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APPLIED HEALTH AND NUTRITION PROJECT NO. 74/4

CATHOLIC RELIEF SERVICES/YEMEN

Date: April 1, 1976

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: 3 years
From FY July, 1976 to FY July, 1979
Total U.S. Funding \$514,972
Date Prepared: April, 1976

Project Title & Number: APPLIED HEALTH/NUTRITION PROGRAM FAA 74/4

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NARRATIVE SUMMARY	OBJECTIVE/ VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Project Goal:</u> Development of the Public Health facilities of the Government of Yemen</p>	<p>Increased use of resources by the Government of Yemen to develop the public health sector</p>	<p>Records in CRS/Yemen Central and area offices. Records in the Yemen AID Mission Positive indicators from the Government of Yemen</p>	<p>The Government of Yemen will commit resources for the development of public health facilities</p>
<p><u>Project Purpose:</u> To contribute to the GOY's desire to improve the nutritional status of the vulnerable groups in the population</p>	<ol style="list-style-type: none"> 1. Improvement in the nutritional status of the target group. 2. Continued or increased contribution and cooperation by the GOY to this project. 3. Addition of the infrastructure developed to the GOY. 	<p>In CRS/Yemen project files: a) Height-weight records on the target groups b) Records showing continuing GOY support</p>	<ol style="list-style-type: none"> 1. The Government of Yemen Arab Republic will approve and cooperate with Health/Development projects. 2. The required resources will be available. 3. Social acceptance of the project activities by the citizens of Yemen.
<p><u>Project Outputs:</u></p> <ol style="list-style-type: none"> 1. Trained Health/Nutrition Specialist 2. Trained supervisors (counterparts) 3. Mothers who complete the classes. 4. Course outline and lesson plans for the educational activities. 	<ol style="list-style-type: none"> 1. 2 main centers in operation by Yemeni H/N Specialists and supervised by former Yemeni counterparts. 2. 20 sub-centers offering a basic H/N service. 3. 3000 mothers who have completed the mothers course. 	<ol style="list-style-type: none"> 1. Visual inspection 2. Records in the CRS/ project office of mothers' classes 3. Records in CRS/Program office 4. Growth charts of children 	<ol style="list-style-type: none"> 1. Personnel and trainees will be available. 2. Social acceptance and cooperation by local people continues. 3. Government will remain cooperative. 4. Required input will be available.

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

DATE OF PROJECT DESIGN
From FY July, 1976 to FY July, 1977
Total U.S. Funding \$512,720
Date Prepared: April, 1976

Project Title & Number: APPLIED HEALTH/NUTRITION PROGRAM FAA 74/4

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Project Outputs (cont.)</u></p> <p>5. Mother-Child Health Center operating</p> <p>6. A mobile clinic in full operation in the Tihama</p>	<p>4. <u>7000</u> mothers made aware of the need of nutrition education by personal contact.</p> <p>5. <u>5000</u> pre-school children with improved nutritional status.</p> <p>6. <u>30</u> H/N Specialists trained and working in centers in towns and villages.</p> <p>7. At least <u>3</u> Yemeni counterparts will have assumed responsibility for the supervision of the project.</p> <p>8. <u>1</u> mobile clinic in operation.</p> <p>9. Educational materials developed for the training courses.</p>	<p>5. Certificates of achievement of the counterparts</p> <p>6. Attendance records and grades of H/N Specialists</p> <p>7. Educational materials available for inspection</p> <p>8. GOY addition of the H/N specialists and supervisors (counterparts) to payroll</p>	<p>5. That some Title II food will be available as an incentive to the participants completing the training classes.</p> <p>6. That a CRS Food for Work project will make Title II foods available in Yemen if training abroad is impossible.</p>

puts

S. Government

Personnel	\$ 277,073.
Training Costs	32,945.
Local Travel & Per Diem	34,720.
Commodities	83,168.
Other expendable items	10,140.
Contingency Funds	<u>43,803.</u>
	\$ 481,849.

Government of Yemen

Space in 22 centers for project operation	donated
Personnel, expendable and non-expendable items	\$ 40,220

US-USCC

Administrative Costs	\$ 27,000
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Records

CRS/New York Office
CRS/Yemen Office
CRS/Project Office

1. That the grant will be approved
2. That staff will be recruited
3. The Government of Yemen provides space for project operation
4. The Government of Yemen provides the input agreed upon
5. That CRS/Yemen will furnish commodities for incentives

OPERATIONAL GRANT PROPOSAL

Project Title : Applied Health and Nutrition Project

Project Location : Yemen Arab Republic (YAR)

PVO Name and Location : Catholic Relief Services - USCC
P.O. Box 148
Sana'a
Yemen Arab Republic

Central Headquarters : Father R. Charlebois
Catholic Relief Services - USCC
1011 First Avenue
New York, New York 10022

Contact Person : Program Director
Catholic Relief Services - USCC
P.O. Box 148
Sana'a
Yemen Arab Republic

Date of Submission to A.I.D.

I PROJECT PURPOSE AND DESCRIPTION

A. Project Purpose and Target Group of Beneficiaries

While the people of Yemen Arab Republic are not suffering from severe famine, many children are dying and others are severely harmed by widespread protein-calorie malnutrition. This is recognized as the most urgent nutritional problem in the country. Both marasmus and kwashiorkor are found in comparatively large numbers in the Hodeidah area. Since the first signs of PCM in early childhood is growth retardation, detected by a failure to gain weight normally, a height/weight/age study of 1,755 children, age 0-5 years, was made from the records in two Mother-Child Health Centers - one in Hodeidah and in Sana'a. This study revealed the startling fact that 71.9% of the children were placed 70% and below on the Harvard Age/Weight Scale. This program therefore, is directed to the children under five years of age and to their mothers - especially to mothers who are pregnant and lactating.

This project has been devised to meet the following three objectives:

1. To educate a corps of Yemeni paramedicals who in turn will assume the responsibility for the nutrition education in Maternal Child Health Centers. It is expected that thirty paramedicals will complete the combined one year program in practical nursing which includes intensive specialization in nutrition and child care. Four counterparts will be selected, trained to replace the foreign administrator and educator involved in the project.
2. To prevent nutritional deterioration and to raise within the first two years to a less severe degree of malnutrition as determined by the Harvard scale, five thousand (5,000) pre-school children having protein-calorie malnutrition. These same children are expected to maintain or improve the nutritional status in the third year.
3. However, in order to affect a permanent improved nutritional status for the children, the mothers must be educated. It is proposed, further, to reach at least 10,000 mothers with an education program providing basic information on health, nutrition, food preparation, sanitation and child care. The means: group classes, home demonstration, individual counseling, film and slide shows, kitchen garden projects and any other educational means available.

