Societies and six sub-centers. One of CRS Project teachers also participated in this course. All those enrolled in the course graduated, five of them rated as excellent, fifteen as very good, twelve as good and one as fair. No one failed in this course.

(iii) First Aid Training Course in Jerusalem

The training course held in Jerusalem included 21 participants from eight Charitable Societies and four sub-centers.

Two assistant teachers of the Project staff were also among the participants. Twenty one of the twenty three trainees graduated, whereas two failed. One of the graduates was rated as excellent, three as very good, thirteen as good and four as fair.

(iv) First Aid Training Course in Hebron

The First Aid training course held in Hebron included participants from twenty one Charitable Societies, one sub-center, the Union of Charitable Societies in Hebron and a Young Woman's Organization also in Hebron. Three members of CRS Project staff also participated in this course. There were 42 candidates enrolled in the course. Of these three could not complete the course. One of these could not be spared from her work, another moved away and a third left for family reasons. Of the 39 graduates, two were rated as excellent, two as very good, twenty as good and fifteen as fair.

App. 1 (i), 1 (ii), 1 (iii) and 1 (iv) show the attendance and lessons included in the four training courses for Charitable Society staff.

Table I shows the number of candidates at each one of the four training courses and the rating of those who successfully completed the course.

TABLE I

First Aid Training Courses for Charitable Society Staff

Location	Numbers		R a t i n g s					
	Enrolled	Graduated	Excellent	Very Good	Good	Fair	Failed	Discontinued
I. NABLUS	15	14	1	2	8	3	1	-
II. JENIN	33	33	5	15	12	1	-	-
III. JERUSALEM	23	21	1	3	13	4	2	-
IV. HEBRON	42	39	2	2	20	15	-	3
TOTAL:	113	107	9	22	53	23	3	3

In addition to the 107 graduates one of the Project drivers completed the course. One headteacher in Hebron followed the course held there.

The aim is to reach 60 Charitable Societies and 90 staff with training courses in First Aid. So far 49 Charitable Societies and 11 sub-centers have been reached and the target of training 90 staff has been exceeded.

Refresher courses in First Aid are expected to be held during the second half of the Project period.

3. Child Development

The Child Development Course for Project staff has just begun (February 8, 1981). Only upon completion of that course will it be possible to organize courses for staff from the Charitable Societies.

Lesson Plans and Educational Materials

In preparation for the different training courses, lesson plans had to be developed both for the training of teachers and for the training of mothers.

(i) Nutrition Education

Lesson plans for a Nutrition course of 160 hours for staff from the Charitable Societies and of 20 hours for mothers were prepared during the previous Nutrition Education Project. The content of these lesson plans has been expanded to include some additional topics. These lesson plans will be further expanded to cover additional local needs for use in the Nutrition training course scheduled for the second half of the Project period.

The lesson plans for Mothers' Classes continued to be prepared at all the centers participating in the CRS-sponsored program.

(ii) First Aid Lesson Plans

Lesson plans for the First Aid training courses for mothers from the Charitable Societies have been prepared in draft. These are available in English and Arabic.

Much effort went into the preparation of these lesson plans in order to make them relevant to the needs of the area. Particular emphasis had to be given to the types of accidents that occur most frequently.

During the training courses it was found that there was a need for some revision of the first set of lesson plans. It was needed to simplify the content to ensure that this could be well understood by all the trainees and could be put into practice by them. A revised set of lesson plans is being prepared in a more simple language with less use of difficult technical terms.

A number of lessons are accompanied by drawings that show the correct procedures in bandaging, splinting of fractures, etc.

Excellent large size drawings were prepared for use in the training programs. Such drawings are now available in all centers that have had staff attending a First Aid course.

All the graduates of the First Aid training courses received a First Aid Kit for use in the practical demonstrations that accompany the lessons.

These practical demonstrations together with the practical exercises in applying first aid care contribute to the effectiveness of the training program.

A set of 25 lessons is included in the course for Mothers. Some of these lessons need to be simplified to be well understood by the mothers. Appendix 2 gives a summary of the content of the First Aid course for Mothers.

(iii) Child Development

There are hardly any suitable texts for the teaching of Child Development available in this region. It was therefore necessary to prepare a text adopted to the needs of this area for translation into Arabic.

The Child Development Specialist who joined the Project in July 1980 first had to familiarize herself with the condition on the West Bank. She had to study prevailing practices in child rearing and care, attitudes to children and how these influenced their developments.

The Child Development Specialist attended a number of Nutrition and First Aid classes for mothers. She visited some of their homes and had discussions with village women and with CRS Project staff and former trainees active in the Charitable Societies.

Based on her experience and observations the Child Development Specialist prepared a comprehensive text for the teaching of the subject to CRS Project staff and later to personnel from the Charitable Societies.

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This text is available in English and is now being translated into Arabic. The text is accompanied by a number of drawings. Posters have also been prepared with similar drawings in large size for use in classroom teaching.

This text will serve as basis for courses of 120 hours for CRS Project staff and for personnel from Charitable Societies. Appendix 3 gives the content of these courses. A course of 20-25 hours will be planned for Mothers' Classes. Two separate sets of lesson plans are being prepared for these courses.

The necessity to develop teaching materials adapted to this region before starting the course in Child Development caused a delay in training Project staff who in turn will be training Charitable Society personnel. The result may be that the target of training 75 staff from the Charitable Societies cannot be met within the remaining Project period.

Training of Mothers

(1) Nutrition Education

Classes in Nutrition continue to be held in most of the centers reached under the previous Grant. In some villages all eligible mothers have participated in a Nutrition course. The mothers are now enrolled in the First Aid classes.

Since the beginning of the present Project in October, 1979, 206 Nutrition classes for mothers have been conducted for a total of 4,242 participants.

Appendix 4 shows the number of classes held at the various Society centers from October, 1979 to Jan. 1981.

The target of training 2,500 mothers in Nutrition has thus been exceeded. It has, however not been possible to extend the program to the Tulkarem area, due to lack of staff and transport facilities.

Appendix 5 (a) shows the attendance of the mothers in the 206 Nutrition classes. It is of great interest to note that 46% of the mothers attended all the twenty lessons included in the course; 35% attended 18-19 lessons; 15% 16-17 lessons. That 81% of the mothers attended 18 or more of the 20 lessons is a source of great satisfaction.

Appendix 5 (b) gives a comparison of the attendance rate in the four main areas of the West Bank.

The teachers of these classes for mothers were trained during the previous Project. Of the 145 graduates of the training courses held between 1976 and 1978, sixty seven are still conducting classes for mothers. A few of them are conducting classes for mothers also for some Societies that joined the program during the present Project period and therefore have had none of their own staff trained in Nutrition. Some teachers gave lessons in four or five locations to replace those who had moved. (Appendix 6 shows the present status of the 145 graduates of the eight Nutrition training courses, as of Jan. 1981).

(2) First Aid

First Aid classes for mothers were begun as soon as the Charitable Societies had staff trained for that purpose.

Classes for mothers began in the Nablus and Jenin areas in August, 1980 and in the Jerusalem area in September, 1980. As the training course for staff in the Hebron area was completed in January, 1981, the first classes for mothers in that area began only in February, 1981.

At the time of writing (February, 1981) 70 of the 105 graduates who had been nominated by their respective Societies were conducting classes in First Aid for mothers. (Appendix 7 shows the status of the graduates of the First Aid training courses).

Each course for mothers includes twenty to twenty five sessions. With one or at the most two sessions per week, it takes approximately five months to complete a course.

At the time of writing (February, 1981) 33 classes for 756 mothers have been completed. Sixty four classes are in progress with 1,288 mothers participating in First Aid classes. Appendix 8 shows the number of classes in First Aid and the number of mothers reached at the various Society centers.

The target of training 7,500 mothers in First Aid within the three year Project period will be difficult to meet. Even if every Charitable Society that had staff trained in First Aid would be able to conduct classes for mothers there would hardly be more than seventy classes held at any one time. With twenty mothers in each class an average of 1,400 mothers would be trained during a period of four months. There are long periods of the year when no classes can be held for village women. The women are then engaged in the harvesting of olives and fruits. This causes suspension of all other activities for women. Much work is also suspended during the month of Ramadan and the Moslem Feast that follows. Other politically influenced happenings may interfere with the schedule of work.

It has to be acknowledged that the plan to reach 7,500 mothers with a First Aid training program within the present Project period was over ambitious, especially as it was found necessary to expand the training courses both for staff and mothers.

The fact that so many mothers already enrolled in First Aid classes is an indication that the program met a need on the West Bank.

Discussions with the mothers revealed common practices and treatment of injuries. Some of the customary practices can be harmful. The First Aid program aims at changing these practices and replacing them with correct methods of treatment.

The prevention of accidents is an important aspect of the training program. Both teachers and mothers must become aware of the safety-hazards commonly found in the homes and in the environment.

The open fires on the ground, the kerosene and primus stoves on the floor cause serious accidents that could be avoided.

Additional information about the importance of prevention of accidents and the treatment of injuries is found in Chapter V: Assessment of Progress, page 13.

Appendix 9 gives the attendance of mothers in the First Aid classes that have been completed.

This summary shows that of 756 mothers 66.7% attended all the lessons included in the course; 30.1% attended 18-19 lessons; 2.4% attended 16-17 lessons and 0.8% fifteen lessons.

That 96.8% attended 18 or more of the 20 lessons must be considered very good. It is worth noting that some of the First Aid classes for mothers were extended to include more than 20 lessons or 22-25 lessons.

(3) Child Development

Child Development courses for mothers will be conducted as soon as staff has been trained for that purpose. It is anticipated that the courses for mothers will begin mid-1982.

It may be possible to reach the target of training 1,500 mothers in Child Development during the remaining Project period. The target of training 75 staff from the Charitable Societies as teachers of Child Development has however to be met first.

Weight Surveillance of Children of Pre-School Age

The practice of monthly weighing of children of mothers enrolled in the Nutrition Education Program has continued.

The weights of the children were recorded on individual weight charts that were kept by the mothers. These weight charts were used as educational tools in the training of the mothers.

Of those who were registered for weighing since the beginning of the present Project (October, 1979) about 1,290 children have been in the program for one year. The weight charts for these children were screened.

The Harvard Standard of weight for age was used in assessing their progress.

Appendix 10 gives a Summary of the weight in percentage of Harvard Standard of weight for age at the time of registration and one year thereafter.

Of the 1,290 children weighed 67% remained or increased to 90/100% of Harvard Standard. Twenty three per cent remained or increased to 80/90% of Harvard Standard, and 10% remained below 80% of Harvard Standard. Of those who remained below 80% of Harvard Standard, the weight of 2% of the children increased, but not enough to bring them into the "path of good health". Three per cent of the children were in need of follow-up visits to their homes. Twelve children or one per cent, were in need of urgent attention.

That no less than 90% of the children were in the 90/100% weight range at the time of the evaluation is a marked improvement as compared with the weight range at the time of the earlier evaluation that was conducted during the previous Nutrition Education Project. At that time (August, 1979) a total of 69.5% of the children were in the 90/100% weight range.

There are reasons for caution, however, in drawing comparisons between these figures. There is a problem of undressing the children for weighing. This is particularly true during the cold season. The unbearably cold, unheated buildings used for many of the classes for mothers make it impossible to undress the children. It is hardly possible to ask the mothers even to remove the most heavy articles of clothing. The staff therefore estimated the weight of the clothing and deducted that from the weight of the children. As the last weighing took place during a very cold season, there is a possibility that too little reduction was made for the clothing. Most of the children or 50% were, however, in the 90/100% weight range also at the time of enrolment in the program. The first weighing of the children also took place during the cold season.

A review of the weight charts showed that the staff at the various centers faithfully continued to record the weight of the children. They also noted on the weight charts any information of special significance.

The staff made a special attempt to visit those children whose weight was decreasing or remained below normal. Some cases in urgent need of hospitalization were referred to Caritas Bethlehem Hospital.

Distribution of Title II PL 480 Commodities

PL 480 food commodities were distributed to mothers enrolled in the Nutrition Education Program. At the beginning of the Project each mother received three rations. This was later changed to two rations, one for the mother and one for the child who was registered in the program. The PL 480 food package was also reduced to include only three commodities, i.e. oil, bulgur and WSB. In addition non-fat dry milk obtained from the E.E.C. was included in the food package. There were valid reasons for reducing the number of rations from three to only two rations per family and also for reducing the size of the food package. The high cost of transporting the food from the warehouses to the centers became a burden to the Charitable Societies that were responsible for these expenses. Another factor that contributed to the reduction of the food package was a desire to diminish dependence on donated food from overseas. The distribution of the food placed an extra burden on the staff at the centers. The staff has had to assume many additional responsibilities due to the initiation of the CRS-sponsored program. Many of them are conducting Mothers' Classes in Nutrition and now in First Aid.

They are also carrying out monthly weighing of the children and the distribution of the food. They also spend time visiting children in special need of attention. Most of these activities are being carried out in addition to their regular work at the centers - with little or no extra remuneration for their added responsibilities and workload.

Guidance and Supervision

The teachers among the Project staff were responsible for the continuous guidance and supervision of the Project activities at the various centers. Each one of the seven teachers on the Project staff, together with the assistant teachers or teachers stationed in the field, assumed responsibility for a number of centers. The teachers who have remained with the Program for some years supervised a great number of centers. One of those teachers supervised nineteen centers with the assistance of two part-time assistant teachers, both graduates of a CRS-sponsored training course. One of the teachers together with a former trainee supervised fifteen centers and another teacher thirteen centers. Each one of the more recently employed staff members supervised six to nine centers. Two of them also conducted classes for mothers when there was no one trained to teach the mothers.

It was a great satisfaction to note how those, who had been with the Program for a number of years had grown in their work and were able to guide the new staff members in the many varied aspects of the program.

The supervisory visits by the Project staff to the centers provided an assurance that the program, initiated by CRS, was implemented and the staff given necessary guidance and assistance in solving any problem.

This frequent and continued guidance of the educational activities, of the weighing of children, and of the food distribution program at altogether 73 centers spread over the West Bank and to the Old City of Jerusalem required a lot of travelling by the Project staff.

During the supervisory activities the Project staff had an opportunity to assess the performance of the former trainees. The final evaluation of the previous Project included an assessment of the performance of one hundred graduates of the Nutrition training courses who remained in-service at the time of that evaluation (September, 1979). Of these one hundred graduates sixty seven were still conducting classes for mothers at the time of the present evaluation (January, 1981). Their fine performance and faithful service to the Program was a source of great satisfaction.

At the time of writing it was too early to make an assessment of the performance of all the graduates of the First Aid training courses. It was, however, possible to observe some classes conducted by graduates from the first three First Aid training courses. All those teaching Mothers' Classes showed great interest and competence in their work. The high rate of attendance of the mothers was also an indication of the ability of their teachers to stimulate and retain interest in the program.

V. ASSESSMENT OF PROGRESS

The specific objectives listed in the Grant document include:

- Assistance to 60 local Charitable Societies.
- Development of lesson plans for staff and for mothers.
- Training of staff and of mothers in the three aspects of the program, i.e.

Nutrition Education
First Aid
Child Development.

These objectives have been dealt with in previous chapters.

In addition to the above objectives the following requirements should be met:

1. Assistance to the Charitable Societies

- a) To develop necessary records and follow-up techniques to determine the impact of the classes on child and family health and health/nutrition habits,
- b) to develop a system of follow-up visits to the homes of mothers.

2. Development of a plan for

- a) evaluating project progress,
- b) determining impact of educational programs on family health behavior, and
- c) assessing the value of training materials used in the program.

1. Assistance to the Charitable Societies

a) To develop records

The Staff of the Charitable Societies who conducted classes for mothers kept records of the mothers' attendance and of subjects taught at each session.

The weights of the children were recorded on individual weightcharts. The significance of changes in weights of the children was explained to the mothers at the time of weighing of the children.

The monthly weighing of children, the correct use of the weight charts and the practice of letting the mothers keep the weightcharts at home provided an excellent record of the children's rate of growth for the benefit of both staff and mothers.

