



CHILDREN'S FOUNDATION

Coordinator Manual

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Thank You

The Liahona Children's Foundation is really grateful to you for your service as a coordinator for children in your local Stake or District. You play a crucial role for us. Your service is critical as we fulfill our mission to nourish children's potential to lead healthy and productive lives.

In this manual, you will find information about malnutrition, details about program implementation, roles of coordinators, and other information to help you in your position as a coordinator. As questions arise, feel free to contact us. You will have a Country/Group Coordinator in your country that will be able to answer most questions. If she is unsure of the answers, then she can contact the Country/Group Supervisor who can provide additional guidance. And you can always contact a member of the Board at liahonachildren@gmail.com.

Thanks again for all your efforts in behalf of our children.

Program Description and Mission

The Liahona Children's Nutrition and Education Foundation (LCF) is a grass-roots organization dedicated to nurturing the potential of children to lead healthy and productive lives. We do this



by providing nutritional supplements to malnourished and underweight LDS children and their friends ages 6 months through 5 years who live in resource poor countries. We also promote sustained breastfeeding for infants and young children and provide education in hygienic and healthy food preparation. In areas where funds permit, LCF also provides small scholarships to elementary students to enable them to attend local school programs. The foundation is run by volunteers. Native coordinators, however, are

provided a small stipend for their services in measuring children and in purchasing and distributing the nutritional supplements.

Mission

The mission of the Liahona Children's Foundation is to nurture the potential of children to lead healthy and productive lives by eliminating malnutrition and providing educational opportunities among LDS children and their friends.

We accomplish our mission by the following processes:

- ❖ Provide nutrient dense supplements to children ages 6 months through 5 years who qualify for services secondary to underweight, stunting, or wasting as measured on standard World Health Organization Growth Charts.
- ❖ Promote exclusive breastfeeding of infants until 6 months of age with introduction of complementary foods at age 6 months. We also support sustained breastfeeding until a child is at least 2 years of age.
- ❖ Educate families on hygienic and healthy food preparation and meal planning.
- ❖ Provide micronutrient supplementation with a focus on Vitamin A, iron, and zinc.
- ❖ Provide semi-annual de-worming of children.
- ❖ Monitor growth every six months
- ❖ Sponsor elementary education scholarships for children unable to afford school.
- ❖ Literacy training of families enrolled in the program.
- ❖ Employ local resources and volunteers
- ❖ Make quality improvements based on outcome data

The Problem of Malnutrition

Nutrition can significantly impact an individual's health. Adequately nourished children learn better, are more productive, have stronger immune systems and greater longevity, and are at a lower risk of non-communicable diseases than poorly nourished children. For undernourished children and pregnant and lactating women, the consequences of malnutrition are great. Malnutrition impairs the immune system's ability to function which leads to increased susceptibility to and severity and duration of infectious diseases. Undernourished children often have delayed mental development, poor school performance, and reduced intellectual and economic productivity. Undernourished, women who are pregnant or lactating are at a greater risk of childbirth complications, delivering a low birth weight infant, and having an impaired ability to breastfeed. Additionally, maternal and child malnutrition are the underlying causes of approximately 35% of all deaths in children under-five, or 3.5 million deaths every year. It also is the underlying cause of 35% of the disease burden in children under-five.

Malnutrition in children can manifest itself in several ways. It is most commonly assessed through the measurement of weight and height. A child can be too short for his or her age (stunted), have low weight for his or her height (wasted), or have low weight for his or her age (underweight). A child who is underweight can also be stunted or wasted or both. Globally, there



are 195 million stunted children under-five, and 129 million under-weight children under-five. Often, stunting is associated with chronic or long-term nutritional deficiencies whereas wasting is associated with acute nutritional deficiencies or infectious diseases. Undernourished children often experience deficiencies not only in caloric intake, but also in micronutrients such as iron, zinc, Vitamins A and D. These micronutrient deficiencies may result in poor growth, anemia, decreased cognitive abilities, skin rashes, impaired function of the endocrine, hematologic, neurologic, and immune systems.