B. General Description of Project

Since the topography of Yemen Arab Republic shows mainly either desert or highlands, and in order to accomplish the above goal, a two-pronged thrust seems clearly indicated for this program.

Therefore, two main or base centers are being established, one in Hodeidah and one in Sana'a each planning to extend the program to at least 10 sub-centers. (see Program). In Sana'a the program will be extended through already existing and/or planned sub-centers. In Hodeidah, the program will include established sub-centers but will be extended to the villages of the Tihama desert by means of a Mobile Unit.

Due to the illiteracy of many of the women, it will be necessary to employ a variety of techniques for the nutrition education; therefore, the mothers will be involved in:

- 1) Cooking demonstrations.
- ii) Flip chart lectures.
- iii) Film and slide shows.
- iv) Follow-up visits.
- v) Interest in the system of records of height/weight.

In the classes, emphasis will be given to locally available foodstuffs as well as to those commodities distributed in the supplementary food program (PL 480), using local cooking implements according to the traditional cooking patterns.

The nutritional supplements to be given out in the program are considered important not only for growth, but for the eradication of malnutrition in children of families unable to purchase foods of good nutritional content, and also for the facilitation of the education program. Milk and milk substitute supplements are most highly valued as they can be used for infants not on breast milk, as well as supplements to breast milk for infants.

Each year for three years, 10 Yemeni Health/Nutrition Specialists will be trained in the main center. Their role in the program will be: These supplements will be continued usually for 16 weeks.

1. To expand present available educational services.
2. To extend the reach of the program.
3. To help with early detection of malnourished Children.
4. To assist in follow-up programs.

They will receive a basic health/nutrition course of one year at the center simultaneously with a Practical Nurses Course through the Manpower Institute. Those who complete this course will receive a certificate as Practical Nurses with Specialization in Nutrition from this institute. Along with practical nutrition experience through "on-the-job" training, they will also participate in the classes and demonstrations for the mothers as outlined above. This prepares them for the responsibilities involved in teaching and supervising.

At least four (4)* counterparts, citizens of the Yemen Arab Republic, will be chosen for professional training outside the country, most probably in Cairo, to enable them to carry on the program when foreign assistance terminates.**

Recipients of scholarships will be required after their return to Yemen to render service to their country for two years. They will become counterparts to:

One nutritionist administrator
One foods and nutrition specialist
Two ass't educators

The Mobile Unit will be used to bring the Health/Nutrition message to the Tihama villages. It will make scheduled visits to each village and encourage the villagers to share in and contribute to the program in cash or, kind and co-operation by:

1. Bringing children under five years of age for examination.
2. Having women attend classes.
3. Assist with recruiting Health/Nutrition Specialist Candidates.

The Mobile Unit will make bi-monthly follow-up visits to give aid and support in villages which have built their own clinics, but lack the necessary staff.

C. Conditions Expected at End of the Project

At the end of three years:

1. The goal, that of raising 5,000 children to a less severe degree of malnutrition on the Harvard Scale and maintaining and increasing the health standard should have been reached.
2. 10,000 better educated mothers.
3. Through the 10,000 mothers 30,000 to 60,000 children will be effected and presumably healthier.
4. These programs should be capable of expanding into larger areas of Y.A.R.
5. There should be a well established training program for Health/Nutrition Specialists in Hodeidah and a corps of 30 Specialists trained

*Three are vital to the project but the fourth can be utilized.

**An alternative is to attempt in-country training.

to carry on the work under the leadership of at least three trained Yemeni professionals.

6. Finally, there should be at least 20 sub-centers or MCH Clinics carrying on a Health/Nutrition Program in their own restricted area.

In all the above activities emphasis will be placed on the involvement and full participation of the people themselves and attempts made to make them contribute to the program in cash or kind in order to avoid their dependence upon outside resources.

II PROJECT BACKGROUND

A. History of Proposal Development

The few nutritional studies done in Yemen, mainly those by Annika Bornstein, Tony Hagen and other FAO members, have revealed high infant mortality rates as well as widespread incidence of mild to serious protein-calorie-malnutrition in infants and small children. The study of height/weight measures of children age 0-5 years, referred to above, done in Hodeidah and Sana'a during October-December, 1974, reiterates these earlier studies. Also, a high incidence of miscarriages, still-births, and lack of mothers' breast milk has been indicated. The causes of these health problems are to be found largely in inadequate knowledge of nutritional requirements and in poor hygienic and sanitary practices.

Due to low income, limited buying power, limited marketing of different food commodities and seasonal variations, there are problems associated with the nutritional content of the Yemeni diet. However, in many cases, the foods served in the family are of good nutritional content but are not distributed appropriately to the different members. As for infant feeding practices, those Yemeni foods which are high in protein, calories, vitamins and/or minerals, are either not given to young children or are not prepared in a way suitable for them. Lack of breast milk, due to the mothers' commonly poor nutritional status, as well as limited knowledge of supplementary feeding practices and the delay of introduction of other foods in the diet, often lead to severe protein-calorie malnutrition problems pointing to the need for education.

Yet, at present, the emphasis of medical services in Yemen is overwhelmingly curative, rather than preventative. Also to date hardly any nutrition programs have been devised in either the Sana'a or the Hodeidah areas because of lack of qualified nutrition personnel and very limited resources. Clearly therefore, in conjunction with the curative health work presently being done, preventative health measures in the form of nutrition, hygiene and child care education, placing the emphasis upon the vulnerable groups within the framework of the whole family, is of urgent and vital importance.

B. Prior Experience in Project and Related area

Since the development of an applied Health/Nutrition Program, closely allied with the health services in the Mother and Child Health Centers is still in its infancy in Yemen, comprehensive nutritional services applying effective methods of education will have great validity for application in all parts of the country.

This fact was recognized by Catholic Relief Services in Yemen as well as by the Government of Yemen Arab Republic.

Therefore in the early part of 1974, Catholic Relief Services secured the leadership of a highly qualified American Nutritionist having had experience in Yemen and other Asian countries to study the conditions, consult with Yemeni and plan methods of making inroads on the malnutrition problem. Preliminary studies were initiated with Al Olofy Martyr Hospital as the base. The first draft proposal was completed by June 1974. In September 1975 the activities were moved out of the hospital setting to the main Maternal Child Health Center in Hodeidah.

