



MINISTRY OF HEALTH

Training of Community Health Promoters Positive Deviance Hearth Handout



Positive Deviance Hearth Promoters

HANDOUT

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Adapted from World Vision International Positive Deviance Hearth (PD Hearth) Manual, 3rd Edition, 2021 developed by Diane Baik and Naomi Klaas and World Vision International.

Foreword

Globally, one in 10 people is hungry or undernourished, and one in three people is overweight or obese (Global Nutrition Report, 2022). Governments have a fundamental responsibility and authority to safeguard their populations' nutrition, resilience, and well-being through wide ranging enabling, policy, and impact actions.

The government of Kenya is committed to the achievement of Global, Regional, and National targets for nutrition including the World Health Assembly (WHA) targets and Sustainable Development Goals 2 (By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons) and SDG 3 (ensure good health and well-being for all at all ages).

The Kenyan Constitution in Article 43(a, c) also provides for citizens' rights to good health and nutrition which has a vital role in economic growth, poverty reduction and the realization of Kenya's Vision 2030. The achievement of a long-term development agenda for Kenya, anchored in Vision 2030, calls for a healthy and productive labour force. The Ministry of Health recognizes the immediate and long-term social and economic repercussions of malnutrition amongst infants and young children

According to Kenya Demographic Health Survey (KDHS), 2022, Kenya has made significant progress in reducing malnutrition. The prevalence of stunting among children under 5 years reduced from 26% to 18% between 2014 and 2022 while underweight reduced from 11% to 10%. The prevalence of wasting minimally increased from 4% to 5% while overweight reduced from 4.1% to 3%.

The Positive Deviance Hearth (PD Hearth) is an internationally proven community-based model for rehabilitating malnourished children in their own homes using locally available food commodities. The approach is in tandem with the Kenya Nutrition Action Plan (KNAP 018-2022) Key Result Area Six which elaborates on the strategies for strengthening the prevention and Integration of Management of Acute Malnutrition (IMAM) and Key Result Area One on the promotion of optimal nutrition care practices and support for children 6 – 59 months.

Adapting the model to rehabilitate underweight children will actualize the Integrated Management of Acute Malnutrition (IMAM) Guideline, Second Edition, 2021. In addition, the PD hearth approach actualizes the Kenya Agri-nutrition Implementation Strategy (2020-2025) that promotes the consumption of affordable, safe, diverse, and nutritious foods.

The Ministry of Health will provide the necessary leadership and coordination in liaison with County governments in providing effective coordination to protect, facilitate and encourage optimal infant and young child nutrition at the community level. I urge all stakeholders to play their role in actualizing the implementation of this manual.



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Preface

Kenya has introduced several high impact health and nutrition interventions in an effort to extend and improve the health and nutrition status children below five years. However, child morbidity and mortality linked to inadequate dietary intake and/or disease remains high. Thus, the Ministry of Health has embraced decentralized community approaches to treat acute malnutrition. Positive Deviance Hearth (PD Hearth) is one of the innovative approaches to improve coverage of rehabilitating children with malnutrition in line with the Kenya Nutrition Action Plan key result area six. Prevention and integrated management of acute malnutrition.

Community Health Promoter (CHPs) play a key role in supporting health and nutrition interventions in the communities. It is therefore essential to train and empower them with additional skills and knowledge for improved community service delivery. This training manual has been developed for use in training CHPs on Positive Deviance/Hearth (PD Hearth) program implemented in Kenya. We trust this manual will enable CHPs to increase the understanding, skills, and competencies in order to rehabilitate malnourished children and prevent future malnutrition through the PD Hearth program.



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List of Acronyms

ANC	Ante-Natal Care
CHA	Community Health Assistant
CHC	Community Health Committee
CHMT	County Health Management Team
CHP	Community Health Promoters
CHU	Community Health Unit
DHS	Demographic & Health Survey
M&E	Monitoring & Evaluation
ECCD	Early Childhood Care & Development
ED	Edible Portion
FGD	Focus Group Discussion
GMP	Growth Monitoring Promotion
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IMAM	Integrated Management of Acute Malnutrition
IU	International Units
IYCF	Infant & Young Child Feeding
KNAP	Kenya Nutrition Action Plan
KAP	Knowledge, Attitude & Practice
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
ND	Negative Deviant
NGO	Non-Governmental Organization
NPD	Non-Positive Deviant

Table of Content

ORS.....	Oral Rehydration Solution
PD.....	Positive Deviance/Positive Deviant
PD Hearth	Positive Deviance/Hearth
PD Hearth+.....	Positive Deviant Plus
PDI	Positive Deviance Inquiry
PLA.....	Participatory Learning for Action
SCHMT.....	Sub County Health Management Team
TOF.....	Trainer of Facilitators
TOT.....	Trainer of Trainers
UNICEF.....	United Nations Children's Fund
VHSC.....	Village Health & Sanitation Committee
WASH.....	Water and sanitation and Hygiene
WHO.....	World Health Organization

Operational Definitions

A **Community Health Promoter** is a member of the community selected to serve in a community health unit.