In keeping records of the children registered in the program, note was made of those who moved to other localities, dropped out for various reasons and of those who died. The cause of death, if known was indicated on that child's weightchart.

These same techniques have been followed since the initiation of the program. The staff showed a marked improvement in the use of weightcharts: recording the weight, adding important information concerning the child, explaining the weight curve to the mothers and using the chart as an educational tool.

At the time of the mothers' registration in the Nutrition and First Aid classes the staff interviewed the mothers about their habits concerning the feeding of their children, about common practices in child care and treatment of injuries etc. The same procedure was repeated at the end of the course to determine changes in habits and practices.

This part of the program was time consuming and difficult for the staff. The Project staff and the assistant teachers assumed major responsibility for this activity.

b) Follow-up visits to the Homes

The growth rate of a relatively small number of children remained below normal or failed to increase at a satisfactory rate. In these cases the staff made follow-up visits to the homes of the children. Due to cultural restrictions in some areas a young woman is not expected to visit other people's homes if she is not accompanied by another woman. One of the CRS staff accompanied the local teacher when making home visits.

A special attempt was made to visit the homes of children whose weight fell below 70% of Harvard Standard of weight for age.

The Project staff had an opportunity to refer some children in urgent need of medical care to Caritas/Bethlehem Hospital for treatment.

Visits to homes in the community enabled the local staff to observe common practices, that contributed to the frequency of accidents among children. These observations served as a basis for discussions in the First Aid course for mothers about ways and means of preventing accidents. There was however, no possibility to request the Societies or their busy staff to keep records of these activities. Only with a full time person charged with the responsibility for the CRS-sponsored program at the various centers can this be accomplished.

2. Develop an Evaluation Plan

a) Project Progress

The plan for evaluating progress includes:

- (i) Number of Societies to be reached.
- (ii) Records of the number of training courses in the three aspects of the program: Nutrition, First Aid and Child Development for the following categories:
 - Project staff
 - Staff from the Charitable Societies
 - Mothers.

- (iii) Records of the number of participants in these courses and the rate of attendance of each participant.
- (iv) Status of lesson plans for First Aid and for Child Development for the training of the two categories: staff and mothers.
- (v) Records of the weight of children, using weightcharts to show progress or lack of progress in the rate of growth.

These five requirements have been addressed in the previous chapters:

(Societies to be reached; Training of Project staff and of Charitable Society Personnel; Courses for Mothers; Lesson Plans and Weight Surveillance of Children).

b) Impact of the Educational Program

Different approaches are being used to determine the impact of the educational program.

i. Changes in Food Habits and Practices

Some common practices that ought to be changed or improved were identified during the previous Nutrition Project. The staff tried to determine the extent to which habits and practices were changed as a result of the education program. This proved to be difficult for staff that had no previous experience of such a task. With more practice in interviewing mothers and making observations of their behavior the staff became more proficient in gathering factual information. The staff who had remained with the CRS-sponsored program since its beginning faithfully continued to interview the mothers at the time of their enrolment and again at the end of the course. The old staff members shared their experience with the newly recruited staff. As this became a learning experience for the new staff members the same questions were used to determine changing practices. No less than 3,760 mothers were interviewed. The response to seven questions regarding some of their habits and practices were recorded before and after a training course. In reviewing the findings an attempt was made to determine whether or not there were any marked differences between the major areas of the West Bank. The percentage of those interviewed who ought to change a particular practice varied considerably both with regard to the different points raised and to the localities.

The percentage of those who changed their practices showed a more uniform pattern. Among those who ought to change their practices an average of 80% did so and an average of 20% failed to change their practices. The percentage of failure to effect change was much lower in one area than in the others. This could be interpreted as a greater measure of success in effecting change in that area. But it could also be due to the interviewers' lack of practice in obtaining factual information. There is need

for much practice in the techniques of interviewing mothers to ensure that the findings are as accurate as possible. Questions that could cause embarrassment to the mothers must be avoided. There is need for a lot of caution in order not to lose the confidence of the mothers. This sensitive activity that could be undertaken by Arabic speaking staff only, continued to present problems for the staff.

Appendix 11 gives a Summary of some Changing Foodhabits and Practices.

ii. Changes to be Effected in Treatment and Prevention of Injuries

a) Customary Treatment of Injuries

There are a great number of beliefs that influence the health conditions of the people. This is particularly true in the more isolated villages where traditional customs and beliefs still prevail.

Among the treatment and remedies for various ailments and injuries the following can be mentioned:

- | | |
|----------------------------|---|
| <u>Wounds and Bleeding</u> | - Kerosene
Coffee
"Washing blue". |
| <u>Burns</u> | - Raw potatoes
Kerosene
"Washing blue"
Egg white
Tomatoes
Tooth paste. |
| <u>Fainting Spells</u> | - Water
Knife put beside the head of the casualty
Scissors put beside the head of the casualty. |
| <u>High Fever</u> | - Compresses with vinegar
Compresses with Arrack and water
Water and salt dropped into the ear. |
| <u>Fractures</u> | - Plasters made from egg white and soap
Dough
Clay. |
| <u>Bites and Stings</u> | - Garlic. |

To determine the extent to which these remedies were practiced, the mothers were interviewed at the time of their registration in a First Aid class. The types of accidents and injuries that had occurred in their homes and their treatment of these injuries were recorded.

During her visit to a number of centers the writer also tried to gather information from the mothers.

A review of the registration forms of 101 mothers from five different localities (Beita, Karawa, El-Bireh, Hebron and El-Uja) revealed some common practices. Seventy one mothers reported different types of wounds. Sixty six mothers reported satisfactory treatment, while two mothers mentioned use of kerosene and three mothers use of sugar mixed with penicillin for treatment of the wounds.

Twenty five mothers reported accidents that caused fractures. Nineteen of these casualties received help from a non-medical man in the village. Six of the casualties were brought to hospital for treatment.

Forty two mothers reported burns. A wide variety of remedies were used. These included the use of sugar (one case); cheese (one case); egg mixed with milk (two cases); kerosene mixed with water (two cases); eggs and potatoes (two cases); castor oil and tomatoes (two cases); castor oil alone (two cases); tooth paste (many cases).

This is only a sample of the many different remedies being used for treatment of burns on the West Bank.

Twenty nine mothers reported bites by snakes, scorpions, spiders and centipedes. Among the remedies were garlic and oil (three cases); garlic and tomatoes (three cases); and tooth paste (three cases).

Twenty one mothers mentioned cases of poisoning, among them two cases of kerosene and six cases of food poisoning. Oil and water or milk and egg were used to induce vomiting in cases of kerosene poisoning.

In reviewing the registration forms of 16 mothers in the First Aid class in Surif in the Hebron area, it was found that the most common accidents were wounds and burns. There were some cases of fractures, of poisoning and of foreign bodies in nose and throat. There were also cases of bleeding associated with pregnancy and some other medical problems.

The treatment of wounds included the use of iodine (four cases); alcohol (two cases); mercury-chrome (one case); coffee grounds (one case); and coffee grounds together with kerosene (one case).

The treatment of burns included the use of ointment (two cases); kerosene and tooth paste (one case); tooth paste alone (two cases); eggs (one case); eggs and "washing blue" (two cases); and cold water with oil (one case).

Fractures were treated by a non-medical villager, known to be able to "set" bones, apparently with success. The people preferred the simple methods of using clay for plaster as practiced by the "bone-setter" rather than the plaster used in hospitals.

A couple of falls from high places resulted in serious injuries. In both cases the children were brought to a hospital for treatment.

Two children bitten by scorpions were given oil to drink to induce vomiting before taken to hospital.

Carbon monoxide poisoning had caused three children to vomit and faint. The parents realized what had happened, opened the windows and brought the children to hospital.

A review of registration forms of 16 mothers in a First Aid class in Halhul provided the following information:

Of six wounds two had been treated with mercury-chrome, three with alcohol and one with iodine.

Three cases of burns were reported. These had been treated with cold water; ointment; and tooth paste together with tomato juice.

A fractured hand had been treated by the local "bone-setter"; a fractured leg had been treated at the hospital.

Two cases of kerosene poisoning were treated at the hospital. One of the children had first been given salt and water to induce vomiting.

An interview with 18 mothers attending the First Aid course conducted by the "Friends of the Community" in El-Bireh, concerned their customary treatment of burns. Among the remedies were tooth paste alone or together with other remedies (six cases); egg white (three cases); raw potatoes (three cases); cold water (three cases); water and salt (two cases); ointment (three cases) and kerosene (one case).

An interview with 21 mothers attending the first Aid course in Wad Burqin in the Jenin area, also concerned the treatment of burns. The most common remedy was the use of egg whites (12 cases); cold water (six cases) and ice (two cases). Tooth paste, tomatoe juice, potatoes and junction violet were used in one case each.

Some mothers in Qabatia reported tooth paste as a remedy for burns, while some other mothers recommended cold water - as mentioned on the radio.

Eight mothers attending a First Aid course in Dahriyeh in the Hebron area, reported their treatment of wounds and burns. Four of them used iodine for treatment of wounds, three used coffee grounds and one used "saffron" (safflower?). In the latter case the mother took the child to the hospital for treatment and was scolded by the doctor for having used "saffron" on the wound.

The burns were treated with tooth paste, butter, egg, penicillin in one case each, and in two cases with ointment. One child who fell into boiling water died.

Mothers in Rihiyeh village in the Hebron area used iodine, "saffron" and coffee grounds on wounds. Sulfapowder and ointment were used for burns. Garlic was used as a remedy for beestings. Children bitten by a scorpion were given milk.

The treatment for a person who had fainted was to hit or bite him or to throw water on his face.

Some other mothers who participated in a First Aid class reported some accidents, one of them fatal, the child died from having drunk kerosene. One child drank chlorax. He was given coffee and oil to vomit and recovered. One child spilled hot tea over himself while carrying the tea-pot and got burned.

b) Common Causes of Accidents and Some Steps to be Taken for their Prevention

Among the common causes of accidents that result in injuries are:

Burns - caused by scalding water, hot tea or coffee; hot oil and hot food left within easy reach of a child; hot water used for washing clothes, left unattended on the floor or on the ground; stoves and heaters on the floor, and open fires on the ground; the use of petrol for cleaning clothes; and the refilling of kerosene stoves and primus stoves while still hot.

Measures to be taken to prevent such accidents include instruction of the mothers. ~~The mother must become aware of the dangers of~~ leaving hot food and liquids within the reach of children, who easily turn over a kettle with water, a teapot with hot tea, a frying pan with hot oil. The unattended washing tub with hot water on the ground has caused the death of children.

The danger of using petrol for cleaning clothes must be understood. Practical steps must be taken to prevent children from being burned by stoves and open fires on the ground. When cooking is done over an open fire or on a stove placed on the floor women's clothing easily catch fire. This must be prevented.

Attempts must be made to effect the necessary changes. The stove should be placed on a built-up platform or table or box at a convenient working height for mothers and out of reach of small children. When open fires on the ground are used for cooking or heating water some arrangement should be made to prevent accidents. A simple platform built from stone or concrete could be used also for the open fire, out of reach of creeping children and animals.

Kerosene Poisoning - caused by use of the same type of containers as used for food and water; or left unattended on the floor when the mother is interrupted while cleaning the floor with kerosene. The children mistake the kerosene for water.

To prevent such accidents mothers and the rest of the families must learn to keep kerosene and also various cleaning agents in separate, marked containers, and store them out of reach of children.

The staff should try to design some distinct marking of kerosene containers, to be understood by all members of the family.

Wounds

- caused by sharp instruments, knives, scissors, broken glass, empty tin cans, broken toys, and children playing with dangerous discarded objects that should have been properly disposed of.

To prevent such accidents mothers and other family members need to find ways and means of safe storage of kitchen equipment and tools. They should never ask children to fetch a sharp knife or a pair of scissors.

The Health Education program must put much stress on environmental sanitation, the disposal of garbage, of empty flattened tin cans and of broken glass.

Drowning

- caused by uncovered wells, while the mother is drawing water or buckets filled with water.

To prevent drowning accidents all wells must be covered and locked.

To the extent possible the staff should find out whether there are any uncovered and unlocked wells in the community and make every attempt to have them properly covered and locked.

Mothers must try to keep their children away from the well while drawing water.

No bucket or tub should be left standing with water in a place where a small child could fall into it.

Falls from High Places - lead to serious injuries, sometimes fatal. Staircases without a railing, roofs with no protective railing, low windows with no bars to prevent small children from falling out cause falls that result in fractures.

While the Project staff cannot be expected to enforce the necessary improvements, they must impress upon the families the need to protect their children and to prevent serious accidents from happening.

Carbon Monoxide Poisoning - caused by fires left smoldering in closed rooms, coal braziers left in the bedrooms, no ventilation of the bedrooms.

To prevent this the mothers must be instructed to extinguish all fires and to move the stoves, charcoal-braziers, etc. out of the bedrooms and to ventilate these before anybody goes to bed.

Suffocation Leading to Death - caused by children playing "hide and seek" in unused refrigerators left on the balcony.

iii. Plans for Assessing the Impact of the Health Education Program

Plans for the assessment of the impact of the classes for mothers should include a comparison between the common treatment of injuries at the beginning of the course, at the end of the course and again at a later date to ascertain the extent to which mothers are changing their practices and applying what they have been taught in the class, e.g. regarding:

- treatment of wounds
- treatment of burns
- treatment of fever
- treatment of bites
- treatment of fractures
- treatment of kerosene poisoning.

The aim should be to change harmful and useless practices and to introduce correct methods of treatment.

Comparison should also be made of practices and arrangements that contribute to common accidents at home and in the environment and the extent to which improvements have been made for their prevention, e.g.

- proper storage of kerosene in containers, other than those used for food and water;
- proper storage of cleaning agents and insecticides out of reach of children;
- no unprotected open fires on the ground;
- stoves placed at a convenient and safe height;
- sharp kitchen equipment and tools kept in a safe place;
- all wells covered and locked;
- a First Aid Kit available.

The rate of rejection of harmful methods and the adoption of correct methods in treating injuries and the measures taken to prevent accidents will serve as an indication of the impact of the Health Education program.

This will involve discussions with the trainees, interviews with the mothers, observations during home visits at the beginning of the training, at the end of the training and again at some later date. This is both a time consuming and a delicate undertaking, that has to be handled with tact and great caution. It is something to aim at, but not to be enforced under the prevailing situation. Together with Project staff some Guidelines were drawn up for assessing the impact of the Health Education program. Appendix 12.

iv. Other Needs for the Improvement of Family Health

The continuous frequency of diarrhoea among children in some areas of the West Bank can be linked to lack of a pure water-supply and lack of sanitation.

An interview with mothers who were attending a First Aid class in one of the villages in the Jenin area revealed that out of 23 families only three had a toilet inside the house and five families had an outside toilet, while fifteen families had no toilet at all. Both children and adults had to defecate outside the house. Without changes of this situation improvements in family health cannot be expected.

The provision of toilets (or latrines) is beyond the scope of the present Project - but it is of such importance that it warrants attention in drawing up plans for future activities.

Due to lack of easily accessible ante-natal care many women fail to have necessary check-ups during pregnancy. Inadequate midwifery practices and deliveries at home under unsatisfactory conditions contribute to complications during child birth.

Pregnant women who prefer not to seek medical help may resort to self medication, using medicines that are easily obtainable without doctor's prescription. This, as pointed out by a medical doctor, may be the cause of birthdefects in children. This is a matter that needs attention in the training of mothers.

c) Assessment of the Value of Training Materials

1. Visual Aids and Other Educational Material

Visual aids for use in the teaching of Nutrition and First Aid were developed during the training courses for Charitable Society personnel.

(a) For Mothers' Classes in Nutrition

Visual aids were developed during the previous Nutrition Education Project. The Project staff prepared a number of posters that dealt with the various topics included in the training program. From a modest beginning with eight posters prepared in 1975 additional posters were prepared at the subsequent training courses, with a total of over 20 posters available in 1979.

