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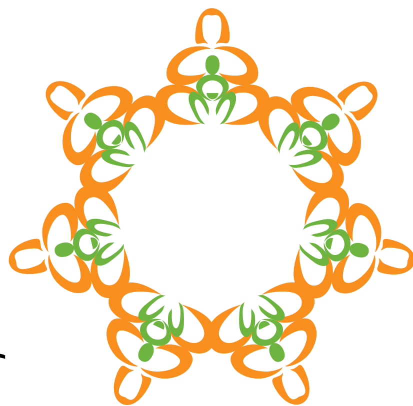
Sustainable Health

MASTER TRAINERS
HANDOUTS



Training of Master Trainers for **Positive Deviance/Hearth**

SECOND EDITION

Nutrition Centre of Expertise

Training of Master Trainers for **Positive Deviance/Hearth**

MASTER TRAINERS HANDOUTS

By Naomi Klaas,
Diane Baik and
Judiann McNulty

WVI Nutrition Centre of Expertise

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Table of Contents

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 #m) refers to where each handout appears in the PD/Hearth Master Trainer Manual. You can reference the "#m" at the bottom of each handout page as well.

DAY 1

1. Welcome, TOT Objectives, Agenda, Introductions

Flip Chart 1 – Target Evaluation Dart Board

1.1 Handout: Objectives for PD/Hearth Master Training (page 4m) 9

1.2 Handout: Agenda for PD/Hearth Training of Trainers – 2 pages (page 5m) 10

2. Pre-test

3. Defining the Roles of a PD/Hearth Master Trainer

3.1 Handout: PD/Hearth Competencies – 2 pages (page 10m) 12

3.2 Handout: Flow Chart of World Vision PD/Hearth Reporting Lines (page 12m) 14

4. Learning Styles and Facilitation

4.1 Handout: VARK Learning Styles Questionnaire – 2 pages (page 15m) 15

4.2 Handout: VARK Learning Styles Questionnaire ANSWER KEY – 2 pages (page 17m) 17

5. Overview of Positive Deviance/Hearth

5.1 Handout: Observation of a PD/Hearth Session (page 23m) 19

6. Essential Elements

6.1 Handout: PD/Hearth Essential Elements – 4 pages (page 26m) 20

6.2 Handout: Essential PD/Hearth Elements Detailed Observations and Key Questions (page 30m) 24

7. How PD/Hearth Addresses Malnutrition

7.1 Handout: Flip Chart 7 – Ten Key Steps in the PD/Hearth Approach (page 40m) 27

8. Determining the Feasibility of the PD/Hearth Approach for the Target Community (STEP 1)

8.1 Handout: Case Studies:Is PD/Hearth Appropriate for These Settings? (page 44m) 28

8.2 Handout: Where to Implement PD/Hearth – 2 pages (page 45m) 29

9. Integration and PD/Hearth

10. Personalise the Curriculum Daily Summary and Evaluation

11. Review of Day 1 and Agenda for Day 2 1

DAY 2

12. Community Mobilisation (STEP 2)

12.1 Handout: Community Mobilisation (STEP 2) – 4 pages (page 56m) 31

13. Staffing Needs: Selecting and Training Volunteers (STEP 2)

14. Situational Analysis – Wealth Ranking (STEP 3)

14.1 Handout: Case Examples for Wealth-Ranking Exercise (page 66m) 35

14.2 Handout: Case Examples for Wealth-Ranking Exercise ANSWER KEY (page 67m) 36

14.3 Handout: Wealth Ranking for PD/Hearth (page 68m) 37

15. Situational Analysis – Nutritional Assessment (Weighing All the Children in the Target Community) (STEP 3)

15.1 Handout: Community Assessment Monitoring Sheet – 2 pages (page 75m) 38

15.2 Handout: WHO Weight-for-Age Reference Table – 4 pages (page 77m) 40

15.3 Handout: Initial Assessment Worksheet (page 81m) 44

16. Situational Analysis – Focus-Group Discussions (FGDs), Transect Walk, Community Mapping, Market Survey (STEP 3)

16.1 Handout: Model Matrix for Focus Group/Guided Discussion on Feeding Practices for Children under Three Years (page 91m) 45

16.2A Handout: Market Survey for PD/Hearth (Cost Variance) (page 92m) 46

16.2B Handout: Market Survey for PD/Hearth (Quantity Variance) (page 93m) 47

16.3 Handout: Seasonal Calendar for PD/Hearth (page 94m) 48

17. Identifying Positive Deviants (STEP 4)

18. Preparing for the Positive Deviance Inquiry (PDI) (STEP 4)

18.1 Handout: Sample Guiding Questions for Conducting a PDI – 2 pages (page 107m) 49

18.2 Handout: Observation Checklist (page 109m) 51

18.3 Handout: Results and Observations from the PDI (page 110m) 52

19. Preparing to Conduct a Situational Analysis and PDI (STEP 4) (Preparing for the field visit)

20. Personalise the Curriculum Daily Summary and Evaluation

DAY 3

21. Field Visit to Conduct Situational Analysis and PDI 6

DAY 4

22. Review of Day 3 Field Visit and Agenda for Day 4

23. PDI Interpretation and Feedback: Determining PositiveDeviance (STEP 4)

24. Promoting Behavioural Change

25. Designing Hearth Sessions (STEP 5)

25.1 Handout: Examples of Learning Opportunities through PD/Hearth Activities – 2 pages(page 129m) 53

26. Menu Planning: Designing Hearth Sessions (STEP 5)

26.1 Handout: Flip Chart 26 Nutrients Required in the Meal (page 139m) 55

26.2 Handout: Directions for the Menu-Preparation Exercise (page 140m) 56

26.3 Handout: PD/Hearth Menu Exercise Food Composition Table (per 100g of edible portion) – 5 pages (page 141m) 57

26.4 Handout: Sample Menu-Planning Form (page 147m) 63

26.5 Handout: User Guide for the PD/Hearth Menu Calculation Tool – 2 pages (page 148m) 64

27. Review of Day 4 and Agenda for Day 5

DAY 5

28. Community Feedback Meetings

29. Conducting the Hearth Session (Panel Discussion) (STEP 6)

30. Supporting New Behaviours through Reflection and Home Visits (STEP 7)

31. Admission, Graduation, Repeating Hearth Sessions as Needed (STEP 8)
Expanding PD/Hearth (STEP 9)

31.1 Handout: Follow-up Cases (page 165m) 66

32. Monitoring and Evaluation

32.1 Handout: Checklist of Materials Needed for PD/Hearth Sessions (Job Aid) (page 171m) 67

32.2 Handout: PD/Hearth Menu and Cooking Materials Tracking Sheet (Job Aid) – 2 pages (page 172m) 68

32.3A Handout: Child Registration and Attendance Form (page 174m) 70

32.3B Handout: Child Registration and Attendance Form (including Grandmothers) (page 175m) 71

32.4 Handout: Hearth Register and Monitoring Form – 2 pages (page 176m) 72

32.5 Handout: Volunteer Home Visit Form (page 178m) 74

32.6 Handout: Supervision of PD/Hearth Session (page 179m) 75

32.7 Handout: PD/Hearth Annual Report (page 180m) 76

32.8 Handout: Monitoring Case Study Data Sheet – 4 pages (page 181m) 77

32.9 Handout: PD/Hearth Monitoring Case Study Questions – 2 pages (page 185m) 81

32.10 Handout: User Guide for the PD/Hearth Excel Database – 3 pages (page187m) 83

33. Personalise the Curriculum Daily Summary and Evaluation

34. Review of Day 5 and the Agenda for Day 6

DAY 6

35. Factors for the Success of PD/Hearth

Flip Chart 35

36. Post-test

37. PD/Hearth Training Plan

37.1 Handout: PD/Hearth Training Plan (page 197m) 86

38. Personalise the Training Curriculum

38.1 Handout: Training Agenda and Methodology – 2 pages (page 199m) 87

39. Final Evaluation and Closing

Flip Chart 39 – Target Evaluation Dart Board

39.1 Handout: Workshop Evaluation: World Vision PD/Hearth Master Training of Trainers Workshop – 2 pages (page 203m) 89

Goal

WV staff and partners develop knowledge, skill and competencies in PD/Hearth to

- train others
- provide technical support
- monitor implementation.

Training objectives

By the end of the workshop, participants will be able to

1. Distinguish where PD/Hearth is an appropriate intervention
2. Articulate how PD/Hearth can and should be integrated with other ADP programmes/sectors
3. Practise the steps in implementing PD/Hearth
4. Use essential elements and principles of PD/Hearth to guide project decisions and strengthen implementation
5. Use monitoring tools to ensure quality implementation at the community level
6. Complete a training curriculum adapted to their country context.

4m

Agenda for PD/Hearth Training of Trainers

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Day and Date	Session	Topics	Time
		DAY 1	
1		Devotion	15 min
	1	Welcome Ice breaker Workshop rules (parking lot) Introductions and expectations Overview of workshop purpose, objectives and agenda Target Evaluation TOT methodology and curriculum adaptation	60 min
	2	Pre-test	30 min
	3	Defining the roles of a PD/Hearth Master Trainer	30 min
	4	Learning styles and facilitation	45 min
	5	Overview of PD/Hearth	45 min
	6	Essential elements and key principles	60 min
	7	How PD/Hearth addresses malnutrition	45 min
	8	Step 1 – Determining the feasibility of PD/Hearth	45 min
	9	Integration and PD/Hearth	60 min
	10	Personalise the training curriculum, daily summary, evaluation	45 min
		DAY 2	
2		Devotion	30 min
	11	Review Day 1 and present the Day 2 agenda	15 min
	12	Step 2 – Community mobilisation	60 min
	13	Step 2 – Staffing needs; selecting and training volunteers	45 min
	14	Step 3 – Situational analysis - Wealth ranking	30 min
	15	Step 3 – Situational analysis – Nutritional Assessment	95 min
	16	Step 3 – Situational analysis – transect walk, household visits, focus-group discussions (FGDs), market survey	95 min
	17	Step 4 – Identifying positive deviants	30 min
	18	Step 4 – Preparing for the positive deviant inquiry (PDI)	75 min
	19	Step 4 – Preparing for the field visit to conduct the situational analysis and PDI	60 min
	20	Personalise the training curriculum, daily summary, evaluation	30 min

Agenda for PD/Hearth Training of Trainers

Day and Date	Session	Topics	Time
		DAY 3 – FIELD VISIT	
3		Review Day 2 and explain details for field visit	15 min
	21	Field visit (PDI, FGD, transect walk, market survey, household visits)	4.5 hours incl. travel time
		Compile results of PDI on flip charts	120 min
		DAY 4	
4		Devotion	30 min
	22	Review Day 3 field visit and present Day 4 agenda	15 min
	23	Step 4 – PDI interpretation and feedback	80 min
	24	Promoting behavioural change	40 min
	25	Step 5 – Designing Hearth sessions (Incorporating positive deviance behaviours)	120 min
	26	Step 5 – Menu planning	245 min
		DAY 5	
5		Devotion	30 min
	27	Review Day 4 and present the Day 5 agenda	35 min
	28	Community feedback meetings	60 min
	29	Step 6 – Conducting Hearth sessions	40 min
	30	Step 7 – Supporting new behaviours through reflection and home visits	60 min
	31	Step 8 – Admission and graduation criteria and repeating Hearth sessions Exit strategy and reaching the rest of the community	45 min
		Step 9 – Expanding PD/Hearth	
	32	Monitoring and evaluation	120 min
	33	Personalise the training curriculum , daily summary, evaluation	30 min
		DAY 6	
6		Devotion	30 min
	34	Review Day 5 and present the Day 6 agenda	30 min
	35	Factors for the success of PD/Hearth	45 min
	36	Post-test	30 min
	37	Training plan	45 min
	38	Personalising the TOT curriculum – review by facilitators	90 min
	39	Final evaluation and workshop closing	30 min

PD/Hearth Competencies

Principles of PD/Hearth

- Goals of PD/Hearth
- Adult learning principles
- Behaviour-change theory
- Community mobilisation and ownership in PD/Hearth

Training skills

- Criteria for selecting Hearth volunteers and staff
- Training PD/Hearth volunteers
- Training PD/Hearth supervisors
- Facilitation based on learning styles

Community mobilisation skills

- Tools for PD/Hearth community assessment
- Nutrition baselines in PD/Hearth
- Wealth-ranking exercises
- Identifying positive deviant households
- Market surveys
- Community mapping in PD/Hearth
- Conducting positive deviant inquiries
- Tools used in community feedback meetings
- Engaging grandmothers and others with influence on child care and feeding

Critical thinking skills

- How to determine if PD/Hearth is appropriate in a community
- Analysis of positive deviance inquiry
- Designing Hearth sessions
- How to develop PD/Hearth messages

Technical skills

- Use of food composition tables to calculate Hearth menus
- Converting metric measures into home measures
- Conducting Hearth sessions
- Characteristics of complementary feeding for a child of 6–36 months
- Graduation criteria for PD/Hearth
- Integration with other sectors, e.g. Agriculture, WASH (water, sanitation, hygiene)

Communication skills

- Supporting new behaviours and confidence-building skills
- Counselling skills in PD/Hearth

Project management skills

- Monitoring and evaluating PD/Hearth activities
- Analysis and reporting

Flow Chart of World Vision PD/Hearth Reporting Lines

World Vision

Day 1 Session 3

Community Volunteers

- Selected by community
- Trained by PD/H Coordinators
- Run Hearth sessions
- Conduct follow up home visits
- Collect monitoring data

PD/Hearth Coordinators

- ADP or MOH H&N staff
- Trained by ToF or MT
- Train & supervise volunteers
- Prepare monitoring reports
- Enter data online database
- Coordinate with MOH, community leaders, zonal & provincial level WV staff

Zonal and/ or Provincial Coordinators

- Trained by ToF or MT
- Train & supervise PD/H coordinators
- Monitor projects
- Communicate with Regional & National WV and MOH entities

National Health & Nutrition Coordinator

- Trained by MT
- Train PD/H Coordinators
- Overall programme direction & monitoring
- Lead programme evaluation
- Communicate with national entities; WV Regional Nutrition Advisor
- Advocate for PD/H to MOH & MinAgri

12m

VARK Learning Styles Questionnaire

(http://www.vark-learn.com, used with permission)

Check all that apply. Then, using the answer key, add up the scores for V, A, R, and K.

1. You are learning to take photos with your new digital camera or mobile phone. You would like to have:
   - ☐ a chance to ask questions and talk about the camera's features.
   - ☐ examples of good and poor photos and how to improve them.
   - ☐ clear written instructions with lists and bullet points.
   - ☐ diagrams showing the camera and how to use it.

2. You want to plan a surprise party for a friend. You would:
   - ☐ make lists of what to do and what to buy for the party.
   - ☐ invite friends and just let it happen.
   - ☐ talk about it on the phone or text others.
   - ☐ imagine the party happening.

3. You need to give someone directions to go to a house nearby. You would:
   - ☐ walk with them.
   - ☐ write down the directions as a list.
   - ☐ tell them the directions.
   - ☐ draw a map on a piece of paper or get a map online.

4. Do you prefer a teacher who likes to use:
   - ☐ class discussions, online discussion, online chat and guest speakers.
   - ☐ field trips, case studies, videos, labs and hands-on practical sessions.
   - ☐ a textbook and plenty of handouts.
   - ☐ an overview diagram, charts, labelled diagrams and maps.

5. You have a problem with your knee. Would you prefer that the doctor:
   - ☐ showed you a diagram of what was wrong.
   - ☐ described to you what was wrong
   - ☐ demonstrated what was wrong using a model of a knee.
   - ☐ gave you an article or brochure that explained knee injuries.

6. After reading a play you need to do a project. Would you prefer to:
   - ☐ act out a scene from the play.
   - ☐ read a speech from the play.
   - ☐ draw or sketch something that happened in the play.
   - ☐ write about the play.

VARK Learning Styles Questionnaire

7. You have been selected as a tutor or a leader for a nutrition programme. This is interesting for your colleagues. You would:
   - ☐ describe the activities you will be doing in the programme.
   - ☐ start practicing the activities you will be doing in the programme.
   - ☐ show them the list of activities in the programme.
   - ☐ show them the map of where it will be held and photos about it.

8. You like websites that have:
   - ☐ things you can click on and do.
   - ☐ interesting design and visual effects.
   - ☐ audio channels for music, chat and discussion.
   - ☐ interesting information and articles in print.

9. You have to present your ideas to your colleagues. You would:
   - ☐ write out your speech and learn it by reading it again and again.
   - ☐ write a few key words and practise what to say again and again.
   - ☐ gather examples and stories to make it real and practical.
   - ☐ make diagrams or get graphs to help explain your ideas.