There are many causes of malnutrition, including poverty, political and environmental forces, lack of work, lack of job skills, and disability. Children are the unwitting recipients of forces outside their control. Because young infants and children are developing rapidly, they are affected more by lack of adequate nutrition. The brain of an infant grows most rapidly in the first year of life. A child who is malnourished will initially show a decrease in their rate of weight gain, followed by a decrease in their rate of length gain. If malnourishment persists, their brain will decrease its rate of growth. These changes in the growth of the brain are permanent. The brain, unlike a child's weight, will not show catch-up growth. These effects lead to decreased cognitive potential. This in turn leads to decreased ability to learn which will often lead to decreased ability to obtain work as an adult. If this malnourished child later as an adult has children, they will likely enter this same cycle of poverty. By preventing malnutrition, children can grow up to be productive adults and break the inter-generational cycle of poverty.

Regardless of the cause of malnutrition, there are cost- effective ways to prevent childhood malnutrition. In fact, the eradication of childhood malnutrition is the most effective and efficient use of money to improve morbidity and mortality and quality of life. Interventions that have been shown to be effective include supplementation of calories and micronutrients- particularly Vitamin A, iron, and zinc-, promotion of exclusive breastfeeding until the age of six months with the introduction of complementary foods at age 6 months and continued breastfeeding until at least 2 years of age, provision of clean water, education in hygienic and healthy food preparation, and immunizations.

The objective of the Liahona Children’s Foundation is to identify and implement effective ways of reducing malnutrition among the LDS population and their friends. We do this by providing nutritional supplementation to malnourished children, supporting families in sustained breastfeeding, and teaching families about nutritional and hygienic food preparation. We also where funds permit help families access school programs that are part of their local communities and governments.

Responsibilities of Coordinators

As you begin your service as a coordinator, this manual will provide you with detailed information regarding how you implement program goals. Below is a list of the responsibilities of the Local Coordinator, the Country Coordinator, and the Country Supervisor. We will review each responsibility more fully in the following sections.

Responsibilities of Local Coordinator

- Screen and enroll children in LCF’s program.
- Monitor the growth of children enrolled in the program every six months and enroll new children who qualify.
- Complete standard reporting forms after each screening and provide the report to the Country Coordinator.
- Purchase and/or produce nutritional supplement and deliver nutritional supplements to participant families at least once a month.
- Provide semi-annual de-worming medications to enrolled children.
- Report monthly on purchases and supplement distribution to Country Coordinator on standardized form. Include receipts for all purchases and expenditures.
- Complete standard reporting forms after each screening and provide the report to the Country Coordinator.
- Provide health education and breastfeeding promotion to enrolled families.
- Send pictures, stories, and media pieces to the Country Coordinator each quarter.



- Report problems to the Country Coordinator.
- Plan and prepare yearly Christmas Party.

Responsibilities of the Country Coordinator

- Supervise and train local coordinators.
- Discuss concerns and problems with the local coordinator.
- Identify ways to improve the program.
- Correspond regularly with the Country Supervisor.
- Ensure that data is accurately gathered and obtain reports from local coordinators and supply these to the Country Supervisor and Data Manager
- Obtain receipts from local coordinators and send these to the Country Supervisor and Financial Officer.
- Collect media pieces for our social media sites and newsletters.
- Communicate with potential donors and Church leaders within your country.
- Oversee Nutritour Participants
- Oversee Interns

Responsibilities of Country Supervisor

The Country Supervisor is a US based volunteer, often a member of the LCF Board, who is responsible to oversee the operations in a given country. They will communicate on a regular basis with Country Coordinators in their assigned country and will receive reports from the Country Supervisor and report these findings to the LCF Board. They will be responsible to manage programs operations in their assigned country as delegated by the Chief of Operations.

Responsibilities of Local Coordinator

I. Screen and Enroll Children in LCF’s Programs and monitor the growth of children enrolled in the program every six months and enroll new children who qualify.

Prior to initiating screening in your area, a representative from the Liahona Children’s Foundation will contact leaders of the Church of Jesus Christ of Latter-day Saints in your area. We will talk with Regional, Stake/District, and Ward/Branch leaders. We will discuss the mission of our program with them and give them the opportunity to invite members of their congregations who are at risk for malnutrition to participate in our screening program. If the Stake President, District President, or Mission President



accepts the invitation to participate, a date is set for LCF to visit the area to screen and enroll participants. LDS children between the ages of 6 months through 5 years of age who live within the boundaries of the Stake are welcome to be screened. Potential participants are also encouraged to bring friends who may not be members of the LDS Church to the screenings. LCF

does not provide the advertisement for the screening, but allows LDS leaders to determine how this is best carried out within their area. Also, LCF does not provide transportation to the designated screening location, which is generally located at an LDS church building.