Both the Project teachers and a driver with artistic talents became quite proficient in making educational materials.

All the participants at the Nutrition Training courses prepared a set of posters for use in the teaching of mothers at their respective centers. In some places the Societies mounted the posters, covered them with plastic and provided facilities for their safe storage.

As the Charitable Societies and the staff showed great interest in these visual aids, it was felt that this material should be given a wider distribution. This led to the preparation of a Pictorial Booklet, with 36 picture sheets, each picture accompanied by a brief description in Arabic.

This Pictorial Booklet is now available for use also in other Arabic speaking countries, i.e. Jordan, Egypt and Morocco. It is of interest to note how different groups respond to various educational aids and methods. Posters became widely used as a teaching aid on the West Bank. An attempt to use flannel boards for displays of pictorial material did not meet with the same success, this was possibly due to the lack of relevant pictures for use on flannel boards and also due to the cost of flannel. In some other CRS-sponsored programs flannel board displays became popular, in others the use of songs and drama. At the beginning of the program it was considered important to choose the type and method that met with a ready response. Other methods will follow.

An important educational aid in the teaching of Nutrition was the food itself. The staff arranged displays of different types of cereals and legumes, kept in covered glass jars. These together with samples of fresh food were useful in discussing various types of food and their functions with mothers.

An important method of education was the actual preparation of the food to show how to preserve its nutritive value, how to make it palatable to the family and especially how to make the food easily digestible to the child. These practical demonstrations attracted much interest among the mothers.

(b) For Mothers' Classes in First Aid

A First Aid Manual published by the League of Red Cross, Red Crescent and Red Lion and Sun Societies includes eight lessons, accompanied by relevant drawings, both as part of the text and as posters with large size drawings for use in classroom teaching.

These excellent drawings served as models for the staff in the preparation of visual aids for use in the training programs and for the teaching of mothers.

A set of posters with large size drawings are now available and used at all the centers where First Aid classes for mothers are held. The drawings are a great help to the teachers in explaining the handling and care of a casualty, the bandaging of wounds, etc.

The lesson plans used by the instructors contain relevant drawings.

Practical demonstrations formed an important part also of the First Aid courses. Each trainee received a First Aid Kit for use in the demonstration to the mothers and as encouragement to them to acquire a similar kit for their own homes.

(c) For Courses in Child Development

The first training course in Child Development was due to begin for Project staff in February, 1981.

A comprehensive text prepared for use in the teaching of Project staff and of Charitable Society personnel will also serve as basis for the Child Development course for mothers. The text is richly illustrated with drawings that clearly explain different stages in the child's development.

2. Assessment of the Value of the Teaching Aids

Observations during visits to the various centers, cooperating with the CRS-sponsored Health Education program on the West Bank and in the Old City of Jerusalem, gave an indication of the usefulness of the educational materials that were developed by the staff. As can be expected, some teachers used educational aids more effectively than others. Some of the new staff members did not have the same experience as the others in making educational materials and in their use in the teaching of mothers.

Staff members reported the usefulness of visual aids. The mothers claimed that they remembered the lessons better when they also had seen pictures accompanying the lessons.

It would, however, be of benefit to the program if the staff could check all the available teaching aids, ascertain their usefulness in the teaching of the mothers and the extent to which the teaching aids are used effectively by the teachers.

The following points may tentatively serve as guidelines for making such assessment:

- (1) Did the teacher herself prepare the educational aids that she is using. If so, do these aids communicate the desired messages to the mothers?
- (2) Did the teacher copy or does she use visual aids that were prepared by somebody else. If so, does the teacher fully understand what messages these aids are expected to communicate to the mothers?
- (3) Does the teacher use visual aids during her lessons for mothers, whenever relevant?
- (4) Does the teacher explain the meaning of the aids so that the mothers can understand?
- (5) Does the teacher distinguish between aids that are useful to her, but hardly understood by the mothers?
- (6) How do the mothers react to the educational aids:
 - i) do the mothers understand what messages the educational aids are expected to communicate.
 - ii) if not, are changes made to make the teaching aids better understood by the mothers.
 - iii) are the visual aids large enough to be visible to all the mothers in the class.
 - iv) if in colour, are the colours strong enough.
 - v) are the visual aids simple - attractive - creating interest.
- (7) How are the educational aids kept in the center:
 - protected against damage
 - covered by plastic
 - mounted to be hung
 - is a place available to hang them during demonstrations.
- (8) Do the teachers have samples available relevant to the lessons being taught, e.g. sample of foods, samples of items needed in First Aid care?
- (9) Are the same materials as used in the practical demonstrations available also to the mothers?

VI. PROJECT ACHIEVEMENTS AS ASSESSED BY PROJECT STAFF, MOTHERS AND COMMUNITY LEADERS

1. Observations during Home-Visits and Discussions with Mothers

One staff member reported visits to 30 homes in a poor area. The mothers were enrolled in the Health Education program. The visits revealed changes in practices due to the lessons taught to the mothers. All the 30 mothers reported important changes in the feeding of their children. This was confirmed by observations made during her home-visits.

- (1) The mothers were giving their children a more varied diet, for example legumes and cereals to which were added carrots and green leafy vegetables.
- (2) Foods such as lentils and peas were pureed to make them more easily digestible to the small children.
- (3) Mothers were aware of the importance of monthly weighing of the children. They could follow the growth of their children as shown on the weight-charts.
- (4) Mothers were eager to ask questions when they noticed that the weight did not progress.

Among those visited were some children, who had been severely malnourished. The staff member could report with great satisfaction that the weight of these children had increased, from 60-65% to 80-90% of Harvard Standard, due in no little measure to the mothers ability to apply what they had learned in the class.

The Project staff also reported that the mothers now showed a greater appreciation of WSB and they used it in the feeding of their children.

Some mothers who had started bottle feeding changed to breast feeding. Not only their increased understanding of the superior value of breast feeding but also the cost of baby formulas contributed to this change. The practice of feeding even older children by use of a bottle was giving way to the use of cup and spoon.

The mothers themselves, when asked their opinion of the Health Education program expressed their appreciation for the opportunity to weigh their children and for the information that prompted them to pay more attention to the feeding of their children and the preparation of food.

Mothers who realized the importance of a good breakfast reported adding "lebaneh", cheese and eggs to their customary tea and bread.

Some mothers pointed out that they were breast feeding rather than bottle feeding their children, and they gave their children supplementary food along with breast milk from the age of six months. Now they used no spices in the food for the children. They soaked the beans before cooking. In the words of one mother "she uses her mind when preparing food - using cheaper food, more lentils and less meat".

Evidence of interest in the program was provided by a mother who delivered a baby during the First Aid course. As she had missed some of the lessons she came to the center for some extra lessons in order to catch up. All the mothers in her class (El-Bireh Red Crescent) showed a keen interest in the program. They took notes during the lessons and were eager to ask questions. They wanted to make sure that they would pass the examination and obtain a certificate at the end of the course. The nurse instructing the mothers has conducted classes for mothers since the beginning of the CRS-sponsored activities in 1976. Her enthusiasm and dedication and the doctor's support are important assets to the program.

2. Assessment by Doctors

Doctors on the West Bank have expressed their satisfaction with the Project activities. Some doctors reported that since the Health Education program started they saw fewer children with diarrhea. Sick children brought to the clinics were now cleaner and better cared for. One of the doctors mentioned that the mothers now had a better understanding of diarrhea and the need for treatment and also of the importance of feeding the child during sickness. More mothers knew how to prepare a suitable drink for a child suffering from diarrhea. Mothers had come to realize the importance of adequate vaccinations for their children. One of the doctors noted that children who were brought to the clinic for treatment of wounds had had these cleaned by the mothers. The mothers applied clean covers on the wounds. The doctor attributed this to the instructions given in Mothers' classes.

3. Assessment by Government Officials and Community Leaders

The staff of the Social Welfare Departments on the West Bank has been most appreciative of CRS efforts for the improvement of the conditions of the people on the West Bank. The valuable cooperation received from the Social Welfare Departments has been a source of encouragement to CRS Project personnel.

The leaders of the Charitable Societies have shown their appreciation of the program as evidenced by their continuous demand for assistance. The testimony of one of the Charitable Societies in the Jerusalem area is found in Appendix 13.

4. Some Spin-Off Effects of the Health Education Program

In discussing Project achievements with the staff some interesting points were mentioned.

After having participated in a Nutrition course some mothers were offered employment in day-care centers for children. Thus the mothers got an opportunity to put their knowledge at the service of these child-care centers. This development also indicated an interest in child nutrition among those responsible for the child-care centers. That the Nutrition program contributed to increased employment opportunities for the mothers was another spin-off effect of the program.

Among the graduates of the Nutrition Training courses for Charitable Society personnel were also a number of kindergarten teachers. Since their training in Nutrition these teachers have made improvements in the food served to the children. Emphasis is being placed on less expensive, locally produced foods, such as lentils and bulgur, to which greens, carrots and tomatoes are added.

As the program attracted many more mothers to the Society Centers the need for more space to accommodate the classes for mothers led to enlargement of some of the centers. This in turn encouraged the Societies to undertake additional activities. In some places the Nutrition Education program led to the establishment of a small MCH-unit, now these Societies plan to provide a maternity ward or hospital for service of their communities. Having become aware of the vulnerability of many pregnant women who have no ready access to medical check-ups, some Societies are seeing the need for an ambulance and also for portable incubators for the care of premature babies. Thus there is an increasing awareness of the needs for health facilities that would contribute to a better start in life for the newborn, and better health for all the family members.

Another effect of the Health Education program is the early detection of children in need of medical care. The possibility to assist some children with hospitalization, when urgently needed, is much appreciated.

VII. FINANCIAL SUPPORT

(a) The United States Agency for International Development (AID)

The funds granted by AID/Washington in the amount of US\$ 742,000 for the Three Year Project ~~should be~~ used to finance the following line items:

1. Personnel in the amount of	\$ 547,000
2. Travel	123,800
3. Non-Expendable Equipment	7,700
4. Office Expenses	31,500
5. Other direct costs	32,000
	<u>\$ 742,000</u>
	=====

The expenditures during the first 16 months of the Project were included in the Financial Statement for January 1981, as shown in Appendix 14. This shows that there was a satisfactory balance of funds for the remaining Project period.

(b) The Administering Authorities of the West Bank

The agreement between the Government authorities and CRS provides for duty-free import of vehicles and equipment. It also provides for duty free petrol. The CRS-sponsored Project activities enjoy the same privileges. The extensive travelling all over the West Bank, often by all four cars requires a considerable amount of petrol.

Thus the possibility to obtain duty free petrol constitutes a saving to the Project.

(c) Charitable Societies

The Charitable Societies on the West Bank and in the Old City of Jerusalem contribute substantially to the program.

The Societies placed their facilities at the disposal of the program. In some cases the Societies made improvements to their buildings and even extended these to provide adequate space for the holding of Mothers' classes, for the storage of food commodities and for the weighing of children etc.

The Societies placed their personnel at the service of the program. With the expansion of the program to include more classes for mothers and more children for weighing the workload for the staff increased over the years. This led to a demand for higher salaries, that the Societies have had difficulty to meet.

The Societies assumed responsibility for the cost of transportation of the food commodities from the regional warehouses to their respective centers. These costs increased substantially during the last few years.

Other expenditures incurred by the Societies included fuel, food for use in the food demonstrations, cleaning materials and other miscellaneous items for the running of the program.

(d) The Mothers

The mothers participating in the program contributed a small fee towards the expenditures incurred by the Societies.] *

The amount that the participating mothers were expected to pay varied from one Society to another. The cost of transporting the food commodities from the regional warehouses was highest for those Societies, that were located far away and off the main road. These same Societies often lack financial resources, while at the same time catering for the more needy communities.

VIII. CONCLUSIONS AND RECOMMENDATIONS

The CRS-sponsored Health Education program comprises three phases: Nutrition Education, First Aid and Child Development. The first two phases of the program have now spread to 73 localities on the West Bank and in the Old City of Jerusalem. These 73 centers are served by staff that received training in Nutrition during the previous Nutrition Education Project. The same or other staff members have now received training in First Aid. Some of the new Centers have not yet had any staff trained, neither in Nutrition nor in First Aid. Neighbouring Societies have for the time being been able to share their staff with the new Societies and also with Societies that were in need of replacements for those who had moved away or left the service. This is only a temporary solution.

It is therefore recommended that training courses be organized for Charitable Society Personnel to enable them to conduct Nutrition classes for mothers both in areas now reached by the CRS-sponsored program and in areas not yet reached, but included in the present Project plan, i.e. the Tulkarem area.

The Charitable Society staff that is now conducting Nutrition classes for mothers received their training three to five years ago. Only a few of them have had the benefit of a refresher course. Such a course should provide an opportunity for the local staff to up-grade their knowledge, discuss various adult education methods that could enhance the impact of their teachings, the most effective use of educational aids and demonstration techniques. An aspect not adequately covered during previous training courses concerns the assessment of progress, comparing accomplishments with the targets that were set for the program, and for each one involved in the same. All the staff must be able to determine the extent to which mothers are implementing in their own homes what they have been taught, and the degree to which the program is having an impact on family health. It is therefore recommended that Refresher courses in Nutrition Education be organized for all those who are now conducting Mothers' classes.

The First Aid training program meets a real need on the West Bank. The staff that is teaching First Aid to the mothers has an important task, that involves the changing of customary practices in teaching common injuries, the correct methods of treatment and the prevention of accidents. The scope of the problem, the need for practical experience in First Aid techniques and in ways and means of preventing common accidents in the homes make further training highly desirable. It is therefore recommended that Refresher courses in First Aid be organized for staff that is conducting First Aid classes for mothers.

Training of Project staff in Child Development is under way. Upon completion of this, training courses for Charitable Society personnel will begin.

Much emphasis is being placed on the prevention of diarrhea and on the preparation of rehydration drinks for children suffering from diarrhea and its consequences. In spite of this a number of children suffer repeated attacks of diarrhea, some of them fatal. Among the causes are unhealthy living conditions, impure water supply, unsanitary habits and lack of proper waste disposal that contribute to problems of hygiene and sanitation. Attention is being directed to these problems and plans for additional training in Hygiene and Environmental sanitation are being drawn up. It is therefore recommended that any plans for the extension of the Project give consideration to the need for additional training in Hygiene and Sanitation.

The number of mothers who completed a Nutrition Education course during the first 16 months of the present Project far exceeded the anticipated number. Mothers' classes in Nutrition should be started also in the Tulkarem area as soon as adequate staff has been trained for that purpose.

A good number of mothers have enrolled in classes in First Aid. So far only mothers with children under five years of age have been registered in the program. Some mothers whose children, are above five years old have asked to participate in the First Aid courses. This has the support also of the Charitable Societies. This is a welcome expression of interest for the program in the Community.

It will, however, be very difficult to reach the targeted number of mothers with a course in First Aid within the Three Year Project period. Priority must be given to the need for careful supervision of the program at the various centers and to in-service training and Refresher courses for all the staff. This is considered more important than reaching the targeted number of mothers.

The Grant document makes reference to the expansion of the CRS-sponsored Program to Gaza. This has so far not been possible. The Ministry of Labour and Social Affairs has expressed a keen interest in such an expansion. The Project Chief has visited Gaza to assess needs and possibilities for the expansion of the Health Education program to Gaza. Valuable contacts have been made; discussions are in progress.

An expansion of the Project activities to Gaza will, however, require additional personnel and transport facilities.

At this stage it is too early to predict the extent to which the Project can reach all the targets and meet the goals, with the present number of Project staff and vehicles available.

The Charitable Societies on the West Bank have shown a keen interest in the program. Some of their members are deeply involved in the program. Some of the Societies could benefit from assistance with the planning, organization and supervision of their many activities for the promotion of women's education and of family health. CRS may be able to provide some guidance to Societies in need thereof.

