

CHECKLIST FOR PLANNING, IMPLEMENTING, AND EVALUATING POSITIVE DEVIANCE/HEARTH (PDH)

Use the checklist below — adapted in part from PDH materials developed by World Vision — to ensure that you incorporate key elements of PDH into PDH activities. The checklist below should be used:

1. Before deciding whether to implement PDH (specifically, are the requirements listed under “Planning” being met?);
2. Before implementing each stage of PDH (Planning, Training, Community Mobilisation, and so on);
3. While implementing each stage so that you can make adjustments to PDH activities; and
4. After PDH implementation to identify what went well, challenges, and how PDH can be improved in the future

1. PLANNING

Preparation:

- Are the criteria for PDH programmes met (homes are located a short distance from one another, 30% prevalence of moderate and severe malnutrition or 30 children 6-36 months of age who are malnourished, availability of nutritious foods, availability of health facilities, and community commitment)?
- Have RNuOs, DNuOs, their counterparts from other government sectors (if involved), and IMA staff read, understood, and reviewed the PDH facilitator’s manual?

Involvement:

- Do ward development committees and village leaders play a lead role in planning and overseeing all PDH activities, including:
 - Support in organising the weighing of all children in the target age?
 - Conducting the positive deviance inquiry (PDI)?
 - Contributing materials, utensils, and food for the sessions?
 - Assuring that eligible caregivers attend Hearth session regularly?
 - Encouraging other community members, including grandmothers, to support families with malnourished children as they adopt new practises?
- Is there capacity building of local leaders to ensure that they can manage all aspects of PDH?

- Does village leadership suggest solutions to potential challenges with PDH implementation (e.g., ensuring that only eligible children are included in Hearth sessions and making certain that caregivers bring PD foods to every Hearth session)?
- Do grandmothers participate in the different steps of PDH, including serving as:
 - Community mobilisers?
 - Village committees?
 - Members of focus group discussions?
 - Those being talked to and observed during the PDI?
 - Participants in Hearth sessions?
 - Key audience members in community feedback sessions?
- Are relevant government sectors represented (i.e., not just health but agriculture, education, community development, and WASH)?
- Is a monthly plan developed to make sure Hearth sessions occur each month and follow-up home visits are made? The plan should be developed in conjunction with village leaders.

2. TRAINING

Does the CHW supervisor take a major responsibility for training, or do IMA staff assume primary leadership for training? It should be a mix.

Are manuals used appropriately and effectively?

3. COMMUNITY MOBILISATION

- Is there high commitment to PDH among community leaders and community members themselves?
- Does the community identify a few good measures of wealth that can be used easily for selecting PDs?
- See also “Planning” above.



4. MEASURING GROWTH

- Does weighing take place at the ward level? (It should.) Please liaise with health facilities within the ward to get a sense of which villages have the highest level of MAM and SAM, based on the health facilities' routine nutrition assessments during growth monitoring activities. Then focus on those villages if weighing all children at the ward level is too burdensome.
- Are the Seca scales ASTUTE purchased used? If not, there is a high risk of misclassification of positive, negative, and non-positive deviants.
- Are government staff (including health facility workers) involved in weighing children and recording their weights?
- Are children of the right age (6-36 months old) weighed? If not, there is a risk of overwhelming the health system and diverting resources away from PDH programmes. See ideas under "Hearth sessions" for additional thoughts about including children of the right age.

5. SITUATIONAL ANALYSIS

- Are all activities for the situational analysis conducted (focus group discussions, market survey, seasonal calendar, transect walk, community mapping, PDIs)?
- Are all relevant food, care, and health topics considered during the situational analysis (diet plus WASH plus ECD plus gender)?

6. PDIS

How are the following handouts from the World Vision PD manuals used?

- Observation Checklist for Positive Deviance Inquiries (Handout 18.2)
- Sample Guiding Questions for Conducting a PDI (Handout 22.1)

Meaning of PDIS:

- Is the PDI a fact-finding exercise for ASTUTE, or rather, an opportunity for CHWs, health facility workers, community leaders, and other influencers including grandmothers to discover that very poor families have positive, uncommon practices which enable them to prevent malnutrition?
- Do those conducting PDIS understand that PD families are the experts and those who conduct PDIS are the learners?

Implementing PDIS:

- Is the correct number of PDIS being conducted? PDIS should be conducted in at least two villages that meet PDH criteria.
- Is the right number of PDIS being conducted within each village? There should be 4-6 PDIS with positive deviants and two PDIS with negative deviants. There is no need to conduct PDIS among non-positive deviants.

