World Vision

Sustainable Health

VOLUNTEERS MANUAL

Training of Volunteers for **Positive Deviance/Hearth**

THIRD EDITION

World Vision International

World Vision

Positive Deviance/Hearth Volunteers

VOLUNTEERS
MANUAL

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World Vision International

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PLEASE NOTE: There can be more than one page for a handout. Page counts appear in the item lines for any handouts having more than one page. Multiple page handouts are designated on their respective pages as "page # of # pages".

The (page H#) refers to where each handout appears in the PD/Hearth Volunteer Handouts. You can reference the "#m" at the bottom of the handout page as well.

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List of Acronyms

AP	Area Programme
ANC	Ante-Natal Care
AOP	Annual Operating Plan
CHW	Community Health Worker
CMAM	Community-based Management of Acute Malnutrition
DHS	Demographic & Health Survey
DIP	Detailed Implementation Plan
DME	Design, Monitoring & Evaluation
DO	Disability Organization
ECCD	Early Childhood Care & Development
EP	Edible Portion
FGD	Focus Group Discussion
GMP	Growth Monitoring Programme
GTRN	Global Technical Resource Network
HAZ	Height for Age Z-score
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
ITN	Insecticide-Treated Bednet
IU	International Units
IYCF	Infant & Young Child Feeding
KPC	Knowledge, Practice & Coverage
MOH	Ministry of Health
MN	Micronutrient
MT	Master Trainer

MUAC	Mid-Upper Arm Circumference
NCOE	Nutrition Centre of Expertise
NHC	Nutrition & Health Coordinator
NGO	Non-Governmental Organisation
OD	Operations Director
ORS	Oral Rehydration Solution
PD	Positive Deviance/Positive Deviant
PDH	Positive Deviance/Hearth
PDH+	Positive Deviance/Hearth Plus
PDI	Positive Deviant Inquiry
PLA	Participatory Learning for Action
PRA	Participatory Rapid Appraisal
RAE	Retinol Activity Equivalent
RE	Retinol Equivalent
TOF	Trainer of Facilitators/Training of Facilitators
TOT	Trainer of Trainers/Training of Trainers
UNICEF	United Nations Children's Fund
VHC	Village Health Committee
VHSC	Village Health & Sanitation Committee
WASH	Water, Sanitation & Hygiene
WAZ	Weight-for Age Z-score
WHO	World Health Organisation
WHZ	Weight-for Height Z-score
WV	World Vision

Welcome to the Facilitation Manual for Training Volunteers for Positive Deviance (PD)/Hearth

INTRODUCTION

This training manual contains the information needed to conduct a five-day face-to-face training programme to equip PD/Hearth volunteers prior to starting the programme, with a sixth day of training to be held after the first week of Hearth implementation. The goal is to train PD/Hearth volunteers who will be competent and confident to guide and support caregivers to rehabilitate their malnourished children and prevent future malnutrition. Most sessions involve hands-on practice of the skills and knowledge volunteers will need to help caregivers learn.

The curriculum and exercises have been developed based on field experience from many countries in all regions of the world. Adult learning methodologies with practical examples, exercises, role plays and field visits reinforce the principles of strong PD/Hearth programmes. Facilitators should have experience applying adult learning methodologies as well as a thorough understanding of PD/Hearth principles, and preferably, implementation experience.

Participants should be selected in collaboration with community leaders, be motivated to help other caregivers learn to care for and feed their malnourished children, and be able to spend time in the programme activities. Grandmothers in the community could be well-suited to be volunteers, depending on the context. Fifteen is recommended as the maximum number of participants per trainer per training, to allow for interaction and hands-on learning. Thus, if there are two trainers, 30 is recommended as the maximum number of participants.

Arrangements need to be made for Day 2, during the practice sessions for weighing and taking MUAC measurements of children. For each group of 15 participants, 3 children between the ages of 6-35 months will be required for the practical session on weighing and taking MUAC measurements.

By the end of the course participants will be able to

- Assist in measuring growth of children using weight and MUAC
- Actively participate in a Positive Deviant Inquiry (PDI)
- Teach caregivers how to prepare Hearth menus
- Conduct Hearth sessions (share the Hearth messages)
- Conduct household visits to support caregivers in application of new behaviours
- Communicate progress and results of Hearth sessions to community leaders
- Follow-up on the growth of the PD/Hearth participant children and monitor the Hearth programme.

PD/Hearth Volunteer Training Agenda

For questions, comments or feedback, contact WVI Health and Nutrition Team: health@wvi.org

Day and Date	Session	Topics	Time
		DAY 1	
	1	Welcome and Introduction	15 min
	2	What is PD/Hearth?	25 min
	3	What is good nutrition?	30 min
	4	What is malnutrition?	95 min+
		DAY 2	
	5	Weighing and measuring children	5.5 hours
		DAY 3	
	6	Positive Deviant Inquiry	115 min
	7	Conduct PDI and share results with community	3.5-4 hours
		DAY 4	
	8	Using the information gathered	210 min
		DAY 5	
	9	Prepare for the Hearth sessions	4 hours
		DAY 6 – After 1st week of Hearth	
	10	Reflection and follow up	150 min
	11	Keeping the community informed	90 min

SESSION 1

Welcome and Introduction

15 MIN | DAY 1

Purpose

- To begin to learn about one another

Materials

- small pictures of animals or food, cut in half (one picture for every two participants)
- a bag to put the picture pieces in

STEPS

5 Min

1. Welcome each person to the group.

   Introduce yourself and tell something about your interest in helping families with young children.

   Explain that this training involves a lot of participation to aid learning. Encourage volunteers to come on time each day.

   Explain practical details such as where the toilets are and where to get water to drink.

10 Min

2. Each volunteer picks one piece of a picture from the bag. Explain this is half of a picture. They are to find the person with the other half of their picture and ask their partner's name, number of children and favourite food.

   At the end of five minutes the partners introduce one another to the whole group.

What Is PD/Hearth?

SESSION 2

25 MIN | DAY 1

Purpose

- To learn what PD/Hearth is
- To learn the three goals of PD/Hearth
- To understand the role and involvement of volunteers in the programme

STEPS

5 Min

1. Ask the Volunteers

- Are there children in your community who are not growing well? *(yes)*
- How can you tell? *(small, sickly, too thin, do not walk, do not play, cry a lot)*
- Why do you think these children are not growing well? *(not enough food, father not present, unsafe water, mother works, too many children in family)*
- Are there children who are growing well? *(yes)*
- How can you tell? *(happy, active, play, growing taller, not thin)*
- Why do you think these children are growing well? *(eat well, mother cares, grandmother helps, not too many children, family has more land to grow things)*
- Are all the children from poorer families ill and not growing well? *(no)*
- Are all the children from non-poor families healthy? *(no)*

10 Min

2. Explain

'We see in our village it is possible to be poor and still have children who are healthy and grow well. We want to discover what those families do to make sure their children are healthy so that families with malnourished children can learn the same things and make their children healthier. For two weeks we will meet together with the malnourished children and their caregivers. A child's caregivers could include their mother, father, grandmother, grandfather and/or older sibling – anyone who does a lot of the work of taking care of the child. Grandmothers[1] often give advice on child care and feeding even if someone else is directly taking care of the child. The advisor role is very important too so we will involve grandmothers as much as possible.

Each day the caregivers will bring a small amount of food to cook. These foods will make their children grow better. We will learn to cook foods that will help the malnourished children gain weight. We will also help the caregivers learn good habits in cooking, feeding, hygiene, health and caring for their children. In the end we want the malnourished children to improve quickly. We want to help families know how to keep their children healthy and growing well, and we want to keep other children from becoming malnourished.'

1. A Grandmother refers to a senior woman (related or unrelated to the child) who lives in close proximity to the child and who has influence on child care.

Introduce the three goals of PD/Hearth:

- To rehabilitate malnourished children quickly
- To help families keep their children healthy
- To prevent malnutrition from happening in the future.

10 Min

3. Tell the story 'Stone Soup'

A kindly, old stranger was walking through the land when he came upon a village. As he entered, the villagers moved towards their homes locking doors and windows. The stranger smiled and asked, 'Why are you all so frightened. I am a simple traveller, looking for a soft place to stay for the night and a warm place for a meal.'

'There's not a bite to eat in the whole province,' he was told. 'We are weak and our children are starving. Better keep moving on.'

'Oh, I have everything I need,' he said. 'In fact, I was thinking of making some stone soup to share with all of you.' He pulled an iron cauldron from his cloak, filled it with water, and began to build a fire under it. Then, with great ceremony, he drew an ordinary-looking stone from a silken bag and dropped it into the water.

By now, hearing the rumour of food, most of the villagers had come out of their homes or watched from their windows. As the stranger sniffed the 'broth' and licked his lips in anticipation, hunger began to overcome their fear.

'Ahh,' the stranger said to himself rather loudly, 'I do like a tasty stone soup. Of course, stone soup with cabbage -- that's hard to beat.' Soon a villager approached hesitantly, holding a small cabbage he'd retrieved from its hiding place, and added it to the pot.

'Wonderful!' cried the stranger. 'You know, I once had stone soup with cabbage and a bit of dried fish as well, and it was fit for a king.'

Another villager managed to find some dried fish . . . and so it went, through potatoes, onions, carrots, mushrooms, and so on, until there was indeed a delicious meal for everyone in the village to share.

The village elder offered the stranger a great deal of money for the 'magic' stone, but he refused to sell it and travelled on the next day. As he left, the stranger came upon a group of village children standing near the road. He gave the silken

bag containing the stone to the youngest child, whispering to a group, 'It was not the stone, but the villagers that had performed the magic.'

Like this story, we will all work together with families contributing what they can, to help improve the growth of our children.

4.

Discuss a way to describe the PD/Hearth Concepts in the local language.

5. Explain the role of the volunteer in PD/Hearth

As a volunteer you will discover how poorer families feed and care for their children. You will learn how to help caregivers whose children are not growing well. You will guide them and teach to feed and care for their children. For two weeks you will spend about two hours with the caregivers and their children cooking together and feeding their children. This session is called "Hearth". Then, for an additional two weeks, you need about half an hour each day to visit the caregivers in their homes to see if they are continuing the practices they learned during Hearth. You would visit each home every two to three days. If caregivers are facing challenges at home that are preventing them from continuing the practices they learned at Hearth, it is part of your responsibility to together find solutions with the caregiver and family members, particularly the grandmother.

You will be provided with forms to use to track and monitor the children during the 2 weeks of home visits and then again at 3 months, 6 months, and 1 year after the first day of Hearth for the Hearth participant children. We will go through the monitoring forms later on in the training. Hearth will repeat once a month (or as frequently as the country office has decided).

You will learn many new things that you will be able to apply with your own families. At the same time you will help other families in the community.'

SESSION 3

What Is Good Nutrition?

30 MIN | DAY 1

Purpose

- To learn about a variety of foods needed to help children grow well

Materials

- A variety of food available in the community set on a table. Make sure there are eggs, protein sources, fruit, vegetables, nuts, oil and staple foods. If food is unavailable, use pictures. Use examples of foods that were found to be locally available and affordable in the community.
- a cooking pot
- three large stones, each with a large label: GO GROW GLOW
- a large cooking pot
- a variety of healthy and unhealthy snacks
- hand-washing facilities (basin, water, soap or ash)

STEPS

5 Min

1. Explain

'To grow well children need to have good food and to be free from illness. Children need enough food and a variety of different types of food. We will look at what types of food to eat and how to treat illness.'

10 Min

2.

Have participants call out what types of food they eat in their community.

1. What is the main food they eat? *(rice, maize, millet)*
2. What are other foods they eat? *(any foods they list)*
3. Why do we need to eat different types of food? *(they taste good, some help us not get sick, some help us not to get hungry, they help children grow)*

10 Min

3.

Set up a cooking pot that rests on three large stones, with the names on the stones turned to the inside. Discuss this cooking method.

Use the cooking pot and stones to explain the three food groups:

'Is the pot balanced? *(yes)*

What happens if we have fewer than three stones? *(Take out a stone to demonstrate.)*

To make sure our cooking pot does not spill we need to place it on three stones. If we take away one stone, the pot will fall over. For us to be healthy and not 'fall', we need different types of food. We are going to call each stone a different name to remind us of the types of food we need: Energy Giving, Body Building, and Protective (GO, GROW and GLOW). (Turn the stones so they can see the names.)

What foods give us GO, that is, energy to work and walk and play? *(maize, rice, millet, wheat, cassava, oil, ghee, sugars, coconut, olives). Note that both staple foods and high-fat foods are part of the Energy Giving or GO group.*

Can our pot balance on one stone? *(no)*

What happens to it? *(falls over, puts out the fire, spills the food)*

We need all three stones to keep the pot balanced. Another stone is called Body Building (GROW). What do you think Body Building or GROW foods do? *(help our bodies build muscles and nerves and grow strong)*

These foods often come from animals.

Which foods on the table are Body Building (GROW) foods? *(eggs, milk, fish, fowl, meat, groundnuts, beans, peas, nuts, seeds)*

Can our pot stand on two stones? *(no)*

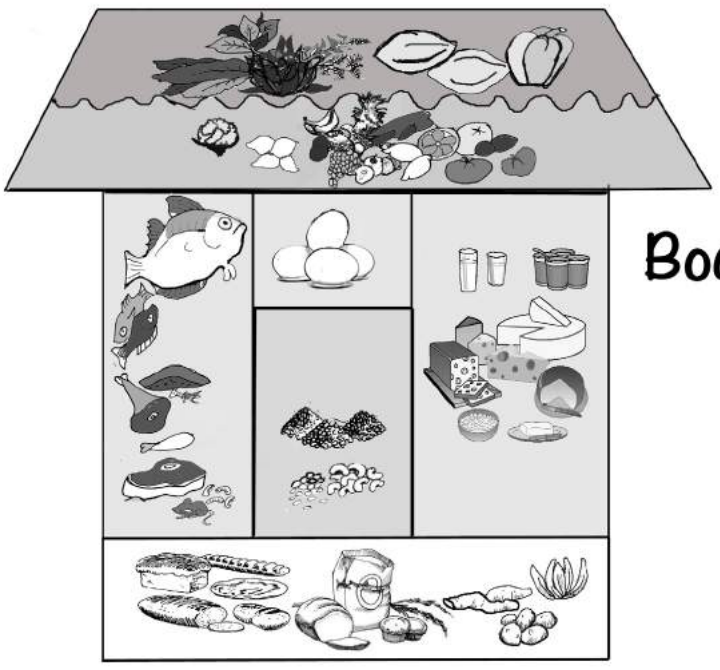
We need another stone. This one is called Protective (GLOW). What do you think Protective or GLOW foods do? *(protect our bodies from illness, make our hair, eyes and skin glow).*

They are often fruits and vegetables.

Which foods on the table are Protective (GLOW) foods?' *(carrots, pumpkin, tomatoes, dark-green leafy vegetables, papayas, mangos, oranges)*

Have each participant pick different types of food from the table. Make sure all the foods are taken. Now have the participants place the foods they picked by the proper stone.

When all the foods are placed, ask if all the foods are in the right places. Gently make any corrections.



Protective (GLOW)

Vit. A rich fruit & vegetables
Other fruit & vegetables

Body Building (GROW)

Eggs
Dairy
Legumes, nuts
Meat, fish, poultry

Energy Giving (GO)

Grains, roots, tubers

What Is Good Nutrition?

Discuss how most people eat a low-cost staple food that forms the main part of the meal and provides energy. In many homes not much else is eaten. But to be healthy more than just this main food must be eaten. It is very important to also eat other foods in the Energy Giving (GO), Body Building (GROW), and Protective (GLOW) groups.

Discuss one food not included yet which is very important for babies and small children:

What is it? *(breast milk)*

Why is breast milk important?

(It contains exactly what a baby needs to be healthy and grow. For six months a baby does not need any other food or water.)

Why not give a baby other food or water before six months?

(baby is more likely to get diarrhoea, will take less breast milk and that will cause the supply of breast milk to decrease)

When do babies need to start to eat other foods? *(at six months)*

How long do babies need breast milk? *(up to 24 months)*

Why do babies need food at six months?