The consolidation of the three phases of the Health Education program is bound to require much effort and a considerable amount of time. In order to achieve this consolidation and to meet the targeted numbers and goals there is likely to be need for some modification of the Project plan and for an extension of the Project. It is therefore recommended that CRS, in drawing up plans for its future activities on the West Bank, give consideration to the possible needs for an extension of the present Health Education program for one or more years.

A matter of particular concern is the conditions under which the local staff members carry out the many faceted aspects of the program at their respective centers. The workload in addition to their regular work at the centers involves the teaching of Nutrition and First Aid to the mothers, weighing of the children, home-visiting to those ⁱⁿ particular need and the distribution of food. For this work the staff receives little or no extra remuneration. This is a problem that needs to be solved. Only with full time staff that can assume responsibility for the CRS-sponsored activities at the various cooperating centers and adequate salaries that correspond to the additional work load and responsibilities will it be possible for the program to continue to benefit the people on the West Bank without friction between the Societies and their staff.

There is an urgent need to assist both the Societies and their staff in finding a solution to the problem.

A commonly expressed goal of institutionalization of a program that was started with support from outside sources for a long time appeared unattainable on the West Bank. This however may change.

The Union of Charitable Societies, to which the Charitable Societies on the West Bank belong, has high esteem for the CRS-sponsored Health Education program, and is willing to support teachers that have been trained in the different aspects of the program.

The Project Chief has held preliminary discussions with the Universities in Bethlehem and Nablus to ascertain their interest in assisting and supporting the training program. The response has been most encouraging. Both Universities expressed interest in rendering assistance and support to the continuation and further expansion of the training program on the West Bank.

These may be the first steps towards the institutionalization of the program on the West Bank.

It is therefore recommended that this effort be given the support it deserves both by CRS and AID/Washington.

EH/CT.

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FIRST AID TRAINING COURSE
FOR STAFF FROM CHARITABLE SOCIETIES

Course IV - HERRON

Date : Oct.6, 1980 - Feb.11, 1981

No./Initials	DATES	
1. A.A.	✓	Oct.6
2. A.F.	✓	Oct.8
3. A.A.	✓	Oct.13
4. T.G.H.	✓	Oct.15
5. I.J.	✓	Oct.27
6. A.A.	✓	Oct.29
7. B.S.H.	✓	Nov.3
8. T.A.	✓	Nov.5
9. H.S.	✓	Nov.10
10. K.H.E.	✓	Nov.12
11. D.D.	✓	Nov.17
12. Z.A.	✓	Nov.19
13. M.D.	✓	Nov.24
14. S.A.	✓	Nov.26
15. S.T.	✓	Dec.1
16. S.A.	✓	Dec.3
17. S.S.H.	✓	Dec.10
18. S.D.	✓	Dec.15
19. S.T.	✓	Dec.17
20. S.E.	✓	Dec.22
21. S.N.	✓	Dec.29
22. A.N.	✓	Dec.31
23. A.S.	✓	Jan.5
24. A.A.	✓	Jan.12
25. F.E.	✓	Feb.11
26. F.S.	✓	
27. F.A.	✓	
28. M.N.	✓	

SUMMARY OF
FIRST AID LESSONS
FOR
MOTHERS

1. Introduction to Course in First Aid.
Some general rules to follow.
2. Common accidents and ways of preventing accidents.
Discussion with mothers: causes of accidents, common remedies
and practices.
3. Foreign Objects in throat, nose, ears and eyes
Measures for prevention of choking.
What to do if something is lodged in the throat.
What to do when something gets into the ears, nose or eyes.
Need for medical care.
Demonstration of "Heimlich's method" of assisting a person who has
got something stuck in his throat.
4. Artificial Respiration
The respiratory system.
Natural respiration.
The dangers of asphyxia.
Cessation of breathing, its causes and chances of recovery.
Mouth-to-mouth artificial respiration.
Visual Aids: Poster showing mouth-to-mouth breathing.
5. Drowning
Common drowning accidents.
How to prevent these accidents.
The importance of quick action to save the life of the casualty.
First Aid Measures.
Visual Aids: Posters showing mouth-to-mouth breathing.
Well with locked cover.

6. Electrical Accidents (Injuries)

Protection against electrical accidents.

Checking the home and electrical equipment that could cause accidents.

Electrical injuries - dangers.

How to remove a person who is in contact with electrical current.

First Aid Care for a person having suffered an electrical shock (injury).

Displays: Different types of cords, common electrical equipment both in good conditions and in need of repair; safety plugs for electrical outlets.

Visual Aids: Poster showing grounding of electrical wiring.

7. Prevention of shock

Causes of shock.

Signs and symptoms of shock.

First Aid measures.

Demonstration: How to care for a person in shock.

Ed. Material: Pillow or folded blanket, blanket.

8. Fainting

Definition and common causes of fainting.

Signs and Symptoms preceding a fainting attack. How to prevent the fainting attack.

First Aid measures for a person who has fainted.

Need for medical care in case of recurring attacks.

Demonstration: What to do when a person feels dizzy.

The care of a fainted person.

Examination of a person to determine whether or not he has suffered any injuries from falling.

9. Epilepsy

Some probable causes of epilepsy - it is not an infectious disease.

Signs and Symptoms of an epileptic fit.

Steps to be taken to prevent a person from hurting himself.

First Aid measures to secure breathing.

Importance of medical consultation and medication to help prevent epileptic fits.

Demonstration: How to hold the tongue to prevent it from blocking the airpassage.

10. Convulsions due to High Fever

Definition and causes of convulsions in a small child.
Signs and Symptoms of convulsions.

First Aid measures: What to do and what not to do.

11. Pre-Eclampsia and Eclampsia

Definition, need for Ante-natal check-ups and care.
Danger signs in Pregnancy.
Immediate actions to be taken to prevent eclampsia.
Signs and Symptoms of eclampsia resulting in convulsions.
Complications of convulsions.
First Aid care for eclampsia.
The urgency of medical care.

12. Diabetes and Diabetic and Insulin Coma

Frequency of diabetes in the area.
Signs and Symptoms of diabetes.
Treatment of diabetes: Diet, use of insulin.
Signs and Symptoms of diabetic coma.
First Aid care.
Signs and Symptoms of insulin coma.
First Aid care.
How to avoid the occurrence of diabetic and insulin coma.
Display: Foods to be avoided when a person is suffering from diabetes.
Foods that can be eaten without any restriction.

13. Heat Stroke, Heat Cramps and Heat Exhaustion

Definition of conditions resulting from excessive heat.
The importance of sunning the body in moderation.

(i) Heat Stroke

Importance of sunning the body.
The need for moderation.
Signs and Symptoms of sunstroke.
First Aid Measures.

(ii) Heat Cramps

Symptoms.
First Aid.

(iii) Heat Exhaustion

Symptoms.
First Aid.

Demonstration: Cooling of a person suffering from heat stroke and heat exhaustion.
Drink of water with salt for a person suffering heat cramps or heat exhaustion.

Educational Aids: Pictures of suitable head covering for people working in the field Pictures of sunning the body.

14. Wounds

Common types of wounds, customary treatment.
Cleaning of wounds. Protection against infection.
Preventive measures.

Demonstration: Cleaning and treatment of wounds.

15. Dressings and Bandaging

The use of triangular and roller bandages.
Demonstrate the use of triangular bandages for wounds on the head,
arm, hand, knee, foot and chest.

Demonstration: The use of roller bandages on wounds on elbow, knee,
hand and leg.

Practical exercises.

16. Bleeding - Internal - Vaginal

Different types of bleeding.
Internal bleeding.

Vaginal bleeding and its causes.

Bleeding associated with pregnancy.

First Aid care of Ectopic pregnancy, Abortions, Placenta Previa
and Placenta Abruptio.

17. Methods to Control External Bleeding

Introduction.

Basic methods of controlling bleeding.

First Aid care - Use of direct pressure, pressure points and
tourniquets.

18. Fractures

Types of fractures.

General signs and symptoms.

General rules for care of fractures.

Use of splints and padding.

Fractures in different parts of the body.

First Aid care for different fractures.

Demonstration: Immobilization of an arm, a leg, a hand.

Visual Aids: Splinting of fractures.

19. Dislocation

Definition.

Signs and Symptoms of dislocation.

First Aid care.

Needs for qualified medical treatment.

Demonstration: Immobilizing a dislocated shoulder.

20. Sprains

Definition of sprains.

Types of sprains.

Signs and Symptoms.

First Aid care.

Demonstration: Use of elastic bandage on a sprained ankle.

21. Contusions or Bruises

Definition.

Prevention of accidents that may result in bruises or severe injuries.

Signs and Symptoms of a bruise.

First Aid care.

Demonstration: Washing and dressing of a bruised area.

22. Burns

Introduction: Common causes and customary treatment of burns.

Discussions of the importance of protecting children from getting burned.

Improvements at home and in work habits that will diminish the risk of children getting burned.

Treatment of burns of different degrees of severity.

Demonstration: Treatment of first degree burn with cold water.

23. Bites

Different types of bites.

Animal bites - the danger of rabies.

Snake bites, scorpion bites and other bites that occur in the area.

First Aid care and treatment.

What can we do to avoid being bitten by these animals.

24. Poisoning

Different types of poisoning.

The danger of food poisoning.

The danger of inhaling carbon monoxide and sprays and vapours.

Signs and Symptoms of different types of poisoning.

First Aid measures. Measures to prevent accidental poisoning.

25. First Aid Supply

The importance of a First Aid supply at home.

Content of a home First Aid Kit.

Content of a Village Medical Kit.

The care of the First Aid and Medical Kits.

Caution in the use of medicines.

Display: A First Aid Kit and its contents - how to protect the items, how to label medicines for literate and illiterate persons.

CONTENT OF THE CHILD

DEVELOPMENT CLASSES

(FOR CRS STAFF & VILLAGE TEACHERS)

INTRODUCTION

Principles of Growth and Development
Parenting.

PREGNANCY

The female reproduction organs
Menstruation
The male reproductive organs
How pregnancy happens

PRENATAL DEVELOPMENT

The development of the baby in the uterus
Nutrition during pregnancy
Medical Care

BIRTH

The baby is ready to be born
The way babies are born

CHARACTERISTICS OF THE NEWBORN INFANT

Physical appearance
Weight
Body Temperature
Bowel Movements

THE INFANT FROM BIRTH TO 5 YEARS

Physical Development
Social Development
Emotional Development
Language Development
Intellectual Development

CHILD CARE

Burping the baby
Carrying a baby
Massaging the baby

BREASTFEEDING AND WEANING

CHILD CARE

Safety
When the baby is sick
When to see a doctor
Immunization
Common sicknesses
Skin problems of babies
Bathing a baby
Sleep

GROWTH

Development of the teeth

PLAY

Characteristics of good toys.

INFANT STIMULATION/CHILD LEARNING

From Birth to 5 years

CHILDREN WITH PROBLEMS

Cerebral Palsy
Dislocated hip
Cleft lip or cleft palate
Polio
Down's Syndrome (Mongloid)

INTRODUCTION TO AND ADMINISTRATION OF THE DENVER DEVELOPMENT SCREENING TEST

PATTERNS FOR MAKING TOYS

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 1 - 5.

LESSON 1: Introduction to Child Development

Objectives:

1. To understand the concept of child growth and development.
2. To know the principles of growth and development
3. To understand the concept of parenting.

Content:

1. Every child is special and unique
 - a. Children are different in the way they look
 - b. Children are different in the way they behave
2. Principles of growth and development
 - a. Growth has order and direction
 - b. Each child grows at his own speed
 - c. All areas of growth are related to each other
 - d. Each child tells about himself by the way he acts
 - e. It is natural for a child to be active
 - f. Every child needs to feel important, wanted and loved.
3. Parenting
 - a. Parenting must be developed
 - b. Parenting is always in the state of further development
 - c. Parenting means more than just physical care of the child
 - d. Parents help their children grow
 - 1) Physically
 - 2) Mentally/language
 - 3) Socially
 - 4) Emotionally

Method and Materials:

1. Discuss pictures showing different children - the way they look, how they do things.
2. Define: Growth, Development - what is the difference between the two. Discuss each principle.
3. Discuss what is parenting and how parenting skills are learned
 - a. Absolute respect for each child
 - b. Better understanding of growth and development
 - c. Belief in themselves as parents.

Important Words:

Growth	Stage	Physical	Emotional
Development	Sequence	Intellectual	Parenting
Inherit	Order	Social	

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual -Pages 6 - 9

LESSON 2: How Pregnancy Happens

Objectives:

1. To know what the female reproductive organs are and how they function
2. To understand the reason for menstruation
3. To know what the male reproductive organs are and how they function
4. To understand how pregnancy occurs.

Content:

1. The female reproductive organs
 - a. Uterus - womb
 - b. Cervix
 - c. Vagina
 - d. Ovaries
 - e. Fallopian tubes
2. Menstruation
 - a. The release of an ovum-egg
 - b. The growth of the uterine lining
 - c. The menstrual flow of blood.
3. The male reproductive organs
 - a. Testes
 - b. Scrotum
 - c. Epididymis
 - d. Vas deferens
 - e. Prostate gland
 - f. Urethra
 - g. Penis
4. Conception
 - a. Union of sperm and egg
 - b. Growth of uterine walls/no menstruation

Method and materials.

1. Use chart of female reproductive organs. Discuss the name and function of each part.
2. Use same chart - discuss menstruation
3. Use chart of male reproductive organs. Discuss the name and function of each part.
4. Discuss union of sperm and egg. Use the picture on page 9.

Important Words:

Reproductive organs
Uterus - Womb
Cervix
Vagina
Fallopian tubes
Ovary
Ovum - egg
Menstruation
Menopause
Conception

Testes
Scrotum
Sperm
Epididymis
Vas deferans
Prostate gland
Seminal fluid
Urethra
Penis
Intercourse

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 9 - 14.

LESSON 3: Prenatal Development

Objectives:

1. To know early embryonic development
2. To know the development occurring in each trimester
3. To understand the need for proper nutrition during pregnancy
4. To understand the necessity for good medical care and the signs when medical care is needed at once.

Content:

1. Beginning of pregnancy
 - a. Formation of the zygote
 - b. The embryo becomes attached to the uterus
 - 1) Placenta
 - 2) Umbilical cord
2. Development during the first trimester
 - a. First month
 - b. Second month
 - c. Third month
3. Development during the second trimester
 - a. 4th month
 - b. 5th month
 - c. 6th month
4. Development during the third trimester
 - a. 7th month
 - b. 8th month
 - c. 9th month
5. Nutrition during pregnancy
 - a. Reasons for proper nutrition
 - 1) growth, development
 - 2) Effects of malnutrition on both mother and child
 - b. Essential nutrients

1) Protein	3) Minerals and vitamins
2) Fats & carbohydrates	4) Water
6. Medical care during pregnancy.

Method & Materials.

1. Discuss early embryonic development using a chart.
- 2., 3., & 4 - Use slides showing prenatal development. Discuss the sequence of development.
5. Review the nutritional needs of the mother.
6. Discuss the need for good medical care.

Important Words.

Fertilized egg	Embryo
Placenta	Fetus
Umbilical	Bag of waters
Zygote	Lamugo
Vernix	

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual: Pages 15 - 18.

LESSON 4: Birth

Objectives:

1. To know the signs of labor
2. To understand the importance of the 1st hour after birth.
3. To know the types of newborn infants and their characteristics.
4. To know the types of birth presentations.

Content:

1. Signs of labor
 - a. First stage
 - b. Second stage
 - c. Third stage
2. The first hour after birth
 - a. Umbilical cord is cut
 - b. Infant is laid on mother's abdomen
 - c. Interaction between mother and infant
 - d. Infant breast feeds.
3. Types of newborn infants
 - a. Full term
 - b. Premature
 - c. Postmature
 - d. Stillborn
4. Types of birth presentations and their dangers
 - a. Normal
 - b. Breech

Methods and Materials.

1. Discuss the 3 stages of labor and what occurs at each stage. Use pictures.
2. Discuss the importance of the interaction between mother and infant right after birth.
3. Discuss the reasons for the types of newborn infants.
4. Discuss birth presentations - use pictures.