The work has begun, though hampered by lack of funds, personnel and equipment. The Yemeni Government has been more than generous in sharing their facilities and such equipment as they have, but qualified local personnel and limited resources are a great restraint upon the development of the program.

C. Host Country Activity in Project Areas - Past, Present and Proposed

A year ago the Sana'a Ministry of Health inaugurated two Mother Child Health projects in the northern area. One based in Rawdah, has the assistance of the British Save the Children Fund. The other, based in Sana'a, enjoys the support of a British Volunteer Medical Team. A network of sub-centers in Amran, Hoth, Raydan Khanir, Wade Dhar, Hadda, Hamdan, Beni Hushnesh, Harman, Ali, Alhayanah is planned.

In the Hodeidah area, there are now a Health Center with a other Child Clinic and seven MCH clinics sponsored by the Hodeidah Ministry of Health. All are presently curative health programs. To date, four Health/Nutrition Specialists have already been recruited and classes for mothers have been organized both in the main center and in the sub-centers in anticipation of the project.

Until now, the Sana'a clinic has been developing a nutrition education policy following the plan of this project. However, the nutritionist was a volunteer whose term of duty ended recently. But with financial assistance and depending upon the availability of an educator for this project, the Sana'a Center is ready to spread the message to the sub-centers.

Through Catholic Relief Services, a jeep has been made available to the Hodeidah center, making it possible to give demonstrations in homes outside of walking distance. However, to get to the desert villages, a Mobile Clinic and Teaching Unit as well as more funds, personnel and equipment will facilitate operations and make for better and more widespread education.

III. PROJECT ANALYSIS

A. Statement of the Economic Effects of the Project

According to a recent IBRD Report, Yemen is one of the "least developed of the world's least developed countries". This may very well be true when one considers the almost insurmountable obstacles in the form of the topography of the country; the illiteracy and lack of "Knowledge" of modern methods and the high incidence of morbidity resulting from the lack of knowledge of proper health and nutritional habits.

All these plus many others retard the economic and social development of any people. Therefore, the success of the long-term development effort within the country requires that more attention be given to programs of education, especially in health and nutrition, such as the one presented here. This will benefit a large number of people (10,000 families at minimum) at a very low per capita cost. A better informed public will greatly improve the welfare and productivity of each family as well as the health and happiness of of all the people of the Yemen Arab Republic. This project, since it is the first comprehensive nutrition education activity may contribute to the establishment of an important precedent for future activities.

B. Statement of the Technology to be used.

It is a fact that the Government of Yemen Arab Republic is beginning to recognize the need for health and nutrition programs which have the professional services of nutritionists who will educate local people to occupy responsible positions of leadership in this field.

As stated above, the full force of experienced educational methods and techniques should be employed. These will be simplified and applied to the level of the group addressed.

In their training, the Specialists will be supplied with the necessary lesson plans and outlines for lectures and demonstrations and classes for their future use. They will be taught

the art of making simple but effective, illustrative materials necessary to give success to their work.

C. Pertinent Socio-Cultural Factors and Implementing Agency Environment

All apparent authority is vested in Yemeni men. The men decide every important matter. On the family level, men are the guardians of women. This implies that any program aimed at women, be it education, health or any other fields, must be planned to assure the co-operation and agreement of the husbands or other male guardians of the women concerned.

Even though the position of the women is one of strict obedience to her husband and complete dedication to her family, it is not without its compensations. The Yemeni are a social people. Every afternoon while the men meet in the mosque or the market place, the women meet in each other's homes, drinking tea, smoking the hubble bubble pipe and chewing qat. These gatherings are a useful media for Health/Nutrition lectures and demonstrations. Some experimental home demonstrations have been given and have proven successful.

In traditional Yemeni medical and magical practices, there are many prohibitions and avoidances. Most important is that all foods are divided into one of four classifications, hot - cold, dry - humid, and there are certain times and conditions when each of these combinations is best used.

The basic diet of infants up to two years old is milk, and some cereal foods with very little, if any, other foods. Most mothers do not know how to supplement their breast milk. This, of course, is the cause of mild to serious protein-calorie malnutrition.

Women during pregnancy receive no special diet and there are no changes in their work pattern until the last weeks of pregnancy. Little relationship is recognized between the nutrition of the mother and the healthy growth of the child. This accounts in part for the generally low birth weight and also for miscarriages and still births.

It is obvious, therefore, that the proposed program will be of inestimable value not only to the present, but to future generations of Yemeni.

D. 1) Statement of Project Relationship to Guidelines Governing Funding

This proposal, considering needs of the area, was originally prepared in June 1974. The present proposal program has been revised according to the new AID format.

2) Directness of Project Impact Upon Poorest Majority Beyond Reach of Public Service

The education program is directed to the women of this country

who have been literally isolated in their homes and out of reach of almost any services. It also aims, to bring help, by means of the sub-clinics and the Mobile Unit, to very isolated villages.

3) Tie-in with other Programs which Answer Complementary Efforts

a) Encouraging the women to plant kitchen gardens and soliciting the help of other agencies such as; Peace Corps Agriculturist and projected Home and Community Gardening Project.

b) Encouraging the use of fish as a high quality protein and necessary food, ties in with the FAO Fisheries Project.

4) Potential Interest and Capacity of PVO and Other Organizations to Spread the Program.

Nutrition education and the eradication of protein-calorie malnutrition is recognized as the Number One Need in this country. This program has the sponsorship of the largest PVO in the country, Catholic Relief Services. The Government of Yemen Arab Republic, on both the national and provincial levels, has given approval and promises cooperation, in fact has already accepted the project syllabus for the education and training of the Specialists through the Manpower Practical Nursing Program.

5) Potential for Project to Become self-sustaining, and Potential for Wide Scale Application of Project Based on Domestic Resources

Built into the Applied/Health Nutrition Program is the capacity to extend throughout the country over a period of time with the resources at hand. Moreover, government acceptance of the syllabus for the Nutrition Specialists; government commitment to assign the Nutrition Specialists to a pay scale and government support of the project to the sum of \$44,640.00 dollars and suppling the physical facilities in the GOY Centers and Clinics. shows their interest. The probability exists that foreign staff members will be granted some concession as to living conditions. Consultations with the GOY indicate the likelihood of continued government support upon completion of the proposed project.

E. Plan showing Institutionalization with Domestic Resources

See Implementation Schedule and Logical Framework - D.

IV. PROJECT DESIGN AND IMPLEMENTATION

A. Implementation Plan

The program is to operate in two areas - Hodeidah and Sana'a. It will begin in Hodeidah.