On the designated screening date, parents can bring their children to be screened for malnutrition at the designated meeting place. As the coordinator, you will be in charge of ensuring that the screening is performed in an accurate and orderly manner. Screening for malnutrition includes recording a child's birthday, age, gender and other demographic and health information on the standardized assessment form. This form is available on our website in Spanish, Khmer, and English. For the initial screening you will have parents complete the Initial Screening Assessment Form. Those participants who are returning for a follow-up screening, may complete the Follow-up Screening Assessment Form. It is essential that the information obtained be accurate. Particular attention should be paid to the entering the information on birthdate. The date and the month must be entered accurately in the correct boxes.

To ensure an orderly process the following items are critical.

1. Engage local volunteers and LCF interns and Nutritour participants to help with the screening process. You will need approximately 10 people to help with the process. Essential people include 1-2 greeters to help families as they arrive to understand the screening process; 1-2 people to answer questions and help families complete the Initial Screening Assessment or Follow-up Screening Assessment forms; 1-2 people to weigh children; 1-2 people to measure length in children; and 2-3 people to enter the weight and length in the computer and calculate the z-score. If you are planning on giving de-worming medications or passing out formula, you will need additional people. In addition, designate a person whose sole responsibility is to take pictures or record videos if you have adequate volunteers. It is ideal to also have program participants help with the screening process on a rotating basis. Invite and expect them to contribute to this process. Ensure they understand their duties on the day of screening and that they have the capability to complete them. Volunteers' children can be screened prior to the official starting time for screenings.
2. Prior to the screening, instruct each volunteer in their particular responsibilities. Volunteers who will be weighing and measuring length in children, should be shown the proper technique for measuring children. Volunteers involved in helping participants complete forms or enter data should review forms before the screening starts with particular attention paid to entering of birthdates and screening date. When possible, interns and Nutritour participants will be instructed in their responsibilities prior to their arrival in your country.
3. Prior to screening, make sure that you have appropriate equipment. Every coordinator should have access to an infant scale, a scale for older children, a measure mat, and a wall mounted measuring stick to assess height in older children. These measuring devices should be shared by coordinators who work in relatively close areas and may need to be transported from location to location by the Country Coordinator or by interns or Nutritour participants who help with screenings.
4. Set up the area prior to the arrival of the children and their families. You will need a waiting area with chairs. If toys are available to entertain children that can be helpful. Participant volunteers could perhaps devise some activities for children and help parents

who are waiting with their children. You will need four to six separate stations—a data review station, a weighing station, a length measurement station, and a station to record the data gathered; and if this is a follow-up screening, a station to dispense deworming medications to children already enrolled in the program or who qualify on the day of the screening, and a station to dispense formula if desired. Bring adequate assessment forms and pens or pencils for families to complete forms.