- Do PDIS last a minimum of two hours? Do PDIS generally include a meal time?
- Do those conducting PDIS carry out a natural conversation with PDs, rather than asking closed-ended questions from a checklist?
- Do those conducting PDIS observe potential behaviours, not just ask about them? In particular, the following should be asked about and observed:
 - Is environmental sanitation (latrines, animal faeces, disposal of infant faeces, etc.) observed to identify PD behaviours?
 - How are the diets of sick children managed? Do parents give as much or more foods and liquids during and after diarrhoea?
 - How are children stimulated?

Participants:

- Are fathers included in PDIS?
- What is done to make sure health facility workers promote the very behaviours identified during PDIS?
- Are ward development committees and village leaders made aware of PDI results and PD behaviours?

7. MENU PREPARATION

- Is a range of PD foods considered? (See all of session 30 in the World Vision PDH manual, including the use of a market basket of nutritious, affordable foods.)
- Are nutrient requirements calculated using the Excel spreadsheet?
- Are portion sizes adequate?
- Is breast milk included in the menu? (It should be.)
- Are animal source foods included in the menu? Are fruits and vegetables included in the menu? They should always be included, even if they aren't mentioned in PDIS.
- If there is seasonal scarcity of fruits and vegetables, use results from market surveys and seasonal calendars to identify what is available now. During PDIS, be sure to ask about food preservation strategies such as solar drying.
- Will each meal include a variety of colours (e.g., green, leafy vegetables; orange-fleshed foods; etc.)?
- Is each meal energy dense, as specified in the PD facilitator's manual?

8. HEARTH SESSIONS

Supporting materials:

- How are the following documents from the World Vision PDH manuals used?
 - Supervision of PD/Hearth Session (Handout 36.6)
 - Observation of a PD/Hearth Session (Handout 5.1)
 - Handout 6.1: PD/Hearth Essential Elements
 - Checklist of Materials Needed for PD/Hearth Sessions (Job Aid) – (Handout 36.1)
 - Child Registration and Attendance Form (Handout 36.3A)

Logistics:

- If caregivers cannot make the time to attend Hearth sessions, are Hearth sessions moved to a more convenient time?
- Are Hearth sessions limited to 10-15 children? More than this number makes it difficult to conduct effective Hearth sessions.
- Are Hearth sessions conducted away from clinics and other “official” sites?

Participants:

- What is done to ensure that the community understands who Hearth sessions are for? Possible approaches include 1) announcements ahead of time from ward development committees and community leaders about who should be included in Hearth sessions, 2) reminders that children older than 36 months have already survived a vulnerable time period and that now children younger than 36 months need special attention, and 3) reminders that mothers can practise the new behaviours learnt in Hearth sessions with older children as well.
- Are children of the right age included in Hearth sessions? Children who attend should be 6-36 months of age except in rare cases when other children need to be with their caregivers (for example, infants less than 6 months of age).
- Are all caregivers present on day 1 of the hearth session? This is critical. If caregivers aren't attending, what plan is in place to make sure that they are available on day 1 (and throughout all hearth sessions)?
- In rare cases when an older sibling is brought along, is s/he given the opportunity to participate in some way such as helping with handwashing? (If caregivers bring several children too old for Hearth, but who still need attention, one of the oldest children present may be tasked with taking them to an area some distance away to play so that mothers are not distracted and the noise level during food preparation and feeding is kept down.)

- If other children are present, are they allowed to eat only if there is leftover or surplus food and the Hearth participant children have already eaten?
- Are extra ingredients added to the PD foods, or is the quantity of food increased so that hungry mothers can eat?
- Are well-nourished children included in Hearth sessions? (They shouldn't be.) Hearth sessions are not to be community feeding events.
- How are men involved in Hearth sessions (or how do they support mothers and grandmothers who attend)? How—in addition to Hearth sessions—can fathers contribute to improving their children's nutritional status?

Responsibilities:

- Are all caregivers asked to perform a role each day (e.g., two caregivers to prepare the meal, two caregivers to help others practise ECD, two caregivers responsible for hygiene and sanitation, etc.)?
- Are responsibilities for each of these tasks rotated from day to day?
- Does every caregiver bring a positive deviant food (or in cases where families are extremely poor, a cooking pan, utensil, firewood, water, etc.) to every Hearth session?
- Are caregivers who do not bring a food (or other) contribution allowed to attend Hearth? (They shouldn't be.) This is a hard and fast rule.
- Do caregivers “teach back” what they've learned at each Hearth session so that the CHW is certain each caregiver understands the behaviour he or she must practise at home?
- Does every caregiver have the opportunity to practise PD behaviours in each of the 12 Hearth sessions? Practise is critical to establishing healthy habits.

Prior to Hearth sessions:

- Per international PDH guidelines, are children who participate in Hearth not currently sick (including no malaria)?
- Are children who will participate in Hearth de-wormed and given Vitamin A before Hearth sessions?
- What is being done to reduce any community stigma caregivers might experience by attending Hearth sessions?
- What is done to inform the rest of the community about Hearth sessions, including who should participate, why, and the purpose of Hearth sessions overall?