(they are more active, they need more energy and nutrients than they can get in breast milk, their gut has developed more and they can digest other food)

What happens if a baby does not get other foods at six months?

(will stop gaining weight and growing well, may not be interested in other foods later)

SESSION 4

What Is Malnutrition?

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95 MIN* | DAY 1

*** plus time to mobilise the community for weighing on Day 2**

Purpose

- To learn what malnutrition looks like in children
- To learn some causes of malnutrition
- To learn the results of being malnourished

Materials

- two table-tennis balls, one perfectly round and the other crushed (or find a healthy branch of leaves and a dying branch of leaves)
- flip-chart paper and markers
- one litre boiled water
- a clean large bottle to mix oral rehydration solution
- a teaspoon
- salt
- sugar
- a small glass for each participant
- samples of healthy snack foods and 'junk foods' on a table

STEPS

15 Min

1. What does a malnourished child look like?

Ask the participants to think of a young child who is not growing well. What shows that the child is not well? Ask several participants to describe the child they are thinking of. *(listless, sad, irritable, sickly, no interest in playing, hesitant, thin arms and legs, may appear normal but be much older than the child looks)*

The girl on the right is stunted. She is 52 months old (about 4 years), while the girl on the left is twenty-six months old (about 2 years). Child stunting is very common but often goes unrecognised. It is more common than other forms of malnutrition, such as being underweight (low weight for age) or wasting (low weight for height).

Explain: 'While these signs help, we can't always tell that a child is not growing well, so we need to measure. Tomorrow, we will learn how to measure weight and mid-upper arm circumference (MUAC) to tell if a child is growing well.'

15 Min

2. Why is malnutrition a problem?

If you have table tennis balls:

Use the two table-tennis balls to demonstrate how a well-nourished child has a healthy growing pattern compared to a malnourished child.

Ask two participants to take turns bouncing the balls on the floor. Other participants should observe which ball bounces higher.

Ask two other participants to draw on a flip chart the height and pattern of the bounce of each table-tennis ball. Why does the perfect ball bounce higher?

Discuss the exercise:

How does the perfect table-tennis ball compare to a healthy child? (*The healthy child has more regular and more 'well rounded' growth and shows more energy. A malnourished child is like the crushed ball. This child's growth is not regular and he or she has very little energy.)*

Why do we care if a child grows well? *(Answers will vary, but ensure that the points below are made)*

If you have a healthy and unhealthy branch of leaves:

Use the healthy and unhealthy branch of leaves to demonstrate how a well-nourished child has a healthy growing pattern compared to a malnourished child.

Ask one participant to draw a tree that has access to a lot of rain and sunlight. Ask another participant to draw a tree that does not receive rain and only receives sunlight.

Discuss the exercise:

How does the tree with access to a lot of rain and sunlight compare to a healthy child? The healthy child has more regular growth and is "greener". A malnourished child is like the unhealthy branch. The leaves have no strength and little energy, like a malnourished child.

Why do we care if a child grows well? *(Answers will vary, but ensure that the points below are made)*

Review the consequences of malnutrition:

The results of malnutrition are very great. Malnourished children do not have much energy, are not very active, may cry often or seem very sleepy. They are much more likely to be ill with infections such as diarrhoea, pneumonia, tuberculosis and malaria. They also have an increased risk of becoming infected with HIV. When a child is malnourished, infection or illness is more likely to become serious or even cause death.

Small and sickly children are more likely to be enrolled in school late – or never – and they tend to stay in school less time. These children struggle to learn and often do not do well at school. This lack of healthy growing, both physically and mentally, will affect them throughout their lives.

As these malnourished children become adolescents, they may not have the knowledge and skill they need to become independent adults. Over their lifetime they will not be able to do as much work and will earn less than their friends who were well nourished as children. They will be less able to support their own children when they become parents. Girls will have difficulty with pregnancy or have small babies.

While all stages of a child's growth are important, the most critical time is earliest years of life. Thus children between 6–36 months who are malnourished come to the Hearth. Babies younger than six months need exclusive breastfeeding for healthy growth so are not included in Hearth.

15 Min

3. What causes a child to not grow well?

Tell the following story about Tomi. (Adapt the story to the community culture.)

Tomi is 15 months old. He is very small and very thin. Tomi has an older brother, Mo, who is 5 years old, and a sister, Sara, who is 3. Sara was born with low birth weight. Another sister was born very small and died soon after birth. Tomi's mother, Lila, is 27 years old. She is pregnant again. She breastfed all her babies, and –as the grandmother told her to - she also gives them tea and thin porridge. Lila works hard on a farm three miles from her home for a small wage. She finds the work very tiring, especially when she is pregnant. On the way back to the house she stops at the river to get a bucket of water. Once back at her house, she is too tired to do anything but cook the family's meal. Mo takes care of all the children while Lila is in the field. He tries hard to keep them clean and happy, but often Tomi has diarrhoea and a runny nose. They usually have tea for breakfast. At midday they eat whatever might be left over from the day before, but often there is nothing. In the evening the family eats maize or cassava and some green vegetables. They cannot afford meat or even beans.

Lead a discussion using the following questions:

- Who were the people in the story? What happened in the story? What was the problem? Why is Tomi too thin?

  Some of the reasons will not be clear in the story, but volunteers should think of possible causes for the problem. Have them call out reasons. You might need to ask them 'why?' to help them think more deeply. *(Tomi doesn't eat enough, not enough food, too many children, mother is gone all day, father is not there, not enough money, diarrhoea, sickly, unclean water, worms, no shoes, grandmother tries to help but the tea and thin porridge are not good foods for babies)*

- Which is the biggest problem? Why? Does it happen in your community?

Summarise the discussion by saying there are many reasons children might not grow well. These can include practices related to:

1. food
2. care
3. hygiene
4. health seeking behaviours

15 Min

4. Nutritional status is also affected by illness

Explain that the body needs food to fight infection, but illness makes the child not want to eat. When the child eats less, the illness lasts longer or gets worse and can even lead to death. Children who are sick also will not grow well. It is important to help children not to become sick or to help children get better quickly.

Lead a discussion on childhood illnesses in the local community:

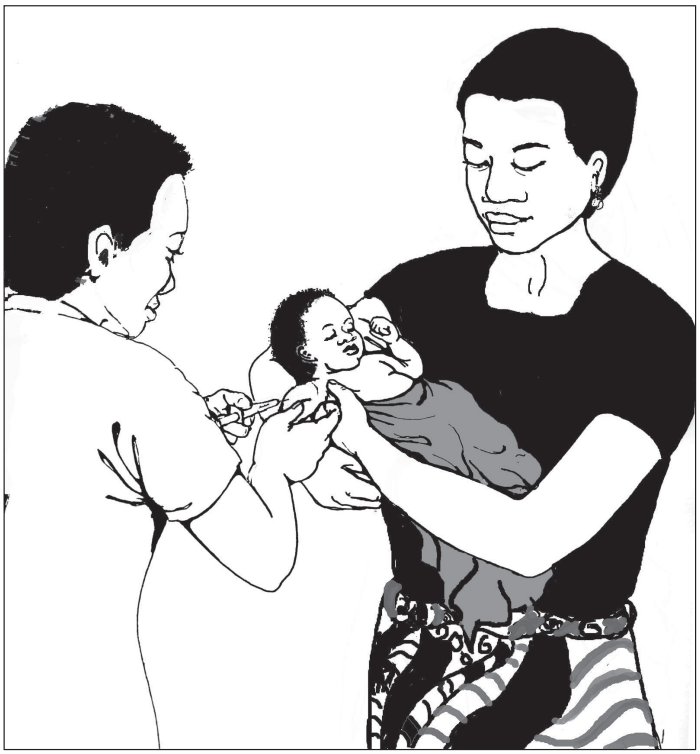
What illnesses do children in our community get?

(diarrhoea, colds, cough, fever, malaria, tuberculosis, pneumonia)

How can we help children not get sick?

Immunisation – When do children need to be immunised?

(refer to the Ministry of Health immunisation schedule)



Deworming – Why is deworming important?

(child may not feel like eating, body will not be able to use the food the child does eat, more loss of nutrients from the gut)

When do they need to be dewormed?

(refer to the Ministry of Health national protocol)

Vitamin A supplement – Why is this important?

(helps child see better, prevents blindness, helps fight infection and disease)

When do children need a vitamin A supplement?

(every six months, usually given at Health Post)

How do we treat children who are sick?

(continue to feed breast milk and give food and liquids during illness, go to the health post if the child is not getting better)

What do we do for a child with diarrhoea?

(give extra breastfeedings and other foods and liquids; give oral rehydration solution)

Review the method for mixing oral rehydration solution.

Before children enter the Hearth sessions, they should have completed their immunisations, received vitamin A supplements and been dewormed. This will give each child the best chance to recuperate from malnutrition. Volunteers will need to talk with the caregivers about this, and either send them or go with them to the health post to make sure each child has received all of these interventions.

30 Min

5. Prepare and eat snack together

Discuss the importance of hand washing and the importance of snacks. Make a display of common snack foods. Include both healthy snacks (banana, papaya, mango, cooked milk, coconut, egg, groundnut, corn, yam, tortilla) and unhealthy snacks (soda, sweets, candy, crisps, junk food).

What Is Malnutrition?

One way to help children grow is to make sure they eat at least three to five times during the day. This includes meals and snacks. Lead a discussion using the following questions:

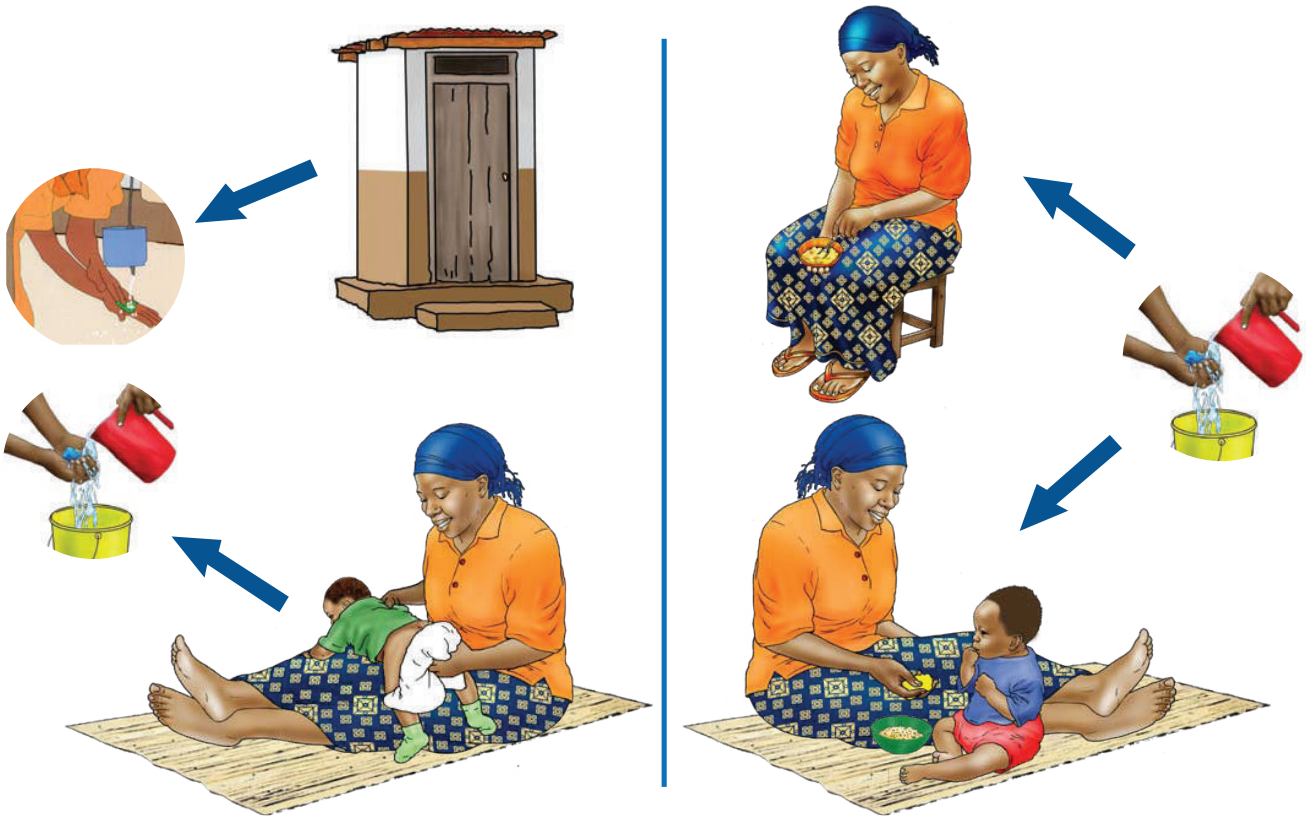
Why are snacks important for children?

(stomachs are small so they can only eat small amounts at once, it is a chance to give a variety of foods such as fruit)

Which of these snacks (on the table) are healthy and which are unhealthy? Why? Which are affordable?

Pick one of the healthy snacks, such as papaya, for the participants to prepare and eat together.

Have them wash their hands before preparing the snack. Discuss the reasons for hand washing together.



How do we wash hands? *(soap/ash and water, rub well, rinse)*

Why is it important to wash hands? *(to keep germs from spreading, getting into our food, mouths, making us sick)*

When do we need to wash our hands? *(before preparing food, before eating, after using latrine, after changing a diaper, after helping a child use the toilet, after helping a sick child)*

Prepare and eat the snack together. Wash fruit even if you are going to peel it so germs and dirt are not transferred to the flesh of the fruit, and cut with a clean knife

5 Min

6.

Ask participants to think of one new thing they learned today.

Ask them to name the three goals of PD/Hearth. *(to rehabilitate malnourished children quickly, to help families keep their children healthy and to prevent malnutrition from happening in the future)*

Ask them to name the four main reasons why children may not grow well. *(inadequate food, care, hygiene, health-seeking behaviours)*

Ask the volunteers to define their responsibility and role in PD/Hearth.

- Lead Hearth sessions *(sharing key messages with caregivers)*
- Visit households of PD/Hearth participant children for 2 weeks after the last day of Hearth
- Follow-up with the PD/Hearth participant caregivers at 3 months, 6 months, 1 year since first day of Hearth

7. Preparation for Day 2 (Field Work)

Ask volunteers to begin mobilising the community to have all households with children 6 months to 3 years old ready to bring their children to one site that is easy to access to be weighed tomorrow. The volunteers should remind caregivers to bring their children's growth or health cards if possible.

If growth monitoring (GMP) already exists in the community, organise the training so that the GMP day falls on the second day of the PD/Hearth Volunteer training day.

Tell the volunteers that tomorrow we will learn how to weigh and measure young children to know if they are growing well. Remind them of the time and place to meet. Thank them for participating.

Children are weighed the first and last days of the Hearth sessions. Volunteers will learn to weigh children using the World Vision Nutrition Centre of Expertise (NCOE) **Measuring and Promoting Child Growth** tool. Correct technique is very important and will not be mastered in just one session. For this reason, volunteers will assist those who have more experience and training in weighing children. The supervisor or health staff should attend the Hearth session on the days children are weighed in order to ensure that the weighing is done accurately. For more information on how to accurately plot child's weight on Growth chart and correctly interpret information from the growth curve, refer to Lesson 9 of the NCOE Measuring Child and Promoting Growth tool.

Purpose

- To weigh and take MUAC of children properly
- To consider factors of feeding, care, hygiene and health which are important to good nutrition
- To practise visiting skills for the Positive Deviant Inquiry (PDI)

Preparation

- Depending on the number of participants, arrange for at least 3 children between the ages of 6-36 months to be part of the practise sessions for taking weight and MUAC measurements. If there are more than 15 volunteers, additional children will be needed.
- For weighing scales, calibration and zeroing should be done prior to taking weight measurements to ensure accuracy. Zeroing should be done before every child. Recalibration should be done after every 10 children to make sure the scale is still reading properly.
  - To calibrate means to use known weights to see if the scale is reading correctly
    - Within a day before the growth monitoring session, weigh at least one or two known weight to make sure the scale is accurate, e.g 5 kg and10 kg weights.
    - If it is inaccurate, adjust the scale until it yields a correct weight measurement. This is the new 'zero'.