IN HODEIDAH under the direction of a Nutritionist Administrator. From this Center, the program will spread to the homes and to the villages.

IN SANA'A through the services of a Nutritionist, working in already established clinics in Sana'a in cooperation with the Ministry of Health.

Technical assistance for both centers is, at present, volunteer. It seems best for the program, however, to make the administrative and technical staff a paid staff, so that a permanent foreign staff will remain for the duration of the project.

Women, participating in the classes who are pregnant or lactating and pre-school children under five years of age will be eligible for certain Title II (PL 480) commodities considered to be specifically of value to the vulnerable groups in the population. These particular commodities are not to be considered as a relief operation but as a reward to mothers willing to give their time to an educational program which in turn should improve the family's health and improve the rate of growth of their pre-school children.

The people participating in the project classes are from the lowest income level in the country.

The Yemeni workers come from the same low economic level as the mothers participating in the classes. These workers will be a part of a Food for work project in the Catholic Relief Services/Yemen program.

All expenses for the logistics of the food used in the project will be borne from the standard Title II operations sources, up to the time it is released to the project.

Catholic Relief Services will store the projected need commodities for the program in Sana'a and Hodeidah, to be released to the Nutritionist Educators in monthly allotments.

IMPLEMENTATION SCHEDULE

First half year of operation	<u>Planning, Preparation and Experimentation</u>
Month 1	Recruitment for international staff, Yemeni counterparts and Health/Nutrition Specialists begins.
Month 2	Basic training course for prospective counterparts to begin.
Month 3	Basic training and in-service training for the Health/Nutrition Specialists begins. Mothers classes and individual counseling of mothers to begin.
Month 4	International Staff and Counterparts definitely selected and given intensive education and on-the-job training to prepare them for overseas training.
Month 5	Preliminary survey to be undertaken of nutritional problems encountered in clinical work.

Individual and small group training for mothers continued.

Home demonstrations as a follow-up of survey and as a means of obtaining further information to aid in the teaching approach and for evaluation of practices used in the homes.

Month 6

All physical requirements completed, offices, classrooms, educational and demonstration materials ready for use.

All physical requirements completed on Mobile Unit. Check on all preparatory plans to discover any discrepancies and correct them before operation begins in earnest.

Evaluative report on the Preliminary Phase of the Program.

Second half year of operation

Operation and Development of Project

Month 7

Counterparts sent overseas to receive specialised training for one year. Program starts as outlined.

Full program of mothers' classes begins in Hodeidah and in Sana'a.

Commence follow-up counseling, especially for those children who have been hospitalized and/or were serious malnutrition cases.

Month 8

Gradual implementation of program in 4 sub-centers in each area.

Month 9

Mobile Unit fully equipped, team ready to implement the program in Tihama villages.

(The mobile unit consists of 1 jeep and 1 mobile unit with team members to make a circuit of villages using from 3-6 days with possibly 2 circuits a month and return visit every 2 months. This will have to be worked out as program progresses.)

Quarterly Report due.

Month 10
to

Continuation of program for mothers.

Month 12

Quarterly Report due.

First half of second year of operation.

Month 2

Completion of 1-year training course for Health and Nutrition Specialists.

- Month 3 Continuation of classes for mothers in centers and sub-centers.
- Training course for 10 new Health and Nutrition Specialists to begin in each area.
- Quarterly Report due.
- Month 4,
5 and 6 Continuation of individual counseling and home demonstrations.
- Programs extend to new sub-centers in Sana'a area.
- Continuation of individual counseling and home demonstrations.
- Programs extend to new sub-centers in Sana'a area.
- Continue development of the program.
- Quarterly Report due.
- Second half of
second year of
operation Evaluation, Revision and Expansion
- Month 7 Evaluation study of program to assess the effectiveness of procedures, personnel and equipment etc.
- Month 8 Necessary changes and revisions planned.
- Month 9 Counterparts return from overseas training
- Quarterly Report due.
- Month 10 Report on evaluation and first year of implementation.
- Month 11 Implement changes found necessary and or suggested for improvement of program as shown by evaluation.
- Month 12 Continued classes for mothers and follow-up services.
- Quarterly Report due.
- First half of third
year of operation
- Month 1 Visits of Mobile Unit to all established centers continued. The circuit enlarged if possible.
- to
- Month 2 Completion of 1-year training course for second group of Nutrition Specialists.

Month 3 Continue program as planned, making necessary, and helpful revisions as it progresses.

 New classes of Nutrition Specialists in each center to begin.

 Counterparts responsible for training program with some supervision.

 Quarterly Report due. Counterpart assist in its preparation.

Month 4
Month 5 Program continues.

Month 6 Quarterly Report due. Written by counterparts with supervision.

Second half of
third year of
operation

Month 7 Counterparts gradually assume leadership to responsibilities.
Month 8 Program activities, continue through out the year.

Month 9 Quarterly Report due to be prepared by counterparts.
to
Month 12 Final evaluation made of program.
Final report due.

Assistance program completed. The applied Health and Nutrition program continues through the auspices of the Yemen Arab Republic, with trained national staff as administrators and leaders.

PROGRAM OUTLINE

Following is a detailed outline of the proposed program. It must be noted, however, that the program once it is in operation will require some additions, changes and deletions. It is important that the program be flexible so that optimum benefits be obtained by those for whom it is planned.

The program is designed to meet the needs of the following:

- A. Severely Malnourished Children - Referrals from Out-Patient or MCH Medics.
 - 1. Treatment and if necessary, food supplement for child.
 - 2. Individual counseling with mother.

3. Educational H/N Course offered for mothers.
4. Extensive health and nutritional records.
5. Follow-up visits when possible.
6. Encouragement in Planning kitchen gardens and household poultry.

B. Tihama Villages Visitation of Mobile Unit for Purpose of:

1. MCH Clinic services when feasible.
2. Course for women as outlined in Program Plan.
3. Individual Counseling.
4. Encouragement for village members to study for Health/Nutrition Specialists.
5. Encouragement in planning kitchen gardens and household poultry.

C. Course in Health/Nutrition for Specialists - for 1 year.

1. For suggested course content see Program Plan.
2. In-service training in MCH clinics, sub-centers, in classes for mothers, in individual counseling; in home demonstration and visitation; and in record keeping.