10. You want some feedback about an event, competition or test. You would like to have feedback:
    - ☐ that used a written description or table of your results.
    - ☐ that used examples of what you have done.
    - ☐ from somebody who discussed it with you.
    - ☐ that used graphs showing what you achieved.

11. You are about to buy a new digital camera or mobile phone. Other than price, what would most influence your decision?
    - ☐ trying it.
    - ☐ the salesperson telling you about it.
    - ☐ it is the latest design and looks good.
    - ☐ reading the details about its features.

12. You are going to make something special for your family. You would:
    - ☐ make something you have made before.
    - ☐ find written instructions to make it.
    - ☐ look for ideas and plans in books and magazines.
    - ☐ talk it over with your friends.

13. Remember when you learned how to play a game. You learned best by:
    - ☐ clues from the diagrams in the instructions.
    - ☐ listening to somebody explaining it and asking questions.
    - ☐ watching others do it first.
    - ☐ reading the instructions.

(http://www.vark-learn.com, used with permission)

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   - ☐ **K** diagrams showing the camera and how to use it.
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VARK Learning Styles Questionnaire ANSWER KEY

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   - ☐ **R** write out your speech and learn it by reading it again and again.
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    - ☐ **R** that used a written description or table of your results.
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    - ☐ **K** trying it.
    - ☐ **A** the salesperson telling you about it.
    - ☐ **V** it is the latest design and looks good.
    - ☐ **R** reading the details about its features.

12. You are going to make something special for your family. You would:
    - ☐ **K** make something you have made before.
    - ☐ **R** find written instructions to make it.
    - ☐ **V** look for ideas and plans in books and magazines.
    - ☐ **A** talk it over with your friends.

13. Remember when you learned how to play a game. You learned best by:
    - ☐ **V** clues from the diagrams in the instructions.
    - ☐ **A** listening to somebody explaining it and asking questions.
    - ☐ **K** watching others do it first.
    - ☐ **R** reading the instructions.

Total Personal Score: Visual =____ Aural =____ Read/Write =_____ Kinaesthetic =____

Observation of a PD/Hearth Session

Observe the strengths and challenges of PD/Hearth sessions. You will not be able to observe the essential components shaded in grey. Ask the Hearth volunteer or supervisor to determine if these elements were included.

Identify variations or innovations that have been implemented and how that may have affected results.

Essential PD/Hearth Project Components	Check for yes	Strengths	Challenges
1. Actively involve the community, including grandmothers, throughout the process (including integration with other sectors).			
2. Use growth monitoring to identify malnourished children and to monitor participants who have graduated.			
3. Conduct a PDI in every community. Incorporate findings into the Hearth (menu, message and tips, storytelling about what already works).			
4. Prior to sessions, deworm all children and provide immunisations and micronutrients.			
5. Use community volunteers to conduct sessions/follow-up home visits.			
6. Design Hearth-session menus based on locally available and affordable foods.			
7. The Hearth-session menus are nutrient-dense enough to ensure rapid recuperation.			
8. Ensure that caregivers bring a daily contribution of food or materials to Hearth.			
9. Have caregivers present and actively involved every day of the Hearth session.			
10. Conduct the Hearth session for 10–12 days within a two-week period.			
11. Include follow-up home visits for two weeks after the session (every 1–2 days).			
12. If a child does not gain weight after two sessions, refer the child to a health centre.			
13. Limit the number of participant caregivers in each Hearth session to ten or fewer. (If working with caregiver-grandmother pairs, five pairs or fewer is preferred.)			
14. Monitor and evaluate progress.			

PD/Hearth Essential Elements

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Several elements are essential to the implementation of an effective PD/Hearth project. Experience has shown that these elements cannot be adapted, modified, or omitted without seriously diminishing the effectiveness of the programme.

1. **Actively involve the community throughout the process.** Community leaders and a village health committee can provide support in organising the weighing of all children in the target age group; recruiting volunteers; conducting the PDI; contributing materials, utensils, and food for the sessions; assuring that eligible caregivers[1] attend the Hearth session regularly; and encouraging other community members, including key influencers like grandmothers, to support the families with malnourished children as they adopt new practices. Grandmothers[2] often play a major role in child care and feeding and act as advisors in this area to younger women who seek their advice and expertise. Engaging grandmothers from the start of the PD/Hearth implementation will facilitate the community's involvement and learning as grandmothers are key influencers in addressing child malnutrition. In the different steps of the PD/Hearth process, grandmothers can participate as mobilisers, hearth committee members and/or volunteers, participants in focus group discussions on child care and feeding, those being talked to and observed during the PDI, participants in Hearth sessions with the caregivers and children, key audience members in community feedback sessions, and supporters and advisors at home for the caregivers. The community can participate in monitoring project implementation and results. The higher the visibility of Hearth in the community, the greater the nutritional impact will be. Hearth sessions provide "living proof" that good nutrition practices help malnourished children. This raises the consciousness of community members and empowers them to prevent malnutrition within their community.

2. **Use growth monitoring to identify malnourished children and monitor the nutritional status of participants who have graduated from Hearth**. If a growth-monitoring and counselling programme does not exist in the community when PD/Hearth is initiated, it should be started in time to monitor the children who complete the Hearth session. The growth-monitoring programme must include good nutrition counselling and explanations of the child's growth for the caregivers. It is also an important tool for monitoring the progress of *all* the children in the target group over time, and it allows the integration of newly malnourished children into the second or third Hearth session.

3. **Use community members and staff in each and every community to conduct a Positive Deviance Inquiry.** The PDI is not simply a fact-finding exercise for the project staff. It is an opportunity for community members (e.g. Hearth volunteers, health staff, community leaders, grandmothers) to 'discover' that very poor families have certain good practices which enable them to prevent malnutrition and that these practices can be used by any family with similarly scarce resources. In order for a community to take ownership, the discovery process must take place in *that* community. Each community or communities within 40km radius with similar cultural practices, belief, and food availability need its own PDI to discover its positive deviance (PD) practices. Many programmes have tried to save time by using the PDI results from one community in another; doing

1. The term caregiver refers to anyone who has significant responsibility for the care and feeding of a young child. This may be a parent, grandparent and/or older sibling, depending on the cultural context and family situation. In some cases two caregivers, such as a mother-grandmother pair, may attend the Hearth sessions.
2. 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.

so means that the second community loses the process of the discovery that results from the PDI. If there are no poor families with well-nourished children in a particular community, the PDI may need to look at families with only mildly malnourished children. Alternatively, if the community can identify a nearby community with the same culture, socioeconomic conditions and, perhaps, blood relationships, the volunteers can be taken there to identify PD families with whom to conduct the PDI. Since family coping may change with the seasons, it may be necessary to repeat the PDI during different seasons of the year.

The PDI consists both of questioning the family members, including caregivers and grandmothers, and of making careful observations of the situation. The list of questions that has been developed is best used as a discussion guide rather than as interview questions. With sufficient practice the PDI team should be able to visit the families without relying on the list of questions. A second or third person from the PDI team can concentrate on observing practices related to child care, hygiene, sanitation and food preparation, noting the roles of influential family members as well as what foods and materials are available in the home. Projects need to allow sufficient time to prepare for and conduct PDI visits to obtain the most useful information.

4. **Prior to the Hearth sessions, deworm all children, update immunisations and provide needed micronutrients.** Children are more likely to show quick recuperation when these important health interventions are taken care of before the Hearth session. Families should be referred for these services to the local health facility with whom the project is collaborating. These activities are kept separate from the Hearth session so that families do not attribute the child's improvement in nutritional status to these activities rather than to the food and feeding practices. During the Hearth session and follow-up home visits families will be encouraged to continue to access these and other preventive health services including growth monitoring and the use of insecticide-treated bed nets (ITNs), where needed. In areas of high malaria prevalence, children may need diagnosis and treatment before attending the Hearth sessions. If it becomes evident during the PDI that very poor families are using ITNs, it will be useful to discuss how they afford them in order to share that information with the Hearth participants. All children may be checked for underlying illness and/or anaemia before entering Hearth to screen for treatable conditions.

5. **Utilise community men and women as volunteers to conduct the Hearth sessions and the follow-up home visits.** Caregivers will learn best from those who normally provide child care advice and support within their culture and community, and who understand local customs and conditions. The volunteers can be any community members, including grandmothers, with a good reputation, credibility, healthy children and a willingness to take on the necessary responsibilities.

   Note: *PD caregivers are not necessarily Hearth volunteers. The PDI results in a collection of PD practices from multiple PD families; it is extremely rare that one family models all the PD practices. We are not looking for PD persons but PD practices. In many cultures identifying individuals or families as models (or somehow 'better') results in social rejection by their peers.*

6. **Design optimal Hearth menus based on locally available and affordable foods.** Participating families must be able to replicate meals in their own homes with limited resources. This is the only way they will be able to sustain the improved nutritional status of their children and prevent future malnutrition in the family. The affordability of foods is verified through the PDI, which

discovers the foods used by the poor families with well-nourished children, and the market survey, which explores the costs and nutritional content of foods available for purchase.

7. **Provide a special, nutrient-dense meal capable of ensuring the rapid recuperation of the child.** The daily Hearth menu includes an extra meal and snack, an addition to what the child normally eats at home in one day. This menu must contain the following nutrient levels for each child:

Calories:	600–800 kcal
Protein:	25–27 g
Vitamin A:	400–500 µg RE (retinol equivalent) or 300 µg RAE (retinol activity equivalent)
Iron:	8–10 mg (may need iron supplementation or a fortified product to meet this requirement)
Zinc:	3–5 mg
Vitamin C:	15–25 mg

These figures show the range of supplementary nutrient levels necessary to rehabilitate malnourished children. Specific levels for children of different ages are listed in the *CORE PD/Hearth Guide*. Consider the Hearth meal as 'medicine'; this is the dosage prescribed. If the Hearth supplemental meal does not meet this minimum standard, then weight gains are compromised. The meal is a supplement, not a meal substitute. The additional calories and protein are needed for 'catch-up' growth of the child. When the child is no longer underweight, this 'extra' energy and protein-rich meal is no longer necessary. However, to sustain the rehabilitation gains, regular family meals need to be more balanced and nutritious. Caregivers learn how to do this during the Hearth sessions.

8. **Ensure that caregivers bring a daily contribution of food and/or materials to the Hearth sessions.** One of the fundamentals of PD/Hearth is that families learn that they really can afford to feed their children nutritious food. The PDI revealed what poor families feed their well-nourished children. Obtaining and bringing the foods reinforces the use of these affordable foods. The community also realises it is able to rehabilitate its malnourished children without outside material support.

9. **Have caregivers present and actively involved every day of the Hearth sessions.** Involvement promotes ownership and active learning and builds self-confidence. Repetition of new skills and practices enables caregivers to learn and adopt new behaviours. Attendance and active involvement of caregivers each day of the Hearth sessions is necessary for children to achieve adequate weight gain.

10. **Conduct the Hearth session for 10–12 days within a two-week period.** Within 8–12 days of starting the Hearth sessions caregivers will see notable improvement in their children. They may need some guidance to recognise the changes in their child, such as improved appetite, increased activity, less irritability, higher level of alertness. Recognising these changes motivates the caregivers to adopt new feeding, caring and health practices. If a child is not fed the special extra meal over sequential days, recovery will be so slow that the caregiver will not have the satisfaction and motivation to continue the programme. There may be breaks of one or two days during the Hearth

sessions to allow for weekends, holidays, or market days *(e.g. 4 days + market day + 4 days + market day + 4 days).* The family must be encouraged to prepare the special meal at home on the days off. This Hearth session may be repeated the next month as some children will not experience 'catch-up' growth within a month.

11. **Include follow-up visits at home every 2–3 days for two weeks after the Hearth session.** It takes an average of 21 days of practice for a new behaviour to become a habit. The caregivers will need continued support to implement the new practices in their own homes. During home visits the volunteers or staff can help caregivers think of solutions to any difficulties they are encountering or respond to concerns about the child's progress, and can support grandmothers in their role as household advisors to facilitate positive changes in child care and feeding. By continuing to practise these new behaviours, the improved nutritional status of the participating child will be sustained at home and malnutrition will be prevented among future children.

12. **Refer a child who doesn't gain weight after two 10–12 day sessions to a health facility to check for any underlying causes of illness such as tuberculosis, HIV/ AIDS, or other infection**. If the child does not have an illness, direct families to other social services or to income-generation projects. The average number of sessions it takes to graduate a child varies among programmes, but the number of sessions a caregiver can attend is normally limited to two; otherwise, caregivers may become dependent on Hearth and not internalise new behaviours. A sense of urgency to rehabilitate a malnourished child should be instilled and encouraged in the caregiver and family. However, some children may need more time to gain weight. (Some projects opt to have all children checked for underlying illness before entering Hearth to screen for treatable diseases.)

13. **Limit the number of participants in each Hearth session.** Having a limited number of participants provides a 'safe' environment in which rapport can be built, and it gives all caregivers an equal opportunity to participate in all activities. Experience has shown that Hearth sessions are most successful when limited to no more than ten caregivers or five caregiver-grandmother pairs.

14. **Monitor and evaluate progress.** At a minimum, projects should monitor Hearth attendance, admission and one-month weights, and the percent of children who graduate after one session or after two sessions. Depending on community goals and national protocols, graduation may be determined as 400g weight gain in one month; an upward growth trend on the growth curve during two months; moving up one level (e.g. from moderate to mild malnutrition); or achieving normal weight for age. Projects monitor the longer-term impact by measuring the weight gains of participants two months, six months and one year after graduation, and by tracking growth of younger siblings and the target age group over time. Projects may develop other indicators to monitor the quality of implementation, community support, and so forth. Many examples of such indicators are given in the *CORE PD/Hearth Guide.*

Essential PD/Hearth Elements
Detailed Observations and Key Questions

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Summary components and sample questions to guide discussion on essential elements

Essential PD/Hearth project elements	Key questions to consider
1. Actively involve the community throughout the process. Leaders and/or the village health committee (VHC) provide support in organising weighings, finding volunteers, conducting PDIs, contributing supplies and participate in monitoring implementation/results. Individuals with influence on child care and feeding, particularly grandmothers, are engaged as advisors, mobilisers, volunteers, Hearth participants etc. The higher the exposure and involvement, the greater the impact on community overall nutrition status. Raising the consciousness of the community is empowering.	• How was the community mobilised? • What did the community contribute to the project? • How were grandmother and other influential figures engaged? • What information was given back to the community? When? • Have structures/policies that support child nutrition changed? • Was PD/Hearth integrated with other programmes/ sectors? How was this achieved? What were the results?
2. Use growth monitoring to identify malnourished children and to monitor participants who have graduated. If growth monitoring is not already in place, begin monitoring those who complete Hearth sessions and all children in target group over time. Growth monitoring must include counselling and explanations of a child's growth.	• Is routine growth monitoring present in the community? • Is counselling included? • How are children monitored after graduation?
3. Conduct a PDI in every community. A PDI is an opportunity for the community to make discoveries, not just to provide information to WV. To ensure community ownership, integrate the PDI into the Hearth sessions. A PDI may need to be done at different seasons. The goal is to identify PD practices, not only PD persons.	• How were the families to visit identified? • How was the PDI conducted? By whom? • How was information analysed? • Were PD foods/practices identified? • How were grandmothers involved? • How was the information utilised? Menus/ messages? • Was there sufficient technical skill to complete the PDI well?
4. Prior to sessions, deworm all children and provide immunisations and micronutrients. The purpose is to support rapid recuperation. Refer families to the local health centre before Hearth sessions so recuperation is not attributed to these activities. In endemic areas, malaria may need treatment before Hearth sessions.	• Was a situation analysis completed (nutritional assessment, feeding practices, expanded programme of immunisation coverage, vitamin A)? • Were all children under three years of age weighed? • Were children dewormed, immunised, vitamin A supplementation completed? • Were pre-existing underlying illnesses treated?