5. Place numbers sequentially on small cards or pieces of paper. Parents should be given a number for each child to be screened as they enter the building. The parents can give this number to the person at the first station. This person will then call out the number for the next child to be screened.
6. In addition to a number, parents should be given the appropriate screening form to complete while they wait for their number to be called. A few volunteers should be available to help parents and answer questions as they complete this form. Be sensitive to parents who may have challenges with illiteracy and help them in a confidential and kind manner. Ensure that you have adequate assessment forms and pens or pencils for form completion prior to the screening.
7. Inform parents at the beginning and end of the screening that they will be contacted if their child qualifies for the program within the following month. This gives you, as the coordinator, time to look over the data and discuss with the Country Supervisor or the designated interns any questions that may arise. In some areas, funds may only allow a certain number of children to be enrolled. In this situation, the youngest children would be selected first.
8. Station 1: Data review—at this station, a volunteer needs to make sure the participant has completed the data form accurately with particular attention given to the name, gender, and birthdate of the child. A correct birthdate is essential for accurate data collection with the day, month, and year of birth entered in the appropriate boxes. If the parents do not know the date of birth, estimate as accurately as possible and use the 15th day of the month if date is not known. Additional information on the form should be completed if possible.
9. Station 2: Weighing Station—You will need an infant scale and a standing scale for older children. Make sure the scales are set to measure in kilogram prior to the screening. Once the child is weighed, enter his weight in kilograms on the data collection form.
10. Station 3: Length Station: You will need a measuring mat and a meter stick to measure older children. All height and lengths should be recorded in centimeters (cm). Once the child is measured, enter her weight in centimeters on the data collection form.
11. Station 4: Data Recording Station: At this station, the volunteer will check the information provided on the data collection sheet and look for any obvious discrepancies. They will enter the data onto the LCF Screening Collection Form. Children who have already been enrolled in the program should have the new data from the screening entered next to their name. New enrollees will need their name entered into the data collection form as well. If you have internet capability and a volunteer trained in calculating z-scores, you can calculate these on the day of screening and enter that information as well. However, most areas will not have this capability, and the information should be sent to the country supervisor, who will then send it to the US

Coordinator for your country. The list of qualified children should be available within 2 weeks after the information is received by the US Coordinator.

12. Station 5: This station is optional, but could be used to give de-worming medications. Prior to giving the de-worming medication, have the parent sign the waiver and ask if they have any allergies to medicine and particularly this medicine. All children who attend the screening are eligible for de-worming medications, even if they do not qualify for supplementation.



13. Station 6: Formula distribution: Formula can be distributed if desired to children who were previously enrolled in the program. If z-scores are immediately available at the time of screening, then new enrollees who qualify for services can also be screened.
14. Prior to the screening, instruct each volunteer in their particular responsibilities. Volunteers who will be weighing and measuring length in children, should be shown the proper technique and referred to Appendix A for a visual guide to measuring children.

On the day of screening you will be obtaining critical information that allows our program to determine which children need help through nutritional supplementation and de-worming. In addition, children who qualify will also be eligible for other components of our programs. Some essential elements the correct method to weigh and measure children are noted here.

1. All children should be undressed as much as possible prior to weighing. For children under the age of 3 ½ years, this typically does not present a problem as children this young do not usually have a sense of modesty. Ask parents to undress their child/children prior to their number being called. You can weigh children in a diaper if it is clean and dry. You will need to subtract 30 grams from their weight if weighed with a diaper on. For older children, have parents remove as much clothing as possible, particularly shoes, hats, sweaters, etc. You can make an adjustment of 30-60 grams based on the amount of clothing worn.
2. Make sure you zero the infant scale prior to weighing the child.
3. Be careful that parents or other children do not touch the child while the child is being weighed and that no one else leans on the scale.
4. Taking a length measurement can be difficult in young children. You may need the assistance of parents to hold the head steady while obtaining the measurement on the measure mat. Please see Appendix A for the proper technique for measuring young children and older children.
5. After measuring a child's weight and length, record the information immediately on their form. Weights should be recorded in kilograms and lengths in centimeters. Please check with parents to make sure that you have the correct form for the child being measured.

Screening and new enrollment of children should be completed every 6 months. You should schedule screenings in conjunction with your Country Coordinator and Country Supervisor. This is essential as screenings are most easily performed when interns and/or Nutritour participants are available to help.

In some situations, parents or Church leaders may approach you to request services for a child who was not present at the screening or not the correct age at the time of screening. You may screen these children in the same manner as noted above with the same forms and same data collection methods. If funding permits, they may be enrolled in the program at that time if they qualify.

Children who are less than 6 months of age or 6 years of age or older are not eligible for services except in very limited circumstances. If you have concerns about a particular child's eligibility, contact your Country Coordinator for guidance.

Children enrolled in the program whose weight and length rise above -2 SD, should continue in the program until they are no longer eligible because of age of 6 years. If a child's weight and length rise above the 50th percentile, they should no longer receive supplements, but should be followed at the every 6 month screening to ensure they continue to have adequate growth without supplementation.

Although our program focuses on the LDS population, children who are not members of the LDS Church are also eligible for services. We encourage children to bring a friend with them to the screening. All children of the appropriate age who present for screening should be screened without regard to their religious affiliation. Each child will be considered equally for provision of services with youngest children served first regardless of religious affiliation.