    Note: *If you cannot correct the scale, you may need to subtract or add the difference from the children's weight. This will increase chances for error in the children's weight. It is best to calibrate your scale BEFORE bringing it to the growth monitoring site and finding one that accurately measures a known weight.*
  - Zeroing: a process of adjusting the scale to 'zero'

- Before weighing each child, check to ensure the needle on the scale points to 'zero', as determined by calibration.
- For the hanging scale, zeroing should be done with the weighing basket or sling or pants.

Materials

- hanging scales and weighing pants (and standing scales if used in the community)
- MUAC tapes
- pencils
- recording chart
- a copy of the NCOE Measuring and Promoting Child Growth tool (available from nutrition@wvi.org or www.wvi.org/nutrition under Tools)
- weight monitoring charts, Anthro tables, and attendance charts (these will be used in the Hearth sessions)
- a picture of a healthy child and a picture of a malnourished child
- sheets of flip-chart paper, cut or torn in half, one for each group of three or four volunteers
- paper cut into a circle, one for each volunteer

STEPS

60 Min

1. Procedure to weigh a child using hanging scales

It is easiest to weigh children with two people: one person to assist the mother in placing child in the scales and read the measurement, and one person to record the weight. Use the Hearth weight monitoring charts to record the weights of children.

Prepare the scales

1. Hang scales from a strong support, such as a tree.
2. Scales must be at eye level.
3. With weighing basket or sling attached, adjust the scales to zero.

Prepare the child

The learning facilitator acts as the health worker or measurer. Ask one participant to volunteer to be the mother and a second participant to volunteer to be the recorder.

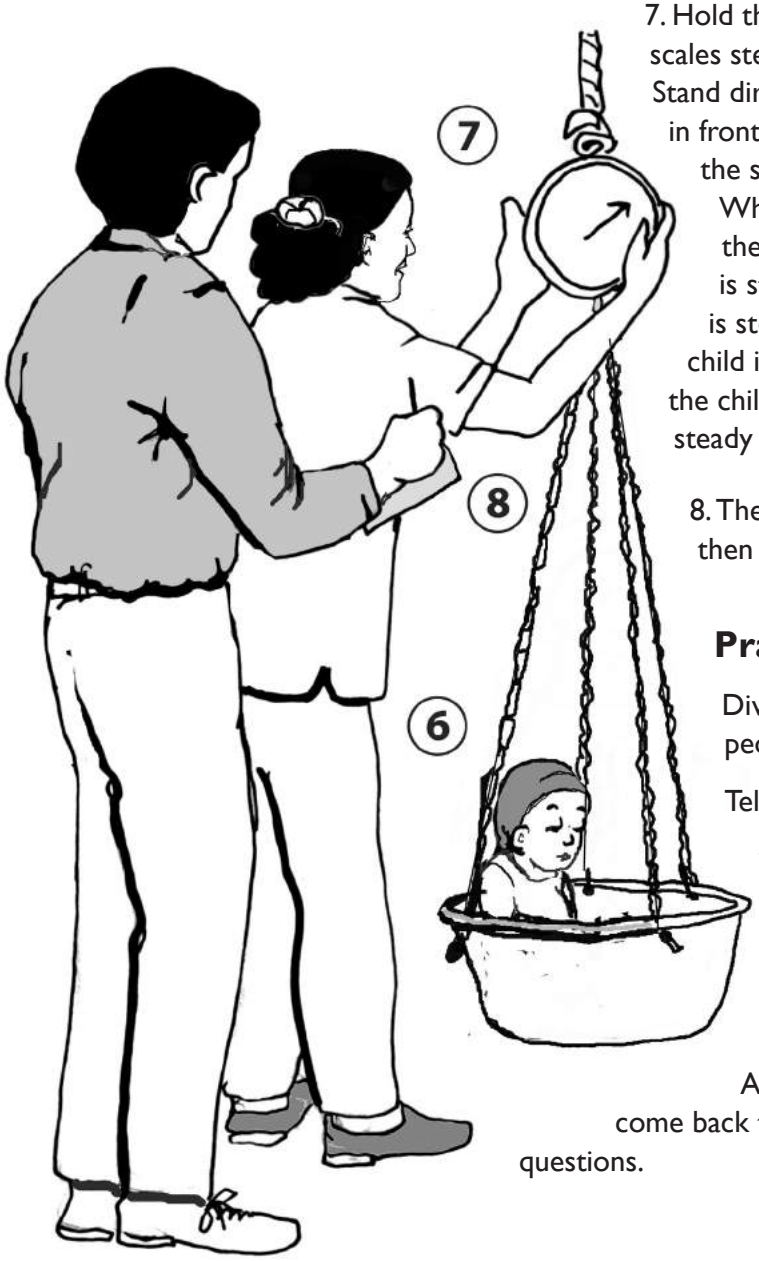
You can use a doll or a sack of grain to take the place of a child for this demonstration.

4. Ask the mother to hold the child, while removing the child's outer clothing. Do not remove the child's underpants. If the mother does not want the child to be without a covering, give her a lightweight cloth to cover the child.

Measure the child's weight

5. Place the child in the basket or sling and ensure that it is secure.

6. Carefully lift the child up by holding the straps of the basket or sling. Hook the straps onto the scales. Gently let go of the child and allow the child to swing freely. Check the position of the child to make sure the child is not touching or holding anything.



7. Hold the scales steady. Stand directly in front of the scales. When the child is still and the needle is steady, read aloud the measurement to 0.1 kg. If the child is moving about, ask the mother to talk gently to the child to calm him or her, and wait until the needle is steady before reading the measurement.

8. The assistant repeats the measurement aloud and then records the weight immediately.

Practice

Divide the participants into working groups of three people.

Tell each group to practise the series of steps you just demonstrated. They should take turns acting the part of the mother, the reader, and the recorder.

When you give these instructions, say clearly the list of steps one more time.

After they have practised one or two times, come back together as a group to discuss any challenges or questions.

60 Min

2. Procedure to weigh a child older than 24 months using standing scales

Ask a participant to volunteer to act as the child to be weighed.

The learning facilitator will take the role of the reader.

Ask another participant to take the role of the recorder/ assistant. Use the Hearth weight monitoring charts to record the weights of children.

Then demonstrate in the following order:

1. Set scales on smooth, hard surface, in good light. Scales should be out of direct sunlight because heat may affect the readings.

2. Reader zeroes the scales.

3. Ask volunteer playing role of the child to remove his or her shoes and any sweaters or jackets, with assistance if necessary.

4. Child stands with feet at centre of scales.

5. Reader kneels by the scales and, when the needle or digital display is no longer moving, reads aloud the weight of the child to the nearest 0.1 kg.

6. Recorder stands behind the reader and repeats the weight aloud before writing it on the form. Reader checks the accuracy of the information on the form.

Procedure to weigh a child younger than 24 months using standing scales

Ask a participant to volunteer to act as the mother.

Use a doll (or sack of grain or a rock) to represent a child.

The learning facilitator will take the role of the reader.

Then demonstrate in the following order:

1. Set scales on smooth hard surface in good light. Scales should be out of direct sunlight because the heat may affect the readings.

2. Zero the scales.

3. Mother removes child's outer clothes.

4. Mother holds child and stands on centre of the scales.

5. Reader kneels by scales and, when the reading is steady, reads aloud the weight of mother + child, to the nearest 0.1 kg.

6. Recorder stands behind reader and repeats the weight aloud before writing it on the form.

7. Mother steps off scales, gives the child to another person to hold, and then stands on the scales alone.

8. The reader reads aloud the weight of the mother alone.

9. Recorder repeats the weight aloud and records the mother's weight on the form. Recorder does the calculation on the sheet. Reader checks the accuracy of the information and calculation.

Note: *The mother's weight is recorded only to be able to calculate the weight of the child by subtracting the mother's weight from the weight of the mother + child together.*

For example:

Weight of mother + child = 59.6 kg

Weight of mother only (without the child) = 52.1 kg

Weight of child (59.6 – 52.1) = 7.5 kg

Now ask the participants to calculate the actual weight of the 'child' that was just weighed.

Discuss their answers. Are participants correct in their calculations? If not, why not? Answer any questions.

Practice

Divide the participants into working groups of three people.

Tell each group to practise the series of steps you just demonstrated. They should take turns acting the part of the mother, the reader, and the recorder.

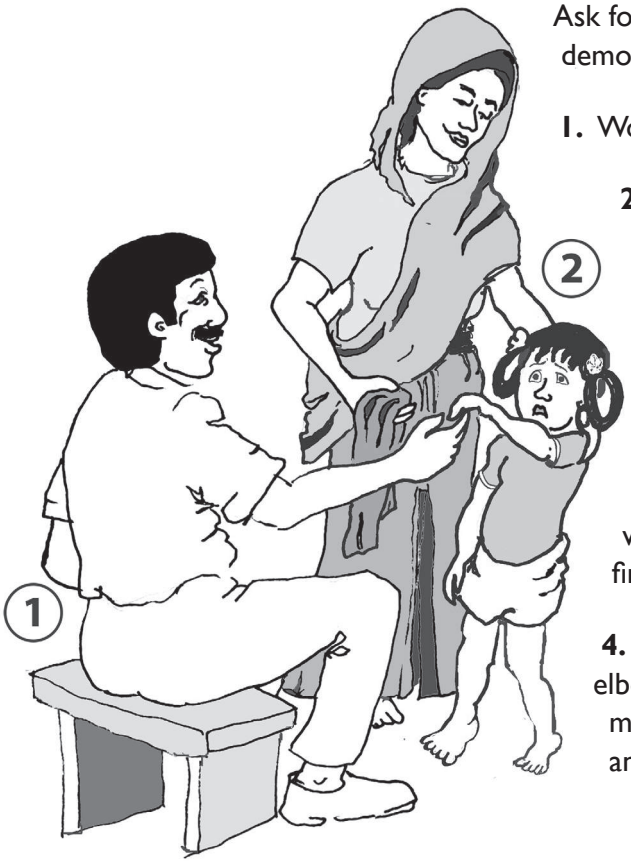
When you give these instructions, say clearly the list of steps one more time.

After they have practised one or two times, come back together as a group to discuss any challenges or questions.

30 Min

3. Mid-Upper Arm Circumference (MUAC)

PD/Hearth Admission Criteria: Discuss the target age group (e.g. 6 months to 3 years old) and the nutritional status of children that will be included in the PD/Hearth programme (e.g. mild and/or moderate and severely underweight children). Children who are wasted (MUAC <11.5cm or 115mm) should not be included, but should be referred to the nearest health centre or hospital for proper treatment.



Ask for a volunteer to take the role of the child in your demonstration of how to take the MUAC measurement.

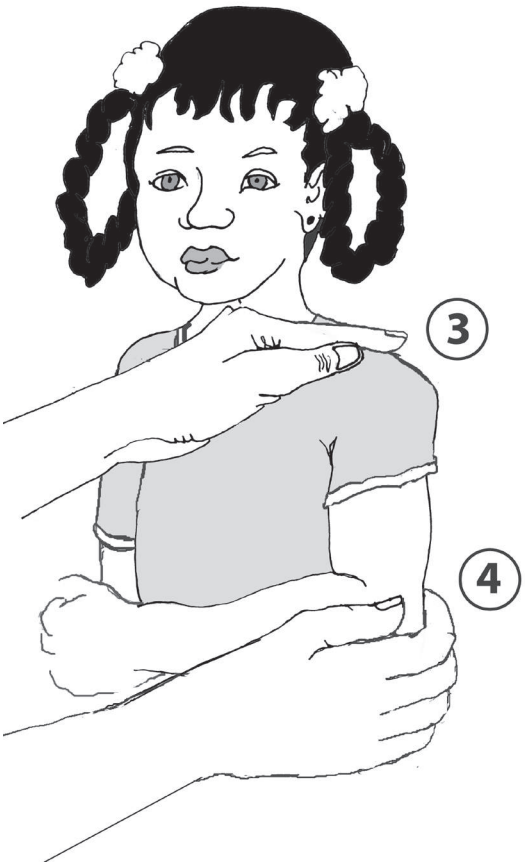
1. Work at eye level. Sit down when that is possible.

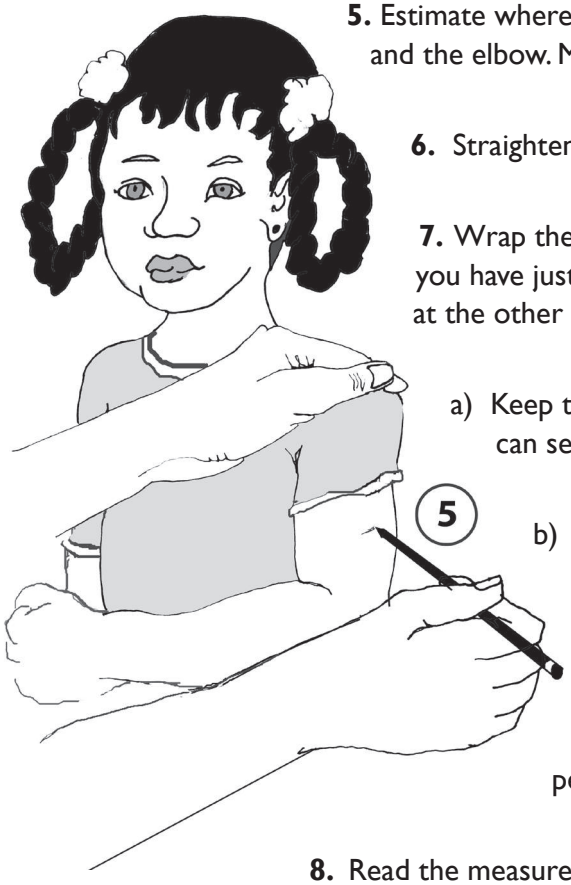
2. Ask the mother to remove any clothing that covers the child's arm.

Then we find the mid-point of the child's upper arm by doing the following steps.

3. Locate the tip of the child's shoulder with your fingertips.

4. Bend the child's elbow so the arm makes a right angle.





5. Estimate where the middle of the upper arm is between the shoulder tip and the elbow. Mark this as the mid-point.

6. Straighten the child's arm.

7. Wrap the MUAC band around the child's arm at the mid-point mark you have just made. Insert the end of the band through the thin opening at the other end of the band.

a) Keep the colours or numbers on the band right side up so that you can see them, and be sure that the band is flat against the skin.

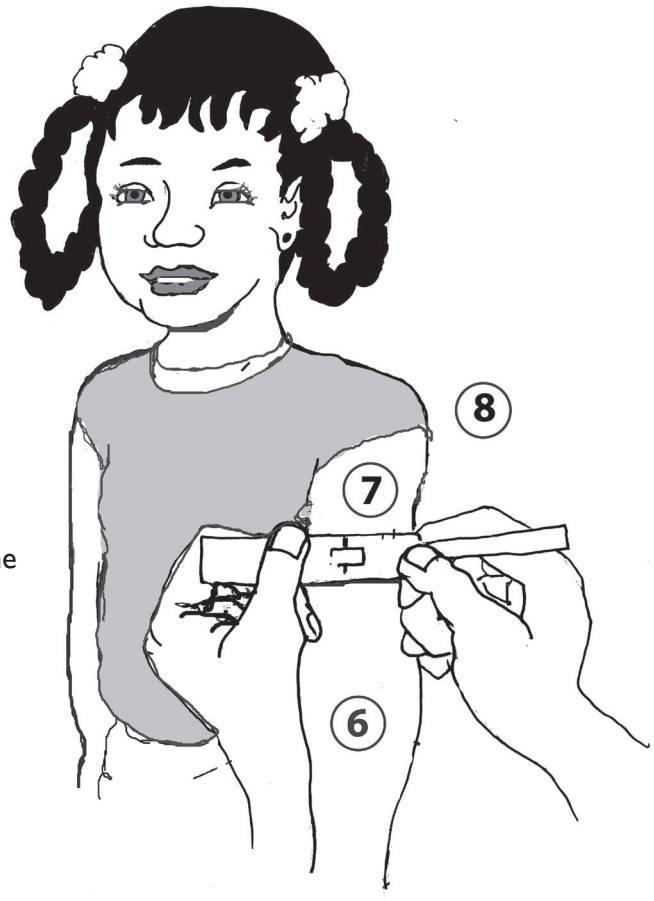
b) Make sure the band is not too tight (if the band is too tight, this bunches up the skin and we do not get an accurate reading).

c) Make sure the band is not too loose (the band is too loose if you can fit a pencil under it)

8. Read the measurement aloud (either the colour or number which shows most completely in the wide window on the band). Ask the assistant to repeat the measurement and to record it on the form.