30m

Essential PD/Hearth project elements	Key questions to consider
5. Use community volunteers to conduct sessions and follow-up home visits. Caregivers will be more comfortable and learn best from peers. A volunteer can be any community member, either male or female, who has a good reputation, is credible, has children in good health, and is willing to take on responsibilities.	• How were Hearth volunteers selected? • How were Hearth volunteers trained? • Were there gaps in the key competencies needed to implement the programme effectively?
6. Design Hearth session menus based on locally available and affordable foods. This is necessary to promote replication in home with limited resources in order to sustain improved nutritional status. Use foods confirmed through the PDI and verify the cost/ nutritional content through a market survey.	• Was a market survey completed? • Were PD foods identified? • Were the foods local, available and affordable?
7. Hearth session menus are nutrient dense to ensure rapid recuperation. Menu plus snack must contain required protein, calories and micronutrients to provide 'catch-up' growth The Hearth meal is 'medicine'. The extra meal is a supplement, not a meal substitute. To sustain the rehabilitation, families learn that meals need to be balanced and nutritious.	• Who decided on the menus? When? • Were menus nutrient dense (by programme standards)? • Who analysed the menus? • Were the menus followed in sessions? • Were the menu followed at home?
8. Ensure that caregivers bring a daily contribution of food or materials to Hearth. This reinforces the fact that families can afford to feed nutritious food. The contributions make implementation possible without outside material support. Families providing resources ensures that the programme is non-paternalistic	• Were PD foods identified? • Did caregivers contribute PD foods? Other foods?
9. Have caregivers present and actively involved every day of the Hearth session. This promotes ownership, active learning and confidence. Repetition of practices builds habits that sustain rehabilitation and prevent malnutrition. Daily attendance is necessary to achieve weight gain.	• Was a caregiver involved with each child? Did caregiver-grandmother pairs work together where appropriate? • Did all caregivers participate in all the activities every day of the programme?

Essential PD/Hearth Elements Detailed Observations and Key Questions

World Vision

Day 1 Session 6

Essential PD/Hearth project elements	Key questions to consider
10. Conduct the Hearth session for 10–12 days within a two-week period. Eight to twelve days are needed to see changes in the child. Caregivers may need help to identify improvement in appetite, energy, alertness, less irritability, and so forth. Changes in the child motivate caregivers to adopt and continue the new practices. If the child is not fed an extra meal over sequential days, changes are too slow for the caregiver to notice.	• Were PD/Hearth sessions conducted for 10-12 days? • What were attendance rates? • Was time spent reflecting with caregivers about changes in child?
11. Include follow-up home visits (every 2–3 days) for two weeks after the session. Caregivers need continued support. It takes 21 days to change a behaviour into a habit. Home visits help find solutions to obstacles to adopting new practices that are being faced at home. Home visits provide opportunities to address questions families may have about the child's growth.	• What did follow-up visits include? How often did they occur? By whom? • Did volunteers have the information and skills to support families in overcoming obstacles to child feeding/growth?
12. If a child doesn't gain after two sessions, refer the child to the health centre. A child with no underlying health issues who is not gaining may need referral to other social-services or income-generation projects. A sense of urgency to rehabilitate the child is needed by caregivers, families and volunteers.	• What happened if a child became sick during the session(s)? • Under what circumstances was a child referred to the health centre?
13. Limit the number of participants in each Hearth session to ten or fewer. A limited number of participants provides a 'safe' environment where rapport can be built. Caregivers have an equal opportunity to participate in all activities.	• How many children attended the sessions? • How many caregivers or caregiver-grandmother pairs attended the sessions? • Did caregivers participate in all aspects of the sessions?
14. Monitor and evaluate progress. Record attendance, entering and one-month weight, the percent of children who graduate. Check the long-term impact by measuring weight gain at two or six months, one year, and monitor the weight of younger children.	• Were graduation criteria established? • Was monitoring information used to improve implementation? When? How? • Was there adequate technical support for managers? For volunteers? • Was supervision frequent enough? Was it adequate?

Flip Chart 7
Ten Key Steps in the PD/Hearth Approach

Note to trainers: The amount of time for each step will depend on the local context (with the exception of Steps 6 and 7). An example of the timing is included for Steps 2–7 to guide discussion with planners. Each key step number is noted in the title of the relevant session in the curriculum. Monitoring and evaluation occurs throughout the process, as illustrated by the right hand column.

<table>
<tr><th></th><th>STEPS</th><th>APPROXIMATE TIME REQUIRED</th><th rowspan="10">Monitor

and

Evaluate</th></tr>
<tr><td>Step 1</td><td>Decide whether the PD/Hearth approach is feasible in the target community.</td><td></td></tr>
<tr><td>Step 2</td><td>Begin mobilising the community (mobilise or create Village Health/ Hearth Committee or working group within the community); select and train staff.</td><td rowspan="3">Mobilising the community can take several months and takes place throughout the entire project period.

Steps 2 to 4 can take approximately 2–3 weeks, including:

2 days of training

2 days for situational analysis

2 days for PDI

2 days for analysis and feedback to the community</td></tr>
<tr><td>Step 3</td><td>Prepare for a PDI (situational analysis).</td></tr>
<tr><td>Step 4</td><td>Conduct a PDI.</td></tr>
<tr><td>Step 5</td><td>Design Hearth sessions.</td><td>2 days</td></tr>
<tr><td>Step 6</td><td>Conduct Hearth sessions.</td><td>2 weeks</td></tr>
<tr><td>Step 7</td><td>Support new behaviours through follow-up visits.</td><td>Every 2-3 days in the 2 weeks immediately after the Hearth session, and continuing less frequently after that</td></tr>
<tr><td>Step 8</td><td>Repeat Hearth as needed.

Monitor progress of Hearth graduates and track growth of all young children.</td><td></td></tr>
<tr><td>Step 9</td><td>Expand the PD/Hearth programme to additional communities.</td><td></td></tr>
<tr><td>Step 10</td><td>Exit strategy for once underweight is eliminated or ADP phases out</td><td></td><td></td></tr>
</table>

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Case Studies:
Is PD/Hearth Appropriate for These Settings?

World Vision

Day 1 Session 8

Read and analyse the following cases. Decide whether PD/Hearth will work in each situation. If not, explain why not and think about an alternative approach. Suggest additional nutrition strategies and interventions needed from other sectors. If PD/Hearth is appropriate, but there are special challenges, please describe how to overcome them.

Case 1 – Coastal village – 12 per cent malnutrition but 35 children underweight

All the families make their living by fishing or selling fish. They live in a small village with houses very close together. The men are gone from before dawn until noon. When they return, they expect their big meal to be waiting. The women spend the afternoon cleaning fish and repairing the fishing nets. They work together on the beach and take their babies on their backs. Older children stay at the house with grandmothers or older siblings. There is plenty of fish to eat, but few fruits and vegetables most of the year. The health centre is in the next town, 15 minutes away by bus.

Case 2 – North interior – 35 per cent malnutrition

Families live in very small villages scattered through the tea estates. There are 10 to 20 families in each village. It can take between 30 minutes and one hour to walk over very hilly terrain to the main estate village. Nearly all the mothers work full time on the tea estates. The children from six months to three years spend nine hours a day in daycare with two paid employees. Food in the day care is provided by the estate. (After three years of age, children stay with grandparents during the day until they start school at age five.) The day care is located next to a good health clinic provided by the estate management. There is a joint management body made up of representatives of both workers and management.

Case 3 – Northeast – 32 per cent malnutrition

This good agricultural area produces grain, fruits and vegetables. The houses are dispersed, spread out over mounds. Grandmothers care for the small children when women go to the fields to work or the river to fish. There is a health centre in the nearest town, which is a four-hour walk for many families. When the rains come and water surrounds their mound, families cannot easily travel to other homes or villages. Some families have to move to higher ground for three or four months, which makes it difficult for them to raise poultry or livestock.

Case 4 – South farming community – 39 per cent malnutrition

Most of the children in this community are very short for their age. The families are engaged in farming, with most women at home except during harvest time. The village is very compact, and people work together on many community projects. Grandmothers decide when children should start getting water or food, often when they are one month old. There is a small Christian hospital, and government health workers bring vaccines and vitamin A.

Case 5 – Peri-urban – 20 per cent malnutrition

Families live in densely populated squatter settlements in simple houses with no sanitation. Water is fetched from central water taps some distance away. Families have easy access to health facilities. Because the houses are so small, most families do not cook at home. They buy cooked food from street vendors and snacks from the many small shops. Most women are at home during the day. Those who work leave their children in the care of older women. There are approximately 40 moderately and severely underweight children between the ages of 6-36 months.

PD/Hearth will not work everywhere. It is important to consider the following criteria when deciding if PD/Hearth is the right approach for a given community.

1. **Mild, moderate and severe malnutrition, based on weight for age, affects more than 30 per cent of children 6 to 36 months old or 30 underweight children between the ages of 6-36 months.** PD/Hearth is cost efficient only where there is a sizeable concentration of malnourished children. The 30 per cent cut-off may include mild, moderate and severe malnutrition, but programmes concerned with cost efficiency may want to focus PD/Hearth activities on those who are moderately or severely malnourished and use less intensive methods to address the children with mild malnutrition. **In large communities an alternative criterion may be the presence of at least 30 moderately or severely malnourished children in the 6–36 month age range.** Since it is unlikely that an implementing agency will have done a census-based nutritional assessment prior to deciding whether to implement the programme, the decision can be based on existing growth monitoring data, data from surveys of a representative sample of the population, or other existing data.

   Note: *PD/Hearth uses weight for age because that is the indicator most sensitive to change and does not require height measurements, which are difficult to collect. While mid-upper arm circumference (MUAC) is useful in screening for malnutrition in emergencies, it is not specific enough to identify all children who are also below weight for their age.*

2. ***Affordable food is available.*** A fundamental precept of PD/Hearth is that families can rehabilitate their children and prevent malnutrition with affordable, locally available food. If all poor families in the community are reliant on food aid or are eating only the staple food due to lack of anything else, other interventions to improve food security must come first.

3. ***Homes are located within a short distance of one another***. Because caregivers are expected to come with their children to the Hearth session every day and the volunteers must make frequent home visits, the homes must be within easy walking distance from a central point.

4. ***There is a community commitment to overcome malnutrition.*** A commitment will serve to mobilise resources and pave the way for organising Hearth sessions and providing peer support to participating families. If there is no governing or civic body to work with, it may be necessary to form a village health committee. PD/Hearth has not been successful where populations are transient and lack a sense of community.

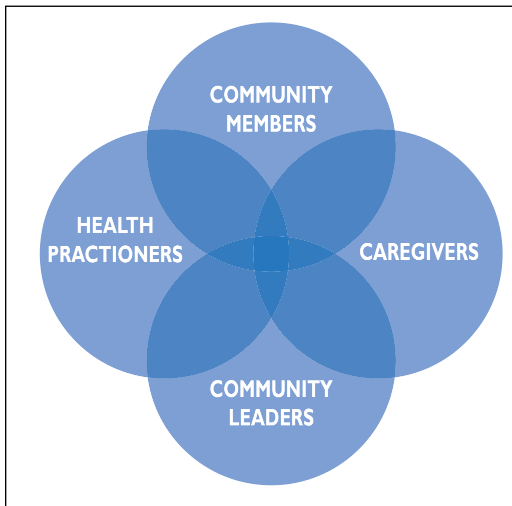
5. ***There is access to basic complementary health services.*** Health services are necessary for the children to receive inputs not available at the Hearth, such as

deworming, immunisations, malaria treatment, micronutrient supplementation and referrals. Children receive the needed services ***before*** entering the Hearth and may be referred for further evaluation and treatment if they do not show adequate weight gain after participating in the Hearth for two weeks with two more weeks of follow-up visits at home.

6. ***Systems for identifying and tracking malnourished children exist or can be developed.*** While such systems are not a prerequisite, they must be developed for the programme. The first step may be a door-to-door census and weighing of children, but then a routine monthly growth-monitoring system must be established not only to track the children who complete the Hearth sessions, but also to detect other children who may need to enter the programme. PD/Hearth is intended to be only one phase of a wider nutrition programme.

7. ***The presence of food aid in Hearth can be minimised with careful planning.*** Families need to learn to provide the nutrition their children need from local foods, rather than food aid, which is not a sustainable solution to malnutrition or food insecurity. Limited amounts of food aid, in the form of local staples (such as rice and oil) can be used in the Hearth menus, but the participating families must contribute the other foods in order to learn firsthand about their accessibility and affordability. The Hearth sessions emphasise using locally available foods.

8. ***Organisational commitment of the implementing agency is strong.*** This is essential. Because of the effort required to start a PD/Hearth programme, the implementing agency must be willing to adjust budget, devote adequate staff time, and monitor quality. The staff and volunteers implementing PD/Hearth need to devote themselves full time to PD/Hearth, particularly in the start-up months. Projects should consider budgeting for additional staff and recruiting additional volunteers rather than expecting existing staff and volunteers to add the PD/Hearth to their existing responsibilities. Since PD/Hearth is self-limiting and can be phased out of a community after a year or two, when there are no more malnourished children, the increased numbers of staff and volunteers will not be a long-term burden.



What is the role of the Ministry of Health? *(How is it incorporated?)*

The Ministry of Health provides support services such as immunisation, deworming, vitamin A supplementation; training; monitoring; and scale-up of learnings from PD/Hearth into existing health and nutrition message sharing systems).

What is the role of the Village Health Committee? *(Does a VHC exist? Does it need to be revived?)*

The VHC manages and coordinates health activities at the local level; sets criteria for, selects and supervises community health volunteers; and collaborates with the implementing organisation and district health staff (contextual depending on the country's existing Ministry of Health structure).

Can PD/Hearth be implemented without a Village Health Committee?

In the absence of a VHC, it is important to identify management resources at the grassroots level; build on existing resources. If possible, work to re-establish a non-functioning committee or establish a VHC or Village Hearth Committee.

What is the role of grandmothers?

In many cultures grandmothers are highly influential in the home as advisors on child care and feeding, and thus are important figures to engage throughout PD/Hearth. The following activity will help to illustrate the importance grandmothers have, especially in maternal and child care, and the necessity to include them in PD/Hearth.

Ask participants to write down on small pieces of paper what areas a grandmother would have a role/influence within a family in their community. For example, a grandmother would give advice to young women about marriage and how to manage their household. Use the pieces of paper to form a tree of the multi-faceted roles of grandmothers in the family and community.

Ask participants to identify ways to involve grandmothers in PD/Hearth. Ensure the following points are included:

- Consider grandmothers for leadership roles, including VHC and Hearth volunteer positions
- Consult grandmothers during situational analysis
- Interview grandmothers during PDI and/or involve grandmothers in conducting the PDI
- Engage grandmothers as participants in Hearth, either as caregivers, volunteers or part of caregiver-grandmother pairs

56m

- Include grandmothers in follow up home visits, including review of child's progress and discussion of challenges to implementing PD practices at home

15 Min

3.

Divide into four groups (or as many groups as circles on the Venn diagram). Each group represents one community group. Come up with as many strategies as possible for:

- Maximising commitment and support; and
- Maintaining involvement throughout the project.

After a few minutes, call on volunteers to state the ideas their groups have come up with. ***Note:*** Listen to the participants' knowledge. *The solutions are in the group.*

Discuss the following questions:

How do you get maximum commitment and support?

Engage the community as the primary partner, with a role in selection criteria of volunteers. Be sure to involve in the process people who might raise barriers.

How do you keep this involvement throughout the project?

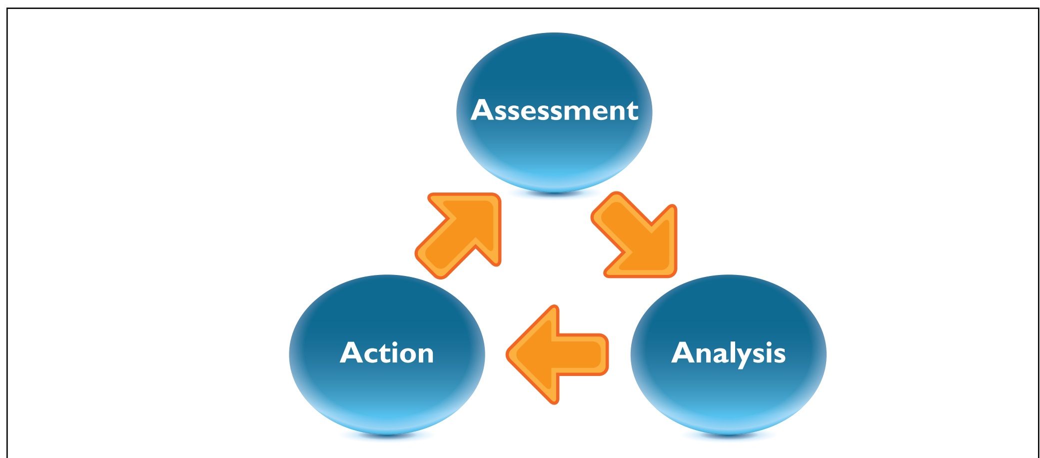
Establish a partnership with the community from the beginning and maintain it throughout.