II. Complete standard reporting forms after each screening and provide the report to the Country Coordinator

All data gathered needs to be entered into the The LCF Screening Data Collection Form or the online app. This form is best completed on-line if possible. In areas where this is not possible, the data can be entered manually and sent to the Country Coordinator for data entry. In many situations interns and Nutritour participants may be able to help in this step. Once the data is entered it should be sent to the Country Coordinator, who will do a quality check on the data and note any problems that need to be addressed. She will then email the form to the following three people/addresses: her Country Supervisor, Tim Heaton at tim_heaton@byu.edu and to liahonachildren@gmail.com. This data will be evaluated by our Data Monitoring Committee to guide our program and to assess if our nutritional supplementation program is helping children grow and develop normally. They will also let you know of any problems they see in the data

collection process. You should receive a list of children who qualify for the program within 2 weeks of emailing the data collection form.

III. Purchase and/or produce nutritional supplements and deliver nutritional supplements to participant families at least once a month

As a local coordinator, you are responsible to purchase and in some areas oversee the production of nutritional supplements. The supplement you are to provide will be chosen by the LCF Chief of Operations and approved by the Board. You will be informed of how and where to purchase the supplement or the process for making the supplement in select areas. Our supplements must meet the following criteria:

- Calorically dense with appropriate balance of fats, carbohydrate, and proteins to nourish a child's growth.
- Have adequate micronutrient supplementation of standard vitamins and minerals with particular emphasis on Vitamin A, zinc, and iron.
- Locally produced and sold.
- Acceptable to infants and young children.
- Culturally acceptable.
- Supportive of continued breastfeeding.

In some areas, we are engaging in a pilot project with the Church of Jesus Christ of Latter-day Saints to have local ward and stake members produce a supplement from products available in your area. Those coordinators involved in this new pilot project will be given more information as it becomes available.

In no circumstance should you purchase or make a supplement other than the supplement approved by the Board. You are not to purchase any other item but those designated. If you have concerns about the supplement, then report these concerns to the Country Coordinator who can then report these back to the Country Coordinator and LCF Board.

Each month, you will receive money in a bank account set up for your program. You will be given an ATM card to access the money. In some areas, supplements will be purchased by the Country Coordinator and in others by the Local Coordinator. You will be given the details for your program by the Country Coordinator and/or the Chief of Operations for LCF.

Please retain receipts for all purchases and withdrawals of cash. These will be collected at the screenings every six months and given to the Treasurer for LCF. They may be collected by the Country Coordinator or by an intern or Nutritour participant designated to do this. In areas where a coordinator has scanning capabilities and/or internet access, these receipts can be sent via email or a picture can be taken of them and mailed to LCF or uploaded to the app.

We would encourage you to engage the parents of program participants to help with the process of purchasing, producing, and distributing supplements. You can set up a rotating schedule among families. This will allow the families of participants to be more involved in the program and contribute time back for the supplements they receive. Because each coordinator's situation is different, we don't mandate a particular system of supplement delivery. However, we do ask that supplements be delivered at least monthly. We suggest you consider your own circumstances and determine what will work best in your area. Look on the website to get ideas about what other coordinators are doing or discuss your situation with the Country Coordinator for ideas.



IV. Provide semi-annual de-worming of children

Children enrolled in the program need to be de-wormed every 6 months starting at 12 months of age. You will be responsible to purchase the de-worming medications as designated the Chief Operating Officer and your Country Supervisor. Parents should sign a release form prior to your giving the medication and you should ask if their child has any allergies to medications and particularly and adverse reaction after taking it. The parent should administer the medication to their child.

V. Report monthly on purchases and supplement distribution to Country Coordinator on standardized form. Include receipts for all purchases and expenditures.

As a coordinator you are responsible for the purchase of supplements and other expenditures. You are to track all expenses on the Income and Expense Flowsheet that is located on-line or in Appendix C. Please save all receipts to either be scanned and emailed to the Country Coordinator or to be collected at the bi-annual screenings. These forms will be reviewed by our Treasurer to ensure proper handling of funds. Periodically, random audits of program participants will be performed to ensure that they are receiving the supplements on a monthly basis.