Important Words

Contractions	Miscarriage	Premature	Breech
Labor	Still birth	Colostrum	Presentation
Full term	After birth	Postmature	

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 19 - 22.

LESSON 5: Characteristics of the newborn infant.

Objectives:

1. To understand why a baby looks like he does at birth
2. To know basic information about infant weight, temperature and bowel movements.

Content

1. Physical appearance of the newborn baby
 - a. Shape of head
 - b. Appearance of skin
 - c. Possible spots or rashes
 - d. Soft spots on head - fontanel
 - e. Large head, small arms and legs
 - f. Muscles in neck and back
 - g. Control of his eyes
 - h. Lack of tears.
2. What the infant can do right after birth
 - a. Movement
 - b. Eyes
 - c. Reflexes - suck, cough, sneeze
 - d. Cry.
3. Weight of the newborn
4. Body temperature
5. Bowel movements
 - a. Right after birth
 - b. Breast-fed
 - c. Bottle-fed.

Methods and Materials

1. & 2. Discuss the physical appearance of the newborn baby - use pictures.
- 3., 4., & 5. Discuss differences in the newborn infant's weight, temperature and bowel movements.

Important words:

Vernix	"Soft Spot"	Diarrhea
Lanugo	Reflex	Meconium
Fontanel	Bowel movements	Temperature

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 23 - 28

LESSON 6: Growth & Development of the infant from birth to 3 months.

Objectives:

1. To know the major stages of development from birth to 5 years.
2. To know specific development between birth and 3 months in the physical, social, emotional, language and intellectual areas.

Content:

1. Introduction to the stages of development - Birth to 5 years
 - a. Birth to 4 months - control of his head
 - b. 4 to 6 months - learns to sit
 - c. 6 to 8 months - learns to creep
 - d. 8 to 12 months - learns to stand
 - e. 12 to 18 months - learns to walk
 - f. 18 to 24 months - learns to play while walking
 - g. 24 to 36 months - learns to use his fingers
 - h. 36 to 60 months - learns to move his body freely, to think, to get along with other people.
2. Physical Development - Birth to 3 months
 - a. Ways of movement
 - b. Control of head.
3. Social and emotional development
 - a. Crying as communication
 - b. The smile develops
 - c. Close contact with mother
4. Language and intellectual development
 - a. Cooing
 - b. Babbling

Methods and Materials

1. Discuss the sequence of development through the major stages from birth to 5 years.
- 2., 3. & 4. Discuss the infant under 3 months stage, characteristics, abilities and needs.

Important Words.

Stages
Rate
Physical Development

Social
Emotional
Intellectual

Cooing
Babbling

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 29 - 35.

LESSON 7: Development of the Infant from 3 to 6 months; from 6 to 8 months.

Objectives:

1. To know the basic development of the child from 3 to 6 months.
2. To know the basic development of the child from 6 to 8 months.
3. To know the steps in self-feeding.

Content:

1. Physical development from 3 to 6 months
 - a. Use of hands and eyes
 - b. Control of head and back
 - c. Sleep, teething.
2. Social and emotional development
 - a. Temperment
 - b. Feelings or emotions
3. Intellectual development
4. Physical development from 6 to 8 months
 - a. Begins to learn to crawl and creep
 - b. Can sit alone
 - c. Can roll from stomach to back and back to stomach.
5. Social and emotional development
 - a. Attachment
 - b. Fear of strangers
6. Language and intellectual development
7. Self feeding.

Methods and materials.

- 1.2.& 3 Discuss the development of the child from 3 - 6 months.
- 4.5.& 6 Compare the development of the child from 6 - 8 months with the child from 3 - 6 months.
7. Discuss the stages in learning to feed himself. Discuss why each stage is important.

Important Words

Temperment	Excitement	Emotions	Attachment
Delight	Fear	Crawl	Self-feeding
Distress	Anger	Creep	

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 36 - 41.

LESSON 8: Development of the infant from 8 - 12 months; from 12 - 18 months.

Objectives:

1. To know the basic development of the child from 8 to 12 months
2. To know the basic development of the child from 12 to 18 months

Content:

1. Physical development from 8 - 12 months.
 - a. Creeping well
 - b. Pulls self to standing
2. Social and emotional development 8 - 12 months
 - a. Attachment
 - b. Fear of strangers
 - c. Discipline
3. Language and intellectual development 8 - 12 months
4. Physical development from 12 - 18 months
 - a. Stands well
 - b. Walks
 - c. Feelings parents may have when their baby learns to walk.
5. Social and emotional development 12 - 18 months
 - a. Child is becoming aware of himself as a person
 - b. Wants to do things himself
6. Language and intellectual development 12 - 18 months
 - a. First meaningful word
 - b. May begin to jabber

Methods and Materials

1. 2. & 3. Discuss the development of the child from 8 to 12 months
4. 5. & 6. Compare the development of the child from 8 - 12 months and the child from 12 - 18 months.

Use posters showing stages of development up to 18 months.

Important Words

Attachment
Fear of Strangers
Discipline

Side-steps
First meaningful word
Jabbers

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 42 - 46

LESSON 9: Development of the child from 18 to 24 months; from 24 to 36 months.

Objectives:

1. To know the basic development of children from 18 to 24 months
2. To know the basic development of children from 24 - 36 months

Content:

1. Physical development from 18 - 24 months.
 - a. Walks well - frontwards, sideways, backwards
 - b. Beginning to run
2. Social and emotional development 18 - 24 months
3. Language and intellectual development 18 to 24 months
4. Physical development from 24 - 36 months
 - a. Can run
 - b. Beginning to kick a ball
 - c. Cannot stop running quickly
 - d. Sleep - naps may be a problem
 - e. Appetite - fluctuates
5. Social and emotional development 24 - 36 months
 - a. "No" stage
 - b. Does not always understand dangers
 - c. Difficult time sharing
 - d. Tantrums
6. Language and intellectual development 24 to 36 months
 - a. Language increasing quickly
 - b. Understands more than he can say

Methods and materials.

1. 2. & 3. Discuss development from 18 to 24 months
4. 5. & 6. Compare development from 24 to 36 months
Role play different stages of development.

Important Words.

Toddler
"No" stage
Tantrums

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 47 - 52

LESSON 10: Development of the child from 3 - 5 years.

Objectives:

1. To know the development of children from 3 to 5 years
2. To understand the importance of healthy emotional development

Content:

1. Physical development
 - a. 3 year old
 - b. 4 year old
 - c. 5 year old
2. Social and emotional development
 - a. How to love a child
 - 1) Concentrated attention
 - 2) Trust
 - 3) Never doubt a child's worth
 - 4) Cherish
 - 5) Care how a child feels
 - b. Stages of emotional development
3. Intellectual and language development.

Methods and Materials:

1. Compare the physical development of 3, 4, and 5 year olds.
2. Discuss what it means to love a child. How does a child know he is loved? What does love do to a person?
3. Discuss what a child can know because of the way he thinks.

Important Words

Concentrated attention
Indifference
Trust
Cherish.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 47 - 52.

LESSON 11: Emotional Development

Objectives:

1. To understand the process of emotional development.
2. To understand the dynamics of attachment.
3. To become aware of why children feel as they do.

Content:

1. Parent's preparation for the birth of a new baby
2. The first 90 minutes after birth
 - a. Responses of the mothers
 - b. Responses of the infant
3. The development of attachment
 - a. Touch
 - b. Eye-contact
 - c. Voice
4. Multiple attachment
 - a. Role of father
 - b. Role of relatives and friends
5. The 18 months old child
6. The 2 years old - "No-no"
7. The 3 years old
8. The 4 years old - Pleasing
9. The 5 years old.

M Methods and Materials:

1. Discuss the feelings of parents toward having a baby-negative and positive.
2. Review the importance of the first 90 min. following birth.
3. Discuss the components of attachment, how is it formed, how is it broken.
4. - 9. Discuss each age child - The struggles and the growth at each age.

Important Words.

Attachment

Fear of strangers.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 58 - 61

LESSON 12: Language Development

Objectives:

1. To understand the stages of language development.
2. To understand the importance of language

Content:

1. Early communication
 - a. Crying
 - b. Smiling
 - c. Cooing
 - d. Babbling
2. What the baby understands
 - a. Sound of Voice
 - b. Gestures
3. Babies are encouraged to speak
 - a. By talking to him in a friendly voice
 - b. By responding to the baby when he tries to communicate
4. Language stages
 - a. Cooing
 - b. Babbling
 - c. First meaningful word
 - d. Two-word sentences
 - e. Jargon
 - f. Sentences grow

Methods and Materials

1. Discuss how a baby brings and keeps an adult near him
2. Discuss body language
3. Discuss ways of encouraging babies to speak
4. Outline the stages of language development

Important Words

Communication	First meaningful word
Coo	Jargon
Babble	Body language

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 62 - 64.

LESSON 13: Burping a Baby

Contact and carrying a baby

Massaging the baby

Objectives:

1. To understand the reasons for burping
2. To demonstrate ways of carrying a baby.
3. To understand the purpose of massage.

Content:

1. Burping a baby
 - a. Reasons for Burping
 - b. Ways of holding a baby while burping
2. Ways of carrying and holding a baby
 - a. A young baby
 - b. Forward - carrying position
 - c. Hip - carrying position
 - d. Older children
3. Massage
 - a. Reasons for massaging
 - b. Techniques of massaging
 - 1) Face
 - 2) Arms, legs
 - 3) Chest
 - 4) Back

Methods and Materials:

1. Discuss and demonstrate burping positions
2. Discuss and demonstrate ways of holding and carrying children - use pictures
3. Demonstrate on massaging

Important Words

Burping

Massages

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 65 - 68.

LESSON 14: Breastfeeding and weaning

Objectives:

1. To recognize the importance of early breastfeeding
2. To know the steps in weaning
3. To understand when and how to move a child from the breast to a cup.

Content:

1. The importance of immediately putting the baby to the breast after birth.
 - a. Helps the third stage of labor - the passing of the afterbirth
 - b. Controls bleeding in the mother
 - c. Colostrum is important to the baby
2. The importance of breastfeeding
 - a. Encourages the special bond between mother and baby
 - b. The milk protects the baby from infections
 - c. The milk is always clean and just what the baby needs.
3. How and when to begin solid foods - what kinds of foods.
4. How and when to wean the baby from the breast.

Method and materials:

1. Review the necessity of putting an infant immediately to the breast.
2. Discuss the importance of breast feeding
3. Discuss when and how to begin solid foods
4. Discuss when and how to wean the baby from the breast.
Why this can be difficult for the child

Important Words

Weaning

Colostrum

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 69 - 74

LESSON 15: Safety
When a baby is sick
When to see a Doctor
Immunization

Objectives:

1. To understand how accidents occur and how to prevent them.
2. To recognize when a baby is sick, to know the signs of sickness
3. To know when to take a baby to the doctor.

Content:

1. How accidents happen
 - a. Parents do not realize what their child can do
 - b. Dangerous things were not put away
 - c. A baby was not watched
 - d. There were dangerous places around the house.
2. Types of things and situations that may cause an accident
3. Determining when a baby is sick
 - a. Change in behavior
 - b. Loss of appetite
 - c. Fever
 - d. Vomiting
 - e. Diarrhea
 - f. Constipation
 - g. Pain
 - h. Rash
4. When to see a doctor
5. Immunization
 - a. What are they
 - b. Why get them
 - c. When to get them

Methods and Materials

1. & 2. Discuss how accidents happen and how to prevent them.
Discuss types of accidents.
3. & 4. Discuss when a baby is sick, when he should go to the doctor.
5. Discuss immunization

Important Words

Appetite
Fever
Vomit

Diarrhea
Constipation
Rash

Immunization
Vaccine

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 75 - 78

LESSON 16: Common Sicknesses
Skin Problems of Babies

Objectives:

1. To know how to recognize, prevent and/or treat common sicknesses
2. To know how to recognize, prevent and/or treat skin problems

Content:

1. Dehydration
 - a. Signs of dehydration
 - b. How to prevent dehydration
 - c. How to treat dehydration
2. Diarrhea
 - a. Signs of diarrhea
 - b. How to prevent diarrhea
 - c. How to treat diarrhea
3. Fever
 - a. Signs of fever
 - b. How to treat a fever
 - c. How to use a Thermometer
4. Diaper rash
 - a. Signs of diaper rash
 - b. How to prevent rash
 - c. How to treat rash
5. Cradle cap
 - a. Signs of cradle cap
 - b. How to prevent cradle cap
 - c. How to treat cradle cap

Methods and Materials

1. - 5. Discuss the recognition, causes, prevention and treatment of common illnesses.

Important Words

Dehydration
Diarrhea
Thermometer
Cradle cap.

Rehydration drink
Fever
Diaper rash

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 79 - 83

LESSON 17: Growth
Development of the teeth

Objectives:

1. To know the qualities of a healthy child
2. To understand the implications of underweight
3. To recognize severe nutrition problems
4. To know the sequence of teeth eruption.

Content:

1. Important qualities of a healthy child
 - a. Growing well
 - b. Right height for his age
 - c. Acquiring skills normal for his age i.e. walking, talking
 - d. Active, interested in the world
 - e. Healthy skin, hair
 - f. Have no symptoms which spoil health, i.e. cough.
2. What happens to a child that is underweight
 - a. An underweight child grows up less clever
 - b. An underweight child becomes ill and dies more easily
 - c. An underweight child does not grow as tall as he should.
3. Severe Nutrition Problems
 - a. Kwashiorkor
 - b. Marasmus
4. How teeth develop
 - a. Order of appearance
 - b. Care of teeth

Methods and Materials:

1. Discuss the qualities of a healthy child.
2. Discuss the results of being under weight. What happens to the child.
3. Discuss severe nutrition problems
Their characteristics
Use pictures
4. Discuss order of the appearance of teeth - implications for eating.

Important Words

Growth	Kwashiorkor
Symptoms	Marasmus
Micro-organisms	Underweight
Germs	

COURSES: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 84 - 88.

LESSON 18: Bathing a Baby
Sleep

Objectives:

1. To know what is needed in order to give a baby a good bath.
2. To know how to give a baby a bath.
3. To know how to care for the baby's ears, nose, eyes, nails and hair.
4. To know what makes a good sleeping environment for young children.

Content:

1. Giving a bath
 - a. The materials necessary in order to give a good bath:
tub, water, soap-mild, towel, wash-cloth, clean-diaper,
clean-clothes.
 - b. Steps in giving a tub bath
 - c. Steps in giving a sponge bath
 - d. Areas to wash and dry well
2. Care of the finger and toe nails
ears and nose
eyes
hair.
3. Creating a good sleeping environment for the child
 - a. Safe
 - b. Comfortable
 - c. Clean
4. Sleeping Positions
 - a. Stomach
 - b. Back
 - c. Side

Methods and materials:

1. Discuss and demonstrate techniques for giving a bath. Discuss which parts of the body must be washed and dried well.
2. Discuss care of nails, eyes, ears, nose, hair. Why important
3. Discuss sleeping environments - what makes them good or poor.
4. Discuss the use of different sleeping positions.

Important Words

Sponge bath
Buttocks
Genitals

Folds, creases in the skin
Environment

COURSES: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 89 - 91.

LESSON 19: Play
Characteristics of good toys

Objectives

1. To recognize and understand the importance of play.
2. To know how children of different ages play.
3. To know the qualities and characteristics of good toys.

Content:

1. Play is very important for children
 - a. The child learns about things, people and his world.
 - b. The child learns to use his body.
 - c. The child strengthens his muscles.
 - d. The child learns to cooperate with other children.
 - e. The child learns that people are different
2. Before the baby learns to crawl
 - a. Place to play
 - b. Types of toys
3. When the baby learns to crawl and walk
 - a. Place to play
 - b. Types of toys
4. The runabout child
 - a. Place to play
 - b. Types of toys
5. Outdoor play
6. Characteristics of good, safe toys.