See the **Triple A** cycle (assess, analyse, action) discussion on p. 29 of the *CORE PD/Hearth Guide*. Programme management is carried out in partnership with the community by assessing the problem, analysing its causes and taking action based on this analysis.

From the community mobilisation steps below, what activities might the community include in each circle (assessment, analysis, action)?

Discuss together key times when the community can be mobilised (based on the following steps).

STEPS



FOR COMMUNITY MOBILISATION AND OWNERSHIP:

Step 1 Identify community leaders using existing community health volunteers and plan to meet with community leaders, religious leaders and women representatives.

Step 2A Ask community leaders for their permission and invitation to use the PD approach (finding existing solutions to malnutrition problems from within the community).

Step 2B Ask about the existing local health systems (e.g.Village Health and Sanitation Committee (VHSC),VHC (Village Health Commitee), etc.). Discuss a way to describe PD concepts in the local language (i.e. proverbs, stories). Discuss volunteer selection if a particular volunteer group does not already exist.

Step 3 Engage the community to define the problem (conduct wealth ranking); weigh all the children in the target group with community members, especially men (special GMP session). Involve community in focus group discussions, community mapping, seasonal calendar, transect walk, and market survey.

Step 4 Community Feedback Sessions: engage community members in discussion about the issue of childhood malnutrition; discuss its causes, common challenges and constraints, and ask for their ideas or suggestions for solutions. Involve men, grandmothers, mothers and all women who delivered the year before, include TBAs and traditional healers as well as religious leaders. Other very important activities to engage community members include: social mapping (include young men and women in this activity), seasonal calendar, market survey and wealth ranking.

Step 5 Second Community Feedback Session: Prepare and train leaders to carry out a meeting with the larger community to share the baseline information (results of the weighing) and the findings from group discussions as well as the PD concept from the visual poster to show nutritional assessment results. Also share the visuals of community created social mapping, seasonal calendar, market survey and wealth ranking. Discuss on the volunteer identification or if there are no volunteers yet, select volunteers.

Step 6 Plan and carry out PD inquiries with community members.

Step 7 Have community members (VHC) analyse and select key PD behaviours and have them share the PDI findings with the whole community, examining the PD behaviours and strategies with the community members; invite them to develop a plan of action that will include Hearth sessions.

Step 8 Involve or remain transparent to the community in selecting staff – such as a supervisor, village hearth committee members, and/or community health volunteers – to contribute to the staff's credibility and to promote the community's ownership of the programme.

58m

Step 9 Involve the community in monitoring monthly progress in the nutritional status of all children in the target group. (In Bangladesh a consolidated community growth monitoring chart is used for all children participating in PD/Hearth so the entire community can see the effectiveness of the programme.)

Step 10 Appreciation Day/Graduation Day

Step 11 Program Monitoring and Review

4.

For the community mobilisation and ownership Step 2, conduct a role play where you are meeting with the community leaders for the first time to talk about the following:

- Ask community leaders for permission to help the community overcome malnutrition
- Explain the concept of PDH without using technical language
- Explain the program of PDH (12 day long education session)
- Emphasize that we are here to learn from the community because there are positive behaviours that are allowing their children to stay healthy whether they are practicing the behaviours knowingly or not. We are here to identify those positive practices, especially from those households who do not have a big house and many cattle, yet they still have very healthy children
- Ask if there would be any members from the community who would like to help volunteer to run the program as this program cannot be run without the community taking the leadership.

5 Min

5.

Summarise some of the key challenges to community involvement and some of the solutions developed by the group. Refer participants to additional exercises for mobilising communities in the *CORE PD/Hearth Guide*, pp. 43–52. Answer any remaining questions. Note that we will be spending time throughout the remainder of the course working on each of these activities.

Note: *It is vitally important to understand fully the community players, conflicts, priorities, existing structures and resources.*

If hard copies of the resources for community participation listed above are available, suggest that participants look at these during breaks and/or list websites where participants can obtain them.

Case Examples for Wealth-Ranking Exercise

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

- lives in one-room house
- house made of bamboo
- house has dirt or cement floor
- no regular salary
- no more than one person in the family working.

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

Case Examples for Wealth-Ranking Exercise ANSWER KEY

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

- lives in one-room house
- house made of bamboo
- house has dirt or cement floor
- no regular salary
- no more than one person in the family working.

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

Wealth Ranking for PD/Hearth

DATE .... ADP .... DISTRICT .... COMMUNITY NAME ....

WEALTH STATUS	WEALTH CLASSIFICATION CRITERIA
POOR	
NON–POOR	

Community Assessment Monitoring Sheet

World Vision

Day 2 Session 15

Community: Sunshine – ADP Light and Hope	**Date of Weighing:** March 11, 2011	
Total number of children under 36 months in community: **Total number of children under 36 months weighed:**		

Child Name	Gender (F/M)	DOB (DD/MM/YY)	Age (months)	Weight (kg)	Child birth order	Wealth Ranking	Nutrition Status (Colour)	WAZ	Positive Deviant (✓)
1	M	6/3/2009	24	10.70	1	Non-Poor			
2	F	28/3/2010	11	6.8	4	Poor			
3	F	30/7/2009	19	7.1	6	Poor			
4	M	14/4/2008	35	10.1	1	Non-Poor			
5	F	3/8/2010	7	7.3	3	Poor			
6	M	3/10/2009	17	8.5	7 (twin)	Poor			
7	F	3/10/2009	17	10.7	7 (twin)	Poor			
8	M	20/5/2008	34	9.8	8	Poor			
9	F	21/111/2009	16	8.2	1	Poor			
10	F	8/2/2008	37	11.4	8	Non-Poor			
11	F	6/5/2010	10	8.6	3	Poor			
12	M	25/3/2010	12	7.4	6	Non-Poor			
13	F	25/9/2009	17	8.1	3	Poor			
14	F	25/9/2009	17	6.1	7	Poor			
15	F	23/7/2009	20	8.3	2	Poor			
16	M	9/12/2009	15	8.5	9	Poor			
17	F	28/8/2009	18	6.2	1	Poor		-4.20	
18	M	18/7/2009	20	8.4	1	Poor		-2.64	
19	M	15/5/2010	10	6.3	4	Poor		-3.33	

Community Assessment Monitoring Sheet

Child Name	Gender (F/M)	DOB (DD/MM/YY)	Age (months)	Weight (kg)	Child birth order	Wealth Ranking	Nutrition Status (Colour)	WAZ	Positive Deviant (✓)
20	M	15/5/2010	10	8.3	3	Non-Poor		-0.87	
21	F	3/3/2009	24	11.5	5	Poor		-0.02	
22	F	22/10/2008	29	8.9	2	Poor		-2.80	
23	F	6/6/2009	21	9.4	4	Poor		-1.21	
24	F	3/2/2008	37	10.8	3	Poor		-2.13	
25	M	9/9/2009	18	8.1	5	Non-Poor		-2.69	
26	M	3/6/2009	21	10.1	1	Poor		-1.22	
27	M	22/9/2009	18	9.5	4	Poor		-1.20	
28	F	24/9/2010	6	9.5	3	Non-Poor		2.35	
29	M	17/3/2010	12	8.2	5	Poor		-1.44	
30	M	6/6/2010	9	8.7	3	Non-Poor		-0.25	
31	F	4/4/2009	23	11.2	2	Non-Poor		-0.08	
32	M	28/1/2010	13	10.6	10	Poor		0.57	
33	M	7/12/2008	27	9	1	Non-Poor		-3.02	
34	F	4/12/2008	27	11.0	6	Poor		-0.80	
35	M	8/9/2009	18	10.0	8	Poor		-0.81	
36	F	30/11/2008	27	9.2	6	Poor		-2.34	
37	F	16/12/2008	27	9.4	4	Non-Poor		-2.07	
38	M	10/11/2010	4	10.2	7	Poor		3.47	
39	F	21/11/2009	16	9.8	4	Poor		0.06	
40	M	10/3/2010	12	7.0	4	Non-Poor		-2.91	
41	F	12/9/2008	30	8.4	3	Poor		-3.44	

WHO Weight-for-Age Reference Table

World Vision

Day 2 Session 15

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

World Vision

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.

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

Initial Assessment Worksheet

World Vision

Day 2 Session 15

DATE .... ADP .... DISTRICT .... COMMUNITY NAME ....

No.	Date of Survey	Child's Name	Sex (M/F)	Caregiver's Name	DOB (dd/mm/yyyy)	Age (Months)	Birth Order	Odema (Y or N)	Weight (kg)	Nutritional Status (Indicate Colour)	MUAC (<115mm) (Green, Yellow, Red)	Wealth Rank (Poor, Non-Poor)	Classification (PD, ND, NPD)	PDI HHs
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
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18														
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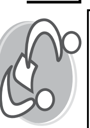

Model Matrix for Focus Group/Guided Discussion on Feeding Practices for Children under Three Years

DATE .... ADP .... DISTRICT .... COMMUNITY NAME ....

Child's Age	**Foods given,** including breastmilk and other liquids (name or pictures)	**Amounts** (bowl, cup, can, fist, spoonful)	**Frequency** (daily, weekly, rarely)	**Food taboos** (forbidden foods)	**Comments** Why?
Newborn					
0–5 months					
6–8 months					
9–11 months					
12–23 months					
≥24 months					
When child is sick					
When recovering					

Market Survey for PD/Hearth (Cost Variance)

World Vision

Day 2 Session 16

DATE .... ADP .... DISTRICT .... COMMUNITY NAME ....

FOOD	RAW						
	Units of Smallest Quantity Purchased	High Season (Months)	Cost during High Season ( )	Cost per 100 gram*	Low Seasons (Months)	Cost during Low Seasons ( )	Cost per 100 gram*

* NOTE: Do not fill out these columns while out in the field/market. Calculate and fill out these columns when you are back at the office or training site

Market Survey for PD/Hearth (Quantity Variance)

DATE .... ADP .... DISTRICT .... COMMUNITY NAME ....

FOOD	**RAW**						
	Cost of Smallest Quantity Purchased	**High Season (Months)**	**Quantity during High Season ( )**	**Cost per 100 gram***	**Low Seasons (Months)**	**Quantity during Low Seasons ( )**	**Cost per 100 gram***

NOTE: Do not fill out these columns while out in the field/market. Calculate and fill out these columns when you are back at the office or training site

HANDOUT 16.3

Seasonal Calendar for PD/Hearth

World Vision

Day 2 Session 16

DATE .... ADP .... DISTRICT .... COMMUNITY NAME ....

Items (e.g. foods available, diseases, etc.)	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

(Participants are to create their own questions and guidelines for use in the field visit.)

House Visits

1. Be wise; respect the family.
2. Don't ask why they are poor.
3. Point out that you are here to learn, not to criticise.
4. Introduce yourself, congratulate the family on its good work, and ask permission to observe.
5. Make sure the information collected regarding child information (e.g. age, birth order, wealth ranking, etc.) is correct to ensure the child is a PD child.
6. Spend two to three hours in each PD house. It is good to go during a meal time to observe the child's feeding practices, but ensure you do not disturb the family.
7. Try to engage both the caregiver and grandmother (if present) while conducting the visit.
8. Conduct a 24-hour diet recall on the food the child ate yesterday. Fill out form.

24-Hour Dietary Recall Question Guide

1. What is the first thing the child ate yesterday after waking up?
2. How much did you give (of each feed)? How much of it did the child eat? Can you show me the bowl the child used?
3. How did you prepare the food? Fried? Boiled? Steamed?
4. What did you add? Any oil? Vegetables?
5. Did the child eat anything else?
6. Did the child drink anything?
7. What is the next time the child ate? What? How much? How prepared? What else did the child eat?
8. Did the child get anything else between first and second meal? And between second and last meal? (Note: food quantity, frequency and consistency).

Good Food/Feeding

1. Is the child breastfeeding? If not, at what age did the mother wean the child?
2. What foods is the child being fed today?
3. Who decides what the child will eat? What role do other family members play in child feeding decisions?
4. How many times did you see the child eat or drink?
5. Where does the family buy food? Who buys the food? How much money is spent on food each day?
6. How many meals and snacks does the child eat a day?
7. Are there any foods the caregiver does *not* give the child?

Sample Guiding Questions for Conducting a PDI

Good Child Care (try to observe without asking)

1. Who is the primary caregiver of the child?
2. What roles do other family members play in caring for the child?
3. Who is in the house during the day?
4. Does the caregiver take the child to the vaccination post? How often? Is the child on schedule?
5. Does the caregiver or others play with the child? How? How often?
6. How is the child disciplined? By whom?
7. What does the caregiver do to encourage the child to eat if he or she doesn't want to?

Good Health Care (ask for health card, ask caregiver questions)

1. How do you know when your child is sick?
2. Was the child sick in the past six months? If so, how many times?
3. What illnesses has the child had?
4. When the child was sick, what did you do? Did you feed the child anything differently?
5. What steps do you take to prevent illnesses?

Good Hygiene (observe body, food and environment)

1. Is the house clean? Is the kitchen clean?
2. Are the people clean?
3. If there is a latrine, how does it look?
4. Make observations about the water source.
5. Do pigs, mules, dogs or other animals go in and out of the house?

Observation Checklist

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Questions	Remarks
Personal Hygiene	
Wash hands before/after?	
Plates washed?	
Nails	
Shoes	
Clothes	
Food preparation	
Handwashing (Check for soap and running water)	
Washing the food before cutting or cooking	
Food/water covered (before and after cooking)	
Household measures used (e.g. size of cup, spoon sizes, do they use fist sizes?)	
Home Environment	
Food availability (gardens)	
Animals present (cage, play with children?)	
Storage facilities (for water, food)	
Household waste management	
Toilets (cleanliness, distance, type)	
Water (boiled/filtered, distance, source)	
Interaction between caregiver and child	
Loving and caring behaviour	
Playing with the child	
Feeding Practices	
Does child pick up food from ground and eat it?	
Do you help the child to eat and watch child eating?	
Amount of food the child is eating?	
How many times do you feed per day?	
Feeding Practices **Health Seeking Practices**	
Do you see any ORS packets?	
Do you see an ITN? Is it in good condition?	
Do you feed the child differently when the child is sick (e.g. more or less food; more or less liquid; feed more frequently)?	

HANDOUT 18.3

Results and Observations from the PDI

World Vision

Day 2 Session 18

DATE .... ADP .... DISTRICT .... COMMUNITY NAME ....

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

Examples of Learning Opportunities through PD/Hearth Activities

Arrival of caregivers and children/attendance

- Volunteer gives positive reinforcement for good hygiene.
- Volunteer asks how things are going at home – troubleshoot and share observations.

Collect food contribution

Discuss:

- Cost and sources of nutritious food
- Food variety, healthy choices
- Safety of food, proper storage
- Where foods can be found, gathered
- Food production/home gardens

Hand washing/hygiene

Discuss:

- Modelling proper hand-washing technique
- Use of soap
- Times when hand-washing is important
- Reason to wash hands: bacteria/germs contribute to illness/diarrhoea
- Treatment of diarrhoea/illness, when to seek health care
- Immunisation, deworming
- Nail cutting
- Orientation to personal hygiene
- Latrine use
- Use of shoes

Snack

Discuss:

- Frequency of snacks and meals
- Why to feed children four to five times a day
- Healthy snacks that require little or no preparation
- Consistency of food
- Food groups and nutritional value of food
- Including a variety of food in a day
- Breastfeeding
- Food storage

Cooking the menu

Discuss:

- Nutritional value of food
- Sources of affordable food: food production/home gardens, barter, collecting wild fruits
- Variety of food
- Good cooking techniques
- Food hygiene and safety, storage
- Promoting thick consistency of food
- Palatability and appetising appearance
- Importance of feeding children four to five times a day
- Hearth is an extra meal

Examples of Learning Opportunities through PD/Hearth Activities

World Vision

Child stimulation/play

Discuss:

- Modelling play and care of children
- Motor-skill development
- Cognitive development
- New ways to stimulate children – singing, dancing, clapping games, etc.
- Social skills/sharing/cooperation
- Appropriate touching/affection

Feeding children

Discuss:

- Active, responsive feeding
- Content of foods (colours, nutrients)
- PD foods and why they are good
- Importance of meal frequency (four to five times a day)
- Breastfeeding
- Portion sizes
- Troubleshooting feeding problems
- Food taboos
- Stimulating a child's appetite

Planning for the next day

Discuss:

- Local and affordable foods, including the PD foods.
- Quantity of food
- Food combinations – variety, colour
- Nutrient value of food – importance of variety
- Where to find foods
- Planning menus and budgets

Cleaning up

Discuss:

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

Calories: **600–800 (500–600*)**

Protein: **25–27g (18–20g*)**

Vitamin A: **300 µg RAE (RAE=retinol activity equivalent)**

Iron: **8–10mg**

Zinc: **3–5mg**

Vitamin C: **15–25mg**

*Amounts in parentheses are the minimum for a region with food insufficiency; recuperation will take longer with these amounts (see CORE PD/Hearth Guide, p. 114).