Community Health Committee (CHC) refers to a committee that is charged with the coordination and management of a community health unit.

GLOW: Body protective foods.

GO: Energy- giving foods.

GROW: Body- building foods.

Graduation: A children who have improved nutrition status to normal or at mild after 3 months in PDH

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.

Hearth: A place within a house where food is cooked and served.

Hearth menu: This is a meal composed of locally available, accessible, and affordable foods that are nutrient-dense.

Hearth sessions: These refer to sessions where mothers with malnourished children meet with the guidance of Community Health Promoters to share knowledge, learn positive practices, cook hearth meal and give the food to their children.

Negative Deviants (ND): These are malnourished children from rich households

Non-Positive Deviants (NPD or non-PD): These are malnourished children from poor households and healthy children from rich households

PD practices: These are practices, actions, and behaviors that minimize disease, promote health and wellbeing of individuals.

Positive Deviance: Mean 's different in a positive way from the usual practice.

Positive Deviants (PD:): These are Healthy children from poor households.

Stunting: Is Height/length-for-age less than- 2 SD from reference.

Underweight: Weight-for-age less than - 2 SD from reference

Wasting: Weight-for-height/length less than - 2 SD from reference or 'yellow or red' MUAC).

This training manual contains the information needed to conduct a five-day face-to-face training program to prepare Community Health Promoters prior to starting the program, with a sixth day training scheduled after the 1st week of Hearth implementation. The goal is to train CHPs who will be competent and confident to guide and support caregivers to rehabilitate their malnourished children and prevent future malnutrition. Most sessions involve hands-on practice of the skills and knowledge promoters will need to help caregivers learn.

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

The maximum number of participants recommended per trainer is 15 to allow for interaction to allow for interaction and hands-on learning. Thus, if there are 2 trainers, a maximum of 30 participants is recommended.

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

By the end of the course participants will be able to:

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

PD Hearth Promoters Training Agenda

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

WHO Weight-for-Age Reference Table

DAY 2

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	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

WHO Weight-for-Age Reference Table

DAY 2

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	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

Monitoring Form 1

Materials Checklist Needed for PD Hearth Sessions

The HCW and CHP ensure the following items are available for the 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, ugali etc.)			
Oil, fat			
Other ingredients			

Monitoring Form 1**Materials Checklist Needed for PD Hearth Sessions**

DAY 4

1 OF 3

Hearth Menu and Cooking Materials**Tracking Sheet**

County..... Sub County Ward

Community UnitHearth

Hearth Session Dates (dd/mm/yyyy): From..... To.....

Community Health Promoter.

PD Hearth Menu & Cooking Material Tracking Sheet of Caregivers for Promoters

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

Monitoring Form 1

Materials Checklist Needed for PD Hearth Sessions

2 OF 3

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								

Hearth Register and Monitoring Form 4 - Continued

DAY 4

3 OF 3

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								

Hearth Register and Monitoring Form 4

Hearth Register and monitoring form

Child's name										
Caregivers Name										

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

Village

Hearth Promoter'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)										
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)	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.**

Action Plan for PD Hearth Implementation

Action Plan for PD Hearth Implementation

Prepared by Date

Objectives	Activities	Responsible person	Time frame	Resources/ input	Source of funds	Comments
To conduct nutritional assessment of children 6-59 months	Taking weight and MUAC measurements of children on a regular basis					
	Screening children for oedema					
To conduct community mobilization	Support the identification of community leaders, religious leaders and women representatives					
To conduct community situation analysis	Conduct community mapping and transect walk					
	Conduct Wealth Ranking with community members					
	Conduct Weighing of all children 0 - 59 months of age; Seasonal Calendar; and Market Survey					
	Analyze the situation analysis findings					
	Conduct community feedback session: Share the results of the situation analysis.					
	Identification of PD and non-PD households					
To conduct PDI in the community	Design key Hearth messages					
	Conduct community feedback session: Share PDI findings with community.					
Conducting Hearth sessions	Identify PDHEARTH participant children and primary caregivers. Meet with PD Hearth participants 1-2 weeks before 1st day of Hearth to discuss location and time for meeting and decide what					

Action Plan for PD Hearth Implementation

DAY 6

Objectives	Activities	Responsible person	Time frame	Resources/ input	Source of funds	Comments
	and how much of ingredients each primary caregiver will bring. Check the mother and child health handbook to ensure child received full immunization for age, Vitamin A in last 6 months and deworming					
	Conduct 1st Hearth session - 12 days long.					
Home visits and follow-up	Conduct household follow-up visits for 2 weeks after Hearth.					
Monitoring & evaluation	Repeat Hearth sessions as needed. Monitor weight of PD Hearth participant children at Day 12, 1 month, 3 months, 6 months, and 12 months from 1 st day of Hearth.					
	Record data collected during hearth sessions in the respective tools					
	Monitor progress in the nutritional status of all children in the target group or PD Hearth participant children					
	Conduct Appreciation/ Graduation Day for community					
To scale up PD Hearth	Identify additional communities that can be enrolled for PD Hearth program					

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