VI. Provide health education and breastfeeding promotion to enrolled families

Promotion of breastfeeding and teaching families hygienic behaviors and healthy food preparation are critical components of improving the health of children and all members of the family. As the coordinator, you will be a partner in ensuring that families receive education about breastfeeding and hygienic behaviors. To do this, you will help interns and others who are trained to teach these materials have opportunities to meet with families either individually or in a group setting. Members of the community can also be included in this component of the program.

VII. Send pictures, stories, media pieces to the Country Coordinator

Every three months, we ask each coordinator to contribute a story about an event or a participant to the Country Coordinator. Pictures are also welcome. These stories can be used on the website or in newsletters to help increase the interest in the mission of the Liahona Children's Foundation. We are committed to safeguard the children in our program and children will not be identified by full name on our website or newsletters.

VIII. Report problems to the Country Coordinator

In your duties as a coordinator, questions or problems may arise. Please contact your Country Coordinator for help or email us at liahonachildren@gmail.com.

IX. Plan and prepare yearly Christmas Party

This event should include program participants and their families. Former participants who have graduated from the program may also be included. You will be given an extra stipend for this event. Please include parents of children involved in the program in the planning and implementation of this event.



Responsibilities of the Country Coordinator

As the Country Coordinator, you are the Project Manager for your country. This means you are the one to make sure that the program is run correctly in your country and that Local Coordinators are properly trained. You are the person who communicates with local Church leaders to make sure that their concerns are addressed. Some of your specific responsibilities are listed below. However, you may find that other duties are required specific to your area.

I. Supervise and train local coordinators.

As the country coordinator, you will be responsible to assist in selecting and training local coordinators as new programs are setup in your country. This can be done in person when possible, or via the telephone or internet. Review the Coordinator Manual with them and make sure they have access to it on the internet or a paper copy of this manual. Help them set up systems for employing volunteers, participant families, and interns and Nutritour participants in the screening, supplement delivery, and educational components of the program. Review the screening forms and data collection forms with them. You will need to make sure the local coordinators have access to screening equipment and that screenings are arranged every 6 months.

II. Discuss concerns and problems with the local coordinator

The local coordinators should have access to you via email or telephone to ask questions that may arise. If you do not know the answer to a question, contact your Country Supervisor for more information.

III. Identify ways to improve the program

As the Country Coordinator, your input is critical to make the program run smoothly and to have a positive impact in children's lives. You are a member of the Country Coordinator Committee and as such should share ideas that have worked in your area and may be helpful to other Country Coordinators. Such information can be shared with your Country Supervisor. We welcome discussion of concerns and successes and appreciate all that you do.

IV. Correspond regularly with the Country Supervisor

You and your Country Supervisor should touch base at least monthly and more frequently if questions or concerns arise.

V. Ensure that data is accurately gathered and obtain reports from local coordinators and send these to the Country Supervisor and Data Manager

Once data is gathered from a screening, the local coordinator should send you the Data Collection Form as soon as possible—ideally within 2-3 days. You need to look this over and check for any obvious inaccuracies. Then send the LCF Data Collection Form to your Country Supervisor, Tim Heaton at tim_heaton@byu.edu, and to liahonachildren@gmail.com. Or enter the data into the app. We will send you back a list of children who qualify for services. You should then send this information on to the Local Coordinator and help them arrange supplement distribution. If data is entered through the app, you will have automatic z-scores calculated, which will allow you to determine who qualifies for the program right then and there.

VI. Obtain receipts from local coordinator and send these to the Country Supervisor.

All receipts should be saved and either scanned and emailed to your Country Supervisor or if this is not possible given to a designated representative at the time of screening in your area.

VII. Collect media pieces for our social media sites and newsletters

Quarterly, each coordinator should provide some stories about what is going on in her area. These should be emailed to your Country Supervisor.

VIII. Communicate with potential local donors and Church leaders within your country.

As the Country Coordinator, you should work to promote the mission of LCF within your country. Identify local Church members and local citizens who might be interested in donating to our cause, or participating by volunteering in educational objectives or helping with activities

related to screenings. You can organize volunteers and participants to work on fundraising projects for instance.