Note: *The vitamin A requirement has been updated since the publication of the CORE PD/Hearth Guide and PD/Hearth Addendum to use the currently accepted measure of Retinol Activity Equivalents (RAE). Make sure that the food composition tables you use lists vitamin content as µg RAE, not RE or IU (conversion rate: 1µg RAE = 3.3 IU).*

Directions for the Menu-Preparation Exercise

Each group can go to the 'market area' (where the food and utensils are laid out) and take different foods for its menu. The menu includes one snack as well as the meal:

- Take the amount you think a small child would eat. Remember that a child's stomach is no larger than the child's fist.
- Note the cost per gram of the food you take.
- After weighing your group's choices, put the foods on a plate.
- Use the 'Food Composition Table' to calculate nutrients and complete the menu-planning form. (Refer to the CORE PD/Hearth Guide, page 116, which discusses how to use a food composition table to calculate nutrients.) The snack must be included. It may take several adjustments to get the menu right.
- Calculate the cost per gram used of each ingredient. Then add up the total cost of the menu for one child.
- Using common household measures, measure the portion each child will eat. This will be the serving size that each child receives during the Hearth sessions.
- Convert the cooked amount of food to a raw amount. For rice, divide the cooked volume by 2 to get the uncooked measure. For example, 60g of cooked rice divided by 2 equals 30g of uncooked rice.

Conversion of cooked food in grams to raw food in grams:

Cooked rice, divide by 2

Cooked beans, lentils, pulses, divide by 2

Cooked porridge, divide by 2.5

Cooked green leaves, multiply by 1.4

- Change the gram amounts to household measures by measuring the quantity of each ingredient weighed into a common household measure (cup, spoon, tin, palm of hand, etc.).
- For example, weigh out 30g of uncooked rice and put it into a cup that would be found in households or measure it by the handful, if that is more common.
- Write the household measure for each food on the calculation sheet.
- Each caregiver or caregiver-grandmother pair will contribute this amount of raw ingredients for their child(ren) at each Hearth session.
- When satisfied with the calculations on nutrients and cost, fill in a clean copy of the menu-planning form to display with the plate.

PD/Hearth Menu Exercise
Food Composition Table (per 100g of edible portion)

Food (English)	Kcal	Protein (g)	Vitamin A RAE (mcg)	Vitamin C (mg)	Iron (mg)	Zinc (mg)	Cost	Source*
1. Grains, Roots, and Tubers								
Cassava, boiled	165	1.2	1	13	1.4	0.2		1
Cassava, dried, raw	351	2.1	2	68	3.8	0.8		1
Cassava, raw	157	1.1	1	31	1.7	0.2		1
Maize flour, whole grain, yellow	361	6.93	11	0	2.4	1.7		5
Maize or Sorghum Ugali	110.3	3	2.1	0	1.3	0.5		7
Maize, white, whole, boiled	139	3.5	1	2	1.2	0.5		1
Maize, white, whole, dried, raw	363	9.2	3	8	3.2	1.4		1
Maize, yellow, boiled	136	3.6	35	1	1.6	0.6		1
Maize, yellow, dried, raw	354	9.4	101	4	4.2	1.7		1
Millet flour	373	10.75	0	0	3.9	2.6		5
Millet, whole grain, boiled	144	4.1	0	0	6.4	0.6		1
Potato, boiled	74	1.8	2	11	0.8	0.3		1
Rice Flake, water soaked	356	1.1	0	0	2.0	0.4		9
Rice noodle (mee suah)	320	9.10	0	0	1.6	0.7		10
Rice noodle, fermented	106	1.40	0	0	0.1	0.2		10
Rice steamed, white	131	2.20	0	0	0.4	0.6		10
Rice, brown, boiled	135	3	0	0	0.7	0.7		1
Rice, white, boiled	133	2.8	0	0	1.0	0.4		1
Rice, white, fried	370	6.81	0	0	1.6	1.2		10
Rice, white, raw	355	6.80	0	0	1.2	0.5		10
Rice, white, soaked	370	6.81	0	0	1.6	1.2		10
Sorghum flour	361	7.87	0	0	3.0	1.4		5
Sorghum, whole grain, boiled	153	4.6	2	0	3.6	0.6		1
Steamed sticky rice (white), grilled	229	4.60	0	0	0.1	0.2		10
sticky rice (white), steamed	229	4.60	0	0	0.3	1.0		10
Sweet Potato, boiled	101	1.7	789	15	1.7	0.3		1
Taro, boiled	100	1.9	4	3	0.9	0.2		1
Wheat flour, white	347	10.7	0	0	2.0	4.0		1
Wheat noodle (waiwai), instant	456	10.5	0	0	1.6	1.8		10
Yam, boiled	101	1.7	2	5	1.0	0.2		1
2. Legumes and Nuts								
Beans, kidney, boiled without salt	127	8.67	0	1	2.2	1.0		5
Beans, raw	32	2.4	54	18	1.0	0.3		1
Beans, yellow, cooked, boiled without salt	144	9.16	0	2	2.5	1.1		5
Cashewnut, raw	589	20	0	0	6.4	4.6		7
Chickpea, boiled without salt	164	8.86	1	1	2.9	1.5		5
Chickpea, dry	364	19.3	3	3	6.2	3.4		5
Coconut water	22	0.3	0	2	0.1	0.1		1
Coconut, mature, fresh, raw	387	3.2	0	2	2.5	0.9		1
Cowpea, Leafy tips, boiled and drained	22	4.67	29	18	1.1	0.2		5
Cowpea, seeds, black, dried, boiled	116	7.73	2	0	2.5	1.3		10
Groundnut, dried, raw	578	24.1	2	1	4.3	1.9		1
Groundnut, dried, roasted (also gnut flour)	567	25.8	0	0	4.6	1.7		6
Groundnut, fresh, boiled	236	10.8	0	0	1.9	1.0		6
Groundnut, fresh, roasted	374	17	0	0	3.0	1.1		6
Groundnut, seeds, dried, raw	577	24.8	0	1	2.3	2.8		1

PD/Hearth Menu Exercise
Food Composition Table (per 100g of edible portion)

World Vision

Day 4 Session 26

Food (English)	Kcal	Protein (g)	Vitamin A RAE (mcg)	Vitamin C (mg)	Iron (mg)	Zinc (mg)	Cost	Source*
2. Legumes and Nuts (continued)								
Lentils, boiled without salt	116	9.02	0	2	3.3	1.3		5
Lentils, raw	353	25.8	0	0	7.5	4.8		5
Mongogo Nut, Bok Nut	659	26.00	0	0	3.7	4.0		
Mung Bean, boiled without salt	105	7.02	1	1	1.4	0.8		5
Mung Bean, dried	324	22	19	0	8.0	0.8		2
Soya bean, boiled without salt	173	16.64	0	2	5.1	1.2		5
Soya bean, dried, raw	397	33.2	9	0	8.3	4.7		1
Soya bean, dry roasted	451	39.58	0	5	5.0	4.8		5
Soya bean, roasted without salt	471	35.22	0	2	3.9	3.1		5
3. Dairy Products (milk, yoghurt, cheese)								
Breastmilk, human, mature, raw	69	1.1	62	1	0.2	0.3		1
Milk UHT, Thaidenmark brand (non-fortified)	67	3.30	41	0	0.1	0.3		10
Milk, cow, powder, whole	492	25.3	295	12	0.7	4.0		1
Milk, cow, whole, raw	75	3.7	39	2	0.1	0.4		1
Milk, goat, whole, raw	69	3.4	35	2	0.1	4.0		1
Milk, instant, Anmum brand (fortified)	77	3.20	93	22	2.6	2.2		10
Yoghurt, drinking, foremost brand	84	1.50	14	3	0.1	0.3		10
Yoghurt, wholemilk, natural	75	3.5	33	1	0.1	4.0		1
4. Flesh Foods (Meat, Fish, Poultry, and liver/organ meats)								
Anchovy (small fish), fillet, raw	123	18.4	15	0	3.3	1.7		1
Anchovy, fillet, grilled	668	27.6	20	2	3.8	2.5		1
Anchovy, fillet, steamed	542	22.4	16	2	2.9	2.1		1
Beef ball, blanched	84	16.5	7	1	5.0	0.0		10
Beef internal organ barbecue	94	14.0	2357	9	5.0	2.0		10
Beef intestine, raw	109	16.4	10	0	3.1	2.0		10
Beef liver, grilled	133	20.3	3841	18	10.1	3.9		10
Beef liver, pan-fried	175	26.52	7744	1	6.2	5.2		5
Beef liver, raw	135	20.36	4968	1	4.9	4.0		5
Beef lung, raw	84	16.0	95	6	6.1	1.7		10
Beef spleen, raw	95	18.2	103	29	0.7	2.1		10
Beef stomach, raw	102	11.0	0	0	1.9	1.3		10
Beef, blanched	150	20.0	2	0	3.0	5.0		10
Beef, dried, grilled	479	38.3	3	0	11.8	3.9		10
Beef, dry, fried	479	38.3	3	0	11.8	3.9		10
Beef, grilled	190	38.5	3	0	4.9	7.6		10
Beef, ground, 20% fat, pan-broiled	246	24.04	0	0	3.6	6.1		5
Beef, ground, 20% fat, raw	254	17.17	0	1	1.9	4.2		5
Beef, raw	273	17.2	3	0	2.3	5.3		10
Chicken, roasted	210	23.8	0	0	0.8	1.5		10
chicken gizzard, raw	102	20.2	34	3	3.1	3.2		10
Chicken heart	112	15.8	75	6	4.0	5.5		10
Chicken Liver	114	16.9	3296	18	9.0	2.5		9
Chicken liver, boiled	121	18.6	3178	14	7.3	3.2		10
Chicken liver, grilled	121	18.6	3273	14	7.3	3.1		10
Chicken liver, raw	121	18.6	3710	14	7.3	3.0		10
Chicken, boiled	193	28.6	5	1	0.6	1.0		10

Food (English)	Kcal	Protein (g)	Vitamin A RAE (mcg)	Vitamin C (mg)	Iron (mg)	Zinc (mg)	Cost	Source*
4. Flesh Foods (Meat, Fish, Poultry, and liver/organ meats) (continued)								
Chicken, cooked	285	26.9	39	0	1.4	1.8		6
Chicken, flesh only, raw	136	20.6	10	0	1.2	1.0		1
Chicken, raw	186	17.3	3	0	0.5	1.0		10
Cricket	127	12.90	0	0	9.5	0.0		11
Dried small fish *(usipa)*, cooked with salt	125	17	0	0	3.3	9.1		6
Duck, roasted	373	18.5	115	0	1.3	2.1		10
Fermented fish with bone	103	13.3	3	0	5.5	3.6		10
Fermented fish, sour, fried	108	19.5	1	0	2.1	2.4		10
Frog legs, raw	73	16.40	15	0	1.5	1.0		5
Lamb, composite of retail cuts, cooked	256	24.54	0	0	1.9	4.7		5
Lamb, meat, raw	217	17.2	10	0	2.3	3.1		1
Mackerel, Pacific and jack, cooked dry heat	201	25.73	23	2	1.5	0.9		5
Mackerel, raw	133	21.1	16	2	1.8	0.5		1
Mussels, boiled	33	3.1	208	0	2.9	1.9		2
Mutton/Lamb Liver	150	19.3	8250	20	6.3	4.0		9
Nile tilapia fish, raw	96	20.1	0	0	0.6	0.3		10
Nile tilapia, roasted	128	26.2	0	0	0.7	0.4		10
Pork blood, boiled	32	7.90	26	0	25.9	0.1		10
Pork liver, grilled	125	19.2	4242	19	15.5	5.3		10
Pork liver, raw	125	19.2	6291	25	15.5	5.6		10
Pork sausage, grilled	369	19.6	14	2	1.2	2.5		10
Pork skin, raw	320	19.8	6	0	2.1	0.3		10
Pork spleen, raw	87	16.1	241	26	1.0	2.3		10
Pork, boiled	204	33.0	0	0	1.5	1.3		10
Pork, fresh, cooked	201	27.51	1	0	1.0	0.1		5
Pork, grilled	249	26.2	0	0	2.5	1.8		10
Pork, meat, approx. 24% fat, raw	289	14.5	0	0	2.0	3.2		1
Pork, meat, approx. 40% fat, raw	405	12.6	0	0	1.9	3.2		1
Pork, raw	116	21.8	0	0	1.0	1.0		10
Pork, shreded, chinese style	357	43.1	0	0	17.8	1.3		10
Prawns or shrimps, cooked in moist heat	119	22.78	0	0	0.3	1.6		5
Rabbit, meat, raw	142	20.7	10	0	0.9	1.7		1
Rabbit, stewed	206	30.38	0	0	2.4	2.4		5
Short bodied mackerel fried	236	25.7	26	2	2.4	1.0		10
Short bodied mackerel, roasted	122	21.4	27	5	1.4	0.6		10
Siamese mud carp, grilled	124	21.1	9	1	0.6	1.5		10
Snail, pond, river	74	12.10	0	0	8.7	0.0		11
Tilapia, cooked dry heat	128	26.15	0	0	0.7	0.4		5
5. Eggs								
Egg, duck, whole, boiled	150	11.8	169	0	3.4	1.2		10
Egg, hardboiled	155	12.58	149	0	1.2	1.1		5
Egg, hen, whole	159	13.2	160	0	2.8	1.1		10
Egg, hen, whole, boiled	170	13.9	164	0	3.5	1.2		10
Egg, raw	139	12.1	207	0	2.4	1.3		1
Hen egg, fried	196	13.6	219	0	1.9	1.4		10
Omelet duck egg	183	12.6	365	0	3.2	1.0		10
Omelet hen egg	259	7.00	255	0	2.2	1.6		10

PD/Hearth Menu Exercise
Food Composition Table (per 100g of edible portion)

World Vision

Day 41 Session 26

Food (English)	Kcal	Protein (g)	Vitamin A RAE (mcg)	Vitamin C (mg)	Iron (mg)	Zinc (mg)	Cost	Source*
6. Vitamin-A Rich Fruits and Vegetables								
Amaranth, boiled	21	2.11	139	41	2.3	0.9		5
Bean leaves, fresh, cooked with salt	14	1.4	192	12	1.1	0.1		6
Carrot, boiled	33	0.9	1137	3	0.7	0.6		1
Carrot, raw	35	1	1201	7	0.9	0.8		1
Cassava, fresh leaves, cooked with salt	20	2	261	12	1.6	0.6		6
Cassava, fresh leaves, raw	98	0.9	1733	370	5.6	5.0		1
Chinese cabbage blanched	21	1.70	244	33	1.6	0.2		10
Dark Green Leaves, fresh	48	5	950	100	4.0	0.8		2
Dark Green Leaves, fresh, cooked with salt	18	1.1	401	17	0.5	0.1		6
Green amaranth, small, blanched	21	2.11	278	41	2.3	0.9		10
Green amaranth, small, fresh	35	3.60	510	49	3.1	1.2		10
Horse tamarind, young leaves	85	9.20	255	7	3.4	0.6		10
Mango, ripe, fruit, raw	62	0.6	427	35	1.0	0.6		1
Moringa leaves, boiled	91	8.8	699	0	4.8	0.7		1
Moringa leaves, raw	86	8.3	738	0	6.1	0.9		1
Morning glory/Swamp cabbage, blanched	20	2.08	520	16	1.3	0.2		10
Morning glory/Swamp cabbage, fresh	31	2.90	457	28	3.3	0.5		10
Mustard green blanched	19	2.27	708	14	1.1	0.2		10
Mustard green, fermented, sour	21	1.50	161	20	1.3	0.2		10
Mustard green, stem and leaves, boiled	22	1.70	249	43	1.5	0.1		10
Mustard leaves, fresh, cooked with salt	16	1.1	213	0	1.0	0.4		6
Mustard, fresh	28	2.20	317	57	2.5	0.2		10
Okra, leaves, cooked with salt	12	0.7	260	11	0.3	0.7		6
Papaya (paw paw), fruit, ripe, raw	38	0.5	355	59	0.7	1.4		1
Pumpkin, boiled	20	0.5	201	5	0.2	0.2		6
Pumpkin, fresh leaves, boiled	11	0.6	298	11	0.5	0.4		6
Pumpkin, mature, fresh	49	1.30	170	15	0.7	0.9		10
Pumpkin, raw	36	1	250	15	0.8	0.2		2
Squash, raw	47	0.4	240	1	0.3	0.2		2
Squash, winter, all varieties, cooked without salt	37	0.89	261	10	0.4	0.2		5
Tamarind, young leaf, fresh	68	3.80	381	32	1.5	0.5		10
Taro, leaves, cooked without salt	24	2.72	212	36	1.2	0.2		5
Taro, young leaves, raw	30	2.4	389	52	2.0	0.4		1
Wildbetal Leafbush	60	4.20	258	17	4.2	1.0		10
7. Other Fruits and Vegetables								
Apple, prink, fresh	63	0.50	14	2	0.2	0.0		10
Avocado, raw	149	1.6	20	16	1.1	0.6		1
Bamboo shoots, cooked, boiled, with salt	11	1.53	0	0	0.2	0.5		5
Bamboo shoots, cooked, boiled, without salt	12	1.53	0	0	0.2	0.5		5
Banana, flowers, fresh	38	1.60	34	10	1.1	0.3		10
Banana, ripe, raw	100	1.3	19	10	1.0	1.1		1
Banana, ripe, yellow	105	1.00	15	12	0.4	0.1		10
Banana, ripe, yellow, boiled	105	1.00	13	10	0.4	0.1		10
Bean sprouts, fresh	46	4.30	5	23	1.4	0.5		10
Cabbage, blanched	29	1.50	8	32	1.0	0.3		10
Cabbage, boiled	19.8	1.3	11	21	0.4	0.2		1
Cabbage, common, fresh	29	1.50	8	32	1.0	0.3		10