Check that the measurement is recorded correctly.

Gently remove the tape from the child's arm. Thank the mother and the child for their cooperation.



30 Min

4. Feeding, care, hygiene and health behaviours

Review the main reasons a child might not be growing well, as discussed on Day 1. Ask participants to name the ones they can remember.

(not enough food, too many children, mother is gone all day, father is not there, not enough money, diarrhoea, sickly, unclean water, worms, no shoes, grandmother tries to help but doesn't always give good advice on practices)

Show the pictures of the two children. Which child looks healthy? unhealthy?

Post the picture of the healthy child on the wall.

Ask what feeding/food, caring, hygiene and health practices would have helped this child be healthy. Probe to help participants come up with as many positive behaviours as possible.

Feeding/Food	Caring	Hygiene	Health
Continued, frequent breastfeeding of infants up to 24 months	Positive interaction between child and others	Use of latrine and latrine cover	Complete immunisations (preventive)
Introduce other foods at six months	Supervision at all times	Hand washing with soap or ash after toilet, before eating, before food preparation	Mosquito nets used in malaria endemic areas
Feed 3–5 times / day	Father providing attention / affection	Safe water (boiled, covered)	Regular deworming , wearing of shoes
Variety in food; giving snacks between meals	Grandmother supports caregiver with good advice and practical care	Use of drying rack	Home treatment of sick child for minor illnesses
Active feeding	Father provides money to buy good foods for children	Keeping kitchen clean	Use of oral rehydration solution during diarrhoea
Continued breastfeeding along with appropriate liquids and foods during and after diarrhoea		Using windows and doors to air out the rooms during the day	Child is promptly taken to the health post for illnesses not responding to home treatment

60 Min

5. Wealth Ranking Exercise

(10 min) Explain to the volunteers that 'we want to identify positive deviant children in our target age group. Remember, positive deviant children are children from poor families who are healthy. To do this, we must first identify the different socioeconomic classes within our community. This exercise is called, "Wealth ranking". We and the community must believe that the PD families are truly among the poorest!'

Why do we need to do this to prepare for implementing Hearth in a given community?

Explain that it is important to do this exercise with community members because only they know how to define poorest in their community. They must agree with the final assignment of families in order to believe later that there are PD families.

The objective of the wealth-ranking exercise is to understand the way the community classifies its economic differences and to determine criteria for classifying extended families or households. If people share food, resources and income in nuclear units, then wealth ranking is done by household. If the food, resources and other income are shared across multiple, related households, then wealth ranking must consider the extended family instead.

(50 min) Choose two different versions of an object, for example, two stones of different colours. Lay the stones out on the ground with some distance between them. Explain that one stone represents the non-poor families and the second represents the poorest people. Have everyone look at the non-poor stone and reflect silently on which families in their community would go with this stone. Ask participants how they know these families are not poor. What do these families have that families in the poor category (stone) don't have? List all the characteristics. Prompt them to think about housing, farm implements, livestock, clothing, transport, occupations, amount of land owned, and so on. Does everyone agree that families in the poor category don't have these characteristics?

Now focus attention on the second stone. Remind participants that these are the poorest people. What don't they have that the non-poor families have? What income do they have? What about their houses? jobs? clothing? Do they own any livestock? What kind and how many? It may be necessary to add a third stone if the participants say there is another group which is even poorer. If so, ask for characteristics of those people. To validate the criteria, ask the participants to think silently about the poorest family they know. Do these families meet the criteria for poorest that were just agreed upon?

Agree with the volunteers on 4-5 main criteria that classify households as poor and non-poor (Refer to the Case Example on page 25 if needed). Let the volunteers know that we will be asking caregivers questions to identify their wealth status as we measure and record the children's weights and MUAC in the field.

Case Example for Wealth-Ranking Session

To be classified as poor in one sample community, a family must meet at least three of the following criteria:

- lives in one-room house (Sample Question: How many rooms do you have in your home?)
- house made of bamboo (Sample Question: What is your house made of?)
- house has dirt or cement floor (Sample Question: What is the floor of your house made from?)
- no regular salary (Sample Question: What is the job of the head of the household?)
- no more than one person in the family working (Sample Question: Who works in the family?)

Child's name and family name	Child's age in months	Wealth ranking for family	Wealth ranking (P = poor; Non-P = Non-poor)
Risa (F) Heni/Sali	31	Both parents work as vendors, rent one-room house, bamboo, dirt floor	P
Dani (M) Rohimah/Nadi	12	Single mother, works periodically, rents one room, bamboo, dirt floor	P
Nisrina (M) Onih/Etorasta	30	Father works on salary, rent two rooms, two families in house, cement floor	Non-P
Agus (M)S riali/Wiarso	18	Father works part time, mother works part time, rent block house	Non-P
Lia (F) Ponira/Hendrik	6	Father is temporary taxi driver, owns bamboo house, dirt floor	P
Kiki (M) Nengkiyah	31	Mother works as servant on regular salary, rent two-room house, cement floor, father has small shop	Non-P

120 Min

6. Going to the community to conduct the situational analysis: Weigh and collect the MUAC measurements of the children.

Ask the volunteers to begin mobilising the community. Once families with children less than 3 years of age have gathered, introduce the team and explain that we are here to fight off malnutrition together. The volunteers should encourage community members to define the problem of having unhealthy children in the community. Engage the community in a discussion about the issue of childhood malnutrition: discuss its causes, common challenges and constraints and ask for their ideas or suggestions for solutions.

Emphasise that we can overcome malnutrition together because good health is not only available for the rich. Good health is available for all of us, we just need to know the right foods, caring practices, health-seeking practices, and hygiene practices to follow. Introduce the concept of PD/Hearth in the local language as practised in Day 1; e.g. *Even within our own community, there are children that are very healthy and we will be learning from these households about what practices they are doing to keep their children healthy. We will then practise these learnings during our PD/Hearth programme. A healthy future for our children is available for all of us! We are going to be weighing children 6 months old to 3 years old today, so please begin to line up your children to be weighed.*

Have the volunteers organise the children and then assist the ADP staff and/or health centre staff to weigh them and take the MUAC measurements. Volunteers should assist in the classification of wealth ranking for each household by asking questions determined previously during the wealth ranking session. Wealth ranking should be conducted simultaneously as children's weights and MUAC are being measured. ADP staff will provide forms for recording weight and socioeconomic classification of each child.

After the visit, ADP staff will collect the forms with all the weights, MUAC and wealth ranking recorded. Using the data, ADP staff will identify the nutritional status of each child using the ANTHRO tables. Taking the nutritional status, wealth ranking, and MUAC data, ADP staff will be able to identify the Positive Deviant families (PDs), that is, poor families that have well-nourished children, for tomorrow's exercise. The purpose is to learn what good practices the families have that enable them to have well-nourished children. Seeing is believing. Volunteers have to be convinced of the value of PD practices in order to persuade other families to adopt them.

Organise the volunteers with the appropriate ADP project staff and health centre staff to conduct the PDIs and assign them to the households to visit tomorrow.

WHO Weight-for-Age Reference Table

Weight-for-age Standard Table – Boys and Girls 0–59 months (WHO) (With 'mild' status)*											
BOYS						**GIRLS**					
Sex	Age (mon)	Green (Normal)	Yellow (Mild)	Orange (Moderate)	Red (Severe)	Sex	Age (mon)	Green (Normal)	Yellow (Mild)	Orange (Moderate)	Red (Severe)
M	0	3.3	2.9	2.5	2.1	F	0	3.2	2.8	2.4	2.0
M	1	4.5	3.9	3.4	2.9	F	1	4.2	3.6	3.2	2.7
M	2	5.6	4.9	4.3	3.8	F	2	5.1	4.5	3.9	3.4
M	3	6.4	5.7	5.0	4.4	F	3	5.8	5.2	4.5	4.0
M	4	7.0	6.2	5.6	4.9	F	4	6.4	5.7	5.0	4.4
M	5	7.5	6.7	6.0	5.3	F	5	6.9	6.1	5.4	4.8
M	6	7.9	7.1	6.4	5.7	F	6	7.3	6.5	5.7	5.1
M	7	8.3	7.4	6.7	5.9	F	7	7.6	6.8	6.0	5.3
M	8	8.6	7.7	6.9	6.2	F	8	7.9	7.0	6.3	5.6
M	9	8.9	8.0	7.1	6.4	F	9	8.2	7.3	6.5	5.8
M	10	9.2	8.2	7.4	6.6	F	10	8.5	7.5	6.7	5.9
M	11	9.4	8.4	7.6	6.8	F	11	8.7	7.7	6.9	6.1
M	12	9.6	8.6	7.7	6.9	F	12	8.9	7.9	7.0	6.3
M	13	9.9	8.8	7.9	7.1	F	13	9.2	8.1	7.2	6.4
M	14	10.1	9.0	8.1	7.2	F	14	9.4	8.3	7.4	6.6
M	15	10.3	9.2	8.3	7.4	F	15	9.6	8.5	7.6	6.7
M	16	10.5	9.4	8.4	7.5	F	16	9.8	8.7	7.7	6.9
M	17	10.7	9.6	8.6	7.7	F	17	10.0	8.9	7.9	7.0
M	18	10.9	9.8	8.8	7.8	F	18	10.2	9.1	8.1	7.2
M	19	11.1	10.0	8.9	8.0	F	19	10.4	9.2	8.2	7.3
M	20	11.3	10.1	9.1	8.1	F	20	10.6	9.4	8.4	7.5
M	21	11.5	10.3	9.2	8.2	F	21	10.9	9.6	8.6	7.6
M	22	11.8	10.5	9.4	8.4	F	22	11.1	9.8	8.7	7.8
M	23	12.0	10.7	9.5	8.5	F	23	11.3	10.0	8.9	7.9
M	24	12.2	10.8	9.7	8.6	F	24	11.5	10.2	9.0	8.1
M	25	12.4	11.0	9.8	8.8	F	25	11.7	10.3	9.2	8.2
M	26	12.5	11.2	10.0	8.9	F	26	11.9	10.5	9.4	8.4
M	27	12.7	11.3	10.1	9.0	F	27	12.1	10.7	9.5	8.5
M	28	12.9	11.5	10.2	9.1	F	28	12.3	10.9	9.7	8.6

*NOTE: Depending on the country guidelines, each country can use either with or without 'mild' status WHO weight-for-age reference table.

WHO Weight-for-Age Reference Table

Weight-for-age Standard Table – Boys and Girls 0–59 months (WHO) (With 'mild' status)											
BOYS						**GIRLS**					
Sex	Age (mon)	Green (Normal)	Yellow (Mild)	Orange (Moderate)	Red (Severe)	Sex	Age (mon)	Green (Normal)	Yellow (Mild)	Orange (Moderate)	Red (Severe)
M	29	13.1	11.7	10.4	9.2	F	29	12.5	11.1	9.8	8.9
M	30	13.3	11.8	10.5	9.4	F	30	12.7	11.2	10.0	9.0
M	31	13.5	12.0	10.7	9.5	F	31	12.9	11.4	10.1	9.1
M	32	13.7	12.1	10.8	9.6	F	32	13.1	11.6	10.3	9.3
M	33	13.8	12.3	10.9	9.7	F	33	13.3	11.7	10.4	9.4
M	34	14.0	12.4	11.0	9.8	F	34	13.5	11.9	10.5	9.5
M	35	14.2	12.6	11.2	9.9	F	35	13.7	12.0	10.7	9.6
M	36	14.3	12.7	11.3	10.0	F	36	13.9	12.2	10.8	9.7
M	37	14.5	12.9	11.4	10.1	F	37	14.0	12.4	10.9	9.8
M	38	14.7	13.0	11.5	10.2	F	38	14.2	12.5	11.1	9.9
M	39	14.8	13.1	11.6	10.3	F	39	14.4	12.7	11.2	10.1
M	40	15.0	13.3	11.8	10.4	F	40	14.6	12.8	11.3	10.1
M	41	15.2	13.4	11.9	10.5	F	41	14.8	13.0	11.5	10.2
M	42	15.3	13.6	12.0	10.6	F	42	15.0	13.1	11.6	10.3
M	43	15.5	13.7	12.1	10.7	F	43	15.2	13.3	11.7	10.4
M	44	15.7	13.8	12.2	10.8	F	44	15.3	13.4	11.8	10.5
M	45	15.8	14.0	12.4	10.9	F	45	15.5	13.6	12.0	10.6
M	46	16.0	14.1	12.5	11.0	F	46	15.7	13.7	12.1	10.7
M	47	16.2	14.3	12.6	11.1	F	47	15.9	13.9	12.2	10.8
M	48	16.3	14.4	12.7	11.2	F	48	16.1	14.0	12.3	10.9
M	49	16.5	14.5	12.8	11.3	F	49	16.3	14.2	12.4	11.0
M	50	16.7	14.7	12.9	11.4	F	50	16.4	14.3	12.6	11.1
M	51	16.8	14.8	13.1	11.5	F	51	16.6	14.5	12.7	11.2
M	52	17.0	15.0	13.2	11.6	F	52	16.8	14.6	12.8	11.3
M	53	17.2	15.1	13.3	11.7	F	53	17.0	14.8	12.9	11.4
M	54	17.3	15.2	13.4	11.8	F	54	17.2	14.9	13.0	11.5
M	55	17.5	15.4	13.5	11.9	F	55	17.3	15.1	13.2	11.6
M	56	17.7	15.5	13.6	12.0	F	56	17.5	15.2	13.3	11.7
M	57	17.8	15.6	13.7	12.1	F	57	17.7	15.3	13.4	11.8
M	58	18.0	15.8	13.8	12.2	F	58	17.9	15.5	13.5	11.9
M	59	18.2	15.9	14.0	12.3	F	59	18.0	15.6	13.6	12.0
M	60	18.3	16.0	14.1	12.4	F	60	18.2	15.8	13.7	12.1

WHO Weight-for-Age Reference Table

Weight-for-age Standard Table – Boys and Girls 0–59 months (WHO) (Without 'mild' status)*									
BOYS					**GIRLS**				
Sex	**Age (mon)**	**Green (Normal)**	**Yellow (Moderate)**	**Red (Severe)**	**Sex**	**Age (mon)**	**Green (Normal)**	**Yellow (Moderate)**	**Red (Severe)**
M	0	2.9	2.5	2.1	F	0	2.8	2.4	2.0
M	1	3.9	3.4	2.9	F	1	3.6	3.2	2.7
M	2	4.9	4.3	3.8	F	2	4.5	3.9	3.4
M	3	5.7	5.0	4.4	F	3	5.2	4.5	4.0
M	4	6.2	5.6	4.9	F	4	5.7	5.0	4.4
M	5	6.7	6.0	5.3	F	5	6.1	5.4	4.8
M	6	7.1	6.4	5.7	F	6	6.5	5.7	5.1
M	7	7.4	6.7	5.9	F	7	6.8	6.0	5.3
M	8	7.7	6.9	6.2	F	8	7.0	6.3	5.6
M	9	8.0	7.1	6.4	F	9	7.3	6.5	5.8
M	10	8.2	7.4	6.6	F	10	7.5	6.7	5.9
M	11	8.4	7.6	6.8	F	11	7.7	6.9	6.1
M	12	8.6	7.7	6.9	F	12	7.9	7.0	6.3
M	13	8.8	7.9	7.1	F	13	8.1	7.2	6.4
M	14	9.0	8.1	7.2	F	14	8.3	7.4	6.6
M	15	9.2	8.3	7.4	F	15	8.5	7.6	6.7
M	16	9.4	8.4	7.5	F	16	8.7	7.7	6.9
M	17	9.6	8.6	7.7	F	17	8.9	7.9	7.0
M	18	9.8	8.8	7.8	F	18	9.1	8.1	7.2
M	19	10.0	8.9	8.0	F	19	9.2	8.2	7.3
M	20	10.1	9.1	8.1	F	20	9.4	8.4	7.5
M	21	10.3	9.2	8.2	F	21	9.6	8.6	7.6
M	22	10.5	9.4	8.4	F	22	9.8	8.7	7.8
M	23	10.7	9.5	8.5	F	23	10.0	8.9	7.9
M	24	10.8	9.7	8.6	F	24	10.2	9.0	8.1
M	25	11.0	9.8	8.8	F	25	10.3	9.2	8.2
M	26	11.2	10.0	8.9	F	26	10.5	9.4	8.4
M	27	11.3	10.1	9.0	F	27	10.7	9.5	8.5
M	28	11.5	10.2	9.1	F	28	10.9	9.7	8.6

*NOTE: Depending on the country guidelines, each country can use either with or without 'mild' status WHO weight-for-age reference table.