D. In-service Training and Training course plus 1 year Overseas Course for 6 H/N Counterparts.

1. Nutritionist Administrator
2. Nutritionist Educators.

E. Measurement and Evaluation of Project Accomplishment

1. Goal - 5,000 children to be raised to a less severe degree of malnutrition in two years: Sana'a - 2,500, Hodeidah - 2,500. Therefore, during the first year there should be 500 - 2,000 in each area. During the second year there should be 2,000-2,500 in each area. This is to be verified by height and weight records and health charts. A height/weight study is being completed. Follow-up studies will be made in each consecutive year. In expanding to the villages in the Tihama the Health/Nutrition program will be cognizent of other programs existing in the area to ensure coordination and mutual assistance and prevent overlapping of activities.
2. Mothers Course - 3,000 mothers having completed a course of 16 lessons during the 3 year period. This averages 500 mothers per year in each area. The course is offered once a week for 4 months. This means that in each area there should be approximately 120 mothers taking classes every four months. This goal will not be reached the first year - so possible number of mothers trained will be for the First Year - 400 mothers in each area
Second Year - 500 mothers in each area
Third Year - 600 mothers in each area.

3. **Records and Reports - Records of achievement and attendance will be kept and filed in each sub-centers, area center and in main offices. Reports of attendance on home lectures and demonstrations will be filed.**

Health charts and records will be filed in each sub-center. Name of families and reports on kitchen gardens will be kept on file.

Quarterly evaluations on classes, home demonstrations, progress of malnourished children and kitchen gardens will be made in each sub-center.

Quarterly evaluations on classes, home demonstrations, progress of malnourished children and kitchen gardens will be made in each sub-center.

Copies will be filed in each area center and in the main office.

4. Other Specific Targets and Records will be found in the logical Framework C - 1, 2, 3.

Disposal of Expendable and Non-Expendable Equipment

After three years, when project ends it is expected that the program will continue under Yemeni leadership. Therefore, all expendable and non-expendable equipment should accordingly remain in the program Yemeni auspices.

ADDENDUM

The purpose of this addendum is to provide additional information on the development of the Applied Health, Nutrition Project for Yemen as submitted by CRS. The paper was written originally in April and May of 1972 and was submitted to USAID/Yemen in June of that year. In anticipation of an early approval, CRS continued to support proposal-related activities which were originally initiated in connection with the proposal preparation. These activities were of invaluable assistance in formulating the proposal which was finally submitted to AID/Washington.

Much support and encouragement was given also by the GOY. An office and classroom in the hospital plus supplies were contributed by the Yemeni, plus some interim funds and the loan of a new jeep from CRS. Experimental classes were begun in the hospital and later at one clinic. At this time, some local girls applied to work with us and in September, 1975 we moved to the main MCH center in Hodeidah. Thereupon, the GOY asked us to extend our program to the seven clinics now open in the city of Hodeidah. (It is important to note here, that while clinics are being built, there is a great scarcity of competent medical personnel.)

In November, 1975, we had five local girls trained sufficiently to be able to spend one morning each week at the local clinics, holding classes for the mothers and weighing and measuring and examining babies and giving the mothers individual counseling on their children. There is no dearth of mothers - in early March, 1976, we "graduated" (gave certificates to) almost 200 mothers who had attended our required 16 weekly classes. We held five ceremonies at which the Governor of Hodeidah himself gave out the certificates and his second-in-command was present at two ceremonies. A new enrollment was taken. All classes have a large waiting list.

The project requests three (3) jeeps and an equipped van. The main project centers in both Hodeidah and Sana'a will require sufficient multi-personnel mobility to cover one mothers' session per week at ten (10) centers within an approximate radius of 25 to 50 kilometers, for the most part in single day trips, plus those already in progress in Hodeidah. The project Nutritionist/Administrator will require transportation between Hodeidah and Sana'a (5 hours) twice monthly for three-day tours. Her vehicle will otherwise be utilized for greater mobility on location without interfering with the activities of other project personnel. It will also be used in conjunction with the mobile van which will travel a radius of 40 to 80 kilometers over roadless desert track for periods of 4-6 days, through 4 or 5 villages each trip, twice monthly, carrying 4 to 6 personnel. Isolated villages which otherwise would be excluded due to the travel time factor, will thus be enabled to participate and will be motivated to establish their own permanent centers, based on their experience with the school-tent-center focused around the van, jeep and audio-visual equipment. The establishment of centers and the training of local personnel will eliminate the future need for the mobile service in the village. Per diem will be required for

all personnel on all tours. Local conveyance, public or private, is of such irregular and hazardous nature as to preclude its usefulness for efficient mobility. Since the plan of the project includes on-going progress at the termination of the grant. it is expected that all equipment and vehicles will remain in the service of the Yemeni Government.

Based on project experience with audio-visual aids during the first year, the need for two film projectors and video tape equipment will be assessed at the end of the first year to enable a decision to be made on the need to procure these items for the second year. Current costs for these items are estimated at \$500.00 for two (2) projectors and \$2,000.00 for the battery-operated portable VTR.

Non-availability of FFP Title II foods for Food for Work will not significantly affect project activities.

Guidelines for evaluation will be included in the first six-month report. These guidelines will include base-line data, analysis of growth charts, some indicators of behavior change in the mothers and the effectiveness of motivating the participation of woman.

OPERATION GRANT PROPOSAL

Applied Health and Nutrition Project

Financial Plan

First Year

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
I. <u>Personnel</u>			
A. Expatriate Salaries and Fringe Benefits			
1. Administrator/Nutritionist	1		
Salary		\$13,500.	\$13,500.
Fringe Benefits		4,050.	4,050.
2. Nutritionist/Educator	1		
Salary		13,500.	13,500.
Fringe Benefits		4,050.	4,050.
3. Educators	2		
Salary		10,000.	20,000.
Fringe Benefits		3,000.	6,000.
B. Travel and Per Diem			
1. International			
a) Air Fares	4		3,000.
b) Per Diem	4 x 24 days	35.	3,360.
C. R & R	4	1,000.	4,000.
<u>Total Cost for Expatriate Personnel</u>			<u>71,460.</u>
D. Local Salaries			
1. Office Assistant (Local or Expatriate)	1	1,800.	1,800.
2. Secretary	1	1,080.	1,080.
3. Drivers (1 full year; 3 half year)	4	1,080.	2,700.
4. Watchman	1	720.	720.
5. Cleaning Women	3	540.	1,620.
E. Local Fringe Benefits at 30%			2,376.
<u>Total Cost for Local Personnel</u>			<u>10,296.</u>
<u>Total Cost for Personnel for First Year</u>			<u>\$81,756.</u>