PD/Hearth Menu Exercise
Food Composition Table (per 100g of edible portion)

Food (English)	Kcal	Protein (g)	Vitamin A RAE (mcg)	Vitamin C (mg)	Iron (mg)	Zinc (mg)	Cost	Source*
7. Other Fruits and Vegetables (continued)								
Cabbage, raw	26	1.6	10	54	0.6	0.2		1
Cauliflower, boiled	28	2.7	1	47	0.8	0.4		9
Chayote, boiled	21	0.60	6	10	0.4	0.3		10
Chayote, fruit, fresh	21	0.60	6	10	0.4	0.7		10
Chilli pepper, hot, red, fresh	75	3.00	156	142	1.2	0.4		10
Cilantro	23	2.13	337	27	1.8	0.5		2
Coriander, fresh	33	2.50	431	34	2.6	0.2		10
Cucumber, fresh	23	0.80	9	12	0.4	0.2		10
Cumcumber	95.5	0.7	3	0	0.5	0.2		1
Dill, fresh	34	3.10	201	40	2.3	0.7		10
Eggplant, boiled without salt	35	0.83	2	1	0.3	0.1		5
Eggplant, raw	28	1.1	12	6	0.9	1.6		1
Eggplant/brinjal, green, fresh	37	1.50	10	8	0.9	0.2		10
Fennel common leaves, fresh	42	2.50	867	23	2.3	0.2		10
Fig, raw	78	1.4	79	15	6.0	1.5		1
Garlic, fresh	51	2.10	0	10	0.7	0.4		10
Garlic, raw	136	6.1	0	18	1.5	0.6		1
Ginger, raw	72	1.9	0	5	1.1	0.4		9
Guava, fruit, raw	58	1	95	281	1.4	1.8		1
Hairy basil, fresh	39	2.80	279	18	2.1	0.6		10
Jackfruit, raw	94	1.7	18	9	0.6	0.1		2
Lemon grass, fresh	78	0.80	3	1	2.0	0.5		10
Lemon, fruit, raw	36	0.7	2	46	0.6	0.1		1
Lemon, juice	29	1.1	3	53	0.6	0.1		4
Light/Pale Green Leaves, fresh	23	1.5	47	40	0.5	0.8		2
Mango, unripened, fruit, raw	55	0.5	10	86	1.4	0.6		1
Mint, leaf	42	2.90	467	84	4.1	0.8		10
Mushrooms, portabella, grilled	29	3.28	0	0	0.4	0.7		5
Okra, fresh, boiled	21	1.1	38	5	0.8	0.4		6
Okra, fresh, raw	31	1.7	72	29	0.9	3.0		1
Onion	50	1.60	0	8	0.7	0.2		10
onion, cooked	44	1.36	0	5	0.2	0.2		5
Onion, raw	32	1.1	1	7	0.5	0.2		1
Orange, raw	45	0.8	17	47	0.1	0.1		1
Orange, sweet, fresh	52	0.50	6	65	0.4	0.7		10
Pak kha yeng, raw	32	1.50	18	5	5.2	1.0		10
Passion Fruit	94	2.4	64	17	1.2	0.0		3
Pineapple, raw	56	0.4	15	31	0.5	2.2		1
Pomelo (grapefruit), raw	34	0.8	40	44	0.6	0.1		4
Radish, boiled	24	1.2	0	9	0.5	0.4		9
Radish, raw	18	0.9	0	17	0.4	0.4		9
Rumbutam, fresh	69	0.90	0	43	0.7	0.1		10
Shallot, bulb	67	1.70	1	9	0.9	0.3		10
Spring onion, fresh	44	2.20	475	42	2.3	0.4		10
Star fruit	32	0.60	10	29	0.7	0.0		11
Tamarind, fruit, raw	60	2.2	2	10	0.7	0.0		1
Tiliacora triandra diels	95	5.60	329	141	7.0	0.6		10

PD/Hearth Menu Exercise
Food Composition Table (per 100g of edible portion)

World Vision

Day 4 Session 26

Food (English)	Kcal	Protein (g)	Vitamin A RAE (mcg)	Vitamin C (mg)	Iron (mg)	Zinc (mg)	Cost	Source*
7. Other Fruits and Vegetables (continued)								
Tomato, fresh	25	1.00	88	29	0.9	0.2		10
Tomato, raw	21	1	127	29	0.9	12.0		1
Tomato, red, ripe, cooked	18	0.95	24	23	0.7	0.1		5
Watermelon, fruit, raw	30	0.5	62	7	0.2	0.1		1
Yard long bean, green, fresh	40	2.60	41	20	0.8	0.5		10
8. Fats and Oils								
Butter, cow's milk	700	1	1060	0	0.2	0.1		1
Coconut oil	900	0	0	0	1.5	0.0		1
Ghee, cow	898	0	0	0	0.2	0.0		9
Groundnut oil	903	0	0	0	0.0	0.0		1
Mustard oil	900	0	0	0	0.0	0.0		9
Palm oil	895	0	0	0	0.4	0.0		1
Vegetable oil	884	0	0	0	0.0	0.0		4
9. Miscellaneous								
Fermented fish, liquid	13	1.20	3	0	2.9	0.1		10
Fish souce	48	5.40	5	1	2.4	0.2		10
Honey	322	0.3	0	2	0.6	2.0		1
Horse tamarind, seeds	152	11.8	34	2	4.3	1.4		10
Jaggery	383	0.4	160	0	11.1	0.0		8
Lemon, juice, fresh	24	0.50	1	25	0.1	0.1		10
Oyster sauce	73	2.90	6	7	1.1	0.1		10
Pumpkin seeds, without shell, roasted	594	25.6	0	0	6.0	8.0		11
Salt	0	0	0	0	0.3	0.1		5
Sesame seeds, white, roasted	682	26.1	0	0	13.0	7.2		10
Shrimp paste	85	4.60	21	0	2.2	1.1		10
Sprinkles (per sachet)	0	0	300	30	12.5	5.0		8
Sugar (white), not fortified	369	0	0	0	0.2	0.1		1
Tumeric, dried	335	6.9	1	0	33.2	3.8		9
Vinegar	27	0.2	0	0	0.5	0.0		1
10. Additional Foods								
Banana Porridge	105.3	0.6	65.6	9	0.4	0.1		7
Cassava Stiff Porridge	140	2.7	1.4	7	1.2	0.6		7
Coconut juice, fresh	37	0.10	0	5	0.1	0.2		10
Coconut milk	185	1.90	0	2	0.6	0.5		10
Deep fried banana with powder	373	2.00	11	8	0.4	0.1		10
Maize Porridge (with oil)	414.4	16.9	0.6	1	5.6	2.6		7
Porridge, white rice, boiled	59	4.10	0	0	0.1	0.2		10
Soy milk, Lactasoy brand	82	2.50	40	0	0.4	0.1		10

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Sample Menu-Planning Form

Menu A:

Food	Home Measure	Quantity (g)	Calories (Kcal)	Protein (g)	Vit. A (µg RAE)	Vit. C (mg)	Iron (mg)	Zinc (mg)	Cost/amount	Quantity for Raw Amount
Hearth Requirements		250–300	600–800	25–27	300	15 –25	8–10	3–5		

Menu B:

Food	Home Measure	Quantity (g)	Calories (Kcal)	Protein (g)	Vit. A (µg RAE)	Vit. C (mg)	Iron (mg)	Zinc (mg)	Cost/amount	Quantity for Raw Amount
Hearth Requirements		250–300	600–800	25–27	300	15 –25	8–10	3–5		

User Guide for the PD/Hearth Menu Calculation Tool

The PD/Hearth Menu Calculation Tool is developed to aid in designing low cost and nutrient-dense menus for Hearth sessions using local foods/ingredients that are easily accessible and available to community members. Based on the PDI findings and the market survey, 2-4 Hearth menus with a snack and a meal for each menu will be developed for each community using PD food(s) and locally sourced ingredients. To quickly rehabilitate children from malnutrition, Hearth menus need to meet optimal calorie and nutrient requirements[1]. Particularly, this Tool is useful in checking whether the meal and snack meet the requirements. Also it simplifies other calculations such as the total cost and quantity of ingredients required for all the children attending Hearth as these can be generated automatically.

The PD/Hearth Menu Calculation Tool has six tabs/worksheets: Introduction; Instructions; Master; Menu Day 1; Menu Day 2; Menu Day 3.

Tab 1 – Introduction: Contains a background information on the rationale for the Tool including who should be using this Tool and how it should be used.

Tab 2 – Instructions: Contains a step-by-step detailed guide on how to use the Master and Menu worksheets. Please refer to this worksheet as you design the Hearth menus.

Tab 3 – Master: Contains a Food Composition Table with the nutritional breakdown of 100 grams of edible portions of foods in terms of energy (Kcal), protein (g), Vitamin A RAE (mcg), Iron (mg) and Zinc (mg). The foods are categorised in 10 food groups: 1. Grains, roots, and Tubers; 2. Legumes and nuts; 3. Dairy products; 4. Flesh foods; 5. Eggs; 6. Vitamin A rich fruits and vegetables; 7. Other fruits and vegetables; 8. Fats and oils; 9. Miscellaneous; and 10. Additional foods (In cases where local food items are missing from this Master list, missing foods can be added to 'Additional foods' group by copying the energy and nutrient values from another food composition table).

Tab 4 – Menu Day 1: Contains a Menu Planning Form (calculates the menu requirements for ONE CHILD) and a table that allows automatic calculation of the cost and quantity of each ingredient required in the menu to feed 'X' number of children, depending on the number of participating children in Hearth sessions. The total cost of the menu for all children is also given.

Tabs 5 and 6 – Menu Day 2 and Day 3: Contains additional worksheets (same format as Menu Day 1) to create different menus. Most Hearth sessions should have at least 2 Hearth menus. You should consider changes in food availability or affordability at different seasons (e.g. dry vs. rainy season) when designing Hearth menus. For example, you may want to create a menu for each season. Also, you could inform caregivers of foods you could replace certain ingredients with so that they will be able to continuously use the Hearth menu to feed their children during various seasons.

Step-by-Step Instructions:

Based on the PDI findings and the market survey results, create Hearth menus.

1. (Master worksheet) Enter cost of each food in Cost for Raw Foods column identified from the market survey. Please note that cost should be entered per 100g of edible portion of the raw food (See Step 1 of the Instructions sheet for an example).

2. (Menu Day 1 worksheet) In the Menu Planning Form, use the drop down option to select the food group of choice and then use the drop down option to select the ingredient/food under the Food column, placing each ingredient under appropriate headings (i.e. Meal or Snack).

3. (Menu Day 1 worksheet) Enter quantity in grams for each ingredient under the Quantity (grams) column. Please note that this amount is 'cooked' values in grams that will be used in the menu for ONE child. See Step 3 of the Instructions sheet for how to estimate the amount of ingredient keeping in mind the cook/raw conversions.

4. (Menu Day worksheet) Repeat Step 2 and 3 for each food you will use. You can also enter the household measure for the ingredients for the raw amounts indicated in the Raw Quantity (grams) column.

5. (Menu Day worksheet) Once you finish entering all the ingredients/foods for the menu, you can check at the bottom of the Menu Planning Form to see whether you have met or exceeded the Hearth menu requirements.

   a. The total values for each nutrient, cost, and 'cooked' quantity of ingredients in the menu for one child are calculated automatically in the row number 36. Depending on the values displayed under each column, you may need to adjust quantity of each ingredient or select different ingredient to develop optimal Hearth menus.

   b. You can check by comparing the total values for each column against what is displayed in each column heading. Or, in the subsequent row, any discrepancies or differences between the total value of each nutrient in the menu and the amount of the same nutrient required in Hearth menu are available. If the menu meets all the nutrient requirements, then all the numbers in red/bracket will be "0". Try to adjust the quantities and/or types of foods included in the menu until you reach something very close to the required amount of nutrient.

   c. The values in red/bracket indicate that these nutrients need to be increased by adding foods/ingredients that are high in these nutrients. For example, if the cell under the Iron column has "(3.50)", then you would need to increase amount of iron by 3.50 mg, by increasing quantity or adding iron rich foods like chicken or fish, still being mindful of the cost.

   d. Also the total quantity of 'cooked' foods should not be too much considering that a child has a small stomach (the size of a child's fist) and will not be able to eat a large volume of food at one sitting. Thus, depending on the total quantity (grams), you may need to select more nutrient dense food. For example, instead of selecting rice you may opt to select groundnut which will have more calories and proteins per gram basis.

6. (Menu Day worksheet) To calculate the total cost and quantity of ingredients required for the total number of children participating in Hearth sessions, enter the number of children who will be eating in a designated cell in the table below the Menu Planning Form chart. Also, determine a household measure for raw food amounts required for each ingredient from the Raw Quantity in grams column so that volunteers will know how much of uncooked ingredients will be needed for the Hearth menu. See Step 5 of the Instructions sheet for additional details.

Follow-up Cases

1st case: Aisha is three years old, and an only child. After two Hearth sessions, she has gained 800 grams but is still moderately 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. The grandmother is taking care of Aisha during her pregnancy and advising her to continue feeding Aisha with what they learned at Hearth. The grandmother is confused that her daughter-in-law is discouraged and that the volunteers say that Aisha is still malnourished when she is looking very healthy, active and growing well.

2nd case: Tobir Village has many malnourished children, and Hearth sessions are proceeding well. However, some segments of the population are semi-nomadic, moving with the seasons to find work. Though these caregivers 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.

3rd case: Daniel is 23 months old. He and his mother (who also has two older children) just completed one Hearth session. His weight has not improved. The supervisor suspects, from her home visits, that the mother is preparing some extra food but sharing it with the whole family. The grandmother may support sharing the extra food with the entire family too.

4th case: During the sessions Budi gained 500 grams. By the end of the follow-up period he had lost the 500 grams.

Checklist of Materials Needed for PD/Hearth Sessions (Job Aid)

World Vision

HANDOUT 32.1

Checklist of Materials Needed for PD/Hearth Sessions

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/Hearth Menu and Cooking Materials Tracking Sheet (Job Aid)

World Vision

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						

PD/Hearth Menu and Cooking Materials Tracking Sheet (Job Aid)

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						

HANDOUT 32.3A

Child Registration and Attendance Form

World Vision

Day 5 Session 32

ADP Name .... Village Name .... Name of Hearth ....

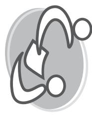
Hearth Session Dates (dd/mm/yyyy): From .... To .... Number of Children Participating .... Name of Volunteer ....
....

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

#	Attendance for Hearth Participant Child AND Primary Caregiver*											
	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 (✓) if the PD/Hearth child AND Primary Caregiver attended the Hearth session for the corresponding day.

Child Registration and Attendance Form (including Grandmothers)



ADP 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)	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*											
	1	2	3	4	5	6	7	8	9	10	11	12
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 (✓) if the PD/Hearth child AND Primary Caregiver attended the Hearth session for the corresponding day.