IX. Oversee Nutritour Participants

As the Country Coordinator, you will be responsible to arrange a program for Nutritour participants who may visit your country for a period of two-weeks during two periods throughout the year. If you would prefer, you can hire another person to perform this responsibility. An additional stipend will be available to you also for performing this duty.

Nutritour participants will come to your country to provide service by participating in screening, supplement distribution, and educational components of the program. They will also assist in service projects of your choosing that help local members and the larger community. You can consider such projects and ask your local priesthood leaders for guidance regarding members or others who may benefit from such projects. Nutritour participants will also participate in some recreational activities and may enjoy participating in local artistic activities or visiting tourist sites. You will have the opportunity to design this program for them.



You will be responsible to find appropriate housing for them and meals twice a day. In most cases, they can stay at member's homes. In some instances, hotels may be preferred. In addition, they will need transportation services to and from the airport and in the country while they are there. Some will need translators as well.

Local Coordinators should also be asked to participate in this process as the Nutritour participants visit their areas to help with screenings.

Reimbursement will be provided for all activities and food, lodging, and transportation from the fees provided by the Nutritour participants. You can assist the Nutritour Coordinator by providing a budget for the activities, service projects, food, lodging, transportation, and translation services. The Nutritour coordinator will contact you to discuss Nutritours in your area and to assist in the process of arranging them.

X. Oversee Interns

In many countries, interns from universities such as BYU will come to your country. They will be supervised by various people within the United States. Some will come as part of BYU programs and have professors who oversee them. Some will come with projects they have designed and be overseen by the Intern Coordinator. All interns will be expected to assist with screenings and supplement distribution. You will be provided with a list of interns coming to

your country. You will be given contact information for them and a list of their planned projects and responsibilities.

You can act as an in-country coordinator for interns and will receive a stipend to do so; or you can hire another person to take over this responsibility. In this role, you would be responsible to find appropriate food and lodging for interns. They will pay \$300 per month for food and lodging and transportation to and from the airport as well as for the stipend for your services. They will expect to eat two meals a day with their host family. Ideally they will be housed with Church members in a safe and gospel-friendly environment. Some may need interpreters and can ask you for assistance in this regard. They will be expected to pay all fees for interpretation services. They are also responsible for all transportation costs other than those incurred to and from the airport. You will help them get settled into their new place of residence. You will provide them with information regarding Church services. You should be available to them for questions or concerns that arise. Interns can purchase phone service in-country if desired and you can help them with this aspect of their stay.



Interns need to participate in screening and supplement distribution. You will need to ensure that they have accurate information to do so. Some interns will be involved in projects that require them to visit with program participants. Some of these projects will include teaching classes to participant families and community members on breastfeeding promotion and hygienic food preparation, conducting surveys, performing developmental screenings. We would ask you to help facilitate their projects by informing

program participants of their activities and providing them with addresses of participant families.

From our end, we will be available for questions and concerns that arise. We will also communicate regularly with participants to make sure that they have the resources they need and their questions answered. Prior to interns coming to your country, you will be contacted by a member of the LCF Board or your Country Supervisor. Ashley Raymond serves as the Internship Coordinator and she will be available for support and questions. Her email address is ashleyeccles@gmail.com

Responsibilities of the External Country Supervisor

As the Country Supervisor you are responsible to oversee the operations in your assigned country/area. This means that you will communicate regularly, ideally at least monthly, with the Country/Group Coordinator and be available to answer questions that arise. You will assist them as needed in their country and be a resource to them. You will make sure that screenings occur on a regular basis and that the Data Collection Forms and the Financial forms are returned in a timely fashion or that information is entered correctly into the app. Data Collection Forms should

be sent to tim_heaton@byu.edu and financial forms to walkerspad@aol.com and scott@taxhawk.com. You will keep the Country Coordinator aware of changes in the program and discuss with them the possibility and need for new programs in their country. You can communicate with Church leaders and help answer questions and concerns that might arise. As new pilot projects are implemented in your country with the Church, you will be responsible to help ensure that they are running smoothly. In addition, you can assist the Nutritour Coordinator and the Internship Coordinator with their duties within your country.

You will also be responsible to communicate with and send quarterly updates to stake adopters (donors). These updates include pictures, thank you letters, media, or stories of the children and their families.