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
II. <u>Training Costs</u>			
A. Counterparts			
1. Scholarships	4	\$ 4,000.	\$16,000.
2. Stipends	4	600.	2,400.
3. International Travel and Per Diem			
a) Air Fares	6	150.	900.
b) Per Diem	4 x 23 days	35.	3,220.
	1 x 10 days	35.	350.
B. H/N Specialists			
1. Stipends	10	300.	3,000.
<u>Total for Training Costs for First Year</u>			<u>\$25,870.</u>
III. <u>Local Travel and Per Diem</u>			
A. Travel, Hotel & Per Diem			10,400.
<u>Total for Local Travel and Per Diem</u>			<u>\$10,400.</u>
IV. <u>Commodities</u>			
A. Non-Expendable			
1. Transportation			
* a) Four Wheel Drive	3	8,000.	
Hard-Top Nissan Jeeps			
* b) Mobile Unit, Equipped with 1		15,000.	
four wheel drive, stove,			
sink, water, cabinets and			
benches			<u>39,000.</u>
2. Office			
* a) Copy Machine & Paper	1	500.	500.
* b) Arabic Typewriters	2	500.	1,000.
* c) English Typewriters	2	500.	1,000.
* d) Desks	4	100.	400.
* e) Chairs	8	45.	360.
f) Metal File Cabinets	2	200.	400.
* g) Bookcases	2	50.	100.
* h) Tables	4	30.	120.
* i) Fans	4	50.	200.
* j) Lamps	2	30	60.

* indicates local purchase

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
2. Office (continued)			
* k) Air Conditioner	1	500.	500.
* l) Battery Wall Clocks	3	30.	90.
* m) Lockable Storage Cupboards	3	100.	300.
* n) Electric Heaters	2	75.	150.
* o) Waste Baskets	3	10.	30.
* p) Pencil Sharpeners	3	10.	30.
3. Teaching Aids			
a) Projector Screens	2	150.	300.
b) Slide & Filmstrip Machine Battery and Electric	2	250.	500.
* c) Gas Stove	1	150.	150.
* d) Refrigerators	2	300.	600.
4. Demonstration Equipment for Main Centers and Mobile Unit			
a) Baby Scales	3	65.	195.
b) Adult Scales	2	100.	200.
c) Household Scales	2	15.	30.
* d) Bathroom Scale	1	15.	15.
<u>Total for Non-Expendables for First Year</u>			<u>46,230.</u>

B. Expendable

* 1. Maintenance and Parts, Office and Training Equipment			1,000.
* 2. Educational Aids, Office Supplies Stationery and Printing			4,500.
Letterhead and Continuation Sheets, Bond Quarto			
Letterhead and Continuation Sheets, Airmail Quarto			
Letterhead and Continuation Sheets, Copy Quarto			
Manifold Sheet (Copy) Quarto			
Legal Size Bond			
Printed Office Memo Bond			
Letterhead Envelopes, Large			
Printed Office Memo Bond			
Letterhead Envelopes, Medium			
Legal Pads			
Note Pads			
Note Books			

* indicates Local Purchase

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
4. Educational Aids (continued)			
Carbon Paper - Legal and Quarto			
Manila Envelopes, Large and Medium			
Manila Folders			
Glue			
Celophane Tape			
File Folders			
File Dividers			
File Tabs			
Gummed Labels			
Paper Clips			
Staplers and Staples			
Pins and Thumb Tacks			
Plain Wrapping Paper			
Heavy Cardboard			
String			
Scissors			
Letter Openers			
Clip Boards			
Ink			
Fountain Pens			
Ball Point Pens			
Felt Pens			
Colored Marker			
Typewriter Ribbons			
Erasing Fluid			
Correspondence Baskets			
Blotters			
Calendars			
Appointment Books			
Ledgers			
Index Cards			
Index File Boxes			
Pencils, Black and Colored			
Crayons			
Erasers			
Binders			
Log Books			
Printed Forms			
Printed and Bound Reports			
5. Locally Purchased Food for Demonstration Purposes			2,000.

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
B. Expendable (continued)			
6. <u>Other</u>			
a) Soap, Cleaning Material and Equipment			500.
b) Vitamin Supplements			200.
c) Height & Weight Charts 10,000		0.03	300.
d) First Aid Kits	4	50.00	200.
e) Flashlights & Batteries	10	10.	100.
f) Premus Lantern	2	75.	150.
g) Kerosine Lanterns	2	10.	20.
h) Premus Stove	2	9.	18.
i) Sets of Kitchen Utensils and Equipment	3	50.	150.
j) Childcare equipment and Maternal Sets	3	50.	150.
k) Tent and Terpanlins	1	150.	150.
l) Flip Charts	20	4.	80.
m) Adjustable Baby Measures	20	10.	200.
<u>Total for Expendables for First Year</u>			<u>9,718.</u>
<u>Total for Commodities for First Year</u>			<u>55,948.</u>
V. <u>Other</u>			
A. Office Rent		200.	2,400.
B. Postage and Cables			500.
C. Vehicle Insurance	4	120.	480.
<u>Total for Other Expenses for First Year</u>			<u>3,380.</u>
VI. <u>Contingencies at 10%</u>			<u>\$17,735.</u>
<u>TOTAL FOR FIRST YEAR</u>			<u>\$195,089.</u>

SUMMARY TOTAL FOR FIRST YEAR

I. Personnel		\$ 81,756.
	Expatriate	\$71,460.
	Local	10,296.
II. Training Costs		25,870.
III. Local Travel and Per Diem		10,400.
IV. Commodities		55,948.
	Expendable	\$ 9,718.
	Non-Expendable	46,230.
V. Other		3,380.
VI. Contingencies		17,735.
<u>TOTAL FOR FIRST YEAR</u>		<u>\$195,089.</u>

OPERATION GRANT PROPOSAL

Applied Health and Nutrition Project

<u>Financial Plan</u>	<u>Second Year</u>		
<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Co</u>
<u>I. Personnel</u>			
A. Expatriate Salaries and Fringe Benefits			
1. Administrator/Nutritionist	1		
Salary		\$14,850.	\$14,850
Fringe Benefits		4,455.	4,455
2. Nutritionist/Educator	1		
Salary		\$14,850.	\$14,850
Fringe Benefits		4,455.	4,455
3. Educators	2		
Salary		\$11,000.	\$22,000
Fringe Benefits		3,300.	6,600
B. International Travel and Per Diem			
1. Air Fares	2	750.	1,500
2. Per Diem	1 x 10 days	35.	350
C. R. & R.	4	1,000.	4,000
<u>Total Cost for Expatriate Personnel</u>			<u>\$73,060</u>
D. Local Salaries			
1. Office Assistant (Local or Expatriate)	1	2,070.	2,070
2. Secretary	1	1,320.	1,320
3. Drivers	4	1,320.	5,280
4. Watchman	1	828.	828
5. Cleaning Women	3	621.	1,863
6. Counterparts	4	500.	2,000
7. Health/Nutrition Specialists	10	180.	1,800
E. Local Fringe Benefits at 30%			4,548
<u>Total Cost for Local Personnel</u>			<u>\$19,708</u>
<u>Total for Personnel for Second Year</u>			<u>\$ 92,769</u>