Hearth Register and Monitoring Form

World Vision

Day 5 Session 32

ADP 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)											
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

World Vision

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.

Volunteer Home Visit Form

World Vision

Day 5 Session 32

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							

Supervision of PD/Hearth Session

World Vision

HANDOUT 32.6

Day 5 Session 32

Village Name .... Hearth Name ....

Volunteer's Name(s) ....Today's Date..

OBSERVATION LIST	Day #	Day #	Day #	COMMENTS
Answer with Yes (Y) or No (N) or Somewhat (S) or a number where appropriate. Add comments to explain answers.				
Location of Session:				
Water is from safe source (borehole or protected well or protected spring)				
Water is treated (Boiled/ chlorine)				
Toilet/latrine available				
Handwashing station with soap exists (e.g. tippy tap)				
House is clean				
Food utensils are clean				
Session Is conducted by volunteers and/or lead mother				
Primary caregivers are assigned roles during Hearth				
Primary caregivers are the ones cooking the meal				
Primary caregivers can tell you how to cook Hearth menu for one child (using household measures)				
Number of caregivers attending				
Number of children attending				
Evidence of community participation/support				
Hand Washing is practised: by caregivers				
by children				
Number of caregivers who bring contribution to meal				
Menu used based on local and affordable food				
Menu is nutrient dense				
Food is prepared according to menu				
Consistency of Hearth meal is thick enough to slowly run on a spoon (not runny like water)				
Snack is given to children as the caregivers cook the Hearth meal				
Caregivers can recite different types of protective, body building and energy-giving foods				
Number of caregivers present and actively participating:				
in food preparation				
in child care				
in discussion of key messages				
Size of portion served is age appropriate				
Number of caregivers who actively feed their child				
Number of children who eat entire portion				
Number of children who are offered more food				
Key message discussed during PD/Hearth supervision visit				
Caregivers express being motivated by changes in child				
Caregivers can say what to do when child is sick				

HANDOUT 32.7

PD/Hearth Annual Report

World Vision

Day 5 Session 32

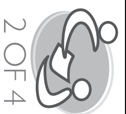
PD/Hearth ADP Facilitator ____________	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	Total
In PD/Hearth Session (12 days) Weight gain (in grams) # of children	# of children												
Catch up (graduation): ≥ 200g													
Inadequate: < 200g													
Total # of children weighed													
Referrals													
Defaulters													
Deaths													
In Rotation at 1 month (12 days + 2 weeks follow up) Weight gain (in grams)	# of children												
Catch up (graduation): ≥ 400g													
Inadequate: <400g													
Total # of children weighed													
Referrals													
Defaulters													
Deaths													
Non-responders													
Follow up at 3 months post hearth	# of children												
Adequate weight gain ≥ 900g													
Inadequate weight gain < 900g													
Total # of children weighed													
Referrals													
Defaulters													
Deaths													
Non-responders													
Follow up at 6 months post hearth	# of children												
Green													
Yellow													
Orange													
Red													
Total # of children weighed													
Defaulters													
Deaths													
Non-responders													
Follow up at 12 months post hearth	# of children												
Green													
Yellow													
Orange													
Red													
Total # of children weighed													
Defaulters													
Deaths													
Non-responders													
Total number of Re-admissions													
Round/Session #2													
Round/Session #3													

Monitoring Case Study Data Sheet

#	Name of Child	Hearth session # for the child	Child's Sex (M/F)	Date of Birth (dd/mm/yyyy)	Age (month)	At Day 1 of Hearth			At Day 12 of Hearth				At Day 30 of Hearth					
						Date (dd/mm/yyyy)	Weight (Kg.g)	Nutritional Status (Red, Orange, Yellow or Green)	Date (dd/mm/yyyy)	Weight (Kg.g)	Weight Gain (Day12 - Day1) in kg	Gained 200g+ (Y/N)	Date (dd/mm/yyy)	Weight (Kg.g)	Weight gain (Month 1 - Day 1 weight) in kg	Gained 400g+ (Y/N)	Nutritional Status (Red, Orange, Yellow or Green)	Change in Status (Y/N)
1	Shadin	1	m	26/03/2005	24	12/03/2007	7.5		24/3/2007	8.3	0.8		12/4/2007	8.3				
2	Jenia	1	f	01/02/2006	13	12/03/2007	7		24/3/2007	7.6	0.6		12/4/2007	7.6				
3	Helena	1	f	27/08/2005	19	12/03/2007	9.8		24/3/2007	10.1	0.3		12/4/2007	9.9				
4	Kalpana	1	f	05/10/2005	17	12/03/2007	7.5		24/3/2007	7.5	0.0		12/4/2007	7.5				
5	Saidur	1	m	21/10/2005	17	12/03/2007	6.6		24/3/2007	7.2	0.6		12/4/2007	7.3				
6	Sumana	1	f	06/06/2006	9	12/03/2007	6		24/3/2007	6.2	0.2		12/4/2007	6.5	0.5			
7	Swourav	1	m	19/02/2005	25	12/03/2007	9		24/3/2007	9.3	0.3		12/4/2007	9.5	0.5			
8	Simul	1	m	17/02/2005	25	12/03/2007	7.6		24/3/2007	7.9	0.3		12/4/2007	7.5	-0.1			
9	Tanvir	1	m	15/08/2005	19	12/03/2007	8.5		24/3/2007	8.7	0.2		12/4/2007	9.0	0.5			
10	Ruman	1	m	28/04/2005	22	12/03/2007	8.9		24/3/2007	8.5	-0.4		12/4/2007	9.4	0.5			
11	Ritu	1	f	11/05/2004	34	12/03/2007	9.7	O	24/3/2007	9.9	0.2	Y	12/4/2007	10.2	0.5	Y	O	N
12	Zashim	1	m	29/01/2005	25	12/03/2007	8.7	R	24/3/2007	9.0	0.3	Y	12/4/2007	9.3	0.6	Y	O	Y
13	Bashakhi	1	f	29/04/2005	22	12/03/2007	8.8	Y	24/3/2007	9.0	0.2	Y	12/4/2007	9.2	0.4	Y	Y	N
14	Sritimoni	1	f	25/10/2005	17	12/03/2007	7.5	O	24/3/2007	7.8	0.3	Y	12/4/2007	7.8	0.3	N	O	N
15	Farjana	1	f	25/03/2006	12	12/03/2007	6	R	24/3/2007	6.5	0.5	Y	12/4/2007	7.1	1.1	Y	O	N
16	Riyon	1	m	25/01/2005	26	12/03/2007	7.9	R	24/3/2007	8.1	0.2	Y	12/4/2007	8.4	0.5	Y	R	N
17	Sharmin	1	m	23/10/2004	29	12/03/2007	9.5	O	24/3/2007	9.7	0.2	Y	12/4/2007	10.2	0.7	Y	O	N
18	Rabbi	1	f	03/09/2004	30	12/03/2007	10	Y	24/3/2007	10.3	0.3	N	12/4/2007	11.0	1.0	Y	Y	N
19	Kurban Ali	1	m	20/01/2006	14	12/03/2007	6.8	R	24/3/2007	7.0	0.2	Y	12/4/2007	7.2	0.4	Y	R	N
20	Himel	1	m	11/11/2005	16	12/03/2007	7.2	R	24/3/2007	7.2	0.0	N	12/4/2007	7	-0.2	N	R	N
21	Anika	1	f	29/03/2004	35	12/03/2007	9.8	O	24/3/2007	10.0	0.2	Y	12/4/2007	10.5	0.7	Y	O	N
22	Afra Abiyat	1	f	29/03/2004	35	12/03/2007	10.5	O	24/3/2007	10.8	0.3	Y	12/4/2007	10.9	0.4	Y	Y	Y
23	Laboni	1	f	25/11/2005	16	12/03/2007	7.3	O	24/3/2007	7.5	0.2	Y	12/4/2007	7.2	-0.1	N	O	N

Monitoring Case Study Data Sheet

World Vision

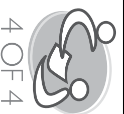


Day 5 Session 32

#	Name of Child	Hearth session # for the child	Child's Sex (M/F)	Date of Birth (dd/mm/yyyy)	Age (month)	At Day 1 of Hearth			At Day 12 of Hearth				At Day 30 of Hearth					
						Date (dd/mm/yyyy)	Weight (Kg.g)	Nutritional Status (Red, Orange, Yellow or Green)	Date (dd/mm/yyyy)	Weight (Kg.g)	Weight Gain (Day12 - Day1) in kg	Gained 200g+ (Y/N)	Date (dd/mm/yyyy)	Weight (Kg.g)	Weight gain (Month 1 - Day 1 weight) in kg	Gained 400g+ (Y/N)	Nutritional Status (Red, Orange, Yellow or Green)	Change in Status (Y/N)
24	Maruf	1	m	01/07/2006	8	12/03/2007	10.5	G	24/3/2007	10.3	-0.2	N	12/4/2007	10.9	0.4	Y	G	N
25	Shanta	1	f	04/02/2006	13	12/03/2007	6.6	R	24/3/2007	6.7	0.1	N	12/4/2007	7.0	0.4	Y	O	Y
26	Jesmin	1	f	27/09/2006	6	12/03/2007	6.8	G	24/3/2007	6.6	-0.2	N	12/4/2007	6.6	-0.2	N	Y	Y
27	Shakib	1	m	01/02/2006	13	12/03/2007	6.8	O	24/3/2007	6.9	0.1	N	12/4/2007	7.1	0.3	N	R	N
28	Shati	1	f	01/02/2006	13	12/03/2007	6.8	O	24/3/2007	7.0	0.2	Y	12/4/2007	7.2	0.4	Y	O	N
29	Nurjahan	1	m	01/04/2005	23	12/03/2007	7.4	R	24/3/2007	7.7	0.3	Y	12/4/2007	7.9	0.5	Y	R	N
30	Beauti	1	f	03/04/2005	23	12/03/2007	7.6	R	24/3/2007	7.7	0.1	N	12/4/2007	7.8	0.2	N	R	N
31	Salina	1	f	07/04/2005	23	12/03/2007	9	Y	24/3/2007	9.2	0.2	Y	12/4/2007	9.5	0.5	Y	Y	Y
32	Marjina	1	f	07/09/2004	30	12/03/2007	9.1	O	24/3/2007	6.0	-3.1	N	12/4/2007	9.1	0.0	N	R	Y
33	Alam	1	m	10/07/2004	32	12/03/2007	10.1	O	24/3/2007	10.3	0.2	Y	12/4/2007	10.6	0.5	Y	O	N
34	Shaila	1	f	18/10/2005	17	12/03/2007	7.3	O	24/3/2007	7.9	0.6	Y	12/4/2007	7.9	0.6	Y	O	N
35	Abir	1	m	14/01/2005	26	12/03/2007	9.1	O	24/3/2007	9.3	0.2	Y	12/4/2007	9.5	0.4	Y	O	N
36	Mim	1	f	05/04/2006	11	12/03/2007	6.1	R	24/3/2007	6	-0.1	N	12/4/2007	6.4	0.3	N	O	Y
37	Mamin	1	f	13/02/2006	13	12/03/2007	6.2	R	24/3/2007	6.5	0.3	Y	12/4/2007	6.7	0.5	Y	O	Y
38	Alika	1	f	27/12/2004	27	12/03/2007	8.5	R	24/3/2007	8.8	0.3	Y	12/4/2007	8.9	0.4	Y	O	N
39	Sumia	1	f	05/03/2006	12	12/03/2007	6.1	R	24/3/2007	6	-0.1	N	12/4/2007	6.0	-0.1	N	R	N
40	Nadia	1	f	03/04/2006	11	12/03/2007	10.3	G	24/3/2007	10.6	0.3	Y	12/4/2007	10.8	0.5	Y	G	N
41	Aklima	1	f	01/04/2004	35	12/03/2007	9.1	R	24/3/2007	9.3	0.2	Y	12/4/2007	9.5	0.4	Y	R	N
42	Lipa	1	f	20/04/2004	35	12/03/2007	9.6	R	24/3/2007	9.9	0.3	Y	12/4/2007	10.1	0.5	Y	O	N
43	Mahamuda	1	m	23/05/2004	34	12/03/2007	9.6	R	24/3/2007	9.8	0.2	Y	12/4/2007	9.9	0.3	N	O	Y
44	Shapna	1	f	21/03/2005	24	12/03/2007	9	O	24/3/2007	9.1	0.1	N	12/4/2007	9.5	0.5	Y	Y	N
45	Laboni	1	f	11/12/2004	27	12/03/2007	10	Y	24/3/2007	10.2	0.2	Y	12/4/2007	10.9	0.9	Y	Y	N
46	Maria mim	1	f	02/02/2004	37	12/03/2007	10.2	O	24/3/2007	10.5	0.3	Y	12/4/2007	10.9	0.7	Y	O	N
47	Arif	1	m	25/02/2005	25	12/03/2007	6.9	R	24/3/2007	7	0.1	N	12/4/2007	7.1	0.2	N	R	N
48	Rakkib	1	m	10/03/2004	36	12/03/2007	10	R	24/3/2007	11.2	1.2	Y	12/4/2007	11.1	1.1	Y	Y	Y
49	Sabekun	1	m	25/03/2005	24	12/03/2007	9	O	24/3/2007	10	1.0	Y	12/4/2007	9.6	0.6	Y	Y	Y

Monitoring Case Study Data Sheet

#	Name of Child	Child's Sex (M/F)	At 3 months (since 1st day of Hearth)						At 6 months (since 1st day of Hearth)			
			Age (month)	Date (dd/mm/yyyy)	Weight (Kg.g)	Weight gain (Month 3 - Day 1 weight) in kg	Gained 900g+ (Y/N)	Nutritional Status (Red, Orange, Yellow or Green)	Date (dd/mm/yyyy)	Weight (Kg.g)	Nutritional Status (Red, Orange, Yellow or Green)	Adequate weight for age? (Y/N)
1	Shadin	m	27	12/06/2007	8.9				12/09/2007	9.5		
2	Jenia	f	16	12/06/2007	8.2				12/09/2007	9.1		
3	Helena	f	22	12/06/2007	10.9				12/09/2007	11.7		
4	Kalpana	f	20	12/06/2007	8.8				12/09/2007	9.6		
5	Saidur	m	20	12/06/2007	6.7				12/09/2007	8.5		
6	Sumana	f	12	12/06/2007	6.9	0.90			12/09/2007	7.8		
7	Swourav	m	28	12/06/2007	10.3	1.30			12/09/2007	10.5		
8	Simul	m	28	12/06/2007	9.3	1.70			12/09/2007	9.8		
9	Tanvir	m	22	12/06/2007	9.6	1.10			12/09/2007	10.4		
10	Ruman	m	25	12/06/2007	9.6	0.70			12/09/2007	10.7		
11	Ritu	f	37	12/06/2007	11.2	1.50	Y	Y	12/09/2007	11.6	Y	N
12	Zashim	m	28	12/06/2007	10.4	1.70	Y	Y	12/09/2007	10.8	Y	N
13	Bashakhi	f	25	12/06/2007	9.7	0.90	Y	Y	12/09/2007	10.7	Y	N
14	Sritimoni	f	20	12/06/2007	8.5	1.00	Y	Y	12/09/2007	9.1	Y	N
15	Farjana	f	15	12/06/2007	7.2	1.20	Y	O	12/09/2007	7.8	O	N
16	Riyon	m	29	12/06/2007	8.9	1.00	Y	R	12/09/2007	10.4	O	N
17	Sharmin	m	32	12/06/2007	10.2	0.70	N	O	12/09/2007	10.8	O	N
18	Rabbi	f	33	12/06/2007	11.0	1.00	Y	Y	12/09/2007	11.6	Y	N
19	Kurban Ali	m	17	12/06/2007	8.3	1.50	Y	O	12/09/2007	9.5	Y	N
20	Himel	m	19	12/06/2007	7.8	0.60	N	R	12/09/2007	8.8	O	N
21	Anika	f	38	12/06/2007	11.1	1.30	Y	O	12/09/2007	12.0	Y	N
22	Afra Abiyat	f	38	12/06/2007	11.3	0.80	N	Y	12/09/2007	11.9	Y	N
23	Laboni	f	19	12/06/2007	7.7	0.40	N	O	12/09/2007	8.6	O	N