Methods and Materials:

1. Discuss why a child plays - what he learns
2. - 5. Discuss safe places for children to play and types of toys they should play with.
6. Show examples of good toys and poor toys. Discuss what makes a good toy, a poor toy.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 92 - 101.

LESSON 20: Infant Stimulation Birth to 6 months
Toys to make

Objectives:

1. To realize the need for infant stimulation
2. To demonstrate the ability to understand what young infants need.
3. To make simple toys.

Content:

1. Baby/child learns in many ways
 - a. Trial and error
 - b. Imitation
 - c. Natural consequences
2. Stimulation for infant's birth to one month.
 - a. Change of position
 - b. Massage
 - c. Cuddle/rock
 - d. Sing, hum
3. Stimulation for infants one to three months
 - a. Massage
 - b. Exercises
 - c. Visual stimulation
 - d. Auditory stimulation
4. Stimulation for infants four to five months
 - a. Tactual stimulation
 - b. Visual stimulation
 - c. Auditory stimulation
 - d. Exercises
5. Imitation, the beginning of speech.
 - a. Why is imitation important
 - b. How to teach imitation.
6. Toys to make for the child from birth to 5 months
 - a. Mobile
 - b. Yarn-ball
 - c. Beans in a can
 - d. Cloth doll
 - e. Rattle

Methods and Materials:

1. - 5. Discuss the learning needs of the infant
Discuss an infant's needs as he grows
Discuss/demonstrate techniques of play and stimulation
6. Make the toys. Patterns given in Appendix 'A'.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 102 - 109.

LESSON 21: Infant stimulation 6 - 12 months
Toys to make.

Objectives:

1. To demonstrate the ability to know the kind of stimulation an infant needs.
2. To know the stages of development and how they affect the type of stimulation given to an infant.
3. To make toys for this age child.

Content:

1. The infant from six to eight months
 - a. Characteristics of the child
 - b. How to encourage movement
 - c. Social play
 - d. Simple problem solving skills
 - e. Games to encourage imitation
 - f. Games to help a baby learn about space.
2. The infant from nine to eleven months
 - a. Characteristics of the child
 - b. Eye-hand coordination
 - c. Finger coordination
 - d. Social games
 - e. Imitation
 - f. Receptive language
 - g. Body-in-space games
3. Toys to make
 - a. Blocks
 - b. Textured blanket
 - c. Box with small toys
 - d. Cloth ball
 - e. Toy drum

Methods and Materials:

1. & 2. Review development of the infant
Discuss types of stimulation appropriate for a child between 6 - 12 months.
Demonstrate techniques of playing with a child.
3. Make toys appropriate for the 6 - 12 month old child.
Patterns in Appendix 'A'.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 110 - 119.

LESSON 22: Child Learning - 12 - 20 months
Toys to make.

Objectives:

1. To remember the developmental characteristics of a child from 12 - 20 months.
2. To demonstrate the ability to play the appropriate types of games with a child from 12 - 20 months.
3. To make toys for the 12 - 20 month old child.

Content:

1. The child from 12 to 14 months
 - a. Developmental characteristics
 - b. Self help skills - eating, dressing
 - c. Imitation games
 - d. Body parts
 - e. Object permanence
 - f. Ways to encourage speech.
2. The child from 15 to 20 months
 - a. Developmental characteristics
 - b. Manipulation toys
 - c. Problem solving skills
 - d. Language stimulation
3. Toys to make
 - a. Beanbags
 - b. Tube with toy and string
 - c. Match box blocks
 - d. Playdough

Methods and materials:

1. 2. Review development of child from 12 - 20 months
Discuss the types of games appropriate to this age child.
Demonstrate techniques of playing with a 12 - 20 month-old.
3. Make toys - See Appendix 'A' for instructions.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 120 - 126

LESSON: Child Learning 21 - 36 months
Toys to make.

Objectives:

1. To demonstrate knowledge of appropriate activities for a child from 21 - 36 months.
2. To make toys for the child from 21 - 36 months.

Content:

1. The child from 21 to 29 months
 - a. Developmental characteristics
 - b. Games that use large muscles
 - c. Concept of size - big, small.
 - d. Copy designs
 - e. Colors
 - f. Concept of one and many
 - g. Beginning sorting skills
 - h. Puzzles
3. The child from 30 to 36 months
 - a. Developmental characteristics
 - b. Use of pencil
 - c. Imitation
 - d. Stacking objects
 - e. Language development

Methods and Materials:

- 1.2. Review development of child from 26 - 36 months
Discuss and demonstrate the types of games and activities appropriate to the child from 21 - 36 months.
3. Make toys - see Appendix 'A' for instructions.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual - Pages 127 - 143

LESSON 24: Child Learning 3 - 5 years
Toys to make.

Objectives:

1. To understand the way children from 3 - 5 years learn and the necessity to manipulate objects.
2. To make toys for the 3 - 5 year old.

Content:

1. Description and explanation of:
 - a. Nesting Boxes
 - b. Sorting Box
 - c. Puzzles
 - d. Blocks
 - e. Sorting
 - f. Matching Identical objects
 - g. Matching Objects and pictures
 - h. Cardboard cutups
 - i. Pattern on cards
 - j. Numbers
 - k. Touch
 - l. Large Muscles
 - m. Balls
 - n. Bubbles
2. Toys to make
 - a. Dominoes
 - b. Puppet
 - c. Stacking boxes
 - d. Cardboard cut-outs
 - e. Bubble wire

Methods and Materials

1. Demonstrate and discuss the use of each kind of toy.
2. Make toys - See Appendix 'A' for instructions.

COURSE: CHILD DEVELOPMENT

TEXT: Child Development - CRS - Training Manual Pages 144 - 150.

LESSON 25: Children with problems.

Objectives:

1. To recognize certain problems or handicaps in children
2. To realize the importance of certain precautions during pregnancy
3. To become sensitive in explaining the presence of a handicap to parents.

Content:

1. Things that increase the chance of birth defects
 - a. Lack of nutritious food during pregnancy
 - b. Heavy smoking or drinking
 - c. Having a baby after 35 years of age
 - d. Medicines taken by the mother
 - e. Parents are blood-relatives
 - f. Difficulties during birth
 - g. Lack of adequate food after birth.
2. Cerebral Palsy
 - a. Where the brain is harmed
 - b. How the brain is harmed
 - c. Characteristics of cerebral Palsy
3. Dislocated hip
 - a. Some causes
 - b. How to recognize a dislocated hip
4. Cleft lip or cleft palate
 - a. How it is formed
 - b. How to recognize it
5. Club foot
 - a. How it is formed
 - b. How to recognize it.
6. Polio
 - a. Cause
 - b. Characteristics
7. Down's Syndrome
 - a. Characteristics
 - b. How to recognize

Important Words

Birth defect.

COURSE: CHILD DEVELOPMENT

TEXT: Denver Developmental Screening Test

LESSON 26: Introduction to the Denver Developmental Screening Test

Objectives:

1. To understand the text form
2. To determine the exact age of the child to be tested.
3. To accurately prepare the form for testing.

Content:

1. The four areas of the test
 - a. Personal-Social
 - b. Fine Motor - Adaptive
 - c. Language
 - d. Gross motor
2. Arrangement of test items
3. Interpretation of age scales
4. Meaning of footnote number
5. General Test Instructions
6. What to tell the parents
7. Preparation of Test Form
 - a. Calculating child's age
 - b. Drawing the age line/dating the test
 - c. Adjustment for Prematurity.

COURSE: CHILD DEVELOPMENT

TEXT: Denver Developmental Screening Test

LESSON 27: Testing Procedures and recognition of delays.

Objectives:

1. To list 3 necessary steps before beginning the test
2. To discuss testing procedures
3. To name and describe the 4 possible item scores
4. To recognize a delay in development as identified.

Content:

1. Order of testing
2. Number of items to be given
3. Number of trials given
4. Leading questions
5. Item scoring
6. Refusals
7. Discussion of test results
8. Testing examiner's observation
9. Retesting
10. Scoring delays in development.

COURSE: CHILD DEVELOPMENT

TEXT: Denver Developmental Screening Test

LESSON 28: Interpretation of Test results.

Objective:

1. To interpret the results of an accurately administered DDST.

Content:

1. Interpretation instructions
 - a. Abnormal
 - b. Questionable
 - c. Untestable
 - d. Normal
2. Results

COURSE: CHILD DEVELOPMENT

TEXT: Denver Developmental Screening Test

LESSON 29: Demonstration of DDST
Evaluation of DDST Administration

Objective:

1. To be able to use the DDST Administration check list
2. To evaluate ones own test administration.

Content:

1. DDST Administration check list
 - a. Before the test
 - b. During the test
 - c. After the test
2. Demonstration of DDST
3. Practice in administrating the DDST.

CONTENT OF THE CHILD
DEVELOPMENT CLASSES

(FOR MOTHERS)

INTRODUCTION

Principles of Growth and Development
Parenting.

PREGNANCY

The female reproductive organs
Menstruation
The male reproductive organs
How pregnancy happens

PRENATAL DEVELOPMENT

The development of the baby in the uterus
Nutrition during pregnancy
Medical Care

BIRTH

The baby is ready to be born
The way babies are born

CHARACTERISTICS OF THE NEWBORN INFANT

Physical appearance
Weight
Body Temperature
Bowel Movements

THE INFANT FROM BIRTH TO 5 YEARS

Physical Development
Social Development
Emotional Development
Language Development
Intellectual Development

BREASTFEEDING AND WEANING

CHILD CARE

Burping the baby
Carrying a baby
Massaging the baby
Safety
When the baby is sick
When to see a doctor
Immunization
Common sicknesses
Skin problems of babies
Bathing a baby
Sleep

GROWTH

Development of the teeth

PLAY

Characteristics of good toys.

INFANT STIMULATION/CHILD LEARNING

From Birth to 5 years

CHILDREN WITH PROBLEMS

Cerebral Palsy
Dislocated hip
Cleft lip or cleft palate
Polio
Down's Syndrome (Mongoloid).

PATTERNS FOR MAKING TOYS.

TOTAL NUMBER OF MOTHERS' CLASSES HELD IN NUTRITION,
NUMBER OF MOTHERS REACHED AND NUMBER OF CHILDREN WEIGHED
FOR ONE YEAR (OCTOBER 1979 TO JANUARY 1981)

NAME OF SOCIETY	(a) Having completed a course of 20 lessons			(b) Now participating in Mothers' Classes		
	No. of Classes	No. of Mothers	No. of Children Weighed	No. of Classes	No. of Mothers	No. of Children Weighed
<u>JERUSALEM AREA:</u>						
1. Spafford Children's Center, Old City of Jerusalem.	8	169	169	2	44	44
2. Greek Catholic Infant Welfare Center, Old City of Jerusalem.	2	42	38	-	-	-
3. Sawahreh El-Sharkiyeh Charitable Society.	-	-	-	1	25	22
4. El-Amal Charit.Soc., ABU DIS	4	86	75	1	24	21
(i) Al-Jahaleen sub-center	-	-	-	-	-	-
(ii) Arab El-Dahouk "	1	14	14	-	-	-
(iii) Aqbat Jaber "	1	14	15	-	-	-
(iv) Bethany.	1	28	27	1	25	18
<u>RAMALLAH AREA:</u>						
5. El-Bireh Red Crescent Society	4	80	103	1	23	23
6. Bir-Zeit Ladies Charit. Society	2	37	37	1	15	15
7. Friends of the Community, El-Bireh.	6	131	142	1	28	28
8. Karawat Bani-Zeid Charit.Society	1	10	10	1	13	13
(i) Deir-Ghassaneh	2	43	60	-	-	-
(ii) Beit-Rima	1	25	26	-	-	-

NAME OF SOCIETY	(a) Having completed a course of 20 lessons			(b) Now participating in Mothers' Classes		
	No. of Classes	No. of Mothers	No. of Children Weighed	No. of Classes	No. of Mothers	No. of Children Weighed
<u>BETHLEHEM AREA:</u>						
9. Beit-Jala Ladies Society	3	68	67	1	23	22
10. Caritas/Bethlehem						
(i) Wad-Rahhal	-	-	-	1	20	20
(ii) Joret Al-Sham'a	-	-	-	1	20	20
<u>JERICHO AREA:</u>						
11. Jericho Ladies Charit.Society	3	61	50	-	-	-
(i) El-Uja sub-center	2	12	11	-	-	-
<u>HEBRON AREA:</u>						
12. Hebron Ladies Charit.Society	3	66	66	-	-	-
13. Hebron Red Crescent Charit.Soc.	3	63	62	-	-	-
(i) Al-Majd sub-center	2	34	37	-	-	-
14. Halhul Ladies Charit. Society	2	41	35	1	20	19
15. Bani Na'im " "	3	56	52	1	22	22
16. Doura " "	2	38	37	-	-	-
17. Dahriyeh " "	3	64	59	-	-	-
18. Beit-Ula " "	3	60	59	-	-	-
19. Nuba " "	2	22	19	-	-	-
20. Yatta " "	4	80	82	-	-	-
21. Samou' " "	4	86	84	-	-	-
22. Si'ir " "	4	94	84	-	-	-
(i) Ras El-'Aroud sub-center	1	20	20	-	-	-

NAME OF SOCIETY	(a) Having completed a course of 20 lessons			(b) Now participating in Mothers' Classes		
	No. of Classes	No. of Mothers	No. of Children Weighed	No. of Classes	No. of Mothers	No. of Children Weighed
<u>HEBRON AREA (contd.):</u>						
23. Beit-Kahel Charit. Society	3	58	51	-	-	-
24. Tarqoumia " "	4	71	64	-	-	-
25. Idna " "	4	86	86	-	-	-
26. Kharas " "	3	53	53	-	-	-
27. Surif " "	4	76	72	-	-	-
28. Shuyukh " "	3	65	54	-	-	-
29. Beit-'Awwa " "	4	81	86	-	-	-
30. Shuyukh El-'Arroub "	3	60	55	-	-	-
31. Rihyyeh " "	1	24	24	-	-	-
32. Taffouhh " "	2	40	36	1	25	23
<u>NABLUS AREA:</u>						
33. Till Charitable Society	2	34	34	1	14	4
34. Assirah El-Qibliyeh Charit.Soc.	1	13	4	-	-	-
35. Beita Charitable Society	2	45	44	1	21	15
36. Bourin " "	1	24	28	-	-	-
37. Nablus Community Center	8	147	147	1	15	12
38. Assirah El-Shamaliyeh Charitable Society.	7	149	149	1	11	6

NAME OF SOCIETY	(a) Having completed a course of 20 lessons			(b) Now participating in Mothers' Classes		
	No. of Classes	No. of Mothers	No. of Children Weighed	No. of Classes	No. of Mothers	No. of Children Weighed
<u>TULKAREM AREA:</u>						
39. Salfit Charitable Society	3	54	54	-	-	-
(i) Farkha sub-center	1	13	13	-	-	-
40. Al-Murabitat Charit. Society, Qalqilya.	-	-	-	-	-	-
<u>JENIN AREA:</u>						
41. Tubas Charitable Society	2	43	38	-	-	-
(i) Aqqaba sub-center	5	106	106	1	26	20
42. Zababdeh Charitable Society	2	33	30			
(i) Missilieh sub-center	1	20	20	1	18	18
(ii) Raba "	1	25	25	1	21	21
(iii) Jalqamus "	1	21	21	1	23	23
43. Qabatia Charitable Society	4	88	82	1	27	27
44. Ya'bad " "	5	117	117	-	-	-
45. Arraba " "	4	79	72	-	-	-
46. Burqin " "	6	115	210	1	20	10
(i) Kufur Qud sub-center	3	37	37	-	-	-
(ii) El-Hashimieh "	3	56	50	-	-	-
(iii) Wad-Burqin "	4	104	97	1	25	25
47. Yamoun Charitable Society	5	104	104	-	-	-