During hearth sessions:

- Are Hearth participants reminded that money alone cannot solve the issues of poor health and nutrition (as evidenced by PDIs among negative deviants)?
- Are caregivers able to identify the consequences of having malnourished children—and the advantages of having well-nourished children? (Caregivers themselves should identify consequences, if possible.)
- Are caregivers who attend Hearth sessions actively involved in carrying out Hearth and not simply passive recipients of information?
- Are all relevant food, care, and health topics addressed at some point during the 12 days of Hearth? Pay particular attention to ECD and responsive feeding.

Diet:

- Does the menu of foods offered change from day to day, or are leftovers served? (Foods offered should change on a daily basis.)
- Are PD foods purchased? (They shouldn't be.)
- Are PD snacks given early in each Hearth session so that children aren't hungry?
- Is the quantity of food the child eats what was planned during menu preparation?

ECD, including responsive feeding:

- Are children stimulated through the use of locally-made toys and through other activities?
- Do some children refuse to eat? If so, do caregivers practise responsive feeding (or are they helped to do so)? Responsive feeding includes encouraging the child to eat through:
 - Eye contact;
 - Feeding patiently;
 - Avoiding force feeding;
 - (Caregivers) demonstrating how the child should eat;
 - Verbal encouragement;
 - “Games” to make eating more fun
 - Allowing the child to occasionally feed him or herself if the child wants and is able to; and
 - Responding to the child's hunger cues.
- Do children have their own plates? (To help the mother more easily see what and how much food the child eats, the mother and child shouldn't share a plate.)

WASH:

- Is a mat available so that children aren't in the dirt?
- Are children kept away from animals and faeces, including infant faeces?
- Are caregivers' and children's hands washed before preparing food and before and after eating?

Between Hearth sessions:

- After the 6th day of Hearth (i.e., the seventh day), do caregivers stay home and practise the new behaviours they've learnt on days 1-6?
- On day 8, are caregivers asked about their experiences on day 7 (i.e., whether the behaviour was practised at home, why or why not, and what can be done to help the caregiver develop a strategy for addressing the challenges; this should include identifying any obstacles encountered)?
- On the 8th day of Hearth, do caregivers offer each other solutions to any problems they faced on day 7?

Subsequent rounds of Hearth sessions:

- Is a second round of Hearth sessions conducted the very next month (i.e., two weeks after the first round of Hearth sessions are over)?
- Are children who did not graduate from the first Hearth session as well as other children found to be malnourished during weight monitoring (as part of the situational analysis) included in the second round of Hearth sessions?
- Are children who do not gain weight after two 12-day sessions referred to a health facility to check for any underlying causes of illness such as malaria, tuberculosis, HIV/AIDS, or other infection?
- Is a third round of Hearth conducted, if needed? (Caregivers should not attend more than two rounds of Hearth to avoid dependency.)
- What is attendance like? Every child must be present for days 1 and 12 and ideally, every day in-between.

9. FOLLOW-UP VISITS

- Are initial home visits occurring every 2–3 days for two weeks after the Hearth session? It takes an average of 21 days of practise for a new behaviour to become a habit. Follow-up home visits are an excellent opportunity to ensure the positive practises promoted during Hearth sessions are also being practised at home.
- Are home visits occurring at 12 and 30 days, then 6 months, 12 months, and 24 months after Hearth sessions?
- Are children gaining weight as they should at each follow-up visit? If not, why not?
- Do CHWs use negotiation to conduct follow-up visits with families that participated in Hearth? In particular, Asking; Listening; and Recommending several small, do-able actions the caregiver can try, then allowing him or her to choose one of the actions, are especially important steps that are often ignored.

10. MONITORING

- Are levels of malnutrition, measured as part of the situational analysis, about what you'd expect? If not, why not?
- Are data for identifying PDs entered into spreadsheets correctly?
- Are data complete?
- Are numbers (e.g., weights of children) plausible, or are they exceptionally high or low? If exceptionally high or low, why?
- Are all children who participate in Hearth sessions weighed on days 1 and 12?
- What percent of children graduate after the first Hearth (12 sessions)? What percent don't?
- Are some children losing weight? Why?
- If only a few children graduate, what explains the lack of progress?
- If you were an independent (neutral) outside evaluator, what would you say about the progress of PDH? What's working well? What isn't?

11. COMMUNICATION

- Are results from situational analyses, weighings, and Hearth sessions available to community leaders for their input?
- Do CHWs receive constructive feedback on Hearth sessions, graduation rates, and home visits?
- Are DNuOs, RNuOs, and other government officials made aware of PDH programmes and impact?