Monitoring Case Study Data Sheet

World Vision

Day 5 Session 32

#	Name of Child	Child's Sex (M/F)	At 3 months (since 1st day of Hearth)						At 6 months (since 1st day of Hearth)			
			Age (month)	Date (dd/ mm/yyyy)	Weight (Kg.g)	Weight gain (Month 3 - Day 1 weight) in kg	Gained 900g+ (Y/N)	Nutritional Status (Red, Orange, Yellow or Green)	Date (dd/ mm/yyyy)	Weight (Kg.g)	Nutritional Status (Red, Orange, Yellow or Green)	Adequate weight for age? (Y/N)
24	Maruf	m	11	12/06/2007	10.6	0.10	N	G	12/09/2007	11.2	G	Y
25	Shanta	f	16	12/06/2007	8.3	1.70	Y	Y	12/09/2007	9.9	G	Y
26	Jesmin	f	9	12/06/2007	7.2	0.40	N	G	12/09/2007	8.3	G	Y
27	Shakib	m	16	12/06/2007	7.6	0.80	N	O	12/09/2007	8.3	O	N
28	Shati	f	16	12/06/2007	6.9	0.10	N	R	12/09/2007	7.9	O	N
29	Nurjahan	m	26	12/06/2007	9.9	2.50	Y	O	12/09/2007	11.0	Y	N
30	Beauti	f	26	12/06/2007	8.7	1.10	Y	O	12/09/2007	10.4	Y	N
31	Salina	f	26	12/06/2007	9.8	0.80	N	Y	12/09/2007	10.6	Y	N
32	Marjina	f	33	12/06/2007	9.5	0.40	N	O	12/09/2007	10.3	O	N
33	Alam	m	35	12/06/2007	11.2	1.10	Y	Y	12/09/2007	12.1	Y	N
34	Shaila	f	20	12/06/2007	8.5	1.20	Y	Y	12/09/2007	9.3	Y	N
35	Abir	m	29	12/06/2007	10.3	1.20	Y	O	12/09/2007	11.1	Y	N
36	Mim	f	14	12/06/2007	7.4	1.30	Y	O	12/09/2007	8.3	Y	N
37	Mamin	f	16	12/06/2007	7.9	1.70	Y	Y	12/09/2007	8.8	Y	N
38	Alika	f	30	12/06/2007	9.5	1.00	Y	O	12/09/2007	10.4	Y	N
39	Sumia	f	15	12/06/2007	6.8	0.70	N	O	12/09/2007	7.5	O	N
40	Nadia	f	14	12/06/2007	10.8	0.50	N	G	12/09/2007	11.6	G	Y
41	Aklima	f	38	12/06/2007	10.4	1.30	Y	O	12/09/2007	11.4	O	N
42	Lipa	f	38	12/06/2007	11.1	1.50	Y	Y	12/09/2007	12.3	Y	N
43	Mahamuda	m	37	12/06/2007	9.7	0.10	N	R	12/09/2007	11.2	O	N
44	Shapna	f	27	12/06/2007	10.4	1.40	Y	Y	12/09/2007	11.5	G	Y
45	Laboni	f	30	12/06/2007	11.0	1.00	Y	Y	12/09/2007	11.8	G	Y
46	Maria mim	f	40	12/06/2007	11.5	1.30	Y	Y	12/09/2007	11.9	Y	N
47	Arif	m	28	12/06/2007	8.4	1.50	Y	R	12/09/2007	9.7	O	N
48	Rakkib	m	39	12/06/2007	11.5	1.50	Y	O	12/09/2007	12.6	Y	N
49	Sabekun	m	27	12/06/2007	9.9	0.90	Y	O	12/09/2007	10.6	Y	N

1. Look carefully at the data sheet from the PD/Hearth sessions at Sunshine Village of Happiness & Light ADP. Children are measured at the beginning of the Hearth sessions. Complete the 'Nutrition Status' column for all children on Day 1.

    a. What questions do you have about this information?

    b. The children are weighed on Day 12, at the end of the sessions. Complete the 'Gained 200g+' column for each child.

    c. Calculate the number and percentage of children who have gained adequately during the Hearth sessions.

    d. What can you say about the Hearth sessions? What is going well? What needs improvement?

    e. Based on this data, what action would you take?

2. The children are measured again one month after the beginning of the Hearth sessions. Complete the 'Weight Gain' and the 'Catch-up' and the 'Nutrition Status' items in the one-month columns.

    a. Calculate the number and percentage of children who have gained adequately during the month.

    b. Calculate the number and percentage of children who have changed their nutrition status.

    c. What does the data tell you about the children?

    d. How many children would you recommend repeat the Hearth sessions?

    e. Choose two children and answer the following questions for each:
        - How has the child progressed? Is this satisfactory?
        - What changes (if any) would you recommend for the child over the next month?
        - How would you explain the child's progress to the caregiver?

    f. What does the data tell you about the Hearth programme?

    g. What action do you need to take?

PD/Hearth Monitoring Case Study Questions

3. The measurements are repeated three months after the Hearth session. Look at the results and complete the 'Nutrition Status' column using the WAZ (weight for age Z-scores).
    a. Calculate the number and percentage of children who have gained adequately.
    b. Do you see any trends that concern you? What does the data tell you about the programme?
    c. What action do you need to take?
4. The children are measured again six months after the hearth sessions. Calculate their nutritional status using WAZ.
    a. Choose two children and answer the following questions for each, using all the data provided in this case study:
        - Describe the child's progress throughout the monitoring period. What could be some reasons for the child's growth pattern?
        - Was the child successfully rehabilitated? How can you tell?
        - How would you follow up with this child?
        - How would you communicate the child's progress and current status to his or her caregiver?
    b. What is your opinion of the overall growth of the children involved in the programme?
    c. How many children were successfully rehabilitated? How can you tell?
    d. What might be some reasons for the growth pattern between three and six months?
    e. How would you follow up with this programme?

The PDH Excel Database is used to compile all the data collected during the initial assessment (situation analysis), PDH registration, and for monitoring and follow up of children in the PDH programme. This allows easier access and utilisation of data by staff. For example, clear summary tables are generated and available under different tabs. From the data collection forms (e.g. Child Registration, Hearth Register and Monitoring Form), staff can transfer recorded information into appropriate cells/columns in the PDH database. Some of the cells/columns contain a drop-down menu or a formula. This formatting is convenient and helps to reduce data entry or calculation errors. For example, child's age (months), underweight nutritional status, WAZ scores, and weight change (g) are calculated automatically.

In the PDH Excel Database, there are eight tabs or worksheets: Initial Assessment; Assessment Report; Monitoring Form; Table; Annual Report; Graph Follow-up; Graph Graduation & Weight Gain; and Graph Default. However, you only need to enter data under two tabs: Initial Assessment and Monitoring Form. All other tabs contain summary charts (e.g. tables, graphs) automatically generated from the compilation of inputted data. ***Please note, when entering the dates, follow the format provided i.e. DD/MM/YYYY.*** Make sure the default date on your computer is set as DD/MM/YYYY for smooth operation of the database. To change the default date format on your computer, see ***Note** below.

Tab 1 – Initial Assessment: Enter the registration, initial nutrition assessment and wealth-ranking data for PDH participant children under this tab. From this data, the PD, non-PD, and negative deviant households are identified and displayed under the "Classification" column.

- First, select an appropriate option for the Wealth Ranking Category (i.e. Very Poor, Poor, Rich or Poor, Non-Poor) and the Nutritional Status Category (i.e. Severe, Moderate, Mild, Normal or Severe, Moderate, Normal) based on your country context, using the drop-down menu for each at the top of the worksheet.
- Enter values under each column according to the headings. Enter values only in the "WHITE" cells as the values in grey-coloured cells (e.g. Current Age, Underweight Nutritional Status, Classification columns) are calculated automatically by the computer. For the Sex, Oedema, MUAC, Wealth Rank and PDI HHs columns, use the drop-down menu to select an appropriate choice for each cell.

Tab 2 – Assessment Report: This tab contains a table and a pie chart which categorizes the total number of children from the initial assessment based on their underweight nutritional status (i.e. % of children who are normal weight or mildly, moderately or severely underweight). This gives a clear picture of the initial level of childhood malnutrition in the community.

Tab 3 – Monitoring Form: This tab contains a monitoring form to track changes in child's weight, weight-for-age Z score, and underweight nutritional status in the hearth sessions and the follow-ups, including reasons for default. Additional registration information, such as deworming, vitamin A supplementation, presence of oedema, and full immunisation status is also entered under this tab. Based on the child's nutritional status at 3 months, next course of action is identified for each child (i.e. not graduate and repeat hearth, or graduate and continue monitor).

- First, select an appropriate option for the Nutritional Status Category (i.e. Severe, Moderate, Mild, Normal or Severe, Moderate, Normal) based on your country context, using the drop-down menu at the top of the worksheet.
- Enter values under each column according to the heading. Enter values only in "WHITE" cells as the values in grey-coloured cells (i.e. Current Age, WAZ, Nutritional Status, Weight Change, Adequate Weight Gain columns) are calculated automatically by the computer. For the Oedema, Deworming, Vitamin A Supplementation, Full Immunisation, Sex, Round/Session # and Default Reason columns, use the drop-down menu to select an appropriate choice for each cell.

Tab 4 – Table: This tab contains nine summary tables based on the monitoring data. The tables show the number of children (and %) based on underweight nutritional status at different time points (e.g. baseline, Day 12, Day 30, 3 months, 6 months and 1 year), number of children (and %) with adequate or inadequate weight gain and amount of average weight gain (at Day 12, 30 and 3 months), and number of children (and %) with improvement or no improvement in their nutritional status to mild/healthy status (at Day 12, 30 and 3 months), as well as the breakdown of the reasons for child default from PDH.

Tab 5 – Annual Report: This tab contains a PDH summary report for the selected fiscal year. The table contains information about number of children who gained adequate or inadequate weight in PDH session (Day 12) and at follow ups (1 and 3 months), as well as number of children in different underweight nutritional status categories (i.e. green, yellow, orange, red) at 6 and 12 months post-Hearth. Also, information about the total numbers of children weighed and those who defaulted is provided along with the breakdown of children based on their enrollment (i.e. 1st, 2nd or 3rd round/session).

- To generate a report, enter ADP name and use the drop-down menu to select or enter a fiscal year.

Tab 6 – GRAPH Follow-up: This tab contains a bar graph showing overall changes in underweight nutritional status of PDH participant children (%) at different time points (e.g. baseline/Day 1, 12, 30 of PDH, and 3, 6, 12 months of post-PDH).

Tab 7 – GRAPH Graduation & Weight Gain: This tab contains six pie charts. The first three charts show the percentage of children whose nutritional status improved (i.e. mild/healthy vs. still moderate/severe) at Day 12, Day 30 and 3 months. The last three charts show the percentage of children who gained adequate weight (i.e. ≥ 200g at Day 12; ≥ 400g at Day 30; ≥ 900g at 3 months).

Tab 8 – GRAPH Default: This tab contains a bar graph on child default rate. The breakdown of number of children based on reasons for default at different time points (at Day 12, 30, and 3, 6, 12 months) is given.

NOTE:

To change the default date format on your computer:

1. *Go to Control Panel, click Regional and Language Options.*
2. *Under the Formats tab, click Additional settings (or Customize this format) button.*
3. *Click the Date tab.*
4. *Use the drop-down menu to select "DD/MM/YYYY" as the default Short date format.*
5. *Click Apply and close.*

PD/Hearth Training Plan

Trainer's name:

Who will be trained?

Projected timetable of trainings:

Where trainings will take place? (number and names of ADPs currently implementing in this fiscal year):

Support required to fulfil plan?

PD/Hearth Agenda and Methodologies		
Day	**Topics**	**Methodology**
Day 1		
	Devotion	
	Welcome Ice breaker Workshop rules (parking lot) Introductions and expectations Overview of workshop purpose, objectives and agenda Target evaluation	
	Pre-test	
	Defining the role of a PD/Hearth Master Trainer	
	Learning styles and facilitation	
	Overview of PD/Hearth	
	Essential elements and key principles	
	How PD/Hearth addresses malnutrition	
	Step 1 – Determining the Feasibility of PD/Hearth	
	Integration and PD/Hearth	
	Personalise the training curriculum	
	Daily Summary and Evaluation	
Day 2		
	Devotion	
	Review of Day 1 and present Day 2 agenda	
	Step 2 – Community Mobilisation	
	Step 2 – Staffing Needs; selecting and training volunteers	
	Step 3 – Situational Analysis – wealth ranking	
	Step 3 – Situational Analysis – nutritional assessment	
	Step 3 – Situational Analysis – transect walk, household visits, focus-group discussions, market survey	
	Step 4 – Identifying Positive Deviants	
	Step 4 – Preparing for the PDI: home visits, 24-hour recall, observation	
	Step 4 – Conducting the PDI	
	Personalise the training curriculum	
	Daily Summary and Evaluation	

Training Agenda and Methodology

World Vision

Day 6 Session 38

Day	Topics	Methodology
Day 3	Field Visit	
	Review of Day 2 and explain logistics for field visit	
	Field Visit – PDI, FGD, transect walk, market survey, household visits	
	Compile results of PDI on flip charts	
Day 4		
	Devotion	
	Review of Day 3 field visit and present day 4 agenda	
	Step 4 – PDI interpretation and feedback	
	Promoting behavioural change	
	Step 5 – Designing Hearth Sessions (Incorporating PD behaviours)	
	Step 5 – Menu planning	
Day 5		
	Devotion	
	Review of Day 4 and present Day 5 agenda	
	Community feedback meetings	
	Step 6 – Conducting Hearth sessions	
	Step 7 – Supporting new behaviours through reflection and home visits	
	Step 8 – Admission and graduation criteria and repeating Hearth sessions Exit strategy and reaching the rest of the community	
	Step 9 – Expanding PD/Hearth	
	Monitoring and evaluation	
	Personalise the training curriculum	
	Daily Summary and Evaluation	
Day 6		
	Devotion	
	Review of Day 5 and present Day 6 agenda	
	Factors for the success of PD/Hearth	
	Post-test	
	Training plan	
	Personalise the TOT training curriculum – review by facilitators	
	Target evaluation, final evaluation	
	Workshop Closing	

200m

Workshop Evaluation: World Vision PD/Hearth Master Training of Trainers Workshop

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EVALUATION

Thank you for attending this year's PD/Hearth Master Training of Trainers Workshop. We hope you enjoyed your time, and that the workshop was a meaningful experience for you. Please take a few minutes to complete this evaluation. Your feedback is valuable and provides helpful information that will be used to plan the next workshop.

1. What did you expect from the workshop?

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2. What do you feel was the most helpful part of the workshop? (for example, a particular session, a working group, a contact you made, certain resource material you obtained)

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3. Please share some specific ways that you and/or your programme will apply the helpful information you noted in question #2.

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4. What do you feel was the least helpful part of the workshop?

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5. What would you do to improve this?

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6. What would recommend for the next workshop?

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7. What themes or topics would you suggest that we focus on or go into in more detail?

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8. Should more background information be provided at the beginning of the workshop/training? What information?

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Workshop Evaluation: World Vision PD/Hearth Master Training of Trainers Workshop

World Vision

9. Other:

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Please rate the facilitator on the following, from 1 (Poor) to 5 (Excellent). Name of facilitator____________________

Knowledgeable and interesting	1	2	3	4	5
Clear in communicating concepts, ideas, systems	1	2	3	4	5
Approachable	1	2	3	4	5
Responsive to participants' questions/comments	1	2	3	4	5

Please rate the facilitator on the following, from 1 (Poor) to 5 (Excellent). Name of facilitator____________________

Knowledgeable and interesting	1	2	3	4	5
Clear in communicating concepts, ideas, systems	1	2	3	4	5
Approachable	1	2	3	4	5
Responsive to participants' questions/comments	1	2	3	4	5

For you, what was the highlight of this workshop?

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Please share any other comments or suggestions to improve the next World Vision PD/Hearth Master TOT Workshop.

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Thank you for your feedback!

For more information on this publication contact

Nutrition Centre of Expertise
Sustainable Health, World Vision International
nutrition@wvi.org

World Vision International Executive Office
1 Roundwood Avenue, Stockley Park
Uxbridge, Middlesex UB11 1FG
United Kingdom
+44.20.7758.2900

World Vision Brussels & EU Representation
18, Square de Meeûs
1st floor, Box 2
B-1050 Brussels
Belgium
+32.2.230.1621

World Vision International
Geneva and United Nations Liaison Office
7-9 Chemin de Balexert
Case Postale 545
CH-1219 Châtelaine
Switzerland
+41.22.798.4183

World Vision International
New York and United Nations Liaison Office
919 2nd Avenue, 2nd Floor
New York, NY 10017
USA
+1.212.355.1779