



POSITIVE DEVIANCE/HEARTH: A SUSTAINABLE, HUMAN-CENTERED APPROACH TO IMPROVING CHILDREN'S NUTRITION IN TANZANIA

ADDRESSING STUNTING IN TANZANIA EARLY (ASTUTE) PROJECT, IMA WORLD HEALTH, TANZANIA

PROGRAM OVERVIEW

Through the DFID-funded ASTUTE Project, IMA World Health aims to improve nutrition and reduce the prevalence of stunting among Tanzanian children between 3 to 36 months old. In support of Tanzania's commitment to the Scaling Up Nutrition (SUN) movement, ASTUTE builds the capacity of local government authorities across sectors to address the myriad causes of child stunting and contribute to the evidence base for what works best and most cost-efficiently in the local context. ASTUTE is being implemented in five regions of the Lake Zone: Kagera, Kigoma, Mwanza, Geita and Shinyanga. To date, nearly 7,800 district health workers and non-health sector service providers have been trained through ASTUTE, and the project has reached three million mothers, caregivers and decision-makers with improved child feeding information.

Positive Deviance/Hearth (PDH) is a key intervention of ASTUTE. Through PDH programming, malnourished children are rehabilitated in their own homes using approaches identified by caregivers of well-nourished children (positive deviants) in their community. Such approaches facilitate behavior changes in feeding, hygiene, early childhood development, homestead gardening, and health seeking behaviors.

In PDH, children and their caregivers participate in a 12-day program with a community health worker (CHW) and other caregivers from their area where they learn how to cook with locally available, nutrient dense foods chosen to promote weight gain. They also learn about proper sanitation and hygiene practices, such as washing before and after cooking and eating meals, washing with soap, and constructing a hands-free wash station known as a "tippy-tap." The importance of stimulating young children to foster healthy brain development and interpersonal relationships is also emphasized during the program.





To measure the success of the PDH program:

- Children are weighed on days 1 and 12 of the program and at 30 days, 3 months, 6 months, and 12 months after the program.
- Caregivers' daily attendance is tracked.
- CHWs follow up with each participating child and caregiver in their home and record how the child is doing and whether caregivers are practicing the promoted behaviors.

The community is informed of anthropometric and other health data, PDH attendance sheets, increases in children's weights, and graduation rates of those attending PDH sessions. Those who graduate from the program generally see their child move from the "red zone" of severe or moderate acute malnutrition to the "green (healthy) zone." They also will generally adopt these healthy behavior changes into their daily life.

HUMAN-CENTERED APPROACH TO ENSURE SELF-SUFFICIENCY AND SUSTAINABILITY

The knowledge, experience, and social capital the positive deviants and local CHWs bring to the PHD program is vital to its success. The solutions and healthy behavior changes they identify are likely to be adopted by those with malnourished children because they

- make use of the local resources available,
- are culturally appropriate and familiar,
- are already being successfully modeled by the positive deviant community members.

By experiencing the PDH program together and supporting one another's children, the participants' sense of community connectedness and strength grows and lasts beyond the project. As the supportive relationships in the community develop, so too does the community's resilience and their ability to thrive without external aid in the long-term.

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