NAME OF SOCIETY	(a) Having completed a course of 20 lessons			(b) Now participating in Mothers' Classes		
	No. of Classes	No. of Mothers	No. of Children Weighed	No. of Classes	No. of Mothers	No. of Children Weighed
<u>JENIN AREA (contd.):</u>						
48. Silat El-Harthieh Charitable Society.	5	123	123	-	-	-
49. Asdika' El-Marid Society	6	147	140	-	-	-
50. Jaba' Charitable Society	4	91	91	1	25	25
51. Fakkou'a " "	3	74	81	1	25	18
52. Sanour " "	3	69	69	1	20	20
53. Jenin " "	4	103	98	2	50	50
54. Kufur Dan " "	2	50	45	2	46	40
	206	4,242	4,250	33	714	644

ATTENDANCE IN MOTHERS' CLASSES
IN NUTRITION
FROM OCTOBER 1979 TO JANUARY 1981

NAME OF SOCIETY	No. of Classes	No. of Mothers	Number of Lessons Attended			
			20	18-19	16-17	15 and below
<u>JERUSALEM AREA:</u>						
1. Spafford Children's Center, Old City of Jerusalem.	8	169	105	60	4	-
2. Greek Catholic Infant Welfare Center, Old City of Jerusalem.	2	42	17	21	4	-
3. Sawahreh El-Sharkiyeh Charitable Society.	-	-	-	-	-	-
4. El-Amal Charitable Society:	4	86	19	42	24	1
(i) Al-Jahaleen sub-center	-	-	-	-	-	-
(ii) Arab El-Dahouk "	1	14	5	6	3	-
(iii) Aqabat Jaber "	1	14	5	6	3	-
(iv) Bethany "	1	28	8	11	9	-
<u>RAMALLAH AREA:</u>						
5. El-Bireh Red Crescent Society	4	80	10	52	18	-
6. Bir-Zeit Ladies Charit.Soc.	2	37	7	19	9	2
7. Friends of the Community, El-Bireh.	6	131	31	67	23	10
8. Karawat Bani-Zeid Charit.Soc.	1	10	1	3	5	1
(i) Deir Ghassaneh sub-center	2	43	10	25	8	-
(ii) Beit-Rima "	1	25	2	13	7	3
<u>BETHLEHEM AREA:</u>						
9. Beit-Jala Charitable Society	3	68	22	31	14	1
10. Caritas: Wad-Rahhal.	-	-	-	-	-	-
<u>JERICHO AREA:</u>						
11. Jericho Ladies Charit.Soc.	3	61	26	17	13	5
(i) El-Uja sub-center.	2	12	8	3	1	-

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NAME OF SOCIETY	No. of Classes	No. of Mothers	Number of Lessons Attended			
			20	18-19	16-17	15 and below
<u>HEBRON AREA:</u>						
12. Hebron Ladies Charit.Soc.	3	66	36	25	4	1
13. Hebron Red Crescent Charitable Society:	3	63	7	23	20	13
(i) Al-Majd sub-center	2	34	12	16	5	1
14. Halhul Ladies Charit.Soc.	2	41	17	16	5	3
15. Bani Na'im " "	3	56	8	16	23	9
16. Doura " "	2	38	4	20	11	3
17. Dahriyeh " "	3	64	17	30	13	4
18. Beit-Ula " "	3	60	20	28	11	1
19. Nuba " "	2	22	4	8	8	2
20. Yatta " "	4	80	21	29	24	6
21. Samou' " "	4	86	18	31	23	14
22. Si'ir " "	4	94	30	34	25	5
(i) Ras El-'Aroud	1	20	3	6	7	4
23. Beit-Kahel Charitable Soc.	3	58	2	25	23	8
24. Tarqoumia " "	4	71	6	20	30	15
25. Idna " "	4	86	7	22	38	19
26. Kharas " "	3	53	7	26	16	4
27. Surif " "	4	76	22	32	17	5
28. Shuyukh " "	3	65	16	24	22	3
29. Beit-'Awwa " "	4	81	20	34	20	7
30. Shuyukh El-'Arroub	3	60	19	34	7	-
31. Rihyyeh " "	1	24	14	8	2	-
32. Taffouhh " "	2	40	6	15	14	5

NAME OF SOCIETY	No. of Classes	No. of Mothers	Number of Lessons Attended			
			20	18-19	16-17	15 and below
<u>NABLUS AREA:</u>						
33. Till Charitable Society	2	34	14	12	7	1
34. Assirah El-Qibliyeh Charitable Society.	1	13	6	5	2	-
35. Beita Charitable Society	2	45	11	21	12	1
36. Bourin " "	1	24	12	9	3	-
37. Nablus Community Center	8	147	49	79	17	2
38. Assirah El-Shamaliyeh Charitable Society.	7	149	23	89	34	3
<u>TULKAREM AREA:</u>						
39. Salfit Charitable Society	3	54	1	24	25	4
(i) Farkha sub-center	1	13	6	5	2	-
40. Al-Murabitat Charitable Society, Qalqilya.	-	-	-	-	-	-
<u>JENIN AREA:</u>						
41. Tubas Charitable Society	2	43	39	4	-	-
(i) Aqqaba sub-center	5	106	82	22	2	-
42. Zababdeh Charitable Society	2	33	14	14	5	-
(i) Missilieh sub-center	1	20	9	10	1	-
(ii) Raba " "	1	25	20	4	1	-
(iii) Jalqamus " "	1	21	21	-	-	-
43. Qabatiah Charitable Society	4	88	35	49	4	-
44. Ya'bad " "	5	117	113	4	-	-
45. Arraba " "	4	79	38	41	-	-
46. Burqin " "	6	115	102	9	4	-
(i) Kufur Qud sub-center	3	37	32	3	2	-
(ii) El-Hashimieh " "	3	56	43	12	1	-
(iii) Wad Burqin " "	4	104	88	16	-	-

NAME OF SOCIETY	No. of Classes	No. of Mothers	Number of Lessons Attended			
			20	18-19	16-17	15 and below
<u>JENIN AREA (contd.)</u>						
47. Yamoun Charitable Society	5	104	82	17	5	-
48. Silat El-Harthieh Charitable Society.	5	123	67	54	2	-
49. Asdika' El-Marid "	6	147	106	37	4	-
50. Jaba' Charitable "	4	91	74	17	-	-
51. Fakkou'a " "	3	74	64	10	-	-
52. Sanour " "	3	69	54	10	5	-
53. Jenin " "	4	103	92	11	-	-
54. Kufur Dan " "	2	50	45	5	-	-
<u>TOTAL:</u>	206	4242	1934	1491	651	166

SUMMARY OF ATTENDANCE IN MOTHERS' CLASSES IN NUTRITIONFROM OCTOBER 1979 TO JANUARY 1981COMPARISON BETWEEN THE FOUR MAIN AREAS OF ACTIVITY

Main Area of Activity	No. of Classes	No. of Mothers	Number of Lessons Attended							
			20	%	18-19	%	16-17	%	15 and below	%
Jerusalem Area	41	820	276	33.6	376	46	145	17.7	23	2.7
Hebron "	67	1338	316	23.6	522	39	368	27.4	132	10
Nablus "	25	479	122	25.5	244	51	102	21.2	11	2.3
Jenin "	73	1605	1220	76	349	21.75	36	2.25	-	-
<u>TOTAL:</u>	206	4242	1934	46	1491	35	651	15	166	4

STATUS OF FORMER TRAINEES IN THE EIGHT NUTRITION TRAINING COURSES
HELD BETWEEN 1976 AND 1978
AS OF JANUARY 1981

TRAINEES ENROLLED	Enrolled	Graduated	Conducting Mothers' Classes	Active Related Fields	Died	Sick	Moved	Enrolled Higher Education	Society not able employ Graduate	Married and/or not working	Other work	TOTAL
Course I - Jerusalem	17	16	8			1	2			5		16
Course II - Jerusalem	29	29	8	4	1		7	1	1	6	1	29
Course III - Nablus	8	8	1				3		1	1	2	8
Course IV - Hebron	23	21	10			1	2	1		5	2	21
Course V - Jenin	12	11	8				2				1	11
Course VI - Nablus	21	21	13				1		2	3	2	21
Course VII - Jerusalem	19	19	10	5			4					19
Course VIII - Hebron	20	20	9	1			4	2		3	1	20
<u>TOTAL:</u>	149	145	67	10	1	2	25	4	4	23	9	145

STATUS OF GRADUATES OF FIRST AID TRAINING COURSESHELD IN 1980 - 1981AS OF JANUARY 1981

TRAINEES ENROLLED	Enrolled	Graduated	Conducting Mothers' Classes	Active Related Fields	Moved	Enrolled Higher Education	No Society as yet	Married and/or not working	Other work	TOTAL
Course I - Nablus	15	14	10	1	2		1			14
Course II - Jenin	33*	33	21		2	1	1	6	2	33
Course III - Jerusalem	21 [†]	19	12	2	2				3	19
Course IV - Hebron	39 [‡]	39	27	3				7	2	39
<u>TOTAL:</u>	108	105	70	6	6	1	2	13	7	105

* In addition one CRS - staff member attended the course in Jenin.

[†] In addition two CRS - staff members attended the course in Jerusalem.

[‡] In addition two CRS - project teachers and one driver attended the course in Hebron.

TOTAL NUMBER OF CLASSES FOR MOTHERSIN FIRST AID
AND NUMBER OF MOTHERS REACHED

Name of Society	(a) Having completed a First Aid Course		(b) Now participating in First Aid Course	
	No. of Classes	No. of Mothers	No. of Classes	No. of Mothers
<u>JERUSALEM AREA</u>				
1. Spafford Children's Center, Old City Jerusalem.	-	-	-	-
2. Greek Catholic Infant Center, Old City, Jerusalem	-	-	-	-
3. Sawahreh El-Sharkiyeh Charitable Society	-	-	-	-
4. El-Amal Charit.Soc. ABU-DIS	-	-	1	15
(i) Al-Jahaleen Sub-Center	-	-	1	13
(ii) Arab El-Dahouk Sub-Center	-	-	1	10
(iii) Aqbat Jaber Sub-Center	-	-	1	21
(iv) Bethany Sub-Center	-	-	1	20
<u>RAMALLAH AREA</u>				
5. El-Bireh Red Crescent Society	1	16	-	-
6. Bir-Zeit Ladies Charitable Society	-	-	1	10
7. Friends of the Com., El-Bireh.	1	26	2	45
8. Karawat Bani-Zeid Charitable Society	-	-	1	20
(i) Deir Ghassaneh	-	-	1	22
(ii) Beit Rima	-	-	1	16
<u>BETHLEHEM AREA</u>				
9. Beit-Jala Charitable Society.	1	22	1	24
10. Caritas/Bethlehem	-	-	-	-
(i) Wad Rahhal	-	-	1	20
(ii) Joret El-Sham'a	-	-	1	20
<u>JERICHO AREA</u>				
11. Jericho Ladies Charitable Society	-	-	1	13
(i) El-Uja Sub-Center.	-	-	1	12

Name of Society	(a) Having completed a First Aid Course		(b) Now participating in First Aid Course	
	No. of Classes	No. of Mothers	No. of Classes	No. of Mothers
HEBRON AREA				
12. Hebron Ladies Charit. Society.	-	-	1	24
13. Hebron Red Crescent Charitable Society	-	-	1	20
(i) Al Majd Sub-center	-	-	1	18
14. Halhul Ladies Charit. Society	-	-	1	16
15. Bani Na'im Charitable Society	-	-	1	20
16. Doura Charitable Soc.	-	-	1	20
17. Dahriyeh " "	-	-	1	21
18. Beit Ula " "	-	-	1	17
19. Nuba " "	-	-	1	17
20. Yatta " "	-	-	1	19
21. Samou' " "	-	-	1	20
22. Si'ir " "	-	-	1	24
(i) Ias El-'Aroud Sub-center	-	-	1	20
23. Beit-Kahel Charit. Soc.	-	-	1	25
24. Tarqoumia " "	-	-	1	20
25. Idna " "	-	-	1	17
26. Kharas " "	-	-	1	20
27. Surif " "	-	-	1	16
28. Shuyukh " "	-	-	1	20
29. Beit-'Awwa " "	-	-	1	23
30. Shuyukh El-'Arroub "	-	-	1	20
31. Rihiyeh Charit. Soc.	-	-	1	24
32. Taffouhh " "	-	-	1	22
NABLUS AREA				
33. Till Charitable Society	1	22	1	21
34. Assirah El-Qibliyeh Charit. Society.	2	37	1	19
35. Beita Charit. Society	1	22	1	22
36. Bourin " "	1	23	1	19
37. Nablus Community Center	1	21	1	20
38. Assirah El-Shamaliyeh Charitable Society	1	21	1	19

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Name of Society	(a) Having completed a First Aid Course		(b) Now participating in First Aid Course	
	No. of Classes	No. of Mothers	No. of Classes	No. of Mothers
<u>TULKAREM AREA</u>				
39. Salfit Charitable Society	1	21	1	20
(i) Farkha Sub-center	1	26	1	11
40. Al-Murabitat Charitable Society, Jalqilya.	-	-	-	-
<u>JENIN AREA</u>				
41. Tubas Charitable Society	1	24	1	25
(i) Aqqaba Sub-center	-	-	1	22
42. Zababdeh Charitable Soc	-	-	-	-
(i) Missilieh sub-center	-	-	1	18
(ii) Raba "	-	-	1	22
(iii) Jalqamus "	-	-	1	21
43. Qabatia Charitable Society	-	-	1	27
44. Ya'bad " "	1	26	-	-
45. Arraba " "	1	23	-	-
46. Burqin " "	2	50	1	25
(i) Kufur Qud Sub-center	1	22	1	15
(ii) El-Hashimieh "	1	20	1	15
(iii) Wad-Burqin "	1	25	1	20
47. Yamoun Charitable Society	2	38	1	28
48. Silat Al-Harthieh Charitable Society	1	25	1	21
49. Asdika' El-Marid Society	2	50	1	25
50. Jaba' Charitable Society	1	25	1	25
51. Fakkou'a " "	1	25	1	24
52. Sanour " "	-	-	1	24
53. Jenin " "	4	96	-	-
54. Kufur Dan " "	2	50	2	46
<u>TOTAL:-</u>	33	756	64	1288

ATTENDANCE IN MOTHERS' CLASSESIN FIRST AIDCOMPLETED BY JANUARY 1981

NAME OF SOCIETY	No. of Classes	No. of Mothers	Number of Lessons Attended			
			20 or more	18-19	16-17	15 and below
El Bireh Red Crescent Soc.	1	16	8	8	-	-
Friends/Com. El-Bireh	1	26	17	9	-	-
Beit Jala Charitable Soc.	1	22	6	12	4	-
Till Charitable Society	1	22	10	9	3	-
Assirah El-Qibliyeh Charitable Society	2	37	4	31	2	-
Beita Charitable Soc.	1	22	22	-	-	-
Burin Charitable Soc.	1	23	9	5	5	4
Nablus Community Center	1	21	13	8	-	-
Assirah El-Shamaliyeh Charitable Society	1	21	16	3	-	2
Salfit Charitable Society	1	21	12	8	1	-
(i) Farkha Sub-center	1	26	23	3	-	-
Tubas Charitable Society	1	24	18	6	-	-
Ya'bad " "	1	26	23	3	-	-
Arraba " "	1	23	18	5	-	-
Burqin " "	2	50	45	5	-	-
(i) Kufur Qud Sub-center	1	22	18	4	-	-
(ii) El-Hashimieh "	1	20	13	7	-	-
(iii) Wad Burqin "	1	25	22	3	-	-
Yamoun Charitable Society	2	38	36	2	-	-
Silat El-Harthieh Charitable Society	1	25	22	3	-	-
Asdika' El-Larid Charit.Soc.	2	50	31	19	-	-
Jaba' Charitable Society	1	25	7	17	1	-
Fakkou'a Charitable Society	1	25	22	3	-	-
Jenin Charitable Society	4	96	61	35	-	-
Kufur Dan Charitable Soc.	2	50	28	20	2	-
TOTAL:	33	756	504	228	18	6