WHO Weight-for-Age Reference Table

Weight-for-age Standard Table – Boys and Girls 0–59 months (WHO) (Without 'mild' status)

BOYS					GIRLS				
Sex	Age (mon)	Green (Normal)	Yellow (Moderate)	Red (Severe)	Sex	Age (mon)	Green (Normal)	Yellow (Moderate)	Red (Severe)
M	29	11.7	10.4	9.2	F	29	11.1	9.8	8.8
M	30	11.8	10.5	9.4	F	30	11.2	10.0	8.9
M	31	12.0	10.7	9.5	F	31	11.4	10.1	9.0
M	32	12.1	10.8	9.6	F	32	11.6	10.3	9.1
M	33	12.3	10.9	9.7	F	33	11.7	10.4	9.3
M	34	12.4	11.0	9.8	F	34	11.9	10.5	9.4
M	35	12.6	11.2	9.9	F	35	12.0	10.7	9.5
M	36	12.7	11.3	10.0	F	36	12.2	10.8	9.6
M	37	12.9	11.4	10.1	F	37	12.4	10.9	9.7
M	38	13.0	11.5	10.2	F	38	12.5	11.1	9.8
M	39	13.1	11.6	10.3	F	39	12.7	11.2	9.9
M	40	13.3	11.8	10.4	F	40	12.8	11.3	10.1
M	41	13.4	11.9	10.5	F	41	13.0	11.5	10.2
M	42	13.6	12.0	10.6	F	42	13.1	11.6	10.3
M	43	13.7	12.1	10.7	F	43	13.3	11.7	10.4
M	44	13.8	12.2	10.8	F	44	13.4	11.8	10.5
M	45	14.0	12.4	10.9	F	45	13.6	12.0	10.6
M	46	14.1	12.5	11.0	F	46	13.7	12.1	10.7
M	47	14.3	12.6	11.1	F	47	13.9	12.2	10.8
M	48	14.4	12.7	11.2	F	48	14.0	12.3	10.9
M	49	14.5	12.8	11.3	F	49	14.2	12.4	11.0
M	50	14.7	12.9	11.4	F	50	14.3	12.6	11.1
M	51	14.8	13.1	11.5	F	51	14.5	12.7	11.2
M	52	15.0	13.2	11.6	F	52	14.6	12.8	11.3
M	53	15.1	13.3	11.7	F	53	14.8	12.9	11.4
M	54	15.2	13.4	11.8	F	54	14.9	13.0	11.5
M	55	15.4	13.5	11.9	F	55	15.1	13.2	11.6
M	56	15.5	13.6	12.0	F	56	15.2	13.3	11.7
M	57	15.6	13.7	12.1	F	57	15.3	13.4	11.8
M	58	15.8	13.8	12.2	F	58	15.5	13.5	11.9
M	59	15.9	14.0	12.3	F	59	15.6	13.6	12.0
M	60	16.0	14.1	12.4	F	60	15.8	13.7	12.1

Positive Deviant Inquiry (PDI)

Note: Volunteers do not need to cover this section in full (can skip to summary)

ADP staff, community leaders, health care providers and others will be involved in the PDI. Volunteers and Health centre staff do not lead the PDI, but they can be valuable team members. ADP project staff lead the PDI session.

Preparation

- To learn how to visit families in order to learn about their feeding, caring, health, and hygiene practices.
- Print and cut apart two sets of 24 behaviour cards (see sample in Step 5).

Materials

- *Adapt and practise the story of Nasirudin (below)*

STEPS

5 Min

1. Tell the following story about Nasirudin

Nasirudin lived in a town. Often he would take a couple of donkeys laden with grass and cross the border of the town to enter the neighbouring territory. The customs officers at the border had a strong suspicion that Nasirudin was smuggling out some goods, but they could not find any. Nasirudin had only heaps of grass, which they examined very, very closely. They thought there might be small rings of gold or tiny diamonds. They even burned the grass, but in vain. Nasirudin's several crossings of the border did not reveal any smuggled goods, and he entered the neighbouring territory several times after giving a big respectful salute to the officers. But there was always a cunning smile on his face. Their police instinct told them he was smuggling something, but they couldn't figure out what.

Many years later, long after Nasirudin had stopped his comings and goings from that town and lived in another town, one of the customs officers, who had by then retired, suddenly met him.

'Tell me, Nasirudin', the ex-customs officer asked, 'what were you were smuggling in those days?'

Nasirudin looked up and with the same cunning smile said, 'Donkeys, of course'.

10 Min

2. What is the message behind the story?

(the solution to something is often right in front of us but we don't see it, look for unexpected things, don't be misled by obvious things (the grass) and miss other things (the donkeys), be open minded)

Explain the PDI:

'We want to discover what the poor families who have healthy children do in each of the areas of food/feeding, caring, hygiene and health. To learn about our community we are going to talk to caregivers and grandmothers in a group about how they feed and care for children, and we will visit some families at home to see what they do. We will also find out what foods are available in the community that poor families can afford.

We will visit during the time that caregivers are feeding their children. That way we can observe how they feed them, the care they give them and the relationship between the caregiver and other influential members of the family, such as the grandmother. We want to talk to the caregivers, including grandmothers, and ***observe*** what they do ***but not make any comments***. We need to have open minds and look for unexpected practices or ways of doing things.'

Note: *Although volunteers will not lead the PDI visit, they will be valuable observers on the team. Volunteers will also help caregivers feel comfortable to answer questions honestly during home visits.*

15 Min

3. What information will help us learn about feeding and caring practices?

Explain the categories of positive deviant practices:

- 'We will identify the foods which poor families use to feed their children to keep them healthy and strong. These foods are called good foods.
- We will identify the care that poor families give to their children to keep them healthy and strong. This care is called good care.
- We will identify the hygiene that poor families use to keep their children healthy and strong. This hygiene is called good hygiene.
- We will identify the health care that poor families use to keep their children healthy and strong. This health care is called good health care.

These four things, good food/feeding, good caring, good hygiene and good health care, are important in making a child healthy and strong. By learning about them from poor families with healthy children, we solve our community's nutrition problems with our own solutions. Our solutions will help families in our community learn and understand how to keep their children healthy and strong.'

Help the volunteers identify the types of information they will need. Samples are included here.

Sample Guidelines for Conducting a PDI

Good food:

- Is the child breastfeeding? If not, at what age did the mother wean the child?
- What foods is the caregiver giving the child today? Identify all the foods and how she prepares them.
- Who decides what the child will eat? What role do other family members play in child feeding decisions?
- How many times did the child eat or drink while you observed?
- Does someone help the child eat?
- Where does the family buy food? Who buys it? How much money is spent on food each day?
- How many 'meals' does the child eat a day? How much does the child eat?
- Are there any foods the caregiver does not give the child?

Good care: (observe rather than asking the family, if possible):

- Who is the primary caregiver of the child?
- What roles do other family members play in the care of the child?
- Who is in the house during the day?
- Does the caregiver take the child to the vaccination post? How often? Is the child on schedule?
- Does the caregiver or others play with the child? How? How often?
- How is the child disciplined? By whom?
- How does the caregiver encourage the child to eat when he or she doesn't want to?

Good health care: (ask for the health card and/or ask the caregiver these questions):

- How do you know when your child is sick?
- Was the child sick in the past 6 months? If so, how many times?
- What illnessses has the child had?
- When the child was sick, what did you do? Did you feed the child anything differently?
- What steps do you take to prevent illnesses?

Good hygiene:

- Is the house clean? Is the kitchen clean?
- Are the people clean and bathed?
- Is there a latrine? How does it look?
- Make observations on the water source.
- Do pigs, mules, dogs or other animals go in and out of the house?

The following exercise helps participants to understand behaviours and skills that are important to the nutritional status of children.

5 Min

4. Divide participants into two teams. Each team gets one set of 24 behaviour cards. Have the team members separate the cards into two piles: those with behaviours that *directly* affect the nutritional status of children, and those that do not. Tell them to be prepared to justify their choices.

10 Min

5. 

Bring the teams together. Call out each behaviour and have the team members put both hands in the air if the behaviour directly influences the nutritional status of children or put their hands behind their back if it does not. Have team members explain their choices, especially when there is disagreement about the behaviours.

Behaviour cards sample

Make two sets of cards. Write one behaviour on each card.

Thanks given for food	Nails are clipped	Use of home remedies for illness	Child is bathed every day
Boils water for children under six months old	Child eats five times a day	Mother tells stories and sings to child	Use of soap to wash hands

Child is given fruit for snack	Child breastfeeds during the day	Grandmother cares for child	Adds oil to porridge
Child is dewormed	Seeks medical help when ill	Eggs, snails, watercress, groundnuts are included in meal	Parent hits the child for not obeying
Kitchen pots are washed and left to dry on rack	Child feeds often during illness	Brushes child's teeth	Someone helps the child eat
Sleeps with window open	Child eats from own bowl	Washes hands after using latrine	Child wears sandals

15 Min

6. What do children eat in one day?

Explain the 24 hour recall:

'We want to find out what families feed their children. Think about what you ate yesterday. Can you remember everything you ate? Is it easy to remember? *(no)* We want the caregiver to tell us each food she gave the child yesterday. To help her remember, we will start with breakfast and work through the day. Ask questions to help her remember but be careful not to give her suggestions.'

Role play: Facilitator with one participant. Ask for a volunteer to act the part of the caregiver (e.g. mother or grandmother). The facilitator plays the part of the volunteer visitor. Start with breakfast and work through all the foods the 'caregiver' gave her child yesterday till bedtime. Use questions like these: What did you give Mari first? Anything else? How did you make that? Did you add anything else? Did Mari have anything else with that? What did she eat next? At what time? Thank the volunteer 'caregiver'.

Answer any questions from the participants. Divide into pairs. Practise this method to find out what each partner ate yesterday.

Emphasise that the way questions are asked is important. For example, ask, 'What did Mari eat when she got up yesterday?' *(rice)* 'Did she have anything with the rice?' *(beans)* 'Anything else?' Do not suggest answers by asking, 'Didn't she have beans with her rice?' Caregivers will often answer with what they think the interviewer wants to hear. It is important that caregivers feel free to answer accurately.

5 Min

7. Observation exercise

Have participants stand in pairs facing each other and carefully observe each other for 30 seconds. Then ask them to stand back-to-back and change one thing about their appearance (take off an earring, put on glasses, button a cuff, for example). Partners then face each other again and see if they know what changed. Ask how many observed correctly. Emphasise the importance of **good observation** in order to explore behaviours through the cultural lens of the community and of **probing communication** to glean information without bias.

15 Min

8 Role play visiting families

Divide participants into groups of five. Each group will have an 'interviewer', 'observer', a 'mother' and two 'children'. Group members will practise either scenario 1 or scenario 2 for a family visit. The 'interviewer' will talk with the 'mother' about feeding, care, health and hygiene. The 'observer' will listen and look to see what other information he or she can learn that will be valuable.

Scenario 1: This role play portrays part of a PDI. During the part shown, the interviewer focuses on feeding practices. The PD child is a well-nourished 30-month-old girl. Her mother says the child eats only during the two daily meals. However, a sibling in the room is sharing a snack with the child (who is fed constantly by older siblings, grandmother and neighbours). In this culture 'meals/feeding' means a meal with rice. The mother talks very little. While she is being interviewed, the sibling washes the child's hands, scolds the child when she drops something and tries to pick it up to eat it, plays with the child, gives the child a drink, and so on. (The interviewer and mother don't interact with the child or sibling during this time.)

Scenario 2: This PDI visit is being made to a family with five children. The 3-month-old baby is breastfeeding, and there is also a 2-year-old present. The older brother and sisters are in school. The mother is talking about the help she gets from her mother-in-law who instructs her on breastfeeding, preparing meals for the 2-year-old child, and general child care. They have a small garden and use the vegetables in the porridge and sauce she makes. The child is outside putting a dirty stick in her mouth. The mother-in-law stops her, washes the child's hands and then feeds her a banana as a snack. The interviewer then switches the discussion to snacks and foods at different times of the day and does a simple 24-hour recall of food eaten. She also engages the mother-in-law who has just entered the house.

15 Min

9. Discuss the role play

- What did they like?
- What did they learn?
- What surprised them?
- What did they find hard?
- What would they do differently?

Be sure to emphasise that the PDI team is not to give answers or make comments. The team is there to learn from the caregivers.

10 Min

10. Scenario 3: Introduce the do's and don'ts of doing interviews

Have four people perform the following skit, deliberately exaggerating to draw out bad technique in a funny way:

The PDI team arrives at the house. The members do not introduce the team properly. They say they want to visit the mother because she is poor and they want to find out how she manages to feed so many children. The interviewer's cell phone goes off. As she answers it, the other members of the PDI team start talking, laughing and eating candies, not offering any to the mother. The mother says she has six children and the interviewer makes a disapproving face. The interviewer has a long list of questions in a big book and reads one after the other, not listening to the answers the mother gives. When the mother says the youngest child has diarrhoea, the interviewer starts to lecture her. The team seems bored and disrespectful. The mother says she is busy and would like them to leave. The interviewer keeps insisting on asking 'a few more questions'.

After the role play discuss with the group what was good about the interview team's approach. Discuss what was not done correctly. Talk about the do's and don'ts of doing interviews. Emphasise important skills to remember:

- Be wise and respect the family. Be friendly and polite.
- Introduce yourself, congratulate the family members on their good work and ask permission to observe and talk to them.
- Include all influential family members in the discussion.
- Don't ask them why they are poor.
- Remember that the team is there to learn, not to criticise or lecture.

10 Min

11. Logistics

Explain that today the volunteers will be visiting families to discover the good feeding, caring, hygiene and health behaviours they practise. Explain where to meet, how the visits will be organised and what they will do with the information they gather.

Organise groups to conduct home visit PDIs (4 groups); Market Survey (1 group), Transect Walk (1-2 groups), and Focus Group Discussions (1-2 groups). Give each PDI team the names of the families it is to visit. **The volunteers will not lead these activities but will participate in them.**

Feeding Back to the Community and Visiting Families

Purpose

- To share results of the nutrition assessment with the community
- To conduct a Positive Deviant Inquiry in the community

STEPS

20 Min

1.

Review with the volunteers the initial assessment information (results of weighing and findings from group discussions) and discuss how this could be communicated to the community. Divide the volunteers into groups to practise creative ways of sharing the assessment findings with the community. Two examples are provided as a guide.