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
II. <u>Training Costs</u>			
A. International Travel and Per Diem			
1. Air Fares	6	150.	900
2. Per Diem	1 x 5 days	35.	175
B. H/N Specialists			
1. Stipends	10	300.	3,000
<u>Total for Training Cost for Second Year</u>			<u>\$4,075</u>
III. <u>Local Travel and Per Diem</u>			
A. Travel, Hotel & Per Diem			11,440
<u>Total for Local Travel and Per Diem</u>			<u>\$11,440</u>
IV. <u>Commodities</u>			
A. Expendable			
* 1. Fuel, Maintenance and Parts	4 vehicles		3,000
* 2. Maintenance and Parts			1,000
Office and Training Equipment			
* 3. Educational Aids, Office Supplies			3,000
Stationery and Printing			
(See itemized list for first year)			
* 4. Locally Purchased Food for			4,000
Demonstration Purposes			
* 5. Other			
a) Soap, Cleaning Material & Equipment			50
b) Vitamin Supplements			40
c) Height & Weight Charts	10,000	0.03	300
d) Replenish First Aid Kits	4	10.	40
e) Replacements, Flash-	10	2.	20
lights and Batteries			
<u>Total for Expendables for Second Year</u>			<u>\$12,200</u>

* indicates local purchase

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
V. <u>Other</u>			
A. Office Rent	12 months	200.	\$ 2,400.
B. Postage and Cables			500.
C. Vehicle Insurance	4	120.	480.
<u>Total for other expenses for Second Year</u>			<u>\$3,380.</u>
<u>Sub Total for Second Year</u>			<u>\$123,924</u>
VI. <u>Contingencies at 10%</u>			<u>12,392</u>
<u>TOTAL FOR SECOND YEAR</u>			<u>\$136,316</u>

SUMMARY TOTAL FOR SECOND YEAR

I. Personnel		\$ 92,769.
	Expatriate	73,060.
	Local	19,709.
II. Training Costs		4,075.
III. Local Travel and Per Diem		11,440.
IV. Commodities		12,260.
V. Other		3,380.
VI. Contingencies		12,392.
	<u>TOTAL FOR SECOND YEAR</u>	<u>\$136,316.</u>

OPERATION GRANT PROPOSAL

Applied Health and Nutrition Project

Third Year

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<u>I. Personnel</u>			
A. Expatriate Salaries and Fringe Benefits			
1. Administrator/Nutritionist	1		
Salary		\$16,335.	\$16,335.
Fringe Benefits		4,900.	4,900.
2. Nutritionist/Educator	1		
Salary		\$16,335.	\$16,335.
Fringe Benefits		4,900.	4,900.
3. Educators	2		
Salary		12,100.	24,200.
Fringe Benefits		3,630.	7,260.
B. International Travel and Per Diem			
1. Air Fares	4	750.	3,000.
2. Per Diem			700.
<u>Total for Expatriate Personnel</u>			<u>\$77,630.</u>
C. Local Salaries			
1. Office Assistant (Local or Expatriate)	1	2,381	2,381.
2. Secretary	1	1,560.	1,560.
3. Drivers	4	1,560.	6,240.
4. Watchman	1	1,242.	1,242.
5. Cleaning Women	3	715.	2,145.
6. Counterparts	4	500.	2,000.
7. Health/Nutrition Specialists	20	180	3,600.
D. Local Fringe Benefits at 30%			5,750.
<u>Total for Local Personnel</u>			<u>\$24,918</u>
<u>Total for Personnel for Third Year</u>			<u>\$102,548.</u>

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
II. <u>Training Costs</u>			
A. H/N Specialists			
1. Stipends	10	300.	3,000.
<u>Total for Training Cost for Third Year</u>			<u>\$3,000.</u>
 III. <u>Local Travel and Per Diem</u>			
A. Travel, Hotel and Per Diem			\$12,880.
<u>Total for Local Travel and Per Diem</u>			<u>\$12,880.</u>
 IV. <u>Commodities</u>			
A. Expendables			
+ 1. Fuel and Maintenance and Parts	1		3,500.
+ 2. Maintenance and Parts Office and Training Equipment			1,000.
+ 3. Educational Aids, Office Supplies, Stationery and Printing (See itemized list for First Year)			3,000.
+ 4. Locally Purchased Food for Demonstration Purposes			6,000.
+ 5. Other			
a) Soap, Cleaning Material and Equipment			500.
b) Vitamin Supplements			600.
c) Height & Weight Charts 10,000		0.03	300.
d) Replenish First Aid Kits 4		10.	40.
e) Replacements, Flashlights 10 and Batteries		2.	20.
<u>Total for Expendables for Third Year</u>			<u>\$14,960.</u>

+ indicates local purchase

<u>Item</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
V. <u>Other</u>			
A. Office Rent		200.	2,400.
B. Postage and Cables			500.
C. Vehicle Insurance	4	120.	480.
<u>Total for Other Expenses for Third Year</u>			<u>\$3,380.</u>
VI. <u>Contingencies at 10%</u>			<u>13,676.</u>
<u>TOTAL FOR THIRD YEAR</u>			<u>\$150,444.</u>

SUMMARY TOTAL FOR THIRD YEAR

I. Personnel		\$102,548.
	Expatriate	77,630.
	Local	24,918
II. Training Costs		3,000.
III. Local Travel and Per Diem		12,880.
IV. Commodities		14,960.
V. Other		3,380.
VI. Contingencies		13,676.
<u>TOTAL FOR THIRD YEAR</u>		<u>\$150,444.</u>