SUMMARY OF WEIGHT SURVEILLANCE

Weight in % of Harvard Standard	Spafford Center	Greek Cath. I.W. Center.	El-Amal Ch.Soc., Abu-Dis	Aqbat-Jaber Charit. Society.	El-Bireh Red Crescent	Bir-Zeit Lad.Charit.Soc.	Friends/Com. El-Bireh	Karawat Bani-Zeid Soc.	Beit-Jala Lad.Charit.Soc.	Jericho Lad.Charit.Soc.	El-Uja Charit. Society	Hebron Lad.Charit.Soc.	Hebron Red Crescent	Al-Majd Charit. Society	Halhul Lad.Charit.Soc.
90/100 remain. 90/100	-	12	12	6	5	27	12	4	10	5	4	7	6	6	9
90/100 decreas. 80/90	-	-	-	-	4	-	-	-	-	5	-	1	-	1	-
90/100 decreas. 75/80	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
90/100 decreas. 70/75	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-
90/100 decreas. 65/70	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
80/90 increas. 90/100	-	27	5	3	5	2	3	-	12	11	1	10	2	1	4
80/90 remain. 80/90	-	2	1	-	-	2	-	-	-	4	1	12	5	5	1
80/90 decreas. 75/80	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-
80/90 decreas. 70/75	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
5/80 increas. 90/100	-	1	-	-	-	2	1	-	1	-	-	1	-	-	1
5/80 increas. 80/90	-	-	2	2	-	4	-	-	-	5	-	4	-	4	-
5/80 remain. 75/80	-	-	-	-	-	1	-	-	-	-	-	3	1	1	-
5/80 decreas. 70/75	-	-	-	1	-	-	-	-	-	-	1	1	1	-	-
5/80 decreas. 65/70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5/80 decreas. 60/65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0/75 increas. 90/100	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-
0/75 increas. 80/90	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
0/75 increas. 75/80	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
0/75 remain. 70/75	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
0/75 decreas. 65/70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0/75 decreas. 60/65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5/70 increas. 90/100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5/70 increas. 80/90	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-
5/70 increas. 75/80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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SUMMARYCHANGING FOOD HABITS AND PRACTICESMOTHERS INTERVIEWED BETWEEN OCTOBER 1979 AND JANUARY 1981

Practices in need of Change	Area	No. of Mothers Interviewed	No. in need of change	% of those interviewed in need of change	No. of those who changed.	% Changed	No. of those who did not change.	% who did not change
Question:								
1. The use of raw eggs in the feeding of children.	West Bank	3760	1416	37	1178	83	238	17
2. The use of bicarbonate of soda in preparing legumes.	"	3760	2278	60	1967	86	311	14
3. The discarding of soaking water, when preparing cereals and legumes.	"	3760	3114	83	2727	87	387	12
4. The use of excessive amount of water in cooking vegetables and discarding this water.	"	3760	1161	31	973	84	188	16
5. Early preparation of salads, fruit drinks - too long cooking of vegetables (loss of vitamins etc.)	"	3760	2633	70	2164	82	469	18
6. No green leafy vegetables in the daily diet.	"	3760	1801	50	1568	87	233	13
7. The bundling up of children with no exposure to the sun	"	3760	1465	39	1271	86	194	13

SOME GUIDELINES FOR ASSESSING
IMPACT OF THE HEALTH EDUCATION PROGRAM

1. Comparison of knowledge and practices.

Before Course	Number of Mothers Interviewed:	
	At the end of Course	Later
A	B	C
i) <u>Treatment of Diarrhea and Feeding of Sick Children</u>		
Number (or %) of mothers who knew how to prepare a rehydration drink _____	Number (or %) of mothers who now know how to prepare such a drink _____	Same as under B _____
ii) Number (or %) of mothers who continued to feed their children during attacks of diarrhea _____	Number (or %) of mothers who now continue to feed their children during attacks of diarrhea _____	Same as under B _____
iii) Number (or %) of mothers who stopped giving food to sick children and those having diarrhea _____	Number (or %) of those mothers who now feed their children when sick and when having diarrhea _____	Same as under B _____
iv) Number (or %) of mothers who gave a laxative to children having diarrhea _____	Number (or %) of those mothers who no longer give laxatives to children having diarrhea _____	Same as under B _____
v) Number (or %) of mothers who sought medical care from non-medical people ("old sheikh") _____	Number (or %) of those mothers who now seek medical care from qualified medical personnel. _____	Same as under B _____

2. Changing Practices in the Treatment of Injuries.

Number of Mothers Interviewed: _____	Before Course		At the end of Course	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
i) <u>Wounds</u>				
Use of Kerosene				
- Coffee grounds				
- "Washing Blue"				
- Iodine				
- Mercury-Chrome				
- Soap & boiled water				
- Clean Compresses				
- Other:				
ii) <u>Burns - 1st degree</u>				
Use of Kerosene				
- Tomatoes or				
- Tomato paste				
- Toothpaste				
- Egg white				
- Raw potatoes				
- Oil and flour				
- Cold water				
- Ointment				
- Others:				
iii) <u>Bites and Stings</u>				
Use of garlic				
- Sucks poison				
- Induces vomiting by giving milk or water & oil				
- Others:				
iv) <u>Fever</u>				
Use Compresses with vinegar				
Compresses with water & Arrack				
- Water & salt dropped into ear				
- Removing clothing				
- Sponging with cold water				
- Sponging with warm water.				

Number of Mothers Interviewed: _____	Before Course		At the end of Course	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
v) <u>Painting Spells</u> Use of cold water <ul style="list-style-type: none"> - Knife placed beside the head - Open scissors placed beside the head - Hitting him - Biting him - Looses the clothing - Raising legs & feet - Have him lie down - Wiping the face with wet cloth. 				
vi) <u>Fractures</u> Use plaster made of <ul style="list-style-type: none"> - Dough - Clay - Egg white and soap Use of Splints <ul style="list-style-type: none"> - Sticks Taken to hospital Taken to local "bone-setter"				

3. Checklist for use during Home-visits

Number of Homes: _____ Observations	Before Course		After Course	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
i) Is cooking done over <ul style="list-style-type: none"> - Open fire - On the ground - On a built-up platform - Has any improvements been made Example:				
ii) Is cooking done on a stove placed on the <ul style="list-style-type: none"> - Floor - Raised up platform - Table - Box - At convenient working height - In a safe place not within reach of small children - Has any improvements been made - Specify: 				

Number of Mothers Interviewed: _____	Before Course		At the end of Course	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
<p>iii) Is kerosene kept in food containers</p> <p>In ordinary bottles</p> <ul style="list-style-type: none"> - drinking glass - special marked containers - others <p>Has improvements been made, specify: _____</p>				
<p>iv) Is kerosene kept</p> <ul style="list-style-type: none"> -on the floor -on the window sill -on the high shelves -in the bathroom -in the kitchen -near the stove -in open cupboards -in locked cupboards -has improvements been made <p>Specify: _____</p>				
<p>v) Are cleaning materials kept</p> <ul style="list-style-type: none"> - on the floor - in the bathroom - in the kitchen - in unlocked cupboards - in locked cupboards - within reach of small children - not within reach of small children - others - has any improvements been made <p>Specify: _____</p>				
<p>vi) Where is garbage kept</p> <ul style="list-style-type: none"> - thrown in the yard - in uncovered waste bins - in covered waste bins - buried in pits in the ground - burned - used for compost - other: _____ 				

Number of Mothers Interviewed: _____	Before Course		At the end of Course	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
<p>vii) Are there toilets in the house</p> <ul style="list-style-type: none"> - the yard - not available <p>Has any improvement been made</p> <p>Specify:</p>				
<p>viii) Have stairs to the upper floor or roof</p> <ul style="list-style-type: none"> - railings - no railings - any improvements <p>Specify:</p>				
<p>ix) Is the door to the roof locked</p> <ul style="list-style-type: none"> - unlocked 				
<p>x) Has the roof protective railings</p> <ul style="list-style-type: none"> - no protective railings 				
<p>xi) Are there low windows</p> <ul style="list-style-type: none"> - with protective bars - without protective bars - can the windows be opened by small children. - can the windows <u>not</u> be opened by small children. 				
<p>xii) Are step ladders kept</p> <ul style="list-style-type: none"> - standing up - lying down. 				
<p>xiii) Is there water stored in the house</p> <ul style="list-style-type: none"> - in case of fire - not stored in the house. 				

Number of Mothers Interviewed: _____	Before Course		At the end of Course	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
xiv) Is there a well in the compound - is the well open - is it covered - is the cover in good repair. - is the cover locked - has improvements been made - specify:				
xv) Are windows covered by wire netting - not covered.				
xvi) Is a First Aid Kit available does it contain: - bandages - thermometer - antiseptic solution - cotton - ointment - old medicine - is it empty.				
xvii) Are medicines kept - beside the bed - on a table - in the window - in locked cupboards - in unlocked cupboards - in easy reach of children - not within reach of children - are medicines labelled - any improvements - specify.				

Translated from Arabic

A STATEMENT

FROM

SAWAHREH EL-SHARQIEH CHARITABLE SOCIETY

20TH FEBRUARY 1981

We are deeply thankful to the administration of the Catholic Relief Services for the valuable help given to us. We owe thanks to this Agency for the development of health education. I will summarize now what the mothers learnt from your lessons:-

1. During the health education classes, the mothers learnt to come on time rather than to come late.
2. The mothers began to put into practice what they had learnt in class.
3. The mothers began to discuss the necessary types of food with their husbands and children.
4. The mothers came to understand the importance of giving their children a variety of food necessary for growth.
5. The mothers came to distinguish between various foods, energy foods, growth foods etc.
6. The mothers came to understand the importance of the sunshine as a source of vitamin D.
7. The mothers came to understand the importance of clean water.
8. The mothers came to understand the importance of keeping their children clean, washing their hands before and after meals.
9. The mothers came to know the causes of diarrhea that may be from water contamination or from something else. The mothers also came to know what dehydration meant and what causes it.
10. The mothers came to understand the importance of consulting the doctor.
11. The mothers came to know that a sick person can carry the disease to the rest of the family.
12. The mothers came to understand the importance of breastfeeding.
13. The mothers came to understand the importance of weighing the children every month in order to notice the effect of the food on growth.

14. The mothers came to understand the importance of calcium for building up the teeth and bones and that milk is rich in calcium.
15. The mothers came to understand that the irregularity of menstruation does not necessarily mean pregnancy, but they need to check this with the doctor.
16. The mothers began to keep their hair clean.
17. The mothers came to check the cleanliness of the eyes and to understand the importance of periodical check up of the eyes.
18. The mothers came to be aware of the importance of proper care of children during their sickness.
19. The mothers came to understand the importance of not breaking solid objects by their teeth and not eating too much sweets.
20. The mothers began to keep their teeth clean and to use a toothbrush.
21. The mothers came to understand the importance of keeping the furniture and the kitchen equipments clean.
22. The mothers came to know the importance of ventilation.
23. The mothers came to know the importance of wooden shelves for food containers, such as for rice, flour, sugar, ...etc.
24. The mothers came to know the best ways of cooking food.
25. The mothers came to know the puberty period of their children (12 - 18).
26. The mothers came to know that the boys during puberty period need much food due to their continuous movement and that the girls are shy during the same period.

I am sure that the mothers are very happy to attend these lessons because of their importance.

Sincerely yours

SAWAHREH EL-SHARQIEH CHARITABLE SOCIETY.

BUDGETARY STATEMENTCRS/JWB HEALTH EDUCATION PROJECT 79/2GRANT NO. AID/NE-G-1652

<u>Name of Budget Item Under Grant</u>	<u>Approved Budget for Three Years September 28, 1979 to September 30, 1982</u>	<u>Estimated Expenditures[*] up to January 31, 1981</u>	<u>Estimated Balance as of February 1, 1981</u>
	<u>US\$</u>	<u>US\$</u>	<u>US\$</u>
1. PERSONNEL	547,000.--	172,685.75	374,314.25
2. TRAVEL	123,800.--	26,090.50	97,709.50
3. NON-EXP. EQUIP.	7,700.--	4,554.68	3,145.32
4. OFFICE EXPENSES	31,500.--	7,516.49	23,983.51
5. OTHER DIRECT COSTS	<u>32,000.--</u>	<u>9,826.69</u>	<u>22,173.31</u>
<u>TOTAL:</u>	<u>\$ 742,000.--</u>	<u>\$ 220,674.11</u>	<u>\$ 521,325.89</u>

* To this may be added expenditures incurred by CRS/New York of which CRS/Jerusalem has not been notified as yet.

LOCATION OF CENTERS PARTICIPATING IN CRS - HEALTH EDUCATION PROGRAMJERUSALEM AREA:

1. Spafford Children's Center, Old City of Jerusalem
2. Greek Catholic Infant Welfare Center, Old City of Jerusalem
3. Sawahreh El-Sharkiyeh Charitable Society
4. El-Amal Charitable Society, ABU-DIS:
 - (i) Al-Jahaleen sub-center
 - (ii) Arab El-Dahouk "
 - (iii) Aqbat Jaber "
 - (iv) Bethany "

RAMALLAH AREA:

5. El-Bireh Red Crescent Society
6. Bir-Zeit Ladies Charitable Society
7. Friends of the Community, El-Bireh
8. Karawat Bani-Zeid Charitable Society:
 - (i) Deir-Ghassaneh sub-center
 - (ii) Beit-Rima "

BETHLEHEM AREA:

9. Beit-Jala Ladies Society
10. Caritas/Bethlehem Association:
 - (i) Wad Rahhal sub-center
 - (ii) Joret Al-Sham'a "

JERICHO AREA:

11. Jericho Ladies Charitable Society:
 - (i) El-Uja sub-center

HEBRON AREA:

12. Hebron Ladies Charitable Society
13. Hebron Red Crescent Charitable Society:
 - (i) Al-Majd sub-center
14. Halhul Ladies Charitable Society
15. Bani Na'im " "
16. Doura " "
17. Dahriyeh " "
18. Beit-Ula " "
19. Nuba " "
20. Yatta " "
21. Samou' " "
22. Si'ir " "
 - (i) Ras El-'Aroud sub-center
23. Beit-Kahel Charitable Society
24. Tarqoumia " "
25. Idna " "
26. Kharas " "
27. Surif " "
28. Shuyukh " "
29. Beit-'Awwa " "
30. Shuyukh El-'Arroub " "
31. Rihyyeh " "
32. Taffouhh " "

NABLUS AREA:

- 33. Till Charitable Society
- 34. Assirah El-Qibliyah Charitable Society
- 35. Beita Charitable Society
- 36. Bourin Charitable Society
- 37. Nablus Community Center
- 38. Assirah El-Shamaliyah Charitable Society.

TULKAREM AREA:

- 39. Salfit Charitable Society
 - (1) Parkha sub-center
- 40. Al-Murabitat Charitable Society, Galqilya.

JENIN AREA:

- 41. Tubas Charitable Society
 - (1) Aqqaba sub-center
- 42. Zababdeh Charitable Society
 - (1) Missilieh sub-center
 - (ii) Raba "
 - (iii) Jalqamus "
- 43. Gabatia Charitable Society
- 44. Ya'bad " "
- 45. Arraba " "
- 46. Burqin " "
 - (1) Kufur-Qud sub-center
 - (ii) El-Hashimieh "
 - (iii) Wad-Burqin "
- 47. Yamoun Charitable Society
- 48. Silat Al-Harthieh Charitable Society
- 49. Asdika' El-Marid " "
- 50. Jaba' " "
- 51. Fakkou'a " "
- 52. Sanour " "
- 53. Jenin " "
- 54. Kufur-Dan " "

SUMMARY

Jerusalem:	4 centers
	4 sub-centers
Ramallah :	4 centers
	2 sub-centers
Bethlehem:	2 centers
	2 sub-centers
Jericho :	1 center
	1 sub-center
Hebron :	21 centers
	2 sub-centers
Nablus :	6 centers
Tulkarem :	2 centers
	1 sub-center
Jenin :	14 centers
	7 sub-centers

TOTAL : 54 centers
19 sub-centers

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