

Where to Implement PD/Hearth

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.

Moderate and severe malnutrition, based on weight-for-age, affects more than 30 percent of children ages 6 to 36 months. PD/Hearth is cost-efficient only where there is a sizeable concentration of malnourished children. The thirty percent cut-off may include mild, moderate and severe levels of malnutrition, but programs concerned with cost efficiency may want to focus PD/Hearth activities on those who are moderately or severely malnourished while using less intensive methods to address the children with mild malnutrition. In large communities, an alternative criterion may be the presence of at least 100 moderately or severely malnourished children in the 6- to 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 program, 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 quality 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.

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.

Homes are located within a short distance of each other. Since caregivers are expected to bring 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.

Community commitment to overcome malnutrition will serve to mobilize resources and pave the way for organizing 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.

Access to basic complementary health services is necessary for the children to receive inputs not available at the Hearth, such as de-worming, immunizations, malaria treatment, micronutrient supplementation and referrals. Children receive the needed services prior to 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.

Systems for identifying and tracking malnourished children are not a prerequisite, but must be developed for the program. The program may start with a door-to-door census and weighing of children, but then a routine monthly growth monitoring system must be established to track not only the children who complete the Hearth sessions, but also to later detect other children who may need to enter the program. PD/Hearth is intended as only one phase of implementing a wider, preventive nutrition program.

The presence of food aid requires careful planning to assure that families 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 (i.e., rice and oil) can be used in the Hearth menus, but the participating families must contribute the other foods to learn first-hand about their accessibility and affordability. During the Hearth sessions, the emphasis is on using locally available foods.

Organizational commitment of the implementing agency is essential. Because of the level of effort required to initiate a PD/Hearth program, the implementing agency must be willing to adjust budget, devote adequate staff time, and monitor quality. The staff and volunteers implementing PD/Hearth will 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 multiple 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.