SUMMARY TOTAL FOR THE PROJECT FOR THREE YEARS

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>	<u>TOTAL</u>
I. Personnel	\$ 81,756.	\$ 92,769.	\$102,548.	\$277,073.
II. Training Costs	25,870.	4,075.	3,000.	32,945.
III. Local Travel and Per Diem	10,400.	11,440.	12,880.	34,720.
IV. Commodities	55,948.	12,260.	14,960.	83,168.
V. Other Expendable Items	3,380.	3,380.	3,380.	10,140.
VI. Contingency Funds	17,735.	12,392.	13,676.	43,803.
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL	\$195,089.	\$136,316.	\$150,444.	\$481,849.
	<hr/>	<hr/>	<hr/>	<hr/>

VI. Conditions

Supportive Resources - Government Yemen Arab Republic

- a. The Government of YAR through the Ministry of Health is contributing the following:

	<u>First Year</u>		
1. <u>Personnel</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		US \$	US \$
Total Costs for Personnel for First Year:		US \$	00.00
2. <u>Commodities</u>			
Demonstration Materials			US \$ 500.00
Total Costs for Commodities for First Year:		US \$	500.00
3. <u>Other Costs</u>			
Fuel & Maintenance for Vehicles	4		US \$ 4,000.00
Total Other Costs for First Year:		US \$	4,000.00
@ 4. Physical Facilities	22		In Kind

Second Year

<u>1. Personnel</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		US \$	US \$
<u>Local Staff</u>			
Yemeni Counterparts	4	900	3,600.00
Health/Nutrition Specialist	10	360	3,600.00
<hr/>			
Total Cost Personnel Second Year:		US \$ 7,200.00	
<u>2. Commodities</u>			
Demonstration Materials			500.00
<hr/>			
Total Cost Commodities Second Year:		US \$ 500.00	
<u>3. Other Costs</u>			
Fuel & Maintenance for Vehicles	4		6,000.00
Maintenance of Machines	4		200.00
<hr/>			
Total Other Costs Second Year:		US \$ 6,200.00	
@ 4. Physical Facilities	22		In Kind

Third Year

<u>1. Personnel</u>	<u>Number</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		US \$	US \$
<u>Local Staff</u>			
Yemeni Counterparts	4	1,080	4,320.00
Health/Nutrition Specialist	10	500	5,000.00
	10	360	3,600.00
<hr/>			
Total Cost for Personnel Third Year:		US \$ 12,920.00	
<u>2. Commodities</u>			
Demonstration Materials			500.00
<hr/>			
Total Cost for Commodities Third Year:		US \$ 500.00	
<u>3. Other Costs</u>			
Fuel & Maintenance for Vehicles	4		8,000.00
Maintenance of Machines			400.00
<hr/>			
Total Other Costs for Third Year:		US \$ 8,400.00	
@ 4. Physical Facilities	22		In Kind

@ Note:

In reviewing the Yemeni Contribution in US \$, consideration must be given to the contribution given by the government in the form of facilities and equipment. Much of the work of the project will be done in already established MCH clinics. The facilities used, when converted into US Dollars, will more than double the listed contribution.

SUMMARY

Supportive Resources - Government, Yeman Arab Republic

VI	<u>Conditions</u>	<u>1st year</u>	<u>2nd year</u>	<u>3rd year</u>
		US \$ 4,500	US \$13,900	US \$21,820

TOTAL: US \$40,220

VII

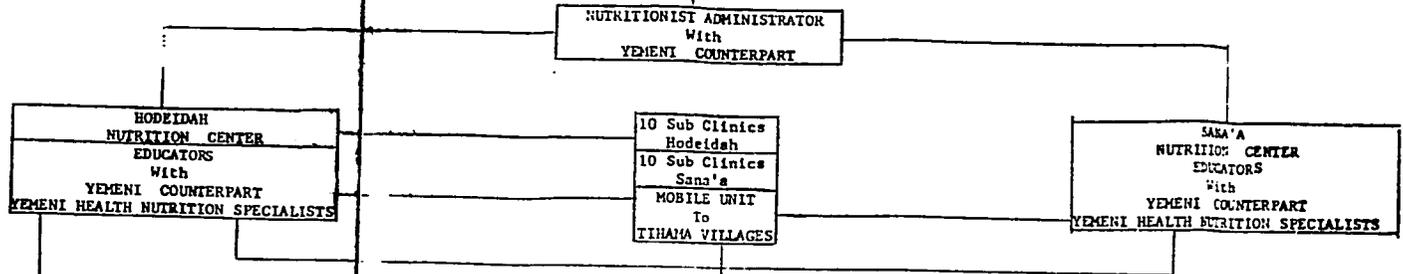
SUMMARY

Supportive Resources - Catholic Relief Services-U.S.C.C.

1) <u>Administrative Support</u>	<u>1st year</u>	<u>2nd year</u>	<u>3rd year</u>
	US \$9,000	US \$9,000	US \$9,000

TOTAL: US \$27,000

APPLIED HEALTH NUTRITION PROGRAM - YEMEN ARAB REPUBLIC



EDUCATION OF PRACTICAL NURSES With SPECIALIZATION IN NUTRITION	
Classes in: Practical Nursing Hygiene & Sanitation Physiology & Anatomy Nutrition Food Study Food Preparation Child Care and Development Malnutrition causes in YAR problems prevention Weaning Diseases Prevalent in Y.A.R. Respiratory Gastroenteritis Parasites Anemia Vitamin Deficiencies Counseling & Home visit Development Economics Cooperatives Record Keeping- Budgeting	In Service Training in: Practical Nursing MCH Clinics H/N Clinics Education of Mothers Counseling of Mothers Home Lectures Food Demonstration Preparation of Weaning Foods Record Keeping Writing Reports Mobile Unit

EDUCATION OF MOTHERS				CARE OF BABIES Age 0-5	INDIVIDUAL COUNSELING of MOTHERS
Individual	Classes	Home Lectures and Demonstrations	Other Educational Means	Measure of Height Measure of Weight Records of Height/Weight Nutritional Examination Extensive records on malnourished children Recommendation on pr. per health and eating habits to mother	Sanitation Child Care Hygiene Weaning Foods Immunization Care of Sick Food Preparation Budgeting Referral to classes Encouraging Kitchen Gardens Referral to Nutrition Education Department for further help
At: Out Patient Clinics MCH Clinics	In: Clinics Town Villages Other Centers	In: Towns Villages	Through: Posters Pictures Films Radio Encourage Kitchen Gardens		
Counseled in: Sanitation Child Care Bed-Side Care Nutrition Weaning Foods Hygiene Budgeting Food Preparation	For: Pregnant Mothers Lactating Mothers Mothers of under 5's	For: Pregnant Mothers Lactating Mothers Mothers of under 5's All Mothers			
	In: Sanitation				