Example 1

Use green and yellow maize leaves to show healthy and unhealthy plants. Discuss why the yellow leaves are unhealthy and ways to make the plants healthy. *(use manure, weed them, space them properly, fertilise them)*

Link the maize leaves with children. Some children are growing well, and some are not. Why? *(not fed enough, not fed often enough, not well spaced, sickly, not enough variety of food, parents absent)*

Use stones to show proportion of children who are like yellow leaves (malnourished) and those who are like green leaves (well nourished). What makes the difference between these groups of children? How have caregivers in the community tried to help their children grow better? What do some families do to keep their children well nourished?

Example 2

Make a very large 'Road to Health' card. Plot every child that was weighed in the community on the chart. Use the colours green, yellow and red to show the difference in levels of malnutrition. Talk to the community about how healthy children's growth follows the curve. Ask how many children there are. How many are not growing well? How can they tell? Why do they think they are not growing well? What have they tried before to help children grow better?

Are any children growing well? Why do they think that is? Are there things these families do that we could learn from? What have they tried? What has worked? Introduce PD/Hearth – discovering together what these families do so all can have well-nourished children.

60 Min

2.

Mobilise the community again. The volunteers will then share the nutrition assessment results and the findings from the group discussions with the community and community leaders.

150 Min

3.

After feeding back to the community, break off into the respective groups.

- Each PDI visit will take two to three hours and should cover a time when the caregiver is making food and feeding the child, if possible (4 or more groups).
- The Market Survey team will visit the market and shops to determine food availability and what is affordable for families (1 group).
- The Transect Walk group will conduct a community mapping exercise to observe the good things and not so good things in the community that might affect the children's health. (1-2 groups).
- Focus-group discussions (FGD) will be held with caregivers and grandmothers to determine the normal feeding and caring practices in the community (1-2 groups).

NOTE: *Use formats provided by ADP Project Staff for each activity*

Using the Information Gathered

Purpose

- To find positive common practices from the information gathered from each PDI group

Materials

- Flip charts and markers
- Props to illustrate Hearth activities (e.g. soap and towel; cooking pot and utensils)

STEPS

30 Min

1. Present the PDI Findings

ADP staff, with the help of volunteers, will gather the information from the FGD, PDI, transect walk and market survey. Present a summary of the information in a field-visit summary sheet (see format below). Use an asterisk (*) to indicate which practices are from the family visit. Points without an asterisk indicate common practices in the community.

PD Food/Feeding	PD Caring	PD Hygiene	PD Health Seeking
Non-PD Food/ Feeding	**Non-PD Caring**	**Non-PD Hygiene**	**Non-PD Health Seeking**

45 Min

2. Identify Key Hearth Messages from the PDI Data

In the large group ask each small group to explain the findings of its PDI data. Show what behaviours were found in the PD families' homes and what behaviours were found in the non-PD homes or learned through FGDs, transect walk, or market survey.

For behaviours considered positive, ask the group whether the behaviour could be practised by a poor family or only by a non-poor family. In other words, is it feasible, easy to do, and affordable?

Ask each group to identify behaviours that are practised by more than one family. The group should highlight these practices and indicate how many times that behaviour was observed. This serves to illustrate common threads among the PD families.

Work together to develop a summary chart of special foods, behaviours, skills, practices, and messages that should be emphasised in Hearth sessions. Tell volunteers that we will learn how to use this information to help families with malnourished children.

Choose 6 key messages to be shared with caregivers during the Hearth sessions, and ensure the volunteers are very familiar with these.

10 Min

3. Preparing for the Hearth sessions

Volunteers play a key role in the preparations for the Hearth sessions. Introduce the steps involved, explaining that these activities should be done with the help of the supervisor/trainer and the support of the community.

i. Identify the volunteers that will lead the Hearth Sessions (responsible for sharing key messages)

ii. Become familiar with 2 Hearth menus and how to cook them

iii. Conduct a short home visit to each family who will participate in the Hearth session. Meet with the caregiver and grandmother and identify if child is truly from a poor family and is malnourished. Invite them to an orientation meeting.

iv. Conduct an orientation meeting for PD/Hearth participant caregivers. Volunteers need to be sure the following topics are discussed:

- **Importance of immunisation, vitamin A supplements and deworming**

  Check that each child's immunisations are complete, that the child has had the vitamin A supplement and that he or she has been dewormed. If not, encourage the caregiver to go to the health post to have these completed before the sessions begin.

- Explain **where to meet the first day,** what the programme will be and what the caregivers need to bring (e.g. ingredients, firewood, plates/bowls/cups, spoons).

- Agree on **a suitable location** for the Hearth sessions. The location should have:
  - Adequate space for caregivers to cook and children to play in the shade
  - A source of water
  - A latrine close by

Note that the home visits (step iii) and orientation meeting (step iv) will be carried out on Day 5 of this training. Encourage the volunteers to notify caregivers that they will be visited in their homes tomorrow by ADP/Health Centre staff and PD/Hearth volunteers.

60 Min

4. What happens in a Hearth session?

Introduce the activities include in Hearth sessions:

- arrival of caregivers and children; taking attendance
- weighing children (on the first day and last day only)
- •collecting food contribution
- hand washing and preparing/serving a snack
- playing with children
- food preparation
- hand washing and feeding children
- planning for the next day – contributions, tasks
- clean up

Remind the volunteers that each of these activities provides an opportunity to help caregivers learn behaviours and skills that will help their children grow well. Caregivers will learn best through informal conversation and hands-on activities, not lectures.

Set up each of the activities of the Hearth session as a 'station' around the room. Use props (for example, soap and water at the hand-washing area; a pot, a spoon and some food at the cooking area). Go to each station as a group and discuss what caregivers can learn there. Demonstrate the conversation or activity at each station. Ask participants to role play interacting with the caregivers. Emphasise learning while doing and using conversation based on the activities to discuss reasons for each of the practices being promoted. Use the list below as a guide.

Key roles and messages appropriate to different activities of the Hearth sessions:

Arrival of caregivers and children; attendance

- Welcome the caregivers and children with respect.
- Make a positive observation on the appearance of both child and caregiver.
- State the importance of coming every day to see change and learn new practices.
- Ask how things are going at home; troubleshoot and share observations.
- Encourage commitment of both families and community.

Weighing children

- Importance of child growing well
- Growing well enables the child to learn better
- Growing well makes the child stronger
- Growing well results in better health.

Collect food contribution

- Cost and sources of nutritious food
- Food variety
- Safety of food
- Positive reinforcement of healthy choices
- Nutritious accessible foods
- Proper storage
- Where foods can be found and gathered
- Food production/home gardens

Handwashing/ hygiene

- Demonstrate proper hand-washing technique
- Use of soap
- Times when hand washing is important
- Why we wash hands: bacteria and germs contribute to illness/diarrhoea
- Treatment of diarrhoea and illness, and when to seek health care
- Immunisation, de-worming
- Nail cutting
- Personal hygiene
- Latrine use
- Use of shoes

Key roles and messages appropriate to different activities of the Hearth sessions continued:

Snack

- Frequency of snacks and meals
- Why it is important to feed children 4–5 times a day?
- Healthy snacks that require little or no preparation
- Consistency of food
- Food groups
- Nutritional value of food
- Importance of including a variety of food each day
- Breastfeeding
- Food storage

Cooking

- Nutritional value of food
- Sources of affordable food: food production/home gardens, barter, gathering
- Variety of food
- Good cooking techniques
- Food hygiene and safety
- Food storage
- Palatable food
- Importance of feeding children 4–5 times a day
- Hearth is an extra meal

Child stimulation/playing games with children

- Modelling play and care of children
- Motor skills and cognitive development
- New ways to stimulate children
- Singing, dancing, clapping games, and so forth
- Social skills, sharing and cooperation
- Appropriate touching/affection

Key roles and messages appropriate to different activities of the Hearth sessions continued:

Feeding children

- Active, responsive feeding
- Food content (colours, nutrients)
- PD foods
- Importance of meal frequency (4–5) times a day
- Breastfeeding
- Portion sizes
- Troubleshooting feeding problems
- Food taboos
- Active healthy children related to well-fed and well-nourished children

Planning for the next day

- PD foods
- Local and affordable foods
- Quantity of food
- Food combinations – variety, colour
- Ownership/empowerment
- Nutrient value of food – importance of variety
- Where to find foods
- Planning menus and budgets
- Importance of returning the next day

Clean up

- Hygiene – clean surfaces and utensils
- Use of leftovers
- Food safety
- Food storage
- Reuse water, compost
- Latrine use and cleanliness
- Respect for others

30 Min

5. Monitoring Forms

Introduce the 2 monitoring forms that volunteers will use (see monitoring forms at the end of the session). Explain each carefully. Practise filling the forms out correctly. Note: it is not mandatory to use these forms, but they are designed as Job Aids to support the work of the volunteers.

Monitoring Form 1 (Job Aid): The Checklist of Materials Needed for Hearth Sessions is designed to help in preparing all the items for the Hearth sessions. Discuss who might provide each of these items and how to fill in the form.

Monitoring Form 2 (Job Aid): The Menu and Cooking Materials form keeps track of the ingredients and cooking materials for the menu, and the contributions each caregiver brings to the Hearth sessions. Work with the volunteers to fill out the form.

20 Min

6. Song preparation

Have participants work in small groups to create a song about one of the key behaviours emphasised in the Hearth sessions. *(For example, how to prepare and use an oral rehydration solution, feeding children 3–5 times a day, or hand washing after*

toileting and before eating.) They should use simple language, perhaps rhyming, a well-known tune, repetition and actions. Have each group perform its song. Have the whole group learn one or two of the songs.

15 Min

7. Review the day

Ask participants: What is one new thing that you learned today?

Explain to the volunteers that the next day they will be going through each step of the Hearth session just as they will do in their sessions with caregivers and children. They may all work on one menu or, if there are a large number of volunteers, divide them into two groups with each group cooking a different menu. Explain the menu(s) you will be making. These menus are based on what we learned from the caregivers with well-nourished children whom we visited. Explain that just as caregivers will bring a food contribution to the Hearth sessions each day, each volunteer will bring a food contribution to make the menu the next day. Decide together who will bring each food item needed to prepare the menu the next day.

Thank the volunteers for their great work and remind them of the time and place to meet tomorrow.

NOTE: *ADP project staff should use the data collected from the PDI, FGDs, and Market Survey to develop 2 menus suitable for the community's context, using locally accessible, affordable ingredients). Try cooking the menus in preparation for tomorrow's session.*

Monitoring Form 1
Materials Checklist Needed for PD/Hearth Sessions

Day 4 Session 8

The supervisor and volunteers ensure the following items are available forthe PD/Hearth Sessions

	Provided by:		
	Community	**Caregivers**	**Implementing Agency**
Weighing scales			
Register to track attendance and weights			
Daily menu and recipes			
Cooking pots			
Frying pan			
Cooking utensils			
Bowls			
Cups			
Spoons			
Soap or ash			
Basin			
Towels			
Nail cutters			
Water pitchers			
Mats			
Cutting boards			
Mortar and pestle			
Fuel/wood			
PD food			
Staple food (rice,fufu, yams)			
Oil			
Other ingredients			

PD/H Menu & Cooking Material Tracking Sheet of Caregivers for Volunteers

No.	Name of Caregiver	No. of Children in PD/H Programme
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

No.	DAY 1	INGREDIENTS	COOKING MATERIALS	ROLE	DAY 2	INGREDIENTS	COOKING MATERIALS	ROLE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

No.	DAY 3	INGREDIENTS	COOKING MATERIALS	ROLE	DAY 4	INGREDIENTS	COOKING MATERIALS	ROLE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

No.	DAY 5	INGREDIENTS	COOKING MATERIALS	ROLE	DAY 6	INGREDIENTS	COOKING MATERIALS	ROLE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Monitoring Form 2 – PD/Hearth Menu and Cooking Materials Tracking Sheet - Continued

Day 4 Session 8

2 OF 2

No.	DAY 7	INGREDIENTS	COOKING MATERIALS	ROLE	DAY 8	INGREDIENTS	COOKING MATERIALS	ROLE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

No.	DAY 9	INGREDIENTS	COOKING MATERIALS	ROLE	DAY 10	INGREDIENTS	COOKING MATERIALS	ROLE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

No.	DAY 11	INGREDIENTS	COOKING MATERIALS	ROLE	DAY 12	INGREDIENTS	COOKING MATERIALS	ROLE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

3 hours training session
1 hour field work

Preparation

- To practise menu preparation
- To learn what happens in a Hearth session
- To prepare participating caregivers for the Hearth sessions

Materials

- cooking pots and utensils
- food for recipes
- spoons, cups, plates
- household measures

Note: *If possible, arrange for a few children from the community to participate in the practice Hearth session.*

STEPS

5 Min

1. Introduction to Practice Hearth Session

Explain that today's lesson will be a practice Hearth session, including preparation of the menu and snacks, just as the volunteers will do for the actual Hearth sessions. Volunteers will act as the caregivers of malnourished children for the role play.

The Hearth menu is based on the information gathered in the PDI. The menu will be developed and evaluated by staff to ensure that it meets programme requirements. For example, menus must have enough nutrients (nutrient density) to enable children to recover quickly from malnutrition. Volunteers are not expected to do these menu calculations.

Tell the volunteers that each menu will include a main dish and a snack. Each menu has the exact type and amount of food that children need to have energy (to GO), build their bodies (to GROW) and not become sick (to GLOW). Explain that this is a special meal, like a medicine, to help malnourished children gain weight quickly. It is an **extra** meal, not a replacement for other meals eaten at home.

Remind the volunteers that their job is to guide and support caregivers while they develop new habits to care for their children. Caregivers learn by doing the activities. Caregivers will take turns doing different jobs. The jobs include:

- Helping to prepare the location and start the fire (caregivers need to come 15 minutes early)
- Cooking
- Playing with children
- Cleaning up

105 Min

2. Practise and discuss together the steps of the Hearth session

The facilitator will act as the volunteer and the participants will act as the caregivers coming to the Hearth session. Ideally a few children from the community will be involved as well.

(10 min) As each 'caregiver' arrives, thank them for attending and for their contribution of food.

Gather around the table or mat with the foods on it. Ask volunteers what three types of food we need to have to make sure we are healthy *(GO, GROW, GLOW foods)*. Review the three types of stones that hold up the cooking pot. Ask them to rearrange the food on the table in the three groups. Explain any corrections that are needed. Congratulate them on their great work. If PD foods or recipes were identified in the PDI, ask the volunteers to point out which foods these were or explain the combination used.

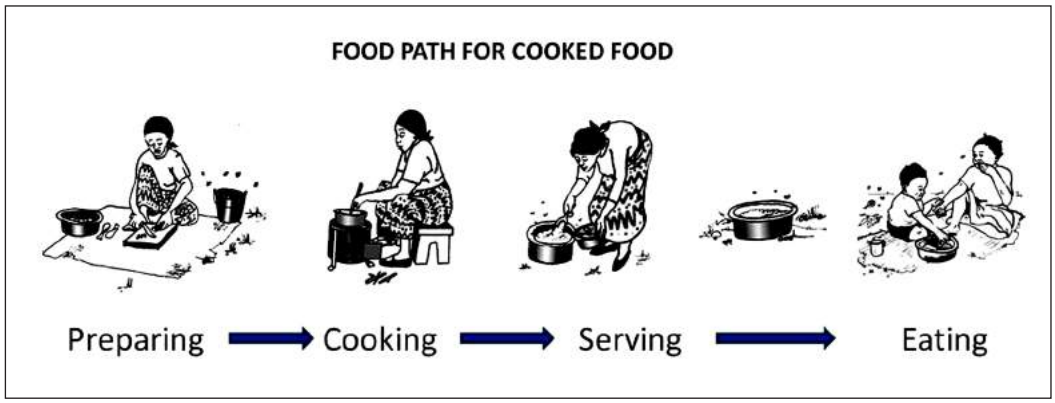
(10 min) Explain to the volunteers that we are going to learn how to prepare the menus they will use in the sessions. Wash hands. Check for short nails. Explain how to wash *(with soap or ash),* when *(before cooking, eating, feeding children, after using latrine) and why (to get rid of germs that can make us sick)*. Emphasise the importance of good hygiene.

(10 min) Prepare the snack. Wash the hands of the children before giving them the snack. Show them good hand-washing technique. During hand washing, talk to the children about why, when and how to wash their hands.

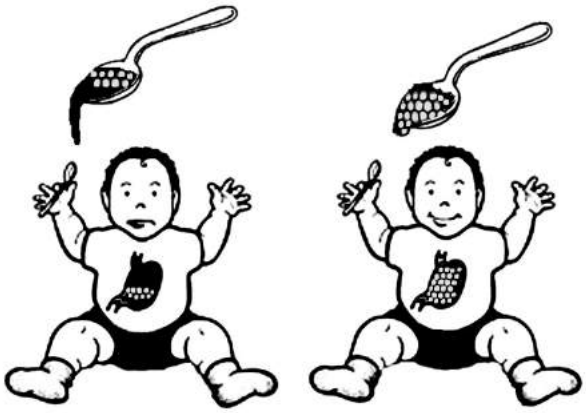
Point out to the volunteers that a snack provides nourishment for children while they play and the caregivers cook. Explain that children need to eat small amounts frequently, and the snack provides nutrients in addition to those in the main meals.

If no children are present for this session, the volunteers can eat the snack. Explain as they do that during a Hearth session some caregivers would play with the children and others would be cooking. These jobs would alternate on different

days. Sing a child's action song together. Review together some games they can play with the children: singing games, clapping games, telling stories, playing peek-a-boo, action songs, stacking blocks, rolling a ball.



(45 min) Divide the volunteers into groups. Have each group cook the Hearth menu food. Guide them. Demonstrate techniques. Talk about food safety *(heating leftovers, cooking foods well, washing food before preparation, washing hands).*



Emphasise the importance of good consistency in the food; if there is too much liquid the child's stomach gets full without an adequate amount of the food he or she needs to keep healthy and to grow. The food should fall off the spoon in globs, not pour off. Let them know that this is what they will do with the caregivers during the Hearth sessions.

If grandmothers will be participating in the Hearth sessions as additional caregivers (e.g. caregiver-grandmother pairs), explain that their role during the cooking session is to support the caregivers in the preparation of the meal, through conducting small tasks or providing advice.

(15 min) When the meal is prepared, gather the participants and explain the menu. Discuss the consistency of the food, whether it includes GO, GROW and GLOW foods, and the amount each child will need to eat. Divide participants into pairs or groups of three. One person will act as the caregiver, one as the child, and if there are three people, the third will act as the grandmother. Give each 'caregiver' or 'caregiver-grandmother pair' a child's portion. They will feed the 'child'. The 'child' will pretend not to eat, or to need help.

Discuss the role play:
Explain about active feeding, and why it is important.
Show how caregivers and grandmothers can encourage children to eat.
Explain that children should be offered more if they finish their whole portion.
Some children will not be able to eat all the food during the first few days.
Sometimes a malnourished child vomits the meal or has diarrhoea. If this happens, volunteers should encourage the caregiver to clean the child up and offer the child more food. As the child improves over a couple of days, he or she will be able to eat more and more.

Repeat the exercise two more times to give every person an opportunity to play all the roles.

(15 min) Clean up the cooking area. Talk about the menu for the next day, the contribution that each caregiver will bring, and who will do which jobs.

5 Min

3. Observing changes in children

The goal of the Hearth sessions is to help children quickly gain weight and become healthier. By using the special menus as extra food, or 'medicine', and by practicing good food/feeding, care, hygiene and health behaviours, caregivers will begin to see changes in their children. Ask the participants what changes they think they might see. *(child more active, less crying, eats more, more alert, smiles more, gains weight, less frequently sick)*

15 Min

4.

Discuss the session together with the volunteers. Answer any questions they may have. How did they feel about the session?

10 Min

5. Monitoring

Note: *The level of literacy of the volunteers will affect how much detail they need on monitoring and how these monitoring forms can be used. In some programmes, pictorial monitoring forms have been developed for volunteers to use.*

Discuss the importance of being able to follow the progress of each child and of the Hearth sessions overall. This is called monitoring. Ask the volunteers what they think is important information to keep track of *(how many children attend Hearth, how many caregivers attend, what caregivers contribute, do children gain weight)*. Explain that this information will help show if any changes should be made to the way the Hearth sessions are being conducted. It will also help the volunteers to talk to community leaders and health care providers about the changes they see in the children and why those changes are taking place.

The monitoring forms should be shared with the supervisor or trainer of PD/ Hearth every time they visit. The supervisor or trainer will also provide support in talking with community members about the information volunteers have collected on the Hearth sessions.

40 Min

6.

Introduce the monitoring form "Child Registration and Attendance" that volunteers will use (see monitoring forms at end of the Session). Explain it carefully and practise filling the form out correctly.

Monitoring Form 3: The Child Registration and Attendance form is to help keep track of the children, caregivers and grandmothers (if applicable) who attend the Hearth session, and to see how often they come. Carefully go through this form together, filling in the information at the top of the page and then the information for one child. Show the volunteers how they will keep track of the attendance by putting a check mark (√) or 'x' beside the child's name each day they and their caregiver attend. This form **must** be used to monitor the Hearth sessions. Use the version which includes grandmother attendance if applicable.

60 Min

7. Field Work

Conduct home visits for participant caregivers (or caregiver-grandmother pairs) and conduct orientation meeting to prepare for the first day of Hearth.

Note: *The field work could be done before the day's training session if more appropriate.*

Note: Following this session, the Hearth sessions will be conducted and Day 6 of this training will continue after the first week of the Hearth session, before the second week begins.

Monitoring Form 3
Child Registration Form and Attendance

AP Name ..... Village Name .....Name of Hearth .....

Hearth Session Dates (dd/mm/yyyy): From .....To ..... Number of Children Participating ..... Name of Volunteer .....

#	Name of Child	Caregiver's Name	Child's Gender (M/F)	Date of Birth (dd/mm/yyyy)	Age (months)	Disability (Y/N)	Deworming (Y/N)	Vitamin A (Y/N)	Full Immunisation (Y/N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

#	**Attendance and Appetite Test for Hearth Participant Child AND Primary Caregiver*** Attendance (Att, Appetite (App)																							
	1		2		3		4		5		6		7		8		9		10		11		12	
	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								

***IMPORTANT:** Indicate with a checkmark (✓) under the column 'App' if the PDH child AND Primary Caregiver attended the Hearth session for the corresponding day under the column 'Att'. Please also indicate with a check mark (include (✓)) under the column 'App' if child passes the appetite test. If the child is 'Red' for MUAC and does not pass the appetite test, please refer the child to the health centre urgently.

Monitor Form 3 Child Registration Form and Attendance (Including Grandmother)

AP Name ..... Village Name .....Name of Hearth .....

Hearth Session Dates(dd/mm/yyyy): From .....To ..... Number of Children Participating ..... Name of Volunteer .....

#	Name of Child	Caregiver's Name/Grandmother Name	Child's Gender (M/F)	Date of Birth (dd/mm/yyyy)	Age (months)	Disability (Y/N	Deworming (Y/N)	Vitamin A (Y/N)	Full Immunisation (Y/N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

#	**Attendance for Child and Caregiver*** Attendance(Att), Appetite(App)																							
	1		2		3		4		5		6		7		8		9		10		11		12	
	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App	Att	App
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								

#	**Attendance for Grandmother**											
	1	2	3	4	5	6	7	8	9	10	11	12
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

***IMPORTANT:** Indicate with a checkmark (✓) under the column 'App' if the PDH child AND Primary Caregiver attended the Hearth session for the corresponding day under the column 'Att'. Please also Please also indicate with a check mark (include (✓)) under the column 'App' if child passes the appetite test. If the child is 'Red' for MUAC and does not pass the appetite test, please refer the child to the health centre urgently.

SESSION 10

Reflection and Follow-up to Hearth Session; Graduation Criteria and Follow-up Growth Monitoring

World Vision

150 MIN | DAY 6

This day of training should take place after the first week of Hearth sessions but before the second week begins.

Preparation

- To practise conducting a reflection time with caregivers
- To understand the reasons for follow-up visits and how to conduct them

Materials

- None

STEPS

1.

Explain that new habits take time to learn. Caregivers have a good start during the Hearth sessions but they need help to recognise the changes they see in their children. This can be done by having a reflection time together. Caregivers also need encouragement to continue the new practices in the weeks after the Hearth session. Volunteers will visit caregivers and grandmothers in their homes during the two weeks after the Hearth sessions to help caregivers overcome any problems they might have in maintaining the new practices and to encourage grandmothers in supporting the new practices.

25 Min

2. Role play a reflection time

To help caregivers recognise changes in their children and relate those changes to the extra food and care they are giving, it is important to spend time reflecting with them on the last day of Hearth. The facilitator plays the part of the volunteer and each volunteer represents one caregiver or grandmother during the role play.

Gather all the 'caregivers' in a circle on a mat. Say, 'We are on the last day of Hearth. What do you think? Did you like it? What was your child like before the Hearth sessions started?' Allow time for each 'caregiver' to answer. Then ask, 'What is your child like now? What do you think has made the difference? Do you think you will be able to continue these practices at home? What problems do you think you might have?'

Brainstorm together on ways to overcome obstacles that caregivers might face. Congratulate them on their great work.

After the role play answer any questions the volunteers have. Ask:

- What new behaviours do we want caregivers to learn during Hearth sessions?
- Do you think caregivers will be able to do these things at home? Do you think the grandmothers can support the caregivers in doing these things at home?

10 Min

3. Role play a home visit

To encourage caregivers to continue implementing the new practices from Hearth, a volunteer will visit each one in her home every two or three days for two weeks following the Hearth sessions. These are not just social visits. Emphasise the importance of the follow-up home visits in ensuring behaviour change and helping families find solutions. Perform the following role play of a home visit with different facilitators acting as the 'volunteer', 'mother' and 'grandmother'.

The volunteer 'drops in', chats with the mother and the grandmother about neighbourhood news, and inquires about the child. (The child is off playing at the neighbour's.) The volunteer points out to the mother and the grandmother that the child's new-found energy and interest in playing are good signs of recovery. The mother mentions that the child had a bout of diarrhoea. When the volunteer asks how she treated it, she says she had ORS but gave tea instead because she couldn't remember how to prepare ORS and the grandmother couldn't either and so suggested tea. The volunteer explains how to prepare ORS to both the mother and grandmother and asks them to repeat the directions. She asks whether the child's appetite is good and the mother says yes and that she is giving extra food. The volunteer says she will check in the day after tomorrow, reminds the mother and grandmother of the final weigh-in next Friday and congratulates them for their efforts to make their child healthy.

After the role play, ask participants:

- What examples of encouraging the caregivers did you see?
- What good behaviours did the volunteer emphasise?
- How did the volunteer help the mother and grandmother see the change in the child?
- What behaviours and feeding practices did the volunteer reinforce?
- How long was this home visit? How many visits could a volunteer do in one day?

Emphasise once again the importance of the follow-up home visits in ensuring behaviour change and helping families find solutions.

5 Min

4. Indicators of behavioural change

Ask participants to list some indicators of behavioural change they might observe on the home visits. Write these on a flip chart. Examples include:

- The child is receiving extra food.
- There is evidence of better health-seeking behaviours (what the caregiver does when the child is sick, attendance at health post, extra feeding).

See the sample PDI questions/checklist (Session 6, Number 3) for other indicators.

10 Min

5. Challenges

Ask participants what challenges caregivers might have in practicing the new 'good' behaviours at home. Brainstorm to discover some possible solutions to each of the following problems.

The caregiver

- forgot what was taught
- is instructed by the grandmother who is resistant to the new practices
- doesn't have the ingredients for the menu
- doesn't know where to get affordable fish or vegetables
- is encountering resistance from her husband
- has a sick child
- has a child who refuses to eat

60 Min

6. Monitoring

Introduce Monitoring Form 4: "Hearth Register and Monitoring Form" and Monitoring Form 5: "Home Visit" that volunteers will use (see monitoring forms at end of the session).

Monitoring Form 4: The Hearth Register and Monitoring form helps keep track of the growth of the PD/Hearth participant children during follow-up visits at 1 month, 3 months, 6 months, and 1 year from their first day of Hearth. It is helpful to keep these monitoring forms in a binder at a volunteer leader's home, community leader's home or the health centre (if it is in close proximity to the community). This form **MUST** be used to follow-up the PD/Hearth participant children.

Monitoring Form 5 (Job Aid): The Home Visit form helps keep track of information that is observed during the home visits. Work through a sample home

visit scenario and help the volunteers fill out this form properly. This form is not mandatory to use, but can be helpful.

NOTE: *ADP staff should ensure volunteers have sufficient forms and should supply the volunteers with binders and office supplies to monitor the programme.*

20 Min

7. Role play follow-up visits

Remind the volunteers that during home visits it is important to be as encouraging as possible. The purpose is to help the caregivers solve any problems with child feeding and care they might have. Before leaving the home, the volunteer should have the caregiver (and grandmother if present) repeat the action steps they will take before the next visit.

Divide participants into groups of two or three. Give them the following (or adapted) scenarios to practise related to the home visit. Discuss together each scenario and agree on one thing the caregiver could try.

Scenario 1: You are visiting Sarina, who has a 22-month-old boy. He does not want to eat at all. He appears to be sick and cries a lot. The child has diarrhoea and the mother-in-law does not want Sarina to give him food or breastfeed him. Sarina cannot remember how to make an oral rehydration solution. What will you do?

Scenario 2: You are visiting Bertha, who has a 13-month-old girl. Before Hearth the baby breastfed but did not eat much else. She was very thin and lacked energy. She put on some weight during Hearth. The mother is very happy. She is breastfeeding more now, and the baby loves the porridge that she learned to make in Hearth. She makes the porridge with milk, groundnuts, maize and small dried fish. Her husband says she cannot continue to make special food for the child because it is too expensive and that she is paying too much attention to the child. What will you do?

Scenario 3: You are visiting Mari, who has 18-month-old twins. She is very happy because both twins like the food she makes. But she is concerned that she will not always be able to get the same ingredients that she learned to use in the Hearth sessions. She is afraid the twins will stop growing if she does not use the same menu. What will you do?

Have several groups perform their role play for the whole group. Discuss each one. What was good about the visit? What was good about what the volunteer said? Was any information left out? What could be improved? How did the 'volunteer' feel about the visit?

Emphasise the importance of encouraging both caregivers and grandmothers, being positive and trying to get the caregiver(s) to agree to try one thing before the next visit.

20 Min

8. Hearth Graduation Criteria

Ask the volunteers: How will we know if children have successfully completed Hearth?

Explain that on the last day of Hearth sessions, ADP or Health centre staff will weigh the children with the assistance of the volunteers. If they have gained at least 200 grams that is satisfactory. However, children need to keep gaining weight at home, so they should be weighed again two weeks after the end of the session (i.e. one month after starting Hearth). If they have gained at least 400 grams from the start of Hearth, that is satisfactory.

Children need to continue to gain about 200–250 grams each month. They need to be weighed regularly to ensure that they continue to gain weight and are growing well for their age. They should be weighed at 3, 6 and 12 months after starting Hearth, at least. When children continue to gain weight, they are growing well. Their families and the Hearth volunteers can be proud.

Those who have gained less than 400 grams by the end of the month of their Hearth session should go to another session as soon as it is scheduled. If a child is still not gaining enough weight after two complete 10-12 day Hearth sessions, he or she should be referred to the health post or doctor to make sure there is no underlying reason.

Note: *Children who gain 400 grams may repeat the Hearth session as determined by criteria set by the National Office or Ministry of Health partners (e.g. the graduation criteria is not only gaining 400 grams, but also that the child's nutritional status has improved).*

Discuss together the following situations. Decide if the child will graduate and what is best next step for the child:

Case 1: Aisha is 3 years old and an only child. After two Hearth sessions she has gained 90 grams but is still malnourished. Her mother, who is pregnant, appears to be following the new PD behaviours and working hard to rehabilitate Aisha, but she is becoming discouraged.

Case 2: During the sessions Budi gained 500 grams. By the end of the follow-up period he had lost the 500 grams. His mother does not know what the problem is, but she is concerned.

Case 3: Tobir Village has many malnourished children, and Hearth sessions are proceeding well, but some segments of the population are semi-nomadic, moving with the seasons to find work. Though these mothers have been enthusiastic participants, it is difficult to follow their children during the dry season. Many return during the rainy season having lost weight again.

Case 4: Chandar was very thin and sickly. During the Hearth sessions he gained 300 grams and was starting to be more active. His mother noticed a great difference. In the next two weeks Chandar gained another 100 grams.

Case 5: Oumou was very thin and could not walk at 22 months of age. Her parents were very concerned and wanted to do everything they could to help Oumou. During the Hearth sessions she gained 400 grams. In the next two weeks she gained another 300 grams. By the end of another month, Oumou had gained an additional 400 grams. Her parents are very happy that she is gaining weight so well.

HANDOUT 10.1

Hearth Register and Monitoring Form 4

World Vision

Day 6 Session 10

1 OF 2

AP Name ..... Village Name .....

Name of Hearth .....Volunteer's Name(s) .....

Child's Name										
Caregiver's Name										
CHILD		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Child's Sex (M/F)										
Date of Birth (dd/mm/yyyy)										
Child with Disability (Y/N)										
Hearth Session/Round # (e.g. if it is the child's second time attending Hearth, please write '2')										
At Day 1 of Hearth	Date (dd/mm/yyyy)									
	Weight (Kg)*									
	Underweight Nutritional Status (Indicate colour)									
	MUAC (Green, yellow, red < 115mm)									
At Day 12 of Hearth	Date (dd/mm/yyyy)									
	Weight (Kg)*									
	Weight Gain (Day 12 - Day 1) in grams									
	Underweight Nutritional Status (Indicate colour)									
	MUAC (Optional)									

*NOTE: Please write "DEFAULT" in the column for weight if child has defaulted and explain reason for default in the 'Comments' section.

Hearth Register and Monitoring Form 4 -Continued

ADP Name ..... Village Name .....

Name of Hearth .....Volunteer's Name(s) .....

	CHILD	1	2	3	4	5	6	7	8	9	10
At Day 30 of Hearth	Date (dd/mm/yyyy)										
	Weight (Kg)*										
	Weight gain (Month 1 - Day 1 weight) in grams										
	Gained 400g+ (Y/N)										
	Underweight Nutritional Status (Indicate colour)										
	MUAC (Optional)										
At 3 months (since 1st day of Hearth)	Date (dd/mm/yyyy)										
	Weight (Kg)*										
	Underweight Nutritional Status (Indicate colour)										
	Change in Status (Y/N)										
	MUAC (Optional)										
At 6 months (since 1st day of Hearth)	Date (dd/mm/yyyy)										
	Weight (Kg)*										
	Underweight Nutritional Status (Indicate colour)										
	MUAC (Optional)										
At 12 months (since 1st day of Hearth)	Date (dd/mm/yyyy)										
	Weight (Kg)*										
	Underweight Nutritional Status (Indicate colour)										
	MUAC (Optional)										
	CHILD	1	2	3	4	5	6	7	8	9	10
	COMMENTS (Explain reason for default if child has defaulted due to death (D), migration (M), referred to hospital (H), etc.)										

*NOTE: Please write "DEFAULT" in the column for weight if child has defaulted and explain reason for default in the 'Comments' section.

ADP Name ..... Village Name .....Caregiver's Name .....

Child's Name ..... Dates of Sessions.....Name of Hearth ..... Volunteer .....

OBSERVATION LIST	Day #	Day #	Day #	Day #	Day #	Day #	COMMENTS
Answer with Yes (Y) or No (N) or Somewhat (S) or a number where appropriate. Add comments to explain answers.							
Drinking water from safe source (borehole or protected well)							
Water is treated (Boiled/ chlorine)							
Water is covered with fitted cover or lid							
Clean separate cup is used for pouring drinking water from the pot							
Handwashing station exists (e.g. tippy tap)							
Jerry cans or water storage containers are clean							
Toilet/latrine is available and used or hole is dug and covered for defecation							
House and/or kitchen is clean							
Food utensils are clean							
Handwashing with running water and soap is practised by: Caregivers							
Children							
Other family members							
Food prepared is nutrient dense as learned in Hearth (includes all 3 food groups: protective, body building and energy foods)							
Size of portion served is age appropriate							
Caregiver actively feeds the child							
Child is offered more food after finishing first portion							
Caregiver says child is fed 4 - 5 times / day (including snacks)							
Child uses separate (own) plate, bowl, or cup							
Caregiver is motivated by changes in the child							
Yesterday night, mosquito net was used by the primary caregiver and all children U5 in the household							
Caregiver can say what to do when child is sick (example: feeds more liquid when child has diarrhea and feeds more frequently)							
Caregiver expresses being able to continue practising what was learned in Hearth at home							
Problems and questions about child feeding and care is discussed with the volunteer							

Keeping the Community Informed

Purpose

- To learn ways to show how many children have graduated
- To practise sharing the information

Materials

- A number of fist-sized stones
- Several green and yellow maize (or other plant) leaves

STEPS

10 Min

1. Introduction

It is important to communicate the programme's progress with community members. Discuss the following questions:

- Who do you think might like to know about the progress of the PD/Hearth programme? *(caregivers and families of participant children, community leaders, village health committee and volunteers, community leaders)*
- What information do you think they need to know? *(how many children were involved, what were they like before, what they are like now, how many have graduated, what support the community could give to help improve or maintain results)*
- Why do they need to know this information? (*to see that what they are doing makes a difference, to recognise improvements in children, to help them learn about child malnutrition, to help them realise that there are solutions in their own community)*

Brainstorm: How do participants think they could communicate this information to the various groups of people in the community? Several suggestions follow within the examples listed below.

45 Min

2. Role play a meeting with caregivers

Example 1

(Ask each volunteer to represent a family in the Hearth sessions.)

Welcome each person to the meeting. Talk about how hard they have been working to improve the health of their children and how well the children are doing as a result. The children were weighed the first day and last day of Hearth. Ask caregivers to pick up a fist-size stone to represent each child in their family. Ask them to put each stone in one of three piles – one for a child who was healthy and had good weight before the Hearth sessions; another for a child

who was not growing well or was underweight; and a third for a child was very underweight. Compare the size of the three piles. Which is biggest? We want to see all the children in the 'good' weight pile.

Again ask caregivers to pick up a fist-size stone for each child in their family. Repeat the process for the children's weights **now.** Make the piles close enough to the 'before Hearth' piles so that you can compare them.

Compare the 'now' piles. Which pile is biggest? What does this tell us? Now compare the 'before Hearth' piles with the 'now' piles. Which are bigger? What does this tell us? (Note – if there are many stones in the underweight piles still, there should be another Hearth session to help these children improve.)

Ask several of those who have a child who has improved to tell the group what differences they have seen in their child. What made the difference? Draw out the positive behaviours they practised. Can these behaviours be practised by everyone in the community or only by a non-poor family? Are these practices doable? affordable?

Encourage them to continue the feeding and caring practices they learned in Hearth in the home to make sure the 'good' weight pile gets bigger and no stones remain in the 'underweight' piles.

Example 2

Use green and yellow maize leaves to show healthy and unhealthy plants. Discuss why the yellow leaves are unhealthy and ways to make the plants healthy. (use manure, weed them, water them, space them properly, fertilise them). Can we make yellow maize grow better? How? (the same answers as above.) Make a connection between the maize leaves and children. Some children are growing well, and some are not. Why? (not fed enough, not fed often enough, not well spaced, sickly, not enough variety of food, parents absent)

Use stones to show the proportion of children who were like yellow leaves (malnourished) and those who were like green leaves (well-nourished) at the start of the Hearth programme. Pile a stone beside the yellow leaves for every malnourished child and beside the green leaves for every well-nourished child. Ask: Can these children move from the yellow pile to the green pile? How? (feeding more, giving variety of food, washing hands, taking care of child when sick). What makes the difference between these groups of children? How have caregivers in the community tried to help their children grow better? What do some families do to keep their children well-nourished?

Discuss with the community whether children's growth has improved with the Hearth programme. Take a stone from the yellow pile and move to the green pile for each child who has improved in growth. Help them see the children are

growing better. Talk about how to make sure these children stay like the green maize leaves. There are still children in the yellow pile. How do we help these children become like the green maize leaves?

Example 3

Post two large growth charts on the wall (see samples at end of this session). One chart will show the beginning weights of the children. These can be colour-coded with green, yellow and red. Let the group see how many children are in each category, emphasising which children were growing well and which were not. The second large growth chart shows the weights of children at the end of Hearth. Plot every child on the growth charts. Explain the green, yellow and red categories (normal weight, underweight, very underweight). Help them see the number of children in each category before Hearth and now. Discuss together whether there are fewer children in the yellow and red categories. Are there more children in the green area? Is this an improvement? What has caused these changes? Are some children still not growing well enough? Are they happy with the current situation? What should they do now?

Example 4: Presenting information comparing community norms with the PDI information

Present two skits. The first shows a family (including the grandmother) with children who are sick. The family demonstrates poor behaviours *(caregiver goes to the field in the morning without feeding the children, eat only maize without washing hands, poor overall hygiene).* Include behaviours that are seen in the community. Exaggerate to make the skit funny.

The second skit shows a family (including the grandmother) with happy, healthy children demonstrating good practices *(feeding a variety of foods, washing hands, helping child eat, giving snacks, talking to children).* Include any practices that have been discovered in the PDI.

Talk with the community about how poor families with good practices have been able to keep their children healthy. Talk about the practices discovered in the PDI. Do they contribute to children being healthy? Could every family in the community do them?

30 Min

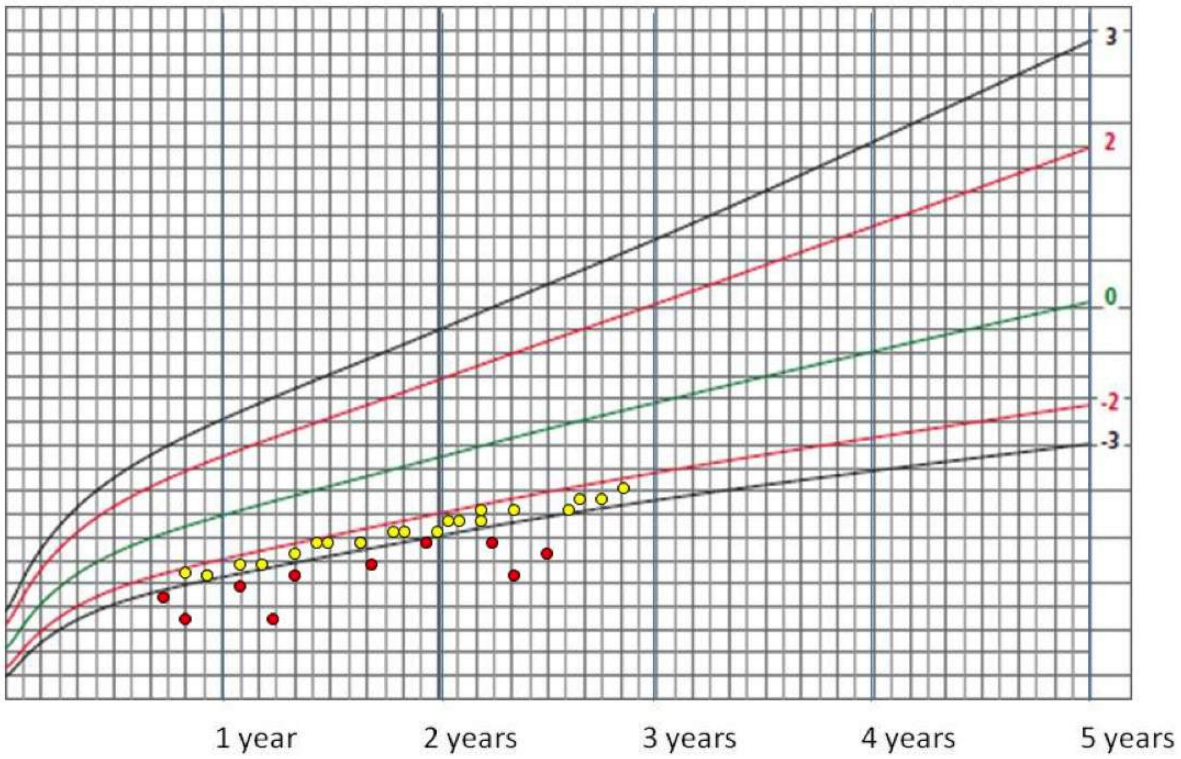
3. Role play

Divide participants into two groups. Each group decides what group in the community it will have an information meeting with and how it will share information. Develop a role play of the community meeting. Each group will act its role play for the whole group, who will be the 'community'. Discuss each role play. What was good? What was the reaction of the community? What could be improved? Was this hard?

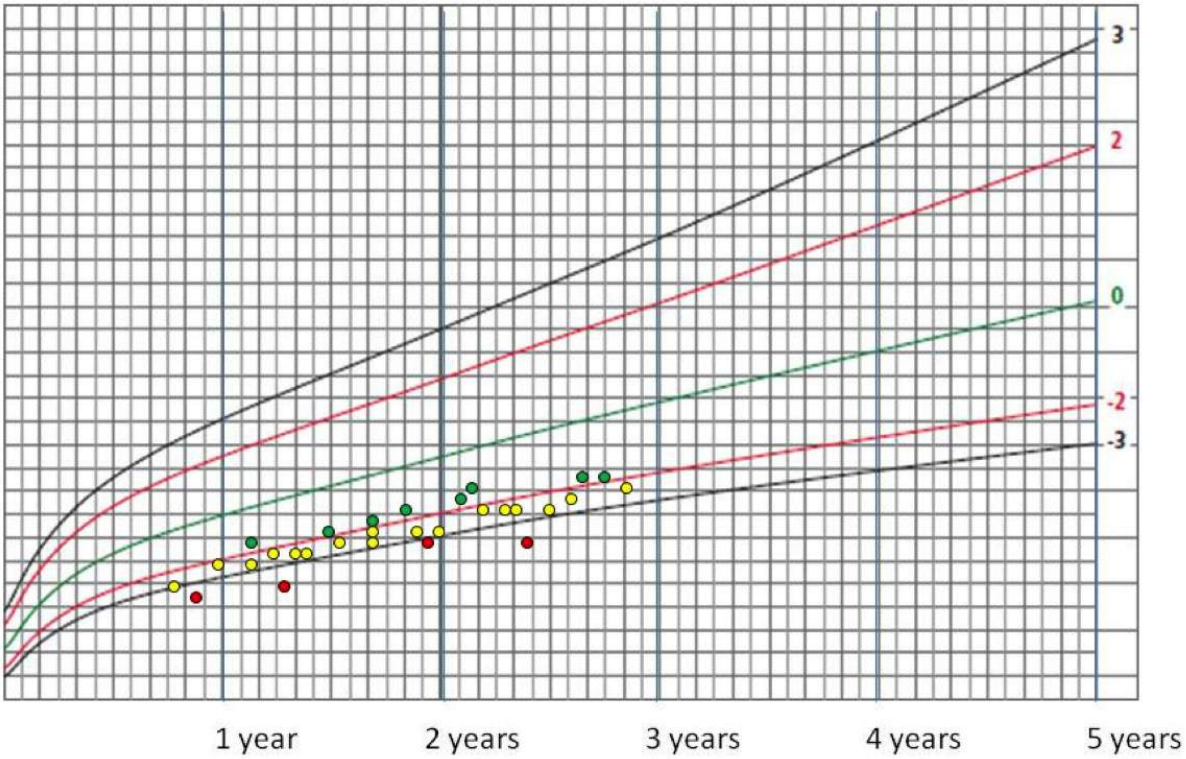
5 Min

4. Closing

Explain that the volunteers have come to the end of the training. Thank them for coming. Congratulate them on their hard work and all that they have learned. Encourage them to use what they have learned with their own families and also to help many children in their community to become healthier.



Before